

# Medical and clinical services for youth---From start-up to partnerships

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# Presentation objectives

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Identify adolescent health services and issues

Review Types of settings

- School based-SWOT analysis
- School Linked- SWOT Analysis
- Community based- SWOT analysis

Describe Preliminary Steps

- stakeholders
- scope of practice
- funding streams
- required certifications

Discuss types of Services offered

- Primary Care
- maternity services
- Reproductive Care
- Consent forms

Consider possible issues

Identify possible resources

Suggest feasible Partnerships and its 'currency'

Discuss traditional and nontraditional outreach

Contact information

# Adolescent health services and issues

## General Health

- Great place to start as access to health care is usually needed
- Sports physicals, rehabilitation and conditioning provided by a board certified sports medicine doctor at no cost is a high value service. Can also screen for covert cardiovascular conditions
- Immunization initiative also will provide a marketing tool for parent participation and consent.
  - Regular immunizations, boosters
  - Meningococcal for college bound, HPV and HepB high value vaccinations

## Maternity

- Publicity on consequences of teen pregnancy powerful
  - Economic consequences clear
  - Medical risks for mother and child related to no prenatal care
  - New models of care, ex. Centering Pregnancy have been evaluated

## Reproductive Health

Clinical services should build on the roll-out of initiating medical clinic that has established parental trust

Community support vital even for older adolescents

Contraceptive, STI services and HIV op-out rapid testing services should be evidence-based practices

Marketing LARCs to vulnerable teens is an important strategy

Primary Care: Strive to expanded primary care with the appropriate pharmacy

# Location of clinical settings

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Variety of options

# School based-

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## Strengths

- Access to the students supported by infrastructure
- Campus services enhance Average Daily Attendance revenues

## Weakness

- Institutional support may change with principals or superintendent
- Vocal minority can derail best practices

## Opportunity

- Provide a medical home for underserved youth
- Integrate a social determinant approach with quality health care

## Threats

- Changing legislation may affect access and scope services
- Parental consent may compromise confidentiality

# School Linked-

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## Strengths

- More flexible hours
- Can serve siblings, graduates and non-school enrolled youth in vicinity

## Weakness

- Requires a strong link with the school
- Proximity may require additional transportation to clinic

## Opportunity

- Provide a medical home for underserved/ underserved youth
- May have the opportunity to provide a larger array of non-medical social services.
- Can offer health screenings for the neighborhood

## Threats

- Consider issues of security and safety
- Parents harder to engage for minors

# Community based-

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## Strengths

- Supporting data for underserved youth with accessible services
- Geography may be a plus to identifying a champion

## Weakness

- Identifying leadership may be challenging

## Opportunity

- Pull diverse groups together
- Identify unique ways to collaborate, ex housing & social service agency partnerships

## Threats

- Political or philosophical issues
- Turf issues

# Preliminary Steps – Getting Started

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## Stakeholders

Schools: SHACs are important in site-based management

- Conversations with school board members and superintendent key

- Understand possible objections prior to public debate to neutralize

Community: Who are the functional and official spokespersons for a community

- The selected convener must have leverage and support

- language, branding and marketing important

- ex. Reduce infant mortality; enhance access to quality medical care  
providing an affordable medical home



# Appropriate scope of practice:

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Board certification and training with age group key

Adolescents and young adults are a challenging population

Family and women's health mid-level providers

Licensed social workers can assist with health compliance issues

# Diverse funding streams: Key to sustainability

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In Texas various options provide a patchwork of reimbursement for care:

- Family planning
- Texas Woman's Health Program
- Expanded Primary Care
- Regular Medicaid/ Medicaid managed care
- Title X
- Private insurance
- Donations/ philanthropy
- 340b subsidy
- CHIP

# Family planning:

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Traditional source: Contract with the state to provide services to both males and females

Services to minors but require parental consent

- STI, pregnancy testing and regular Medicaid patients have parental consent waived
- Will pay for sterilization

In transition, waiting for the implementation of the rules from the Sunset Commission process

# Statutory authority for services

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6-Sff, Family Planning Service. Department of State Health Services shall allocate funds appropriated above in **Strategy B. 1.3, Family Planning Services** using a methodology that prioritizes distribution and reallocation to first award public entities that provide family planning

services, including state, county, local community health clinics, Federally Qualified Health Centers, and clinics under the Baylor College of Medicine; secondly, non-public entities that provide comprehensive primary and preventative care as a part of their family planning services; and thirdly, non-public entities that provide family planning services but do not provide

A537-LBB Senate-2-B

11-80

January 22, 2015

DEPARTMENT OF STATE HEALTH SERVICES

comprehensive primary and preventative care. The department shall in compliance with federal law ensure the distribution and allocation methodology for funds in Strategy B. 1.3 does not severely limit or eliminate access to services to any region.

# Texas Woman's Health Program

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Initially was a state alternative to federal Medicaid funds which required the inclusion of abortion providers.

100% state funds

Eligibility for providers: Could not directly or indirectly provide ABs

Eligibility for patients: Texas resident, female 18 years or older

Providers submitted eligibility information to the state and may wait up to 45 days for payment.

Some limitations to services: Screen but not treat STIs: no Emergency contraception, etc.

# Unique characteristics

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Large numbers of Texas women qualified

Reimbursement wait has been reduced to approximately 30 days

Needed wrap around funding for certain services

# Expanded Primary Care

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Legislative compromise to restore funding to women's health programs

Still could not have an affiliation with AB providers

State funding with the expectation that 65% of funding would be for contraceptive services

Reimbursement a mix of cost reimbursement and fee for services which help subsidize social work counseling and EHR implementation.

Silent on citizenship

Could waive eligibility if requesting documents could be a barrier to service, ex. IPV, cash payment only, etc.

# Regular Medicaid/ Medicaid Managed Care

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## Regular Medicaid

Very low income - 133% of poverty

As a federal funding stream-- does not have state requirement for parental consent.

## Medicaid managed care

Capitated care negative incentive to the provision of LARCs



# Title X

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Federal family planning stream established in 1971

State of Texas was fiscal agent until 2013

Advantages:

- subsidy to pharmaceutical products
- No requirement for parental consent
- Includes AB providers

Disadvantages:

Vulnerable to cuts in Federal budget

Has extra administrative requirements

Must continue to serve patients even if funding is exhausted

# Private insurance

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Some private carriers will pay for care

Confidentiality issue in that the EOB on the bills may list the specifics of reproductive care

May require a co-pay or a deductible

# Donations/ philanthropy

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Some patients may be able to make a small donation but will not be a strong component of the funding mix.

Some of the public funding streams require queries on co-pay

Private and public foundations may fill in the gaps.

- Not a long-term funding source
- May emphasize research and demonstration which generates pilot data for federal funding streams
- Relationship and niche driven
- Geographical and topic specificity

## 340b subsidy

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Unique opportunity to participate in a federal coop to purchase drugs.

Must be a certain type of entity

Title X providers and clinics that participate in STI programs qualify.

Allows groups to purchase new contraceptive technology at 70% savings

Four windows each year to qualify.

# CHIP – Children's Health Improvement Program

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For children and adolescents

Parents must sign up

Covers primary care for income eligible families

Does NOT cover reproductive care

# Required certifications and protocols

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Board of Pharmacy

CLIA

OSHA

Staff TB screen and inoculations for certain settings

Management of bio hazardous wastes ex. foot pedaled trash cans

Labor and risk management practices

Fire drills

HIPAA can be as specific as how to involve parents and how to obtain consent,

# Types of services offered

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Various formats depending on logistical and community support

# Primary Care:

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Will be the plurality of services for a school based clinic

Consent forms will often indicate that students can receive primary care but not reproductive care on the campus.

Expanded pharmacy very important to stock:

- General care drugs
- Sports Rehabilitation devices
  
- Be sure funding stream is adequate to pay for services. Some hospital district clinics require eligibility determination.
- Many elementary and middle school clinics focus on this scope of service



# Reproductive Care

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Sexually transmitted infections screening & treatment will be a key service

Repeated or frequent pregnancy testing will be a teachable moment

Younger teens will opt for oral contraceptives and Depo

Older teens will consider the LARCS

Opt-out testing for HIV and plans for linking positives to continuum to care.

Emergency contraception availability important back up in clinical care

New technology and guidelines changing practice of adolescent care

- Urine based diagnosis for STIs for males and females
- Elimination of cervical cancer screening for women under 21
- Provision of oral contraceptives without a pelvic exam

# Challenges

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Where are the under 17 year olds getting reproductive care?

Adoption of best practices in community based clinics

- 4<sup>th</sup> generation HIV screening, opt-out protocols, linkage to care
- Board certification in correct field
- Increased uptake of most effective methods by the most vulnerable population.
- Unintended consequences of legislative initiatives
  - Males eliminated from reimbursement for STI screening and treatment
  - Elimination of presumptive eligibility at clinic site vis a vis central eligibility determination.
  - Required services not reimbursed: No CTP code for eligibility, outreach, social services, etc.

# Maternity care

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Delivery costs covered by

maternity Medicaid—pays for 58% of all deliveries in the Texas

CHIP perinate but will not cover medical complications of mom

Expanded primary care will pay for prenatal care

Key: Need funding for ancillary services:

social services

nutritional services esp. for obese patients

compliance and follow-up

educational re-entry

participation in a medical home

programs for the father of the baby

# Possible issues for clinical services

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Public health is political – legislative session may affect access to care

Good news – LBB has recommended funding for services both in the House and the Senate

Services will be regulated by rules not statute

Possibility that Expanded Primary Care qualifying age could be lowered to 16 with parental consent

# Possible issues for clinical services

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Bad news: How access is defined

Change in presumptive eligibility to centralizing eligibility by going to a Medicaid office

Services to men not covered

Women's health coverage limited to ages 15-44

Women who elect permanent sterilization are ineligible for any services

# Possible Resources

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Department of State Health Services

- Core tools used in program reviews

SAHM

Peer reviewed journals

Healthy People 2020

School Health Society

Medical Schools

Department of Pediatrics

Schools of social work and public health

# Partnerships and its 'currency'

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## **School Districts**

- Shared space, transportation, access to students during the day

## **Community Organizations**

- Established relationships and community based governance
- May provide after-hour programs that encourage access
- Combine health services with other programs

## **Institutions of Higher Learning**

- Access to state of the art services
  - Skills related to evaluation and assessment of effectiveness
  - May be more likely to offer sub-specialty services and referrals
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# Traditional and non traditional outreach.

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Radio, TV and Print media can target users.

Word of mouth and satisfied customers a powerful driver

Cyberspace health messaging and internet risk reduction intervention to encourage client enrollment.

Use Google analytics to see if there is any way to determine effective ways to reach patients

ex. What part of the web-page do clients read.

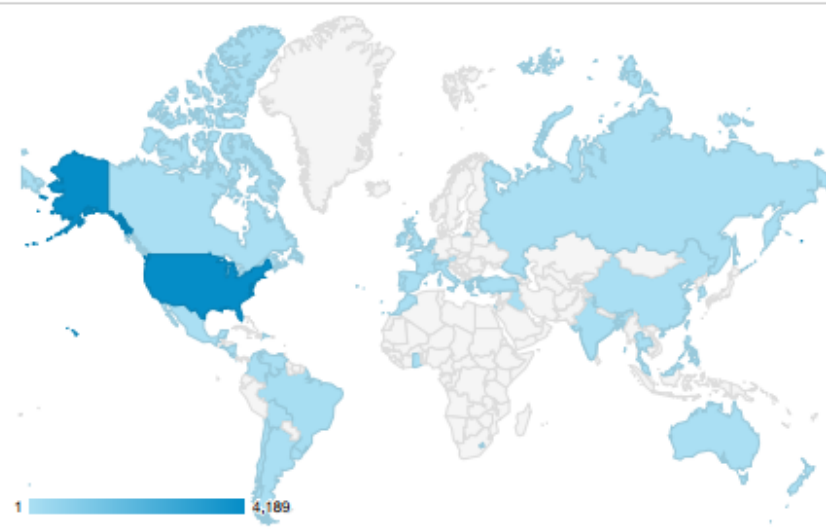
Can determine location country of query.

Review various apps and platforms to see information source for patients. Link to large platforms to drive patients to clinic.

AIDSVue, National Campaign to prevent teen pregnancy

Be aware of ordinal positioning of clinics in internet searches





| Country / Territory | Acquisition                          |                                    |                                      | Behavior                           |                                |  | Conversions                      |                            |                                      |
|---------------------|--------------------------------------|------------------------------------|--------------------------------------|------------------------------------|--------------------------------|--|----------------------------------|----------------------------|--------------------------------------|
|                     | Sessions                             | % New Sessions                     | New Users                            | Bounce Rate                        | Pages / Session                | Avg. Session Duration                  | Goal Conversion Rate             | Goal Completions           | Goal Value                           |
|                     | 4,364<br>% of Total: 100.00% (4,364) | 70.94%<br>Site Avg: 70.90% (0.06%) | 3,096<br>% of Total: 100.06% (3,094) | 38.04%<br>Site Avg: 38.04% (0.00%) | 3.61<br>Site Avg: 3.61 (0.00%) | 00:02:21<br>Site Avg: 00:02:21 (0.00%) | 0.00%<br>Site Avg: 0.00% (0.00%) | 0<br>% of Total: 0.00% (0) | \$0.00<br>% of Total: 0.00% (\$0.00) |
| 1. United States    | 4,189 (95.99%)                       | 70.02%                             | 2,933 (94.74%)                       | 36.07%                             | 3.68                           | 00:02:25                               | 0.00%                            | 0 (0.00%)                  | \$0.00 (0.00%)                       |
| 2. Brazil           | 67 (1.54%)                           | 100.00%                            | 67 (2.16%)                           | 100.00%                            | 1.00                           | 00:00:00                               | 0.00%                            | 0 (0.00%)                  | \$0.00 (0.00%)                       |
| 3. India            | 26 (0.60%)                           | 61.54%                             | 16 (0.52%)                           | 42.31%                             | 4.77                           | 00:05:28                               | 0.00%                            | 0 (0.00%)                  | \$0.00 (0.00%)                       |
| 4. Italy            | 7 (0.16%)                            | 100.00%                            | 7 (0.23%)                            | 100.00%                            | 1.00                           | 00:00:00                               | 0.00%                            | 0 (0.00%)                  | \$0.00 (0.00%)                       |
| 5. Argentina        | 6 (0.14%)                            | 100.00%                            | 6 (0.19%)                            | 83.33%                             | 1.17                           | 00:00:06                               | 0.00%                            | 0 (0.00%)                  | \$0.00 (0.00%)                       |
| 6. Spain            | 6 (0.14%)                            | 100.00%                            | 6 (0.19%)                            | 100.00%                            | 1.00                           | 00:00:00                               | 0.00%                            | 0 (0.00%)                  | \$0.00 (0.00%)                       |
| 7. Canada           | 5 (0.11%)                            | 100.00%                            | 5 (0.16%)                            | 80.00%                             | 2.20                           | 00:00:13                               | 0.00%                            | 0 (0.00%)                  | \$0.00 (0.00%)                       |
| 8. Mexico           | 5 (0.11%)                            | 80.00%                             | 4 (0.13%)                            | 60.00%                             | 2.40                           | 00:00:36                               | 0.00%                            | 0 (0.00%)                  | \$0.00 (0.00%)                       |
| 9. Philippines      | 5 (0.11%)                            | 80.00%                             | 4 (0.13%)                            | 100.00%                            | 1.00                           | 00:00:00                               | 0.00%                            | 0 (0.00%)                  | \$0.00 (0.00%)                       |
| 10. France          | 3 (0.07%)                            | 100.00%                            | 3 (0.10%)                            | 66.67%                             | 2.33                           | 00:04:40                               | 0.00%                            | 0 (0.00%)                  | \$0.00 (0.00%)                       |

http://www.teenhealthclinic.org - http://www.teenhealthclinic...  
www.teenhealthclinic.org

### Traffic Sources Overview

Jul 1, 2013 - Sep 30, 2013

● % of visits: 100.00%

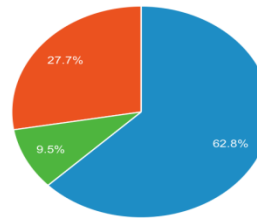
Overview

● Visits  
200



### 6,176 people visited this site

■ Search Traffic ■ Referral Traffic ■ Direct Traffic ■ Campaigns



| Keyword                      | Visits | % Visits |
|------------------------------|--------|----------|
| 1. (not provided)            | 1,603  | 41.34%   |
| 2. baylor teen clinic        | 451    | 11.63%   |
| 3. ben taub teen clinic      | 152    | 3.92%    |
| 4. baylor teen health clinic | 124    | 3.20%    |
| 5. lbj teen clinic           | 74     | 1.91%    |
| 6. teen clinic               | 63     | 1.62%    |
| 7. cavalcade clinic          | 43     | 1.11%    |
| 8. teen health clinic        | 42     | 1.08%    |
| 9. cavalcade teen clinic     | 34     | 0.88%    |
| 10. cullen teen clinic       | 33     | 0.85%    |

[view full report](#)

# Added benefit of electronic outreach

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Online portals for anonymous questions provide a way for teens receive immediate, accurate advice without the risk of embarrassment or rejection.

Electronic platforms also serve as a means for teens to engage in open dialogue about sexual issues in a non-threatening manner.

7TH ANNUAL

## EMERGING TE(x)CHS CONFERENCE

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