Pilot Study to Improve Adolescent Health Risk Assessment In Primary Care Using Health Information Technology

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Background:
Pediatric guidelines recommend health-risk assessments (HRAs) and counseling during health care visits, particularly for adolescents, because many health problems are associated with preventable and/or modifiable risk factors. There is limited research on multifaceted interventions to improve health screenings and health risk assessments for adolescents. A two-phase exploratory study is being performed to assess the feasibility and utilization of a new health information technology (HIT) to gather HRAs from adolescents 14 through 15 years old within Florida’s new practice based research network. Phase 1 has been completed and phase 2 is in progress.

Specific Aims:

Phase 1: Use both qualitative and quantitative methods to:
- Gather information from health care providers and adolescents about their experiences with and attitudes toward gathering or providing HRA information.
- Gather specific feedback regarding the American Medical Association (AMA) Guidelines for Adolescent Preventive Services (GAPS), the HIRA assessment tool.

Methods:
Design: In collaboration with physician leaders we recruited physician practices from Gainesville and Jacksonville based on two factors:
- o One practice serves adolescents, racial/ethnic minorities and economically disadvantaged
- o Practice willing to participate in all study components.

Phase 1:
1) Provider and Practice Surveys
2) Provider/Staff Focus Groups: Two focus groups per city with either providers and staff together or separately.
3) Adolescent Focus Group: 8 randomly sampled Medicaid and Healthy Kids enrollees 14-15 years old of the same race/ethnicity and/or gender.
4) Adolescent Cognitive Interview: Approached 5-10 adolescents, ages 14-18, accessing care in one Gainesville Clinic.

Survey Results:

Providers n=38, 75% RR

- Provider Characteristics (n=38)
  - Specialty (n=38)
    - Family Practice 18 (47)
    - Pediatrics 18 (47)
    - Other 2 (6)
  - Age (n=38)
    - <30 yrs. old 5 (13)
    - 30-39 yrs. old 10 (26)
    - 40-49 yrs. old 12 (32)
    - 50-64 yrs. old 11 (45)
  - Race (n=38)
    - Asian 3 (8)
    - Black/African American 4 (11)
    - Caucasian 30 (81)
  - Age (n=38)
    - 1-10 yrs 1 (4)
    - 11-20 yrs 4 (11)
    - 21 yrs. 3 (9)
    - ≥22 yrs. 24 (68)

Practice n=11, 100% RR

- Practice Characteristics
  - Practice to community [n=11] 1-10 yrs 1 (9)
    - 11-20 yrs 4 (36)
    - ≥22 yrs. 6 (54)
  - Practice owned by…[n=11] 1-10 yrs 1 (9)
    - [Physician] 10 (91)
    - Hospital system 1 (9)
  - % of patients within HH center [n=3] 1-10 yrs 1 (4)
    - 1-10 yrs 1 (2)
    - ≥22 yrs. 2 (6)

Themes-HRA general:
- Provider confidence in conducting HRA and staff report of satisfaction with conducting HRAs, and adolescent-report of experiences with the HRA and health care visit using the Young Adult Health Care Survey (YAHCS).
- Few with past experience of completing a comprehensive HIRA.
- Large concerns about anonymity, more open to answering questions honestly if no one new  their response: fear about confidentiality and provider judgment.

Focus Group Results:

Provider/Staff Focus Groups: 4 Focus groups with 41 physician/white collar staff.

- Practices perform HRAs but usually via verbal questions. Usually they don’t review questionnaires because they feel they are poor quality and concerned about potential involvement.
- Talking with the teen is important.
- What I would want any tool to do is to generate conversation.
- Privacy & Confidentiality for the teen are crucial for HRA.
- They must feel comfortable with the provider and with the questions.
- Concerned about honesty of adolescents due to: lack of rapport, teen concerns about confidentiality, social desirability, and embarrassment.

Adolescent Focus Groups: 8 Focus groups total 10 males and 16 females separated by race and gender: 2 African American, 2 Hispanic, 2 White, 2 Mixed.

Themes-HRA general:
- Fear with past experience of completing a comprehensive HIRA.
- Large concerns about anonymity, more open to answering questions honestly if no one new or their response: fear about confidentiality and provider judgment.

Preliminary Results Phase 2: (study in progress)

Intervention:
- Modified AMA-GAPS HIRA administered via IPad.
- GAAPS domains: weight/height, physical activity, safety/abuse, tobacco, alcohol, drugs, development, emotions, and friends/family.
- Internet system highlights adolescent risk factors for physicians to discuss, and provides health links for recommended counseling and referral resources.
- Health literacy is emailed or provided in paper form to the adolescent.

If you listen to a professional person they’ll tell you why like... bullsh*t...the one thing that [adolescents] seek the most is a true relationship, not me coming in and talking down to them.

Well like if they [teens] have to put their information [name]....I think they probably can’t answer some of those questions truthfully.

However, most open to discussing HRA with providers.

(docters) would be like confidential and not like go out and tell their friends about it, it stays in the office.

I don’t trust most doctors, because the only doctor I trust is my official doctor since I had when I was a baby.

Mixed responses to whether providers or others can change HRA behavior.

I feel like not everybody feel like they need help or they just don’t want help.

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