Barriers and Facilitators to Conducting Adolescent Health Risk Assessments in Primary Care

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Background

- Most morbidity and mortality results from preventable risk factors. Unhealthy behaviors that begin in adolescence contribute to adult chronic disease, negatively impacting health and health care costs.
- Clinical guidelines recommend adolescents have annual preventive health visits that include health risk assessments (HRAs) to identify health risks and provide counseling and referrals.
- Despite the role HRAs and preventive services can play in adolescent health, the delivery of such services does not meet recommended clinical guidelines. This study used qualitative research methods to explore barriers and facilitators to the administration of adolescent health risk assessments in primary care to increase their administration, quality and effectiveness.

Methods

Nine semi-structured focus groups were conducted with healthcare providers and staff from September 2011 to February 2012. All focus groups were moderated by researchers trained in qualitative methods, and were audio-recorded and transcribed verbatim. Inductive content analysis was assisted with qualitative analysis software (Atlas.ti) to uncover themes surrounding current and general barriers and facilitators to adolescent HRAs, counseling and referral. A purposeful sample of diverse primary care settings, as well as participants representing a variety of clinic personnel, were recruited to provide a broad view of the challenges to conducting adolescent HRAs.

Results

RESPONDENTS (N=65)	RESEARCH SITES and HEALTHCARE SETTINGS	
♦Pediatric & family medicine physicians ♦Pediatric residents ♦Nurses ♦Medical & nursing assistants ♦Office/administrative staff	**Four Florida cities:** ♦Gainesville ♦Jacksonville ♦Orlando ♦Tallahassee	♦Pediatric residency programs ♦Federally qualified health centers ♦Private practices ♦Hospital-based adolescent clinics ♦School-based clinics

PROVIDER	Barriers	Time Constraints	♦To conduct HRAs ♦Engage in meaningful discussion/provide counseling ♦Discuss multiple or critical issues ♦ Provide preventive care plus HRA
		Behavior	♦Providers not comfortable discussing sensitive issues ♦Displaying surprise or shock at patient responses
	Facilitators	Behavior	♦Non-judgmental, non-threatening, non-confrontational, respectful communication ♦Being comfortable discussing sensitive topics with teens ♦Ability to put patients at ease ♦Treat patients as mature individuals responsible for their own health care
		Knowledge	♦Having knowledge of patient's family, home life, and community ♦Cultural competence: understands and incorporates patient's cultural beliefs, values, and behaviors
		Health Education	♦Instill patient "buy in" through education: explain links between behavior and health ,and relay importance of preventive care
		Relationships	♦Open, honest, trusting patient-provider relationships ♦Long-term, consistent patient-provider interaction with rapport built over time

Results

PATIENT	Barriers	Literacy and Language	♦Low literacy ♦Low health literacy ♦Non-English speakers
		Confidentiality and Communication	♦Privacy/confidentiality concerns ♦Discomfort/apprehension to discuss private and sensitive issues ♦Socially acceptable responses, rather than honest disclosure ♦First time patients (not comfortable, no history/relationship with provider) ♦Parents present during administration
		Time Constraints	♦Constraints of busy parents/families ♦Healthcare conflicts with school schedules and responsibilities
		Health Issues	♦Teens' general apathy towards health issues and preventive care ♦Cognitive disability
		Access	♦Lack of transportation ♦Paying for services
	Facilitators	Disclosure	♦Teens' desire to discuss health behaviors with knowledgeable, trusted adults ♦Patients' comfort with provider

PRACTICE	Barriers	Clinic Layout	♦Small clinic size or physical layouts that hinder privacy
		Staffing	♦Sole or small number of clinicians ♦Not having personnel or resources to deal with issues that are uncovered
		Communities	♦Small communities where anonymity is lacking
		Culture	♦Lack of culturally appropriate resources (e.g., interpreters, multilingual education-al materials)
		Environment	♦For school-based clinics, pressure to return patients to class ♦For school-based clinics, lack of privacy because clinic is on campus
	Facilitators	Staffing	♦Staff that enjoy working with teens ♦Staff who are experienced in adolescent health ♦Healthcare teams (e.g., physicians, health educators, social workers) bring different areas of expertise, interact differently with patients and debriefing across team provides better understanding of patient
		Communities	♦Small communities where providers have known patients for many years
		Finances	♦Billing systems to recoup costs
		Scheduling	♦Longer appointment times for adolescent patients
		Environment	♦"Adolescent friendly" environment (reading materials, educational materials, etc. are teen-oriented)

REFERRAL	Barriers	Lack of Resources	♦Adolescent-specific ♦Mental health ♦Nutrition ♦Primary care, especially in rural communities ♦Resources and programs disappear when funding ends/budgets reduced
		Staffing	♦High turn over rate of counselors/behavioral specialists
		Access	♦Uninsured ♦Low income patients ♦Lack of transportation
	Facilitators	Linkages	♦Up-to-date knowledge/lists of available resources and programs ♦In-clinic presence or linkages with social workers/community-based personnel ♦Linkages with academic institutions that provide services ♦Establishing referral networks in advance via contact from providers

HRA TOOLS	Barriers	Language	♦Language not appropriate for younger teens ♦Vocabulary that is too technical, formal, or outdated ♦Medical terminology ♦Family members acting as interpreters (all or correct information may not be relayed)
		Length	♦If too long, teens lose interest and takes too much time to administer
		Content	♦Domains not appropriate or comprehensive
		Format	♦Paper instruments: gives teens time to consider answering honestly; reduces confidentiality; teens lose, forget, or throw away paperwork ♦Looks like a test
	Facilitators	Content	♦Move from less to more sensitive issues ♦Questions that are short, straightforward, explanatory and inclusive ♦Responses that trigger needed discussion are easily located ♦Domain screening questions that guide administration or non-administration of subsequent questions; use of skip logic if IT-based ♦Current/missing teen health issues, e.g., bullying, cyberbullying, sex and social media, high caffeine products, occupational health risks, gender identity issues, self-injurious behavior ♦Able to clarify responses or ask for more discussion ♦Consent/privacy issues presented at beginning and end of survey
		Format	♦Brief, streamlined instruments ♦Electronic/IT-based ♦Easy to read fonts ♦Easy and quick to respond ♦Visually attractive

PROCESS	Barriers	Time Constraints	♦Time constraints in busy primary care practices limits administration and counseling ♦Slowed workflow because of time needed for administration and counseling ♦Time needed for verbal administration to low-literacy patients
		Finances	♦Inability or difficulty recouping costs associated with the time spent conducting HRAs
		Language and Culture	♦Conducting non-English HRAs
		IT	♦Guarding against theft, damaged devices
		Educational Materials	♦Providing written educational materials instead of verbal discussion (literacy issues, teen may discard to preserve confidentiality)
		Scheduling	♦Annual visits: long time frame between visits may cause opportunities to intervene to be missed
	Facilitators	Confidentiality and Communication	♦Assurance to patients that providers are available to discuss sensitive topics at any time ♦Describe HRA content and explain why the HRA is being administered ♦Addressing teens directly, rather than talking to parents or parents responding for teens ♦Start with general discussions, "small talk" to put patient at ease ♦"Normalize" behaviors, e.g., "many people your age have issues with…" ♦Discuss topics at every visit; primes patient and promotes discussion and disclosure ♦Providers available who are trained to deal with critical issues or triggered emotional responses ♦Prime parents in advance about HRA administration, patient privacy and teens taking charge of their healthcare
		Administration	♦Use of wait time or staff time to assist to complete HRAs ♦Gender-matching patients and providers
		Language and Culture	♦Culturally competent, meaningful and appropriate tools
		Information Technology	♦Engages patients by capitalizing on teens' interest in IT; more appealing, enjoyable and less tedious ♦Saves time ♦Increases privacy ♦Reduces provider paperwork ♦Can be linked to electronic health records for billing and continuity of care ♦Can provide immediate access to educational materials/instructional videos

Conclusions

- Barriers and facilitators to conducting adolescent health risk assessments are multidimensional and multifactorial.
- The use of HRAs in primary care can be expanded and enhanced by addressing barriers and the means to facilitate HRA improvement, administration and application.
- Qualitative research with healthcare providers and staff can inform researchers on techniques to conduct effective intervention studies in community-based clinical settings.

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