

MRMIB Healthy Families Program Summary of Adolescent Best Practices Phone Calls

Question 1: As your health plan considers and addresses the health needs of teens, do you consider all teens within your health plan as a group, or do you segment them based upon the payer source e.g. Healthy Families, Medicaid, and Commerical? Why do you use that approach? Did you participate in the Medi-Cal Managed Care Improvements Collaborative to increase teen visit rates and the quality of those visits? If so, did you find it beneficial to meeting those goals?

	San Francisco Health Plan	Central Coast Alliance for Health	Health Plan of San Mateo	Kaiser Permanente
Segmented by Payer Source?	No	No	No	No
Why use that approach?	Population Blind	Population Blind	Population Blind	Population blind
Medi-Cal Managed Care Collaborative?	Yes	Yes	Yes	Yes
Was it beneficial?	Yes, we have an incentive program already in place and it is working for us.	Yes, in finding out how other plans approach getting teens in for PCP visits.	Beneficial to learn what others are doing. It wasn't so much helpful but was inspirational.	We are neutral on that. There isn't a stress within the Kaiser system to meet the AAP guideline for seeing adolescents on a yearly basis.

Question 2: What do you think has been your most successful strategy in getting teens into the provider's office? If you had tried other approaches which were less successful, why do you feel this method worked so well?

	San Francisco Health Plan	Central Coast Alliance for Health	Health Plan of San Mateo	Kaiser Permanente
Most Successful Strategy	Teen incentive program.	We do an incentive program using a birthday letter with invite to see PCP for giftcard or movie ticket and raffle.	It is two-pronged. First there is a payment for the provider and then there are incentives for the teen.	Often times our most successful strategy with teens is to do needed preventive care when they are in for a sick visit.
Other Strategies?	We do different hours for teens based on their school schedule as well as have clinic hours specifically for teens. We distribute posters to high schools to encourage teen visits.	In the past we have tried more letters and educational efforts to both the plans and the members. This has been less successful recently.	Outreach to both the teen and the provider. We send out yearly birthday cards along with information about teen issues to the members. We meet with the actual providers and talk with them about what can be done to help them.	Adolescent clinics and the ease of access within the Kaiser system are also advantages for us.
Why does this work?	Because the teens like seeing the tangible benefit of coming to the doctor.	Because the teens like seeing the tangible benefit of coming to the doctor.	It gives the both the teen and the provider a reason to meet our quality goals. The plan is a win-win for the provider, the teen and the plan.	This is due in large part to our electronic charting. Electronic charting enables us to know the needs of the teen at any access point. It follows them and alerts the caregiver to specific patient needs.

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Question 3: Because many pediatricians are not comfortable dealing with the health and social issues of teens, what have you done to increase your provider's knowledge and comfort in dealing with teens and their unique issues? Do you give incentives to providers caring for teens, and if so, why and what are they?

	San Francisco Health Plan	Central Coast Alliance for Health	Health Plan of San Mateo	Kaiser Permanente
What have you done to increase the provider's comfort and knowledge?	We have done training through the State collaborative. We have distributed toolkits on how to deal with teens. A lot of doctors don't feel like it is their job to discuss teen issues and it is difficult to get them to do it.	In 2004-2005 we worked with the Adolescent Health Work Group. They did provider education on adolescents and about 60-70% of our providers participated. We provide a handbook and educational material. Most recently, We had a Pediatric Obesity Prevention Collaborative which specifically discussed teen issues. Specifically, we did training on how to interview teens on any issue.	We begin with a toolkit that talks in general about the needs of adolescents. We follow that up by talking with providers who wanted more help. Based upon their needs, we came up with bookmarks that have questions based upon the Health and Adolescent Development Project from San Francisco. We continue to follow up with physicians to access comfort level and help assist them in their efforts.	We have a lot of continuing education. Mostly, our adolescent clinic are staffed with doctors who have done fellowships in pediatric care and they recruit others who have a passion for the same. These doctors often enjoy the energy of working with teens.
Do you give incentives for providers?	Yes	Yes	Yes	No
Why give incentives?	Providers weren't seeing a need for yearly visits.	To increase provider's desires to be vigilant to our quality issues.	Because we are invested in getting kids the preventive care. We have found that this incentive allows the physician to concentrate on this area with teens.	There is no need.
What are the incentives?	We pay the provider \$20 for seeing teenage patients.	It is a Quality Based Incentive for pediatric programs which is a Pay for Performance program. This is buttressed by giving providers a list of kids that have not been seen and from what we understand, follow up is done from that list.	We pay the provider \$90 for each teen with whom they do an annual visit. This is in addition to payments that are contracted. If the doctor has a lot of teens, there is a big payoff to seeing them. We provide physicians a list of those kids who have not been seen on a quarterly basis so that they can follow up. We are working towards doing this on a monthly basis.	N/A

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Question 4: Several health plans have successfully used patient incentives to improve teen visit rates. If you currently provide incentives to patients, what incentives do you use and would you continue to do so even if it affected plan profitability, and why?

	San Francisco Health Plan	Central Coast Alliance for Health	Health Plan of San Mateo	Kaiser Permanente
If you use incentives, what are they?	We do a raffle of an i-pod or a laptop, we give gift cards or movie tickets to each teen that has their yearly visit and for clinic with special programs for teens we supply goody bags.	Movie ticket or a target gift card for member as well as once a month drawing in county for mountain bikes.	Two movie tickets for the teens.	No. They aren't our highest priority.
Would you continue to use if tenuous profitability?	This is difficult to answer because we are a non-profit. We believe in this program and would not choose to cut it, but other programs are more important.	Yes, in fact even with the tenuous financial times we expanded from an overall plan drawing to county by county drawings.	Yes, we have faced this situation and continued the incentives.	N/A
Why?	It would be under consideration for cutting if the State continues to impact our financial viability.	Because the incentives are helping us to reach more teens.	Because the incentives are helping reach our goals for quality care.	N/A

Question 5: In your experience are there important differences to keep in mind when approaching teens of different racial or ethnic backgrounds? If yes, what are they, and have you modified your teen programs for teens of different races, ethnicities, or socioeconomic classes?

	San Francisco Health Plan	Central Coast Alliance for Health	Health Plan of San Mateo	Kaiser Permanente
Are there important differences in regard to racial/ethnic/ socio-economic backgrounds?	Yes, but not the highest priority for teens.	Yes, it is important to get involved in the community and find out what the community sees as its needs.	For the most part, our kids are from the same social class and community. They look similar. Our biggest emphasis is on the Latino community.	Yes but Kaiser doesn't have an overall program to deal with the issues, these could be local programs but there aren't regional ones.
What are they?	We do notice that the Asian community does a lot less screening.	They differ based on community. We work diligently to get community input on our programs.	We work to bridge the language barrier with the Spanish community.	N/A

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Have you modified your program for teens based on race/ethnicity/socio-economic status?	We offer feedback showing scores from different years, we have done CMEs on Chlamydia and how to discuss this issue with different cultures, also our incentives are based somewhat on these concerns i.e. teens in some areas could not get to the movie theater.	We have a bi-cultural, multi-lingual staff that makes calls and does sampling. We have modified based on that information. For instance in certain communities, parents did not allow their children in music stores that we were using as an incentive. We are no longer using this incentive.	We send out literature that is appealing visually to our community. We have worked with a graphic artist to create this literature. The literature is sent out with the birthday cards and speaks to teen issues that are found within our community.	There is such a big and diverse population that this is not feasible. It could be being done on a smaller scale locally.
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Question 6: How important is it to have multiple ways to interact with teen patients e.g. web sites, chat rooms, email, or office kiosks for answering surveys? How much of your out-reach efforts are directed towards the teen, how much is directed to their parents, and how much is directed to providers? Which, if any, outreach efforts have been successful?

	San Francisco Health Plan	Central Coast Alliance for Health	Health Plan of San Mateo	Kaiser Permanente
Importance of multiple ways to interact with teen patients?	It is important. It isn't very feasible for our plan but we are looking at sending text messages to kids for yearly visits.	We have done a lot of focus groups in the past in places where teens gather and have done surveys.	In the past we actually bought computers for doctor's offices, but there was no space for privacy. We also purchased a program that tailored information to a specific child. Due to financial concerns, this is not being used.	We are working on better ways to deal with our teens. It is complicated because of privacy issues. Information that would normally go to either the member or the parent goes to neither because teens have a right to privacy regarding some of their healthcare.
How much of the outreach is directed toward the teen?	70%	We have done focus groups for the adolescents. We have met with them in the community centers and other gathering places. We also have teen clinics.	Over time, we have tried to do a lot of our outreach to our kids. We have even provided computers for teens to complete surveys. We work hard to make sure that our teens are supported and wanted in the system.	Don't really do outreach. We do send out something to the teen but it is a welcome package.
How much of outreach is directed toward the parent?	10% - we sometimes talk to the parent on live calls.	We do not focus much outreach toward the parents. More of our efforts are towards the children.	We send a letter out to the parents when the child becomes a teen.	Don't really do outreach. We send a letter to the parent saying we are sending something to the teen.
How much of outreach is directed toward provider?	20%	We work to make sure that our physicians are given the needed training. We believe that the combination of incentives and training is helpful.	We work hard to do outreach to the physician as well as the teen. We give incentives, offer CMEs and actually do visits to provider offices.	We work with providers to make sure that they have the tools needed to accurately service the population.

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<p>What outreach efforts have been successful?</p>	<p>Incentive plans, Outreach list to the doctor so that plans can call kids, we do auto calls to the family when teen is overdue for a visit.</p>	<p>Input through community focus groups and having the community come up with ways to reach members.</p>	<p>Birthday cards, incentives, health fairs, visiting doctor's offices.</p>	<p>Don't really do outreach. We haven't found a way to effectively communicate with teens. We are considering text messaging or something similar.</p>
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Question 7: What would be the top 3 pieces of advice you would give to a health plan struggling to increase their teen visit rate as well as the effectiveness of those visits?

	San Francisco Health Plan	Central Coast Alliance for Health	Health Plan of San Mateo	Kaiser Permanente
Advice Part 1	Incentives have worked well for us, although we know they haven't always worked well.	Community Outreach, get to know the community that is being served so that you can meet their actual needs.	First, look at whether it is an access issue or a data capture issue. We found that teens were seen but it wasn't reported.	Access is the key issue.
Advice Part 2	Most health plans are going out to the doctors, sharing quality results and brainstorming.	Communicate in clear, succinct, direct ways that are easily understandable. Make follow through easy.	A combination of incentives for both the teen and the provider is what worked for us.	Adolescent clinics have been helpful for our teens.
Advice Part 3	See what can be done to normalize yearly visits with the doctor.	Don't overwhelm with paperwork. Make work for the plan and less work for the member or the provider.	Don't give up. Keep at it. In the end, outreach to the provider and the member does work but it takes continual effort.	

Question 8: Would you be willing to participate, potentially as a best practice content expert, in a statewide collaborative to improve the rate and quality of teen visits?

	San Francisco Health Plan	Central Coast Alliance for Health	Health Plan of San Mateo	Kaiser Permanente
Willingness to participate in collaborative	Yes	Yes, with consent from plan.	Yes, depending on time commitment.	Yes, if it would be helpful, because Kaiser is so different, concerned that it might not be helpful.
Additional Comments	None	None	The Medi-Cal population is more analogous to the Healthy Families population, they should be the benchmark. More support from foundations to help with quality improvement would assist in delivering better care to population.	The phone call has been helpful and given ideas to take back to the medical staff. Priorities currently are the 1st 15 months of life, better developmental screening, immunizations (would like a statewide registry), CCS and SED screening for Healthy Families and Medi-Cal and Obesity (BMI weight management).