IDENTIFYING RISKS AND IMPROVING OUTCOMES FOR ADOLESCENT PATIENTS

High-Risk Behaviors

High-risk behaviors are the primary causes of morbidity and mortality in adolescent patients (ages 12 to 21).1

» Substance abuse
» Unsafe sexual activity
» Interpersonal violence
» Suicide

ONLY 15–50%

of adolescents receive recommended screening and counseling for high-risk behaviors.2,3

Why Confidentiality Matters

Adolescents are more likely to discuss high-risk behaviors if they believe their care is confidential.1,4,5

Adolescents answer confidential screenings more honestly.6

State and national laws allow minors to receive confidential care related to sexual health, mental health, and substance abuse.

Barriers to Confidential Care

There is low knowledge about minor consent laws.7,8,9

Less than half of adolescents receive a yearly well or preventative exam. Most do not spend any time alone with their provider during that visit.10

Providers have noted a lack of expertise, insurance issues, and concerns about medical records.11

Advantages of Screening Tools

Screening tools provide a comprehensive picture of the patient.

They increase efficiency and effectiveness of care, allowing physicians to tailor their conversations with patients.

When paired with effective counseling and intervention, they can make a significant impact on adolescent high-risk behaviors.12

Example of a Confidential Work Flow

1. At check-in, front desk staff gives parent/guardian and patient a letter about confidential time with adolescent patients.

2. Medical Assistant (MA) calls patient, explains to parent/guardian, “I’ll be bringing your child back to get their vital signs and have them complete a brief health survey. Then I’ll bring you to the room.”

3. MA places patient in an exam room, has them complete the screening tool, brings the results to the provider to review, and then brings back parent/guardian.

4. Provider meets with parent/guardian and patient, and then asks the parent/guardian to step out for confidential time. Provider then discusses the risk screen confidentially with the patient.

REFERENCES: