Complete Summary

TITLE

Preventive screening and counseling on risky behaviors: average proportion saying "yes" to ten items about whether provider(s) discussed/screened on smoking, alcohol use, helmet use, drunk driving, chewing tobacco, street drugs, steroid pills, sexual/physical abuse, violence, guns.

SOURCE(S)

Bethell C, Klein J, Peck C. Assessing health system provision of adolescent preventive services: the Young Adult Health Care Survey. Med Care 2001 May;39(5):478-90. [66 references] PubMed

Young adult health care survey. Version 2.0. Portland (OR): FACCT - The Foundation for Accountability; 1999 Feb 1. 8 p.

Brief Abstract

DESCRIPTION

This measure assesses the average proportion of "yes" responses to ten items about whether provider(s) discussed/screened on smoking, alcohol use, helmet use, drunk driving, chewing tobacco, street drugs, steroid pills, sexual/physical abuse, violence, and guns among young adults.

RATIONALE

Health behaviors, such as alcohol use and drunk driving, sexual activity, depression, suicide, smoking, violence, and guns are the primary causes of morbidity and mortality among adolescents. Preventive counseling and screening on these and other health risk topics are the centerpiece of adolescent preventive services guidelines. Common components in adolescent preventive services guidelines set forth by the American Medical Association (AMA), American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), and the U.S. Maternal and Child Health Bureau (MCHB) include:

1. Periodic adolescent health care visits specifically focused on preventive screening and counseling.
2. Private and confidential care whereby adolescents can meet privately with providers with assurances of confidentiality.
3. Education and counseling on behavioral, emotional, and medical risks to health. This includes encouraging good health habits (e.g. healthy eating, physical activity) and providing guidance on avoiding risky behaviors (e.g. smoking, alcohol use, unprotected sexual activity, drunk driving, ignoring or

reacting inappropriately to negative emotions, use of drugs, violence, and guns).

4. Screening, early identification and referrals for behavioral, emotional, and medical risks. This includes screening for smoking, alcohol, sexual activity, depression, street drug use, involvement in or victim of violence or abuse, access to and use of guns, and unsafe practices such as infrequent helmet and seatbelt use or driving in a care with a driver who has been drinking alcohol.

Studies demonstrate that adolescents trust health care providers. Adolescents are interested and willing to talk with providers about recommended preventive counseling and screening topics, especially during private, confidential health care visits. Yet, for many reasons, including young adult access barriers to care and provider training and incentives, few adolescents receive recommended comprehensive preventive counseling and screening services on key topics such as alcohol use, depression, sexual activity, smoking, injury prevention, physical activity, and diet.

Among other strategies, performance measurement can be a powerful component of efforts to improve preventive services for adolescents. Experts and consumers emphasize the importance of adolescent preventive care as a top priority for health care system accountability and performance reporting, and point to the current lack of measurement methods. While the rate at which adolescents have yearly well-visits is being used by the National Committee for Quality Assurance (NCQA) as a national indicator of quality for health maintenance organizations, this measure provides no information about the provision of preventive counseling and screening nor takes into account the fact that preventive services are often provided outside the context of well-visits.

The Young Adult Health Care Survey (YAHCS) was developed to complement existing performance measurement methods. This 45-item survey was designed to provide a parsimonious, comprehensive and actionable assessment of adherence to adolescent preventive counseling and screening guidelines.

PRIMARY CLINICAL COMPONENT

Risky behaviors (smoking, alcohol use, helmet use, drunk driving, chewing tobacco, street drugs, steroid pills, sexual/physical abuse, violence, guns); screening; counseling

DENOMINATOR DESCRIPTION

The number of young adults age 14 years or older who answered at least six of ten items in this scale for preventive screening and counseling on risky behaviors

NUMERATOR DESCRIPTION

Average proportion saying "yes" to ten items about whether provider(s) discussed/screened on smoking, alcohol use, helmet use, drunk driving, chewing tobacco, street drugs, steroid pills, sexual/physical abuse, violence, guns

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Patient Experience

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
Wide variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Bethell C, Klein J, Peck C. Assessing health system provision of adolescent preventive services: the Young Adult Health Care Survey. Med Care 2001 May;39(5):478-90. [66 references] PubMed

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Collaborative inter-organizational quality improvement
External oversight/Medicaid
External oversight/Regional, county, or city agencies
External oversight/State government program
Internal quality improvement
Quality of care research

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

To date the survey has been administered to young adults aged 14 to 19 years old

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Health behaviors, such as alcohol use and drunk driving, sexual activity, depression, suicide, smoking, violence and guns are the primary causes of morbidity and mortality among adolescents. The 1995 Youth Risk Behavior Surveillance Survey, a national survey of students in grades nine through 12, revealed that 72% of all deaths among school-aged youth were the result of four primary causes: motor vehicle accidents, other unintentional injury, homicide and

suicide. Similar data from patients five to 21 years of age identified the same causes of mortality, indicating a need for physicians to focus on accidents and violence in preventive care.

EVIDENCE FOR BURDEN OF ILLNESS

Children Now's Managed Care & Adolescent Health Advisory Committee. Partners in transition: adolescent and managed care. Oakland (CA): Children Now; 2000 Apr. 68 p.

Grunbaum JA, Kann L, Kinchen SA, Ross JG, Gowda VR, Collins JL, Kolbe LJ. Youth risk behavior surveillance. National Alternative High School Youth Risk Behavior Survey, United States, 1998. J Sch Health 2000 Jan;70(1):5-17. PubMed

Kann L, Kinchen SA, Williams BI, Ross JG, Lowry R, Hill CV, Grunbaum JA, Blumson PS, Collins JL, Kolbe LJ. Youth Risk Behavior Surveillance--United States, 1997. State and Local YRBSS Coordinators. J Sch Health 1998 Nov;68(9):355-69. PubMed

National Center for Health Statistics. Advance reports of final mortality statistics, 1993. Mon Vital Stat Rep 1996;44 (7 Suppl).

Ozer EM, Brindis CD, Millstein SG, Knopf DK, Irwin CE Jr. America's adolescents: are they healthy?. San Francisco (CA): University of California, San Francisco, National Adolescent Health Information Center; 1998.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

It is recommended that adolescents age 14 years or older who have been continuously enrolled in a health plan for 12 months (allowing for a one-month gap in enrollment) and who had a well visit or other type of preventive visit in the past 12 months be randomly selected.

DENOMINATOR (INDEX) EVENT

Encounter

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
Adolescents age 14 years or older who have been continuously enrolled in a health plan for 12 months (allowing for a one-month gap in enrollment) and who had a well visit or other type of preventive visit in the past 12 months, and who answered at least 6 of the ten items in this scale

Refer to the original measure documentation for further details.

Exclusions
Unspecified

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Average proportion saying "yes" to ten items about whether provider(s) discussed/screened on smoking, alcohol use, helmet use, drunk driving, chewing tobacco, street drugs, steroid pills, sexual/physical abuse, violence, guns

Exclusions
Unspecified

DENOMINATOR TIME WINDOW

Time window is a fixed period of time

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data and patient survey

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

PRE-EXISTING INSTRUMENT USED

Items modified and improved from the adolescent questionnaire developed and tested by Jon Klein et. al., Klein JD, Craff CA, Santelli JS, et al. Developing quality measures for adolescent care: validity of adolescents' self-reported receipt of preventive services. Health Serv Research. 1999; 34:391-404.

Computation of the Measure

SCORING

Non-weighted Score/Composite/Scale

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

- 1999: Five health plans and one professional review organization: CIGNA HealthCare (Southern California Branch), Blue Cross Blue Shield of the Rochester Area, Permanente Medical Group, San Francisco Health Plan, United Health Plan, and the Institute for Child Health Policy, as part of their Florida KidCare Evaluation efforts. The psychometric properties of the Young Adult Health Care Survey (YAHCS) measures of care were examined and confirmed to be sound.

  In-depth cognitive testing of the draft survey was conducted with 35 adolescents representing different socioeconomic groups, resulting in adjustments to the design, formatting, and wording of survey items. Readability analyses indicate that the YAHCS survey items are written at the 6th-8th grade reading level and cognitive testing confirmed the readability of the YAHCS across adolescents with a range of educational levels.

  YAHCS measurement scales demonstrated strong construct validity (mean factor loading = 0.64) and reliability (mean Cronbach's alpha = 0.77).

- 2000-2001: Washington State Department of Health to assess for quality of care provided to adolescents enrolled in Medicaid in Snohomish County. Psychometric properties assessed and were confirmed again. Findings were similar to those shown by Bethell and colleagues.
- 2002: New York State Department of Health to "pilot" the YAHCS for assessing quality of care in five chosen health plans. Psychometric properties assessed and were confirmed again. Findings were similar to those shown by Bethell and colleagues.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Bethell C, Klein J, Peck C. Assessing health system provision of adolescent preventive services: the Young Adult Health Care Survey. Med Care 2001 May;39(5):478-90. [66 references] PubMed

Young adult health care survey (YAHCS) 2000 results, Snohomish County. Portland (OR): FACCT - The Foundation for Accountability; 2000. 42 p.

Identifying Information

ORIGINAL TITLE

Preventive screening and counseling on risky behaviors (smoking, drinking, drug use, helmet use, drunk driving, steroids use, violence, guns, abuse).

MEASURE COLLECTION

Young Adult Health Care Survey (YAHCS)

DEVELOPER

Foundation for Accountability

ADAPTATION

Measure was adapted from another source.

PARENT MEASURE

Unspecified

RELEASE DATE

1999 Mar

REVISION DATE

2002 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Bethell C, Klein J, Peck C. Assessing health system provision of adolescent preventive services: the Young Adult Health Care Survey. Med Care 2001 May;39(5):478-90. [66 references] PubMed

Young adult health care survey. Version 2.0. Portland (OR): FACCT - The Foundation for Accountability; 1999 Feb 1. 8 p.

MEASURE AVAILABILITY

The individual measure, "Preventive Screening and Counseling on Risky Behaviors," is published in "Young Adult Health Care Survey: Version 2.0" and "Assessing Health System Provision of Adolescent Preventive Services: The Young Adult Health Care Survey." The Young Adult Health Care Survey is available at The Foundation for Accountability (FACCT) Web site.

For more information, contact FACCT at: 1200 NW Naito Parkway, Suite 470, Portland, OR 97209 (503) 223-2228; Web site: www.facct.org; email: info@facct.org.

NQMC STATUS

This NQMC summary was completed by ECRI on January 30, 2003. The information was verified by the Foundation for Accountability on February 19, 2003.

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