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Purpose: The Institute of Medicine Reports “Missing Opportunities,” and “Redesigning Continuing Education (CE) in the Health Professions,” state that “health care providers working with adolescents frequently lack the skills needed to interact appropriately and effectively with this age group,” and “identified deficits in the training needs for providers.” They state that “the new vision for CE is learner-driven, allowing learning to be tailored to individuals’ needs.” To identify Primary Care Providers (PCPs) perceived CE needs, we conducted a qualitative study to assess PCPs’ attitudes and beliefs regarding their adolescent care. Secondary aims were to identify what CE opportunities providers would use, and the importance of CE credit or Maintenance of Certification (MOC) points.

Methods: We identified participants from a purposeful sample of PCPs in Monroe County, NY. Using a semi-structured interview guide, we conducted Key Informant Interviews (KII) with five pediatricians and one nurse practitioner. The main questions included: “What is it like for you to see an adolescent?, What helps facilitate the care...?, What interferes with the care you want to provide?, and What would you want to do differently?” We asked, of the behaviors that the Youth Risk Behavior Surveillance System (YRBSS) monitors, “which do you address well, and which need more attention?” We asked what CE opportunities they would use, and whether CE credit or MOC points would be important. The interviews lasted 45–75 minutes. The PI summarized the KII, and emailed it to the participant for content verification. The KII summaries were analyzed using line-by-line coding identifying common words and phrases, which were consolidated into overarching themes.

Results: These PCPs described adolescent visits as positive interactions that are adolescent-centered, with dedicated confidential time. Identified facilitators included physical health, rapport, confidentiality, validated screening tools, motivational interviewing, improved knowledge, experience, provider-family dynamics, and interdisciplinary collaboration. Identified barriers included inadequate time, psychiatric diagnoses, low motivation, patient-family relationships, confidentiality, insufficient resources, and inadequate competence and confidence. They report screening for all YRBSS behaviors, but identified deficits in addressing positive screens due to: time, delayed form review, poor follow-up, superficial conversation, inadequate motivation, and confidentiality. Proposed solutions included more: time, adolescent-friendly atmosphere, resources within the practice, and CE on non-adherence, substance use, binge eating, somatization, chronic pain, and school avoidance. These providers prefer in-practice or local presentations; none would use computer-based CE; all providers require CE credit to consider using CE; and the pediatricians would more likely use CE providing MOC points.

Conclusions: These providers describe positive experiences caring for adolescents. They screen for risky behaviors, but clearly identify gaps in knowledge and skills, their CE needs, and how they prefer to learn. To identify the needs of this primary care community, quantitative surveys should be developed based on this study to inform the development of learner-driven CE to meet the needs of PCPs who want to improve their adolescent care. This study suggests that when designing CE, CE credit is not only desirable, but may be necessary for providers to actually use CE, and that MOC points may be more motivating than CE credit

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RESEARCH POSTER SESSION I: HEALTH SERVICES

85.

MEETING THEM MORE THAN HALFWAY: ADOLESCENT PERSPECTIVES ON PATIENT-CENTERED CARE

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Purpose: The Institute of Medicine defines patient-centeredness as an established partnership between patients and the health care system that “respects patients’ wants, needs, and preferences.” Patient-centered care has been touted as essential to effective and coordinated health care delivery, and is integral to health care reform within the Affordable Care Act (ACA). However, little is known about adolescent perceptions of patient-centered health care. Without a strong understanding of patient-centered care for adolescents, the current health care system may be missing opportunities to engage adolescents by failing to respond to the unique developmental and contextual factors that influence their wants, needs, and preferences. We aim to identify common characteristics of patient-centered care according to adolescent patients who access care in multiple settings, including school-based health centers (SBHCs), in order to better understand and define adolescent-centered care.

Methods: We performed a secondary analysis of qualitative data from 12 adolescent focus groups (6 male and 6 female, ages 14–19 years old) conducted in Connecticut, New Mexico, and New York. Through a thematic analysis of the de-identified transcripts, we coded and analyzed the focus group transcripts to identify adolescent priorities in health care.

Results: Adolescents consistently identified eight characteristics of care delivery that drive their engagement with the health care system. They described the four core pillars of primary care – convenient access, continuity with providers, on-site comprehensive services, and coordination between health care providers. Adolescents emphasized four additional qualities that influence their engagement with the health care system: confidentiality, personal autonomy, relatability with health care providers, and use of technology for communication about their health.

Conclusions: Similar to previous research on patient-centered care among younger children and adults, adolescents conveyed the value of accessible, continuous, comprehensive, and coordinated care. Distinctive to adolescent care delivery, the need for confidentiality, personal autonomy, relatability to providers, and use of technology are further defining characteristics of adolescent patient-centered care. A clearer definition of adolescent-centered care may aid in targeted delivery models to address the health care needs of this unique population and facilitate better engagement with the health care system.

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