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Opportunities and Challenges for Adolescent Health Under the Affordable Care Act

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Abstract The purpose of this commentary is to highlight some of the key policy changes under the Patient Protection and Affordable Care Act (ACA) that have the potential to improve health care services for adolescents as well as to draw attention to challenges that have yet to be addressed. This commentary stems from our prior policy research, which examined the extent to which the health care needs of adolescents were being considered in the early implementation phases of the ACA. This study was informed by a literature review and interviews with health care administrators, health policy researchers, and adolescent medicine specialists. The ACA has significantly expanded health insurance access; however, inequities in coverage and access remain. Primarily, the structure and financing of adolescent health care needs to be improved to better support the delivery of patient-centered, comprehensive care for this special population. Additionally, improvements in youths' awareness of their benefits under the ACA as well as a greater appreciation of preventive visits are critical. Furthermore, an unanticipated consequence of the ACA is that it exacerbates the risk of confidentiality breaches through explanation of benefits and electronic

health records, which can compromise adolescents' access and utilization of health care services. Greater attention to improving and sustaining health promoting behaviors within the context of the ACA is critical for it to truly have a positive impact on adolescent health.

Keywords ACA · Adolescent · Healthcare · Implementation

Introduction

Adolescence represents a critically important developmental phase in the lifecourse as health habits adopted during this time period impacts their health and well-being both in the immediate short-term and well into adulthood [1]. Furthermore, most adolescent morbidity and mortality is preventable including those associated with unintentional injuries, mental health issues, substance use, sexual risk behaviors, poor diet and exercise, etc. [2]. The Patient Protection and Affordable Care Act (ACA) of 2010, represents a major policy shift in the United States toward preventive care and contains a number of provisions that can be harnessed to improve adolescents' *access* to health care services as well as the *quality of care* they receive [3]. However, a number of barriers need to be addressed in order to ensure that adolescents are able to utilize the coverage and benefits provided under the ACA. To date, these issues have not received adequate attention because of other, more pressing, policy decisions and complications related to the roll-out and implementation of the ACA. The purpose of this commentary is to highlight some of the key policy changes that have the potential to improve the health of adolescents (12–18 years of age), while also drawing

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attention to new and unique challenges that must be addressed in order to meet their myriad needs.

Methods

This commentary stems from our prior policy research, which examined the extent to which the health care needs of adolescents were being addressed in the early implementation phases of the ACA [4] and our subsequent research examining potential threats to adolescent confidentiality that are exacerbated by the ACA [5]. Both studies included a literature review and in-depth semi-structured telephone interviews conducted with health care administrators, health policy researchers, and adolescent medicine specialists ($n = 14$ interviews in our first study and 31 in our second). Participants were asked open ended-questions about the following: opportunities under the ACA to promote adolescent health, the extent to which implementation efforts were taking into account the special health needs of adolescents; the enrollment process and strategies to maximize enrollment; how confidentiality for young people is being addressed in light of the ACA expansions; and the challenges that need to be addressed to meet the needs of adolescents. Transcripts were analyzed to identify key themes, range and relative importance of each theme, and divergent/convergent responses. This study received approval from the institutional review board.

Results

The Role of the ACA in Expanding Access to Health Insurance for Low Income Adolescents

The ACA has significantly expanded health insurance access for a number of individuals, including adolescents; however, inequities in coverage and barriers to access remain. Prior to the ACA, nearly 10 % of children and adolescents were uninsured and after initial implementation efforts, this proportion decreased to 5.5 % in 2012 [6]. This decrease is largely due to two major policy changes. First, under the ACA [3], many health insurance policies can no longer deny or limit coverage for enrollees with a pre-existing condition, which potentially impacts the large proportion of adolescents who have special health care needs [7]. Second, under the ACA, Medicaid expansion has also increased coverage for many adolescents. According to recent data on Medicaid expansion efforts, more than half of the states (29, including DC) covered children in families with incomes at or above 250 % FPL and 19 states, (including DC) covered children living in families with incomes at or above 300 % FPL [8]. Despite these

efforts, many adolescents lack equal access to coverage if they happen to live in a state that opted out of Medicaid expansion.

Continuity of Coverage Under the ACA

Another challenge to health care access results from income fluctuations facing many low income families which causes them to either lose coverage or move in between different health insurance programs, with potentially different providers in the approved provider network. Estimates indicate that approximately half of low-income adults, who are not receiving employer sponsored insurance, will experience a change in income or family circumstance that will change their eligibility for coverage in a given year [9] affecting a significant proportion of adolescents. Such disruptions in their health care coverage can lead to delays in care, an unmet medical need, and/or lack of preventive health care services [10]. Such disruptions are referred to as “churning” and are not unique to the ACA [11]. Historically, other publicly subsidized insurance programs also grappled with this issue and have developed a number of strategies to help alleviate churning as the ACA is implemented [11, 12]. The ACA does require all state insurance Market places to have some type of assistance programs to help consumers understand the various insurance options and to help them enroll [13]. However, navigators and other enrollment assistance counselors have faced considerable challenges such as: inequities in the distribution of assistance programs, variations in the training and experience of navigators and limited capacity to address the vast post-enrollment help needed [13]. Thus, ensuring that adolescents are enrolled and have continuous coverage are critical issues that still need to be addressed. To date, there has been no study examining the proportion of adolescents who experience churning under the ACA or the effectiveness of efforts aimed at addressing this issue.

Improving the Quality of Care for Adolescents

The ACA also has the potential to improve quality of care for adolescents. First, the ACA aims to increase patients’ access to medical homes, which is the provision of comprehensive team-based care led by a primary care physician who coordinates all elements of care. This has been a long-standing recommendation of the American Academy of Pediatrics [14]; however, despite adolescents’ high rates of contact with the health system, prior to the ACA, nearly half of all adolescents lacked access to a medical home [15]. Such access was even poorer among adolescents who were low-income, minorities, uninsured, or had health issues such as depression, anxiety, ADHD, learning disabilities, developmental delays and autism [15]. The ACA

provided \$35.7 million in patient-centered medical home facility grants at various sites across the United States to improve and expand health centers' ability to provide care in a medical home model across the age spectrum [16]. While this is a significant investment, it only supports a small proportion of the total number of health centers and thus, many adolescents and their families will likely continue to lack access to the medical home model of care. For sites that received this grant funding, it will be important to study changes in adolescents' access to medical homes and examine barriers and facilitators to their accessing this type of health care delivery model.

The second significant policy shift to promote quality is the ACA's requirement to cover recommended preventive health services without any "out-of-pocket" costs. Preventive services include immunizations, behavioral assessments for adolescents, obesity screening, FDA-approved contraception and patient education counseling, and sexually transmitted infection (STI) counseling and screening [3]. For adolescents, this is particularly important because, while they are generally perceived as healthy, they are at a critical time in their development in which behavioral patterns become established which contribute to long-term health and morbidity [2]. Third, the ACA also has the ability to improve quality of care for adolescents through the establishment of coverage for essential benefits and the prohibition of annual limits on such benefits, including mental health, substance use, chronic disease management and the coverage of pediatric services up to 19 years of age [3].

Barriers to Comprehensive Health Care Delivery Model for Adolescents

A number of barriers need to be addressed to ensure adolescents' access to and the delivery of comprehensive preventive health services. First, there needs to be improvements in the structure of adolescent health visits. For example, sufficient time for preventive well-visits is essential. A typical 20–30 min visit is often inadequate to provide the necessary health education and services to assess and address complex health behaviors of adolescents. Even with longer visits, providers need support from families and communities to promote, reinforce and sustain adolescents' healthy behaviors [17]. Innovations in computer-based and technology related interventions hold promise for providing additional educational and counseling opportunities and when integrated into the primary care system, they can be an effective approach for conducting health assessments, delivering health promotion messaging and behavior change strategies [18]. At the same time, providers need to be afforded the flexibility to take advantage of opportunities to provide preventive care when adolescents present for more acute

health care issues and at other points in which they have contact with the health care system outside of the traditional, well-child visit.

Second, and related to the visit structure, is the financing mechanisms that support the delivery of this comprehensive approach to adolescent health care. Adequate reimbursement needs to be built into the system to ensure providers have the proper incentives and compensations to deliver patient-centered, comprehensive care. Currently, there are problems with and confusion around the preventive health services policy in terms of what is considered a preventive service and how separate, but related services are billed. For instance, if the office visit and the preventive service are billed separately, the insurer may still impose cost-sharing for the office visit itself. In addition, if a preventive service results in a treatment, the patient may also have costs associated with the treatment [5]. There are several approaches to address these barriers; for example, one change could include a bundled payment reimbursement for preventive visits that include screening, health education, counseling, and ongoing follow-up, as necessary. However, more attention needs to be given to the financing of care to better address the unique health needs of the adolescent population which takes into account when and how they access care.

Third, constraints in the adolescent health services workforce capacity also need to be addressed. Capacity issues include the training, availability, and distribution of sufficient numbers of adolescent medicine specialists and/or providers who are prepared to address the complex physical, behavioral, and emotional health care needs of adolescents. These providers also play an important role in supporting their transition to adulthood. While these issues were challenging prior to the ACA [19], they are further exacerbated by the demands of the large influx of newly insured adolescents.

Fourth, the prevention focused health care model will also likely need to involve a cultural shift in how youth conceptualize health care that includes placing greater value on preventive care services. Adolescents and young adults tend to seek care for health problems and preventive care services are underutilized [17]. Thus, changing their health care utilization patterns remains a critical issue. Furthermore many adolescents may not be aware of the health benefits under the ACA. For example, one study found that after over 3 years of the ACA, 43 % did not know that the ACA eliminated out-of-pocket expenses for preventive services [20].

Lastly, access to comprehensive care for adolescents hinges upon the assurance that such health services will remain truly *confidential* especially those deemed sensitive including substance use, mental health, and reproductive/sexual health services [21]. Confidentiality protections

are routinely violated through communications in the form of explanation of benefits (EOBs) sent to policyholders, typically the parent [5]. Electronic health records (EHR) place additional risk for confidentiality breaches [22]. Confidentiality concerns may mean young people will not take full advantage of services available to them which can result in delayed or forgone care, especially for particularly vulnerable populations of young people [23]. Health care providers, as well as newly insured adolescents may not be aware of the potential risk of confidentiality breaches through EOBs or EHRs.

Conclusion

Adolescents comprise a special population that is not receiving sufficient attention, particularly related to enrollment and full access to health care services. While the ACA includes a number of provisions aimed at supporting adolescents' access to health care insurance and services, some of their unique needs may be overlooked including: *access to health care insurance, continuity of care, access to and utilization of preventive health care services, and confidentiality*. Greater attention to improving and sustaining health promoting behaviors within the context of the ACA is critical to truly have a positive impact on adolescent health.

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