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SOCIETY FOR ADOLESCENT MEDICINE

Meeting the Health Care Needs of Adolescents in Managed Care

A Position Paper of the Society for Adolescent Medicine

Adolescents have health care needs that are specific to their age and developmental status. Many of the sources of mortality and morbidity in this age group are related directly or indirectly to risk behaviors that have their onset during adolescence. All of the major causes of mortality in this age group (motor vehicle accidents, homicide, and suicide) and many of the primary causes of morbidity (pregnancy, sexually transmitted infections, and substance abuse) are potentially preventable (1–4). At the same time, many adolescents are willing to seek care for these concerns only if they are able to do so on a confidential basis (5,6). Addressing adolescent health concerns in an effective manner requires attention to their unique developmental characteristics and complex needs.

A rapid shift is occurring in both the private and public sectors from traditional fee-for-service reimbursement to prepaid managed care arrangements as the dominant method of health care financing and service delivery (7–10). This transformation is occurring at a time when many adolescents are uninsured (11–13) and funding is precarious for many of the health care providers and sites they use (14). Increasing numbers of adolescents are able to receive health care, if at all, only through managed care arrangements.

As the shift to managed care takes place, the particular health care needs of adolescents must be addressed. In addition to the possibility of avoiding human suffering and disability when appropriate prevention and treatment services are provided, analyses of costs and benefits favor comprehensive medical care for adolescents. By conservative estimates, billions of dollars are spent each year on the medical treatment of adolescent health problems related to potentially preventable causes of illness (4).

Delivering timely, effective, developmentally appropriate health care services to adolescents is in the best interest of all involved: managed care organizations, insurers, public and private purchasers of health care and insurance coverage, health care providers, consumers, and policy makers, as well as adolescents. To ensure that this occurs, the Society for Adolescent Medicine identifies four key goals for adolescents in managed care:

1. Adolescents should have access to comprehensive, coordinated care on a continuous basis.
2. Managed care systems should be structured to ensure access to age-appropriate, adolescent-focused services.
3. Financing mechanisms should be adequate to support provision of necessary services.
4. Quality goals and indicators that are adolescent-specific should be implemented for monitoring managed care arrangements.

See related review article, pp. 278–292.

Position

To achieve these goals, the Society for Adolescent Medicine endorses the following positions:

1. **Adolescents enrolled in managed care arrangements should have access to comprehensive coordinated care on a continuous basis.** In order to achieve this it will be necessary to maximize insurance coverage, establish a comprehensive benefit package, coordinate services, offer anticipatory guidance, and provide support services to facilitate access.

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Maximizing insurance coverage. Only adolescents who have insurance coverage will potentially be able to receive any of the benefits associated with managed care enrollment. As a group, however, adolescents are uninsured at high rates and dependent coverage is decreasing in private employer-based health insurance plans (11–13). To address this, private and public purchasers of health insurance should maximize the number of young people who are covered throughout their adolescence. Dependent coverage should be included in employer-based plans at an affordable cost for families. State Medicaid programs and other publicly funded health insurance programs for children and youth (14a), at minimum, should include coverage for all adolescents living below the poverty level or, preferably, up to 200% of poverty. Coverage for both privately and publicly insured adolescents should be continuous and should extend at least through age 18 years. Whenever possible, coverage should continue beyond age 18 years to support young people through their early twenties.

Establish a comprehensive benefit package. Adolescents will not receive the full benefit from enrollment in managed care, particularly the advantages of receiving comprehensive preventive care (15), unless the benefit package is appropriate for their needs (16–19). Therefore, a comprehensive package of benefits that meets the physical, psychological, and developmental health care needs of adolescents should be available across all plans, both public and private. These services should be available within a reasonable time once a need is identified. They should not be subject to exclusions based on preexisting conditions. The benefit package should include services that reflect the developmental needs of this age group or are required to prevent and treat the consequences of adolescent high-risk behaviors. A comprehensive benefit package appropriate to the needs of adolescents should include, but not be limited to:

- periodic preventive health screening, including physical examinations, and other clinical preventive services consistent with the recommendations contained in professional guidelines such as Bright Futures (20), the Guidelines for Adolescent Preventive Services (GAPS) (21), the AAP guidelines (22), and others (23,24),
- dental, vision, and hearing services,
- family planning and contraceptive services and supplies,
- pregnancy-related care, including prenatal care, pregnancy termination, childbirth, and postpartum care,
- screening and treatment for sexually transmitted infections, HIV/AIDS, and other infectious/contagious/communicable disease (such as tuberculosis),
- appropriate immunizations, including those for hepatitis B and varicella,
- nutritional services,
- substance abuse counseling and treatment (including options for individual and family therapy and a full range of treatment settings including inpatient hospitalization, day treatment programs, and outpatient care),
- mental health screening, counseling, and treatment (including options for individual and family therapy and medical therapy for co-morbid medical problems or those which arise as a complication of the mental health problem; and a full range of treatment settings including inpatient hospitalization, day treatment programs, and outpatient care),
- care for acute and chronic illness and disability, including necessary medical equipment and medications,
- rehabilitation services, including physical, speech, occupational, and respiratory therapy, and
- care coordination and case management.

Coordinating services. While it is critically important that this range of services be available to adolescents, it is equally important that they be provided in a coordinated manner, because many adolescents have complex needs that require services from multiple providers or even separate plans (18,25). Nevertheless, these different services and providers are often needed to address a single problem. For this reason, and particularly to the extent that some health care services are provided to an enrolled adolescent through separate plans (such as a behavioral health plan for mental health care), services must be closely coordinated between plans and among plan providers to ensure that enrolled adolescents are not denied essential care.

Offering anticipatory guidance. Many of the health problems experienced by adolescents are preventable (1–4). A key element in the prevention effort is individualized, prevention-oriented counseling. Therefore, health education and anticipatory guidance should be provided to all enrolled adolescents.

Providing support services to facilitate access. Certain groups of adolescents are unlikely to be able to

access care appropriately without support services: in particular, low income and high risk adolescents, and adolescents with chronic illness and disability (18,26). Therefore, in managed care arrangements serving these young people, covered benefits should include support services, such as case management, individualized treatment plans, medically necessary emergency transportation and, for low income adolescents, other medically necessary transportation.

2. **Managed care arrangements should be structured so that adolescents enrolled in managed care have access to age-appropriate, adolescent-focused services and providers.** In order to achieve this it will be necessary to protect adolescents' special access concerns, recognize the needs of special populations of adolescents, assure access to adolescent-focused providers, require adolescent-specific proficiency among providers, implement adolescent specific practice guidelines, and assure fairness in prior authorization and utilization review.

Protecting adolescents' special access concerns. Due to their age and developmental status, many adolescents will only use necessary health care if they can obtain services in adolescent-friendly sites on a confidential basis (18,26,27). Therefore, managed care arrangements should incorporate protections for adolescents to receive confidential care and procedures allowing adolescents to give informed consent for their own care, as allowed by state and federal law (2,5,6,28,29). Certain modes of operation—such as extended hours; accessible community based sites; and clinical and administrative staffs who are approachable and aware of the unique needs of adolescents, as well as culturally and linguistically sensitive—are key elements in providing care that is appropriate for an adolescent population (25–27) and managed care arrangements should adopt them. Managed care arrangements also should make available toll-free telephone numbers that adolescents can call to obtain information about available services and ways to access them. Co-payments, if required at all, should be minimal; co-payments should not be imposed for services such as family planning, screening for sexually transmitted infections, or substance abuse counseling and treatment that are related to adolescents' high risk behaviors and that adolescents are reluctant to seek other than on a confidential basis (25,27,30).

Recognizing the needs of special populations of adolescents. Certain groups of adolescents have special vulnerabilities in the health care system as a result of their physical or psycho-social health status, developmental characteristics, legal status, or social circumstances (18,26). These groups include adolescents with chronic illness or disability, including HIV-related conditions; adolescents with mental illness or developmental disability; adolescents in foster care, state custody, or other out-of-home-placements; homeless and runaway youth; and immigrant or migrant adolescents (25,26,31). When these special populations are enrolled in their plans, managed care arrangements should adopt special rules of plan administration and case management that address their needs (16).

Assuring access to adolescent-focused providers. Many adolescents are most likely to seek care when they can do so from providers who have interest, experience, and expertise in caring for them (26). For certain problems, the special expertise of adolescent-focused providers is important for effective care (32). Managed care arrangements should include in their provider networks, both as primary care providers and as specialists for referral, health care providers with training, expertise, and experience in serving adolescents. Physicians who are sub-board certified in adolescent medicine should be allowed to serve as primary care gatekeepers for enrolled adolescents in appropriate circumstances, but should also be included in provider networks as specialists. To increase adolescents' options for points of access, managed care arrangements should collaborate, and in some cases subcontract, with safety-net providers serving adolescents in the community. These safety-net providers may include community clinics and school-based health clinics, family planning and STD clinics, maternity care coordination programs, and substance abuse and mental health treatment centers. Adolescents enrolled in managed care should be offered maximum choice among providers (including culturally and linguistically sensitive providers). Managed care arrangements should establish, and publicize, policies to allow adolescents to select a primary care provider different from the one serving other family members (33).

Requiring adolescent-specific proficiency among providers. Appropriate care for adolescents depends on providers having certain adolescent-specific proficiencies or, at minimum, the ability to recognize when such proficiency is required (15,32,34). To the maximum extent possible, primary care providers who care for adolescents enrolled in managed care arrangements should be required to demonstrate proficiency in areas essential to the care of adoles-

cents, such as basic gynecologic care and pelvic examinations; mental health, substance abuse, and eating disorder screening; and developmentally appropriate health education and anticipatory guidance. At minimum, even if primary care providers who care for adolescents are not proficient in all of these areas, they should nevertheless be able to recognize when adolescents have such problems and properly refer and follow them.

Implementing adolescent-specific practice guidelines. Adolescents are not simply large children or small adults and the guidelines for their care cannot be identical to those for the care of these younger and older groups (20–22). Managed care arrangements should implement practice guidelines that are adolescent-specific and approved by specialists in adolescent health care and that recognize the primary role of the physician to make treatment decisions for individual patients. To the extent that guidelines developed and approved by governmental bodies and nationally recognized professional organizations specializing in the care of adolescents are available, such guidelines should be used (20–24). The guidelines used in managed care arrangements should include clear criteria specifying when the care of an adolescent with complex needs (such as multiple psycho-social or mental health problems, chronic illness, post-trauma rehabilitation, or eating disorders) should be transferred from the primary care provider to a provider with appropriate adolescent-specific expertise either within or outside the network of the managed care arrangement.

Assuring fairness in prior authorization and utilization review. Optimal health care of adolescents depends on their being able to receive an appropriate range of services in an appropriate amount and in a timely manner. To achieve this, the fairness of prior authorization and utilization review procedures in managed care arrangements should be assured through implementation of specific protections (35). Managed care arrangements should use definitions of medical necessity that take into account the physical, psychological, cognitive, and developmental needs of adolescents (36). The treating physician should retain primary responsibility for determining which services are medically necessary. The personnel responsible for prior authorization and utilization review in managed care arrangements should have some adolescent-specific experience or expertise or should be trained to develop a familiarity with the health care needs of adolescents. Referral procedures should facilitate, rather than impede, appropriate referrals to providers with adolescent-specific expertise, including a range of pediatric sub-specialists, and to special services such as substance abuse and eating disorder treatment, mental health counseling, and rehabilitation services. Prior authorization procedures should be timely and should provide for rapid response in emergencies. They should also provide an opportunity for timely review of requests for authorization of payment for services from providers outside the plan network when necessary covered services are not available to adolescents with specialized needs from appropriate providers within the network. Procedures also should allow for prior authorization for an adequate range of services for a sufficient length of time to permit appropriate treatment planning and provision of services in complex cases and should protect against arbitrary reversals of prior authorization once it has been granted. For cases in which services desired by adolescents or their families are denied, reduced, or suspended, a grievance procedure should be in place that is accessible to families and to adolescents themselves.

3. **Financing mechanisms should be adequate to support services for adolescents enrolled in managed care arrangements.** In order to achieve this it will be necessary for policymakers, public and private purchasers of health care, and managed care arrangements to provide for adequate capitation rates, protect the financial viability of safety net providers, and avoid inappropriate financial incentives.

Provide for adequate capitation rates. Plans and providers will only be able to deliver comprehensive services, including preventive services, to adolescents in an appropriate manner if capitation rates are established at a level that will enable them to do so (15,16,37). It is especially important that payment methodologies (which might include risk adjustment or other mechanisms) be in place to ensure that capitation rates are sufficient to allow for appropriate care of special populations of adolescents with more intense or specialized health care needs when they are enrolled in managed care arrangements. These special groups might include adolescents who have a chronic illness or disability; are HIV positive; are mentally ill; have an eating disorder; or are homeless, runaway, migrant or immigrant youth. The need for reinsurance and/or population- or disease-specific stop loss coverage should be specifically considered for plans and plan subcontractors.

Protecting the financial viability of safety net providers. Safety-net providers are a key element in the

service delivery infrastructure that provides health care to the adolescent population (16,32). Therefore, collaborative relationships and subcontracts between managed care organizations and safety-net providers in the community should include special payment arrangements or enhancement mechanisms to ensure that safety-net providers are not placed at excessive financial risk (37,38). Such arrangements might include, among others, fee-for-service reimbursement for certain services.

Avoiding inappropriate financial incentives. Financial incentives and disincentives can have a powerful effect on the ability and willingness of physicians and other health care professionals to provide certain services or to make certain referrals (37). To safeguard against the potential adverse effect of financial incentives on services to the adolescent population, they should not be structured in a way that discourages providing necessary services to adolescents, including necessary referrals to specialists. Managed care arrangements should be prohibited from limiting the treating provider's ability to discuss the entire range of appropriate treatment alternatives with the patient.

4. **Quality goals and indicators that are adolescent-specific should be developed and implemented for monitoring managed care arrangements.** In order to achieve this it will be necessary to implement adolescent-specific quality assurance, collect and report adolescent-specific data, develop adolescent-specific indicators, track utilization, measure satisfaction, and conduct further research.

Implementing adolescent-specific quality assurance. Quality assurance plans should be established for managed care arrangements in both the private and public sectors (16,39). Generally such plans have not focused specifically on the adolescent age group, even though information specific to this age group is necessary to evaluate the quality of their care. For this reason, quality assurance plans should include measures that are specifically relevant to the adolescent age group with respect to access and availability as well as performance and outcome. To the extent that such measures have already been adopted or approved by nationally recognized organizations they should be used by managed care arrangements in both the private and public sectors.

Collecting and reporting adolescent-specific data. Data that are collected and reported in a uniform manner across plans are essential in monitoring and evaluating quality of care (25). In order for such monitoring and evaluation to be relevant for the adolescent population, sufficient data must be collected that are specific to adolescents. Therefore, managed care arrangements should be required to collect and report uniform adolescent-specific data that will enable public and private purchasers and consumers of health care to evaluate whether the goals for adolescent health care in the quality assurance plan have been met (39).

Developing adolescent-specific indicators. An insufficient number of adolescent-specific indicators are being used to monitor and evaluate quality in managed care arrangements (40). Indicators, including measures of outcomes in terms of health status over time, should be developed to evaluate the impact of early identification and treatment of problems that develop during the adolescent years. Potential savings from the use of early identification and treatment for problems during adolescence (4) should be included in analyses used to determine the scope of benefits that will be covered, but should not be the sole determining factor.

Tracking utilization and measuring satisfaction. Few data are available concerning comparative utilization of services by adolescents within and outside of managed care arrangements (25). Monitoring of the quality of services to adolescents in managed care arrangements should include tracking of service utilization by enrolled adolescents both within and outside the managed care system, measurement of satisfaction on the part of both adolescents and adolescent health care providers who are participating in the plan and those who have elected to leave the plan, and peer review by health care providers with training and experience in the care of adolescents.

Conducting further research on quality issues. Current data on the effects and effectiveness of managed care contain little information about their implications for the adolescent population. Research should be conducted to identify those characteristics, incentives, and services offered in various managed care arrangements that can best serve adolescents' health needs.

Conclusion

As discussed more fully in the accompanying background paper (41), specific attention must be focused on the needs of adolescents in the rapid transition from fee-for-service to managed care as the dominant method of financing and delivery of health care

services. Managed care arrangements offer the potential for improving adolescents' access to necessary physical, psychological, and developmental health care services. In order to ensure that they meet this promise, care must be taken to avoid pitfalls and problems which might contribute to diminished access and quality of care. Successful use of managed care arrangements to meet adolescents' needs and increase their access to health care will depend on the collaborative efforts of managed care organizations, policy makers, advocates for young people, consumers, researchers, and health care professionals with training and experience in the care of adolescents. These collaborative efforts must work toward providing adolescents with continuous access to comprehensive, coordinated care; structuring managed care arrangements to provide age-appropriate adolescent-focused services; establishing financing mechanisms that are adequate to support provision of necessary services; and implementing quality goals and indicators that are adolescent-specific for monitoring managed care arrangements. To the extent that this effort succeeds, not only cost savings but also improved health care access and health outcomes for adolescents could be the result.

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