



Youth Providers 2.0 Initiative

Key Informant Interview and Web-Based Survey Report

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EXECUTIVE SUMMARY

In 2013, the Society for Adolescent Health and Medicine (SAHM) and the Heilbrunn Department of Population and Family Health at Columbia University launched the Youth Providers 2.0 (YP2.0) initiative, with support from the Agency for Healthcare Research and Quality. YP2.0 aims to improve dissemination of patient-centered outcomes research (PCOR) to adolescent and young adult (AYA) healthcare providers through the use of new media technologies. The goal is to provide clinicians and youth-serving professionals from a variety of disciplines with PCOR that guides adolescent clinical services. Beginning in the fall of 2013 through the spring of 2014, the YP2.0 initiative undertook formative research, utilizing both Key Informant Interviews (KIIs) and a Web-Based Survey (WBS), to identify training needs for providers who care for adolescents and gather the opinions of adolescent health and medicine specialists and leaders to explore: AYA health needs; priorities for training SAHM members and non-adolescent medicine (AM) specialists who provide care to AYA; barriers to receiving information about PCOR; and suggestions to enhance dissemination of PCOR on AYA clinical care guidelines and best practices. This report summarizes the findings of this needs assessment and offers recommendations for future training of adolescent health and medicine providers.

METHODS

The needs assessment for SAHM's YP2.0 initiative consisted of two phases: Key Informant Interviews (KIIs) and a Web-Based Survey (WBS). The KIIs were conducted between September 2013 and January 2014 by phone or in person with 33 adolescent health and medicine specialists and leaders in the United States and Canada who have a specialty focus in the care of adolescents and young adults, defined as individuals from ages 10 to 24 years. The WBS (n=368 respondents) was conducted via Survey Monkey from March 19, 2014 to April 16, 2014. YP2.0 staff distributed the link to the WBS via email to SAHM's membership list and to SAHM's discussion-based listserv, which includes both SAHM members and non-members. Respondents were also asked how technology informs their practice and to provide suggestions about training needs for health care providers, the most effective training methods, and best ways to increase access to new training materials.

RESULTS

Adolescent health and medicine providers highlighted many important issues for the training of all providers who see AYA patients.

Identifying Training Needs of All Providers Who See Adolescents

Respondents highlighted the importance of the field of adolescent health and medicine but articulated that having a small, select group of specialists was not adequate to care for all adolescent patients. These sentiments underscored the idea that there are two different workforces seeing adolescents—those who are specialty trained and those who are not. Respondents clearly identified the need to increase the number of adolescent medicine providers. Respondents felt it important that SAHM address the training needs of this broad range of providers who see adolescents as well as the training needs of those just beginning their training and those who are already board certified and practicing.

Identifying Innovative ways to Deliver Training

Respondents discussed the components of effective training, which included considerations of different training methodologies as well as barriers to training. Cost emerged as a key barrier, although respondents indicated that they

would be more likely to be willing to pay for training if CME was available. Respondents also identified the need to provide training that serves a variety of learning styles, works within common time constraints, and varies in levels of interaction. Respondents clearly thought technology may provide ways of circumventing some of the barriers to accessing training, although some respondents expressed concern about the replacement of more traditional, in-person training methods or felt wary of using new technology because of a lack of experience. Others expressed both the real promise in using technology-based training methods and also expressed the need to improve the use of technology for training purposes.

Internet, Social Media, and Technology in Practice

Respondents also emphasized the increasing use of technology in keeping up to date on new research, in patient care, and in communication with patients. Respondents emphasized their use of mobile apps and EHRs/EMRs. Several respondents suggested generational differences in comfort with and overall use of technology.

Patient Centered Outcomes Research

Respondents also highlighted the need for building the evidence base regarding key adolescent health topics and interventions, which could inform both clinical care and training of providers in patient informed decision-making. The training approaches and methods highlighted in this report can be used to disseminate PCOR in ways that match both the interests and the needs of the variety of providers that serve adolescents.

RECOMMENDATIONS

- Resources and training materials and tools need to be developed and shared with providers on the topics identified as primary adolescent health issues: sexual and reproductive health (e.g., contraception, STIs, HIV, pregnancy), access to care (e.g., transition to adult care, insurance access), mental health issues (e.g., depression, referral/access, screening, treatment), positive youth development (e.g., self-esteem, parent communication), and healthy eating/nutrition.
- Training opportunities should be nuanced and reflect the broad range of providers seeing adolescents and their varied levels of training, including whether they have specialty training and the length of time they have been practicing. Both populations need training and resources focused on sexual and reproductive health and mental health/psychiatric issues. Key training needs identified for non-specialty trained adolescent providers included additional emphasis on psychosocial assessment, providing confidential care, and adolescent growth and development. Specialty trained adolescent providers need focus on motivational interviewing, advocacy, and interdisciplinary teamwork.
- Training should be made available to adolescent providers in formats that are easily accessible to providers within their time constraints, low cost or free, and that allow provision of CME.
- Given the limited number of providers who have adolescent specialty training and with fewer trainees going into adolescent medicine, SAHM should explore training or certificate programs for those not board eligible or who are interested in learning more about caring for adolescents but may not be interested in a three-year fellowship.
- A range of providers are using technology in practice; however, not all providers are comfortable with different modes of technology or may be unaware how best to use technology in their practice. Trainings and supports should be developed to support providers who are less adept at using technological modalities in training and clinical care settings.
- SAHM's website should be updated with additional content so it can serve as a clearinghouse for information and training around the key adolescent health topics identified and a way for PCOR to inform AM practice.

This formative research has served as a starting point for several activities of the YP2.0 project. YP2.0 has already begun working within SAHM to address some of these recommendations, particularly regarding making SAHM's website a clearinghouse of adolescent health and medicine information through new Clinical Care Resource Guides and keeping SAHM's membership updated through *SAHM's Weekly Adolescent Health News Roundup*. The findings of YP2.0's formative research will continue to inform future activities of the project.