

# **Young Adult Health Care Survey (YAHCS)**

**CAHMI- The Child and Adolescent Health  
Measurement Initiative**

# Young Adult Health Care Survey (YAHCS)

## Central Purpose of the YAHCS:

- To assess the quality of preventive care provided to adolescents

# Young Adult Health Care Survey (YAHCS)

## Application of the YAHCS for States:

- **Complement existing EPSDT administrative data** and chart review findings and qualitative information from teens and their parents/guardians
- **Inform State efforts** to improve care for teens
- **To generate & report relevant, actionable information** about the quality of preventive care for young adults

# YAHCS

1. Young Adult Health Care Surveys (YAHCS)
  - 56 items
  - Mail or Telephone Administration
2. Sampling algorithm to identify teens (14-18 years old) who have been continuously enrolled in Medicaid.
  - Utilization-based
  - Enrollment-based
3. Guidelines for scoring & presenting the YAHCS quality measures derived from the YAHCS survey results.

# Motivation: Growing National Focus

- S-CHIP creates an unprecedented opportunity to assess and improve care for America's 40 million adolescents
- Teen health risks exposed
- Gaps in care documented
- Acknowledging need for teen specific provider training and access to care strategies

# Motivation: Need for Quality Measures

- No current measures that provide information about the quality of preventive care
  - HEDIS or EPSDT “Well Visit” measures for young children provide information about access to preventive care.
  - Teens health care utilization low
    - Opportunistic counseling may occur

# Development Background

## CAHMI STAYING HEALTHY TASK FORCE

*Reviews and recommends quality measures  
regarding child and adolescent  
health promotion and disease prevention*

### PHDS

*Measurement  
Advisory Group*

### YAHCS

*Measurement  
Advisory Group*

# Development Background

## Players

### YAHCS Measurement Advisory Group

- Academic experts -- Klein, Riley, Santelli, Elster
- Provider groups -- AAP, AMA
- Consumer groups -- Children now

# Development Background

- 2 in-person national meetings of CAHMI- Young Adult Health Care Advisory Group involving consumers, providers, researchers, policymakers, etc.
- 15 Young Adult Health Care Advisory Group conference calls over course of work
- Innumerable e-mails & “real time” review sessions among Task Force members & advisors, two in-person meeting with specific Task Force members
- Field trials collecting over 1531 cases of survey data

# Widespread Consensus on Components of Preventive Care

- Regular health care visits
- Private and confidential care
- Screening, early identification and referrals for behavioral, emotional and medical risks to health
- Counseling on behavioral, emotional and medical risks to health
- Culturally sensitive communication and partnerships with teens, families and communities

# Quality Measures

## *7 Sub Scales/ Measures Derived from the YAHCS*

- 1) **Counseling and screening to prevent risky behaviors**
- 2) **Counseling and screening to prevent unwanted pregnancy and STDS**
- 3) **Counseling and screening related to diet, weight and exercise**
- 4) **Counseling and screening related to depression, mental health and relationships**
- 5) **Care provided in a confidential and private setting**
- 6) **Helpfulness of counseling provided**
- 7) **Communication and experience of care  
(draft- adolescent CAHPS items)**

# Why a Survey to Teens?

- Adolescents shown to be reliable reporters of what happens during health care visits
- Survey items shown to be reliable in test-retest study

# Testing

- **PHASE I:** 35 cognitive interviews teens,  
formal readability assessment
- **PHASE II:** Field trials in 6 sites (3 mail, 3 telephone)  
3 commercial; 3 public  
4 CA, 1 NY, 1 FL  
1531 surveys collected  
*Medical Care* article (May, 2001)
- **PHASE III:** Robert Wood Johnson Survey (Online)  
Portion of the YAHCS included  
1240 cases collected
- **PHASE IV:** WA State Medicaid Pilot Study (mail/telephone)  
5 Medicaid HMOs  
737 surveys collected

# Psychometric Properties of the YAHCS

- Findings from field trials in 6 health plans
  - YAHCS quality measures have strong construct validity (*Mean factor loading=.64*)
  - Strong Internal consistency (*Mean Cronbach's alpha=.77*)
  - Concurrent Validity: Expected Associations between YAHCS items were Observed
- Psychometric analyses repeated for the WA State pilots- **similar findings** were observed

# Discriminant Validity of the Quality Measures

- YAHCS found to be a **feasible, valid, & reliable** methodology for assessing adherence to adolescent preventive service guidelines.
- YAHCS quality measures **differentiate among varied aspects of preventive care** provided to adolescents.

# Feedback Loop Information Gathered by the YAHCS

- 1) *Information about the Quality of Care*
- 2) *Descriptive information about teens*

# Quality Measures

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# Quality Improvement Opportunities

- For each quality measure, we show the individual items for which
  - Highest quality is observed
  - Lowest quality is observed

# Descriptive Information Useful for QI & Community Assessment

- Teen health care utilization (place of care, times received care, delayed care or care not received)
- Teen participation in risky behaviors: YRBSS items related to depression, drinking, smoking, sexual activity, seat belt use.
- Teen health status and life satisfaction: Adapted items from the CHIP-AE survey

# YAHCS Quality Reports Disseminated in Washington

- 6 Reports in Total
  - County-Level Report
  - 5 Health Plan- Level Reports
- Reports include the following:
  - Teen characteristics
  - Quality Measure Scores
  - Cleaned, labeled and scored data on disk

# Young Adult Health Care Survey in Snohomish County, Washington

Comparison of historical and new  
measures

# YAHCS in Washington State

- Past quality measurement strategies
- How FACCT-WA applied the YAHCS
- New information gathered
  - Demographic
  - Teen health care use, participation in risky behaviors
  - Quality of Care information
- How this quality information complemented existing data collection efforts
- Lessons learned
- Next Steps

# Young Adult Health Care Survey

- **Background- Quality Measures**
  - **EPSDT Studies demonstrate teens least likely to receive well-child care**
  - **HEDIS Teen Well-Visits**

# Young Adult Health Care Survey

- **Background**
  - **EPSDT Studies demonstrate teens least likely to receive well-child care**
  - **Poverty associated with increased risk for teen social problems**
    - **STD/Unintended Pregnancy**
    - **Smoking Use**
    - **Drug/Alcohol Abuse**
    - **Youth Violence**

# Fielding the YAHCS in Washington State

# YAHCS Survey Administration

- **Snohomish County Sample**
- **All eligible MAA clients aged 14-18 years old.**
  - 12 mos. Continuous enrollment in 1999 allowing for 1 month gap.
- **1,821 adolescents selected**
  - 1,522 Mail 78%
  - 299 Telephone 22%
- **Adjusted response rate: 46.8%.**

# Demographic Information About Teens

# Demographics

- **Age**
  - 14-15 years - 41.6%
  - 16-18 years - 58.4%
- **Gender**
  - Male - 41.3%
  - Female - 58.7%
- **Race/Ethnicity**
  - White - 81.4%
  - Non-White 18.6%

# Information about teen self-report about health care utilization and participation in risky behaviors

# Teen Health Care Characteristics

- **Have you seen a doctor or other health care provider in last 12 months?**
  - 88.8% - yes
  - 11.2% - no
- **Where do you go for care?**
  - Doctor's office or clinic - 70.8%
  - Community Clinic/Health Center - 22.4%
  - Hospital Clinic - 2.9%

# Teen Mental Health

- During past 12 months, have you felt sad, down or had nothing to look forward to?
  - 56.4% - Yes
  - 43.6% - No
- During past 12 months, have you felt sad, down or had nothing to look forward to (comparison) ?
  - F - 66.0%      M - 43.1%
  - F - 34.0%      M - 56.9%

# Teen Risky Behavior Profile

- How many teens participate in 1 or all 3 of risky behaviors of smoking, drinking or sexual intercourse:
  - 0 out of 3 - 51.6%
  - 1 out of 3 - 19.4%
  - 2 out of 3 - 17.5%
  - 3 out of 3 - 11.5%
- How many teens participate in 1 or all 3 of risky behaviors of smoking, drinking or sexual intercourse:
  - F - 47.2%    M - 57.8%
  - F - 21.9%    M - 16.2%
  - F - 17.9%    M - 17.2%
  - F - 13.0%    M - 8.9%

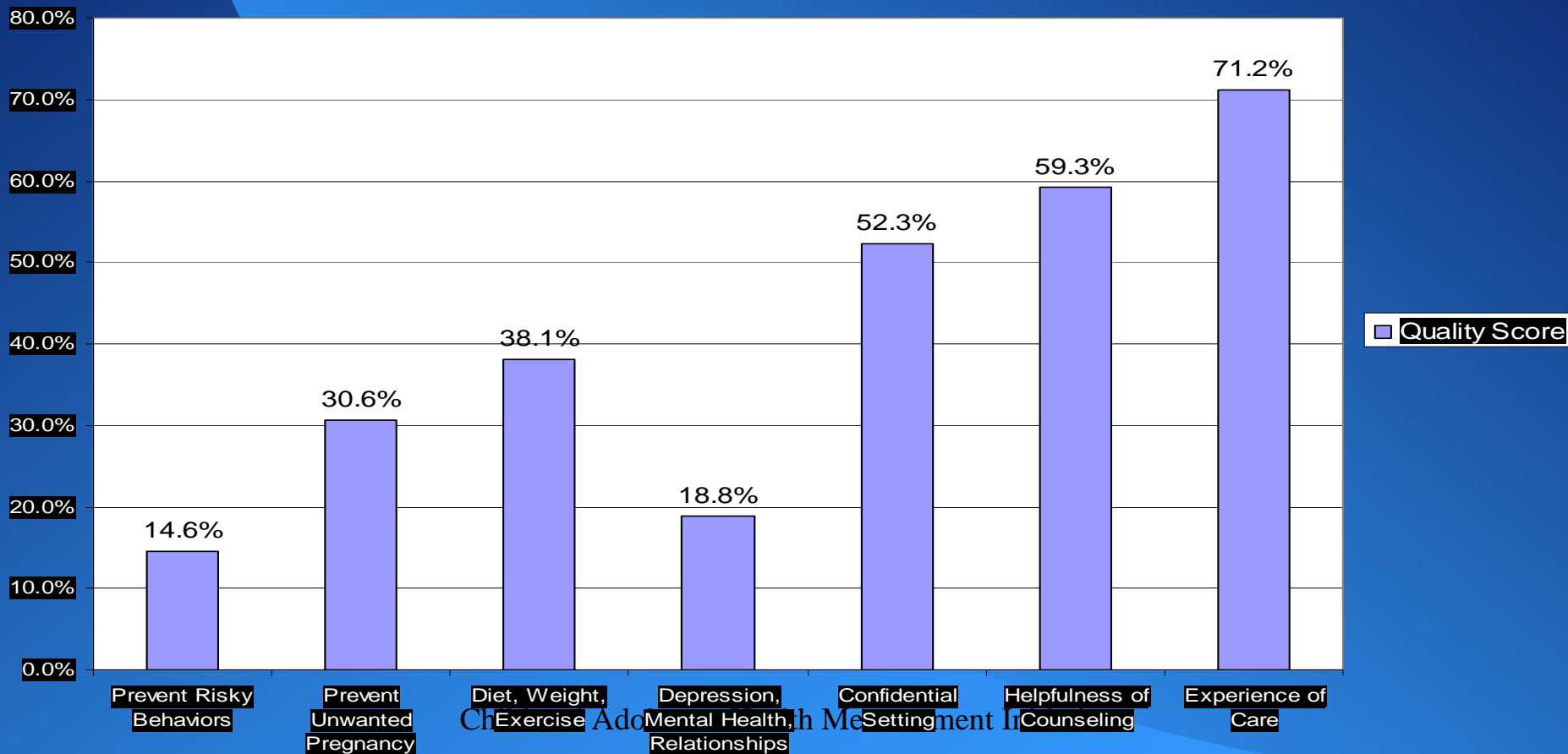
# Risky Behaviors - Sexual Intercourse

- The last time you had sexual intercourse did you or your partner use a condom?
  - 58.7% - Yes
  - 41.3% - No
- The last time you had sexual intercourse did you or your partner use a condom?
  - F - 52.1% M - 70.7%
  - F - 47.9% M - 29.3%

**What did we learn about the quality care provided to teens though using the YAHCS?**

# Quality Measures - 0 - 100 Scale

Quality Score



# Variations in Quality

- Assessed quality by health plan:
  - Significant differences in quality measure scores observed between health plans
- Assessed quality by Teen Characteristics:
  - Significant differences observed by teen's age, gender

How does the quality  
information gathered through the  
YAHCS complement existing  
data collection efforts?

# EPSDT vs. YAHCS

## Snohomish County chart review measures

- Mental health screen - 41.7%
- STD prevention/  
unintended  
pregnancy counseling  
- 33.3%
- Health promotion - 37.5%
- Nutritional  
assessment - 81.7%

## YAHCS measures (for wellness visits recipients)

- Mental health  
counseling 19%
- STD/unintended  
pregnancy counseling  
- 39%
- Health information - 78%
- Diet  
screen/counseling - 46%

# Quality Measures by Visit Type

- Teen who had a HEDIS well-visit measure had significantly higher quality measure scores
  - However, the overall level of quality observed remained low
- Opportunistic counseling occurs
  - Teens who had other kinds of visits not included in the HEDIS well-visit specifications had significantly higher quality measure scores
  - Again, however, the overall level of quality observed remained low

# Lessons Learned

# Quality Improvement Opportunities

- **Need for Private/Confidential Care**
  - **Teens who received private/confidential care more likely to receive preventive counseling and screening**
- **Use of health surveys or checklists may improve quality of care**
- **Need to encourage providers to not selectively educate and counsel teens**

# Lessons Learned: Client Education

**YACHS reveals opportunities for adolescent education:**

- **Females 16-18 receive most counseling on STD/pregnancy prevention (although still low!): start younger & include boys**
- **Teens need access to confidential health care**
- **Teens engaged in risky behaviors need counseling**
- **Teens need to talk about sadness/depression**

# Next Steps

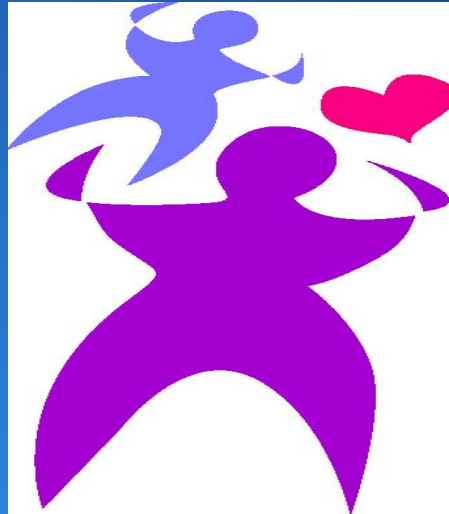
# Year 2001 Quality Studies

- **Implement a Teen Quality Improvement Demonstration Project in Snohomish County**
  - **One clinic site**
  - **Using IHI Rapid Cycle Improvement Model**
  - **Focus on general access to care or a select element or portion of well-child visit.**

# Year 2001 Quality Studies Cont.

- **Introduce clinic-specific performance reports as a new approach to quality improvement**
  - Performance rates based on ABC<sub>TM</sub> Methodology (Achievable Benchmarks of Care) - with 20 clinics
  - Use 2000 data as baseline
  - Sample size adequate to calculate benchmark
- **Planning sessions focused on future QI activities.**

# For More Information:



CAHMI Website

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