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Patricia K. Stoltz

Kathleen B. Blumer

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Setting Up an Adolescent Clinic in a Suburban Pediatric Office Group Practice

Patricia K. Stoltz, PAC, BA,* and Kathleen B. Blumer, MD*

Teenagers in the United States experience significant mortality and morbidity because of high-risk behaviors. Adolescents need routine health supervision aimed at reducing these risks. A Teen Clinic within the Pediatrics Clinic at the Henry Ford Hospital Fairlane Center offers separate facilities, longer appointments, and an emphasis on adolescent issues. This plan is a model for practitioners in various office settings who seek to improve adolescent care. (Henry Ford Hosp Med J 1988;36:232-7)

The teenage years are generally considered, and should be, a period of optimal health. In the United States, however, adolescents represent the only age group whose mortality rate has increased during the last 25 years. Most teenagers who die meet a violent end: accidents, homicides, and suicides account for more than 75% of teenage deaths (1). Approximately 37% of all adolescent deaths are caused by motor vehicle accidents alone (2). Use of controlled substances and sexual activity often play a part in this violence and contribute significantly to the morbidity of the current adolescent population. Experimentation with drugs is so widespread that two thirds of all teenagers have used some drug before they graduate from high school; in 1984, one in 16 high school seniors used alcohol or marijuana daily (3). Although some other countries have higher rates of teenage sexual activity, our country's teenage pregnancy rate is higher than that of any other industrialized nation: approximately 18% of 15- to 19-year-old girls become pregnant each year (4). *Chlamydia trachomatis*, the leading cause of infertility from disease, infects more than 25% of sexually active adolescent girls (5).

Today's society affords adolescents unprecedented access to motor vehicles, weapons, drugs, and sex, often glamorizing their role in "adult" behavior at a time when, developmentally, teenagers have little insight into the consequences of their own actions. The morbidity and mortality of adolescents are directly related to the experimentation that occurs as youths engage in the age-appropriate developmental task of self-definition.

Adolescent health supervision must focus on reducing these risks. The professional pediatric care provider who understands the developmental process from infancy to adulthood and who knows a child's medical and social background can best monitor the changes in this period, identify problems, and assist in solutions. The unanswered question for many pediatricians is how to provide effective adolescent care in a busy office practice setting. In addressing this question at our clinic, we reviewed our resources and the size and needs of our adolescent population

and devised a plan that we could implement quickly and economically. Our Teen Clinic, established in 1986, represents a major improvement in the care of our 12- to 18-year-old patients. Our plan provides a model for other group practices and solo pediatricians seeking a low-cost, convenient, and effective way to provide better care to teenagers. This report of our experiences in setting up the Teen Clinic may provide a useful guide for other practitioners.

Patient Profile

The Fairlane Center in Dearborn, MI, is a large ambulatory care center affiliated with Henry Ford Hospital in Detroit. The Center offers primary and specialty care to the local, primarily middle-class, suburban population. Approximately 90% of these patients are enrolled in a prepaid health maintenance organization, and the remainder are insured by Blue Cross and Blue Shield, other commercial carriers, and Medicare or Medicaid. A review of our patient visits prior to the establishment of the Teen Clinic revealed that 25% of all clinic visits in the previous year had been by patients aged 12 and older. Approximately one third of these visits were for routine health supervision. This large volume of health maintenance visits provided a substantial opportunity to make a significant impact on teenagers.

Initial Resources

When we started the Teen Clinic our staff consisted of nine providers—seven pediatricians and two physician assistants—

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*Division of Pediatrics and Adolescent Medicine, Fairlane Center, Henry Ford Hospital. Address correspondence to Ms. Stoltz, Division of Pediatrics and Adolescent Medicine, Fairlane Center, Henry Ford Hospital, 19401 Hubbard Drive, Dearborn, MI 48126.

with a support staff of nurses, medical assistants, and receptionists. Our clinic was served by a single reception area and utilized 15 examining rooms distributed along three corridors. All patients requiring venipuncture, immunizations, and other simple procedures were treated in their examining room or in a large treatment room. Patients were seen at 15- to 30-minute intervals seven days a week (8 AM to 9 PM on Mondays through Thursdays, and 8 AM to 5 PM on Fridays through Sundays). During these hours we provided comprehensive ambulatory pediatric care, from routine health supervision to acute illness management, but we made no special accommodations for the age-specific needs of teenagers. We had no special appointment times, facilities, decor, or visit format for our adolescent patients and had little educational material directed at teenagers. We lacked certain necessary equipment, and some providers lacked confidence in their skills in managing adolescent patients.

Philosophy of Adolescent Care

We started to improve our program for teenagers by delineating our philosophy of adolescent care. We agreed that our relationship with adolescent patients should reflect our awareness of their special developmental status as emerging adults with the desire and power to make a multitude of decisions about behavior and life-style. We should validate their growing independence and assist them in making responsible decisions. To accomplish these objectives we needed to ally ourselves much more clearly and closely with our patients than with their parents, encouraging parents to recognize their children's independence by allowing them to be responsible for some medical decisions.

Because the development of this closer rapport would require more interaction than is allowed with the conventional 15-minute visit, all adolescent physical examinations in the Teen Clinic are allotted 30 minutes. Much of this time is spent discussing adolescent life-style issues including parent, family, and peer relationships, educational and vocational plans, and other topics such as sexuality, substance use, and safety. These issues should be the core of discussion at each visit for health supervision including the standard physical examination required for school sports participation. Indeed, the sports physical examination represents the only opportunity for such discussion with many adolescents, particularly boys.

Girls without gynecologic complaints and boys not active in team sports are most likely to escape the health care system once they enter high school. To bring these patients back into routine health care, we emphasize to all adolescent patients and their parents, whatever the reason for a specific encounter, that periodic health supervision at least once every one to two years is important for all teenagers of both sexes.

Patient Charges

The fee for the Teen Clinic visit is twice that for the typical well-child checkup. Although our health maintenance organization subscribers do not feel the impact of the higher fee, we find no reluctance among parents with other forms of insurance to pay this fee. The cost is still less than that of a complete physical

examination by most area internists, and parents generally approve of the value of the longer appointment time and understand its higher cost.

Although we were concerned that health services for teenagers including gynecologic and contraceptive care would attract a less favorable payor mix, this has not occurred. However, the Teen Clinic has not been widely publicized in the community; marketing has been directed mainly at established patients and new enrollees in the health maintenance organization.

Physical Facility

To offer the convenience of after-school appointments, we scheduled a block of five 30-minute slots on three weekday evenings and on Saturday mornings. This schedule was in part dictated by our desire to provide the teenagers with a sense of separateness from the regular pediatric clinic patients which included mostly infants and young children. Because fewer providers worked during the evening and weekend hours, we were able to reserve an entire corridor for Teen Clinic patients, thereby creating a specialized clinic within a clinic. An adjacent waiting room was reserved for our use at these times so patients, family, and friends could check in at the main pediatric reception desk and proceed to this separate Teen Clinic waiting area. The availability of this separate waiting area enabled us to use a portable tabletop rack and a moveable bulletin board to display information directed specifically at teenagers and their parents. Laminated posters, designed to appeal to teenagers with messages against smoking, drugs, and unplanned pregnancy, were equipped with Velcro stickers for easy installation and removal for each Teen Clinic session (Fig 1). While reserving an area for teenagers may be impossible in a private office during regular office hours, some pediatricians may elect to close their office to all but teenagers on one afternoon, evening, or part of a weekend.

Visit Format

We developed a special format for the Teen Clinic visit which places considerable responsibility for health concerns on the patient. The philosophy of the Teen Clinic staff is outlined in a special letter given to parents at the receptionist's desk.* Parents are asked to remain in the waiting room while a medical assistant takes the patient's height, weight, and blood pressure. In the examining room, the teenager is asked to complete a confidential questionnaire designed to elicit information about mood and mental health, risk-taking behavior, and home, peer, and school adjustment. The questionnaire contains specific questions about family relationships, dating, sexual activity, and use of cigarettes, alcohol, and other drugs. It also gives the patient the opportunity to comment on his or her self-image and mood and to identify areas of concern such as masturbation, sexual preference, pregnancy, and birth control. Thus the questionnaire helps to "break the ice," signaling to the patient that these sensitive issues are important and appropriate for discussion during the clinic visit.

*Copies of this letter and other printed materials are available upon request.

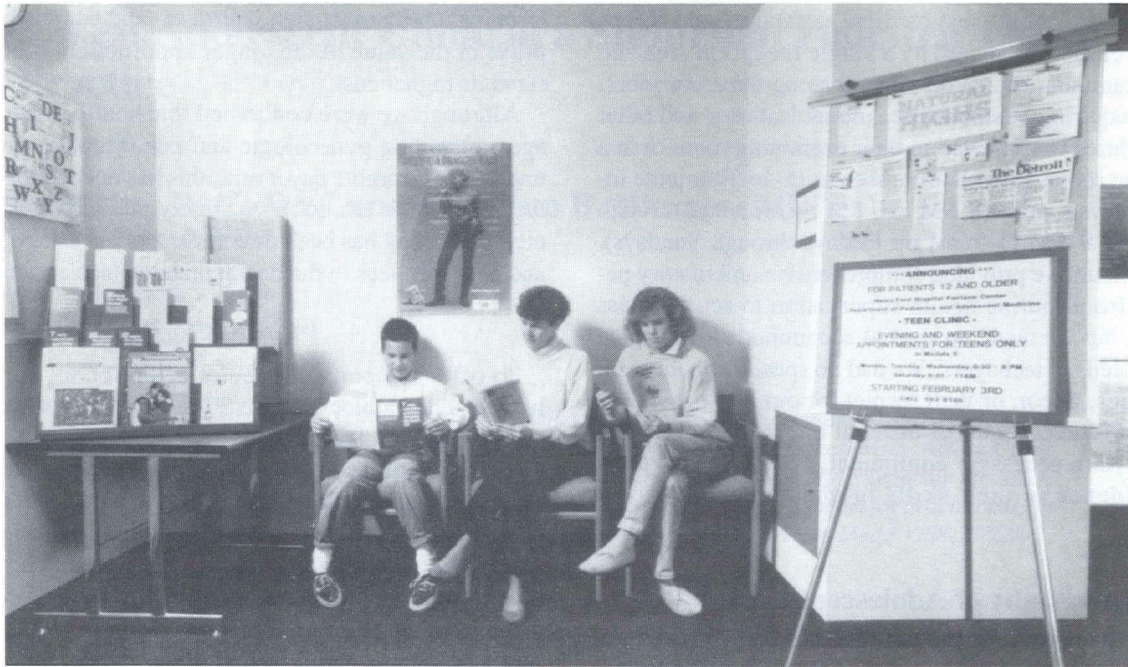


Fig 1—Pamphlets and information of specific interest to teenagers are prominently displayed in the Teen Clinic waiting room.

The patient's responses on the questionnaire help the provider to formulate a problem list and tailor the discussion to the needs and interests of the patient. For example, in a discussion of birth control with a young teenager who has just started dating, the provider may give an overview of contraceptive methods but concentrate on discussing the patient's values, future plans, and the benefits of postponing sexual intercourse.

The patient is told when given the questionnaire that all responses will be kept confidential, and we find that most teenagers are not reluctant to be truthful. We tell all patients at the start of the discussion that although we have a general policy of confidentiality, a few subjects cannot be kept confidential, such as thoughts of suicide or homicide and behaviors that might seriously jeopardize the teenager's welfare or the welfare of others.

While the patient completes the questionnaire, most providers will greet the parents, who are seated in the waiting room, and ask if they have any particular concerns to share. This strategy gives parents the opportunity to mention fears regarding their child's sexual activity or substance use, for example, which they might hesitate to mention in the child's presence. When the discussion with parents is lengthy, as it becomes when taking the medical and family history of a new patient, the discussion should take place in the examining room in the presence of the patient. This arrangement enables the teenager to hear about his or her own medical history along with the family's health history and sometimes to learn previously unstated concerns of his or her parents. The teenager is assured that the provider is not col-

luding with his or her parents, and the provider is permitted to observe the patient-parent interaction.

Parents are always asked to remain in the waiting room for the patient interview and examination. They seldom object when asked in a firm manner which emphasizes that this is the standard practice of the clinic. Occasionally, the patient will invite her mother or friend to return to provide support during a pelvic examination.

It is important to speak with the parents at the end of the visit. We talk with the parents usually in the corridor or in an empty examining room but only after first checking our intended message with the patient. When delicate matters have been discussed we find it helpful to ask the patient what can or cannot be shared with his or her parents. Even when the patient is healthy, succeeding in school and with friends, and following a relatively risk-free life-style, the provider should reassure the patient with a statement such as "I'm going to tell your parents that I think you are doing very well at this time and hope everyone in the family will be as conscientious as you about seatbelts" or some similar affirmation. This type of closure reinforces the teenager's health-promoting choices, and when restated to the parents provides tremendous reassurance to all concerned. We tell parents that we have discussed sexuality, substance use, and other issues with their child as we do with all our teenage patients, but we do not discuss specific details without the prior approval of the patient.

The most frequently ordered office procedures for adolescent physical examinations are immunizations and blood and urine

tests. These procedures are performed in the examining room at the end of the visit by the medical assistant or nurse after the provider has finished talking with the teenager and parents.

Special Equipment and Materials

Establishment of the Teen Clinic required some special equipment, most of which is needed to provide gynecologic care. To maintain flexibility in the use of examining rooms, each room is equipped with an examining table with stirrups and a wall-mounted, swing-arm halogen lamp. A stainless steel table on wheels provides a mobile set-up for the pelvic examination and has a drawer containing swabs, gauze squares, lubricant, bottles of potassium hydroxide and normal saline solutions, small test tubes in a rack, Chlamydia antigen detection kits, slides, a hand mirror, and a pelvic anatomy chart. Before each Teen Clinic session, one or two carts are set up to be wheeled in wherever needed. We have found this mobile cart to be indispensable, for it allows all necessary equipment to be close at hand whatever the arrangement of the examining room and eliminates the need to outfit every examining room for a pelvic examination or to reserve a special room for this purpose. A microscope is essential for viewing vaginal smear preparations. To provide appropriate screening for sexually transmitted diseases, the following tests must be able to be performed: gonorrhea culture, Chlamydia antigen detection, Papanicolaou smear, serum VDRL, and urinary leukocyte esterase and nitrate or urinalysis. We have found it most efficient for providers to perform their own microscopic analyses of vaginal secretions immediately after examining the patient, but other tests are generally performed at an on-site laboratory.

Much educational material is available for teenagers, although it varies widely in quality, attractiveness, and educational level (6). Many good pamphlets are available, some without charge, from various government agencies, pharmaceutical companies, and organizations such as Planned Parenthood and the American Cancer Society. Each examining room has a wall-rack filled with material the patients can read while waiting for the provider and take home if desired (Fig 2). For teaching contraceptive techniques, we keep in a cupboard in each examining room a small basket containing condoms, contraceptive foam, a diaphragm and contraceptive jelly, a contraceptive sponge, and samples of the most commonly prescribed oral contraceptive pills.

Staff Participation and Training

While none of us is a formally trained specialist in adolescent health, we all share a deep commitment to this age group. We have assembled a small collection of books on various aspects of adolescent care which we keep in the clinic for easy reference (7-12). We have sought to improve our skills by attending conferences on adolescent health, reading appropriate publications, and consulting colleagues in other specialties as necessary, especially gynecology, orthopedics, dermatology, and psychology. Important resources include the meetings and publications of the American Academy of Pediatrics and the Society for Adolescent Medicine and the workshops on evaluation and treatment of sexually transmitted diseases sponsored by the Centers for



Fig 2—Display of various material available for patient review in the examining room.

Disease Control. We devote one staff meeting each month to adolescent health issues, inviting guest speakers or sharing knowledge we have gained from meetings, readings, and our own cases. We have learned a great deal first-hand from our patients and their parents.

Patient Confidentiality

One challenging aspect of adolescent health care that providers must confront is the issue of confidentiality (13-15). If a teenager's right to privacy is not upheld by the provider and the support staff, the clinic will lose the teenager's trust. The attempt to balance patient confidentiality with the parents' natural desire to know and make decisions about their child's health can be difficult. Each provider must act according to a variety of individual circumstances as well as general principles. Most providers in our clinic will maintain patient confidentiality regarding contraception decisions and the provision of treatment for sexually transmitted diseases at the teenager's request. Whether or not a pregnancy is reported to parents often depends on the maturity and health status of the teenager and the degree to which she seems able to make an informed and competent decision. However, it may depend on the provider she sees, since some insist on reporting all pregnancies to parents. We each attempt to outline our individual policy of confidentiality to the teenager at the start of the visit. We encourage adolescents to share their decisions in all health matters with their parents as fully as possible, and we frequently participate in these discussions. A teenager faced with an unplanned pregnancy, for example, may not want to tell her parents herself but may allow the provider to do so in her presence.

A teenager's request for confidentiality can be challenging. Nurses and medical assistants must be as firmly committed to this principle of confidentiality as the providers, and all must work to honor the teenager's request. Since we are part of a large multispecialty group, our medical records are kept in a central department, not in our own clinic. For quick reference, we keep file cards on all teenagers prescribed contraceptive pills; these cards include a notation as to whether the contraceptive use is confidential and how and when best to contact the patient if necessary. The cards assist our staff in preserving confidentiality during telephone conversations or if the patient's medical record is not available at the time of an office visit. Similarly, we label laboratory test slips for sexually transmitted diseases with the same information so that confidentiality is not breached if a parent calls to inquire about results. Generally, a patient with a positive test result for a sexually transmitted disease or an abnormal Papanicolaou smear is contacted by the provider who ordered that test or who knows the patient best. In such instances, where questions regarding treatment almost always arise and where follow-up plans must be carefully worked out, we have found that it is best for the provider rather than a nurse to contact the patient. If a teenager requests that a particular test result be kept confidential, we may make arrangements for that patient to call us or stop by the clinic to get the information. This arrangement can avoid a potentially embarrassing telephone call to the home.

We naturally have been concerned about our potential legal vulnerability. No law in Michigan guarantees a teenager's right to privacy. Nevertheless, in several court cases the judges have upheld the teenager's right to seek contraceptives and treatment for sexually transmitted diseases without the knowledge or consent of the parents.

In areas of health care not related to sexuality we generally try to keep parents informed that their teenager is receiving care and to allow them an opportunity to have questions answered within the limits we have agreed on with the patient. For example, we request that the parents be present for the physical examination of every new patient and for the evaluation of every significant new problem and that they be available at least by telephone for all follow-up visits.

Billing practices sometimes present a barrier to confidentiality. In our clinic, subscribers to the health maintenance organization take home only a receipt with check marks next to the printed names of laboratory tests ordered. If we need to guarantee confidentiality, we will omit the check marks. Some charges are appropriate in any case for a routine gynecologic exam, and this is often the explanation given to parents when tests are ordered to detect sexually transmitted diseases. When the type of insurance requires that charges be itemized and the bill sent home, the provider and patient may have to work out a special arrangement. In some cases, the fees may be reduced so the teenager can pay the bill in full at the time of the visit. Occasionally we advise teenagers about other clinics where they can obtain services free of charge or at very low cost so as not to incur charges that will appear on a bill sent home. We provide wallet-sized cards listing such resources in our community, including mental health and substance abuse treatment, contraception, and sexually transmitted disease treatment.

Patient and Parent Response

Our Teen Clinic appointment slots were almost immediately filled well in advance of those in the regular pediatric clinic—an indication of our success. The teenagers appreciate a separate waiting area and the adult atmosphere of the clinic, and both parents and teenagers respond positively to our approach of gradually increasing teenagers' responsibility and independence while maintaining an alliance with parents. Providers, teenagers, and parents like the extra time scheduled for these visits, with the emphasis on identification and discussion of psychosocial and life-style concerns and the provision of anticipatory guidance. Most parents, even some who initially seem reluctant, are happy to allow the provider and the teenager time alone for the interview and examination. Teenagers recognize that they are treated with dignity and respect. Probably for these reasons, patient compliance with future scheduled appointments is good. Although we were concerned that many teenagers would fail to show up for appointments, the no-show rate is no worse for the Teen Clinic than for the regular pediatric clinic.

Future Plans

Future plans for our Teen Clinic include development of group discussion sessions for both male and female patients on issues regarding sex, birth control, substance use, and so forth. We also want to increase the opportunity for parents to learn more about adolescent issues. We may offer special group meetings for parents and plan to provide videocassettes for parents to use during the teenager's appointment and perhaps for home loan. We are working out an arrangement with a member of the Gynecology Department who is a specialist in adolescent care to see patients in our clinic one afternoon each week so that young women with gynecologic problems beyond the expertise of the pediatric staff can continue to receive care in our clinic as part of a comprehensive adolescent program. We plan to work more closely with the schools in our community by offering speakers on adolescent issues and by participating in various health screening projects.

We are pleased with the progress we have made so far and with the response to the Teen Clinic by both patients and parents. We believe that most pediatric practitioners, in both large and small office settings, can make similar modifications with little difficulty or loss of revenue and in so doing provide better care for their adolescent patients.

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