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Our monthly e-newsletter, *Adolescent Health News*, is designed to keep you up-to-date about current activities at The National Alliance to Advance Adolescent Health and related topics of interest to the adolescent health community.

Research Agenda Conference Planned on Adolescent Primary Care

The National Alliance to Advance Adolescent Health has been awarded a grant from the Agency for Health Research and Quality (AHRQ) to convene a small



invitational conference to develop a research agenda for an adolescent-centered model of primary care. Mount Sinai Adolescent Health Center is providing generous supplemental funding. The conference will produce a roadmap for future research to promote much-needed innovations in primary care for this underserved population, with special attention to low income and minority adolescents. It will focus on three topics: 1) enhancing clinical preventive services to reduce risk and identify conditions early; 2) integrating physical, behavioral, and reproductive health care; and 3) increasing teen and parent engagement and self-care management. Conference participants will include clinicians, researchers and funders. Findings from the conference will be disseminated through journal articles, webinars, briefings for policymakers, and sessions at upcoming primary care and adolescent health conferences.

DC Transition Learning Collaborative

The National Alliance, in conjunction with the National Health Care Transition Center, recently hosted its third learning collaborative session as part of its ongoing project "Destination Known: Making Health Care Transition Happen for Youth with Special Health Care Needs in the District of Columbia" funded by the DC Department of Health. The project includes 3 pediatric and 2 adult teams from five sites: Children's National Medical Center (2 sites), Georgetown University, Howard University, and George Washington University. As the first transition learning collaborative in the country to implement new national transition recommendations from the AAP/AAFP/ACP, the teams are developing and testing new clinical processes and tools aimed at strengthening teens' self-care management skills and pediatric and adult collaborative partnerships. For more information, contact Peggy McManus at mmcmanus@thenationalalliance.org.



Please send items you would like to see included in future issues of *Adolescent Health News* to info@thenationalalliance.org



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Update on the Essential Health Benefits

Last month, we announced the release of a report from the Institute of Medicine (IOM) that presented testimony -- but no official recommendations -- on possible ways to define the Essential Health Benefits (EHB). In October, the IOM released a follow-up report with its official recommendations to the Department of Health and Human Services (HHS). It recommended that to ensure affordability, the comprehensiveness of benefits should be balanced with their costs. Further, the IOM called for the EHB package to be based on what small employers are offering, modified to include the 10 required benefit categories. Small group plans are known to be less generous than large group plans. The IOM also recommended that the EHB package be more evidence- and value-based over time. HHS is expected to release proposed regulations on the EHB package by May 1st, 2012. Click [here](#) to read the full report.

We also announced in our last issue that the National Association of Insurance Commissioners (NAIC) developed a consumer-friendly [Uniform Glossary](#) and [examples of plan coverage](#) to help consumers understand terminology and costs when choosing an insurance plan. The National Alliance to Advance Adolescent Health recently submitted comments on these documents to HHS. With respect to the Uniform Glossary, we suggested adding the following terms: Behavioral Health, Preventive Care, Family Planning, Maternity Care, and Dependent Child Coverage; and expanding the definitions of Prescription Drugs, Deductible, and the example of shared costs. With respect to the Coverage Examples, we suggested showing how the limits and exclusions were calculated for the sample plans and adding a mental health and an out-of-network example.

Read the [comments](#) on the [Policy Communications](#) section of our website.

Update on the Super Committee

General outlines of the Democratic and Republican deficit reduction plans emerged this week but reveal few details that permit an assessment of their actual impact on health care services for adolescents. The [Democratic plan](#) calls for budget savings amounting to \$2.16 trillion in new revenues and spending cuts, including \$1.3 trillion for discretionary spending and \$475 billion for Medicare and Medicaid combined. The [Republican plan](#) largely ignores revenue options, relying instead on spending cuts that would include \$1.15 trillion in discretionary spending and \$685 billion for Medicare and Medicaid.

Regardless of the outcome of these negotiations, adolescents have a great deal at stake. Under a number of different proposals, Medicaid could be restructured in ways that would eliminate or reduce benefits, increase access problems and undercut efforts to create more innovative delivery systems in adolescent care. All the proposals are looking at further reductions in discretionary spending on top of the \$900 billion already agreed to in cuts. Programs that provide a critical safety net for adolescents -- such as Title X programs, school-based health centers, teen pregnancy prevention and workforce training -- have all been cut or frozen and will likely face additional reductions if a deal is reached.

HPV and Males: New Recommendation for Adolescent Preventive Care

The Advisory Committee on Immunization Practices (ACIP) just released its new [recommendation](#) that boys ages 11 and 12 receive the Human Papillomavirus (HPV) vaccine to prevent HPV infection and HPV-related diseases such as genital warts and certain cancers. ACIP decided this recommendation partly based on its review of current trends in cancers associated with the virus, most notably anal and throat cancer.



According to a [study](#) by the Centers for Disease Control and Prevention (CDC), about 90% of anal cancers are caused by HPV and 2,500 new cases of anal cancer are diagnosed each year. Also, a [study](#) published in the *Journal of Clinical Oncology* revealed a 225% increase in the population-level incidence of HPV-positive throat cancers from 1988 to 2004.

ACIP also recommends a catch-up dose for males ages 13-21. At least over the next few years, this recommendation may help bring adolescent males into primary care offices, providing them an opportunity to receive comprehensive preventive care. This is important because data show that males ages 15 and older have the lowest preventive care visit rates among adolescents.

This Month's Featured Model Teen Program: The Teen Clinic at Kaiser Permanente San Francisco Medical Center

The Teen Clinic at Kaiser Permanente San Francisco Medical Center emphasizes prevention and confidentiality as key features of adolescent health care. Adolescents are interviewed alone by medical staff at the clinic, and those between the ages of 12 and 17 do not need parental consent to receive sexual health or other sensitive services. If an adolescent cannot pay for these services, he or she is not billed. Test results are kept confidential by the addition of a note to an adolescent's electronic medical record so that the lab and pharmacy know not to send any test results home. According to the director, Dr. Charles Wibbelsman, "The Teen Clinic promotes confidentiality as a way of investing in prevention, because in the long run it is cheaper not to charge for a service that an adolescent wishes to be kept confidential than it is to let medical conditions, such as teen pregnancy, progress and have to care for them long-term."



Learn more about this month's [Model Teen Program](#) on our website.

The Office of Adolescent Health has an Updated Website!

The Office of Adolescent Health recently redesigned its website. In addition to improved functionality and usability, it now includes special features such as research summaries on five domains of adolescent health: mental health, physical health and nutrition, substance abuse, healthy relationships and reproductive health; fast facts on targeted areas; a database of evidence-based programs; federal resources; a map of the latest federal statistics; information for parents; social connections; and an archive of their E-updates, all related to adolescent health. See for yourself at <http://www.hhs.gov/ash/oah>.

