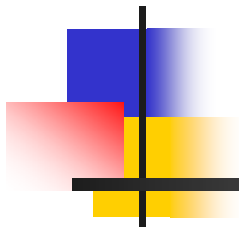


From Barriers to Bridges – What's it going to take? Improving the Youth friendliness of Primary care



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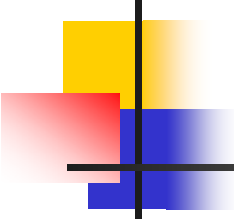
Acknowledgements

- Lancet review, *in press*
 - Andre Tylee, Dagmar Haller, Tanya Graham, Chandra-Mouli V, Rachel Churchill
- MJA editorial 2005;183:416-7
 - Melissa Kang, B Jane Ferguson
- Access Study series
 - NSW Health & CAAH
- MJA issue on Adolescent Health 2005;183(8)



Outline

- Definitions
- Rationale for youth friendly services
- Barriers for accessing primary care
 - Clinical, consumer, policy
- Breaking barriers & bridging gaps – evidence for effectiveness
- Recommendations



Hanna & Bagshaw MJA

2005;183:395-7

- Health practitioners specialising in adolescence tend to have ...common characteristics...
 - Strong community focus
 - Broad perspective of health encompassing links with families, peers, school/workplace
- Health practice is therefore linked with youth development



Goal – making services youth friendly

- Youth on the agenda
- Systems & policies explicit

Confidential, affordable, convenient – not restricted in setting/mode of delivery

- Youth participation & evaluation
- Integrated, collaborative, accessible
- Well-trained staff
- Use of evidence-based practice
- Sustainable & responsive



WHO; SAM; UK; Access study findings



E

Evidence-based training programs

Sanci et al BMJ 2000



Clinical effectiveness
with Adolescents in
Primary Care
-promotion of health
-reduction of risk

Opportunistic Screening
for risk and protective factors

Communication skills with Adolescents & Families

Feeling secure with medico-legal issues

Understanding Networks

Understanding Primary Care Barriers and solutions

Understanding Adolescents and families

Adolescent health in General Practice

Create connectedness in the GP setting

* Safety

clinical approach: rites of passage

Clinical environment: receptionists, waiting

* Communication

Friendly, non-judgemental, listening

Sensitive examination

* Positive regard

feedback, negotiate plan, compliment, ask permission



Clinical approach

Attitude

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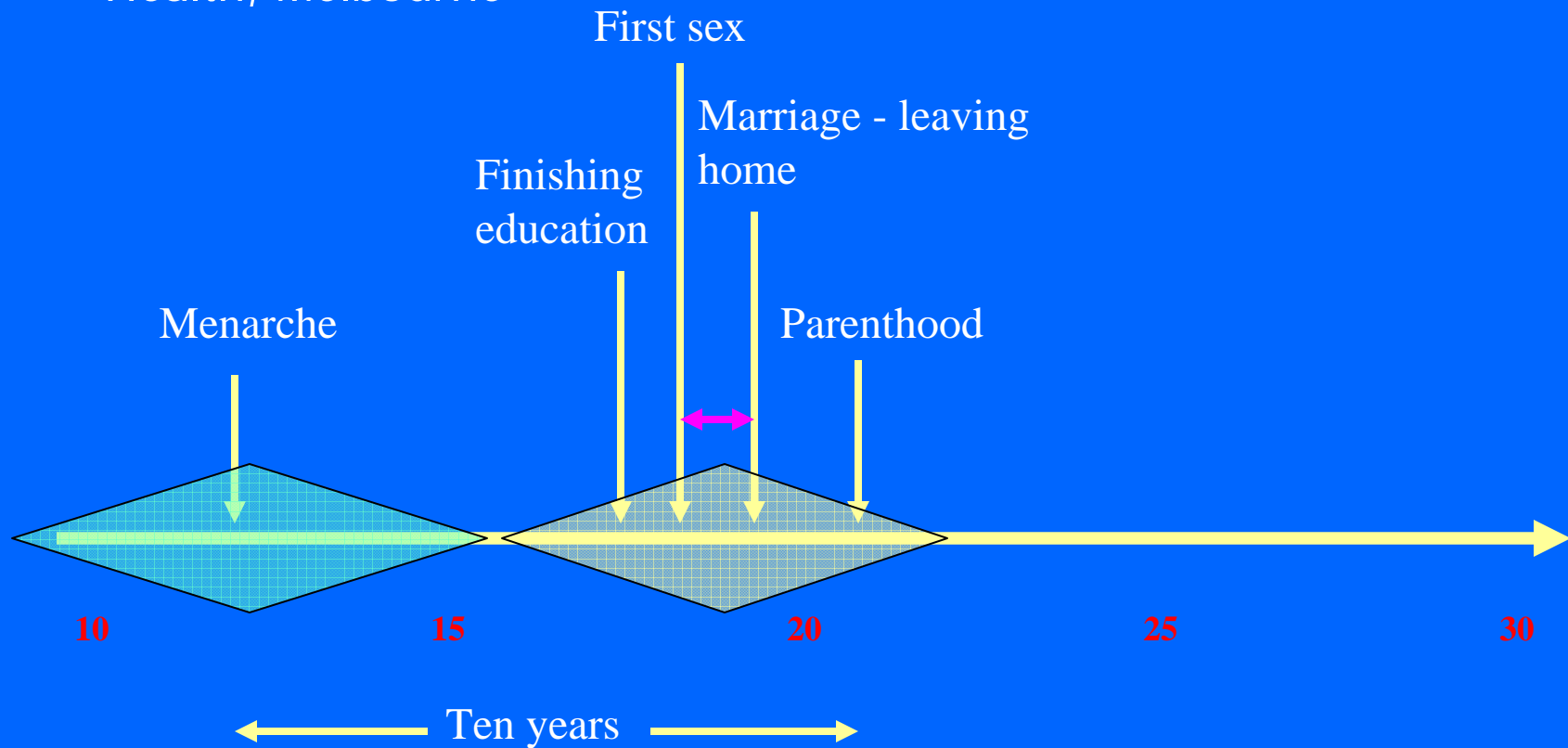




Definitions- Young People (WHO)

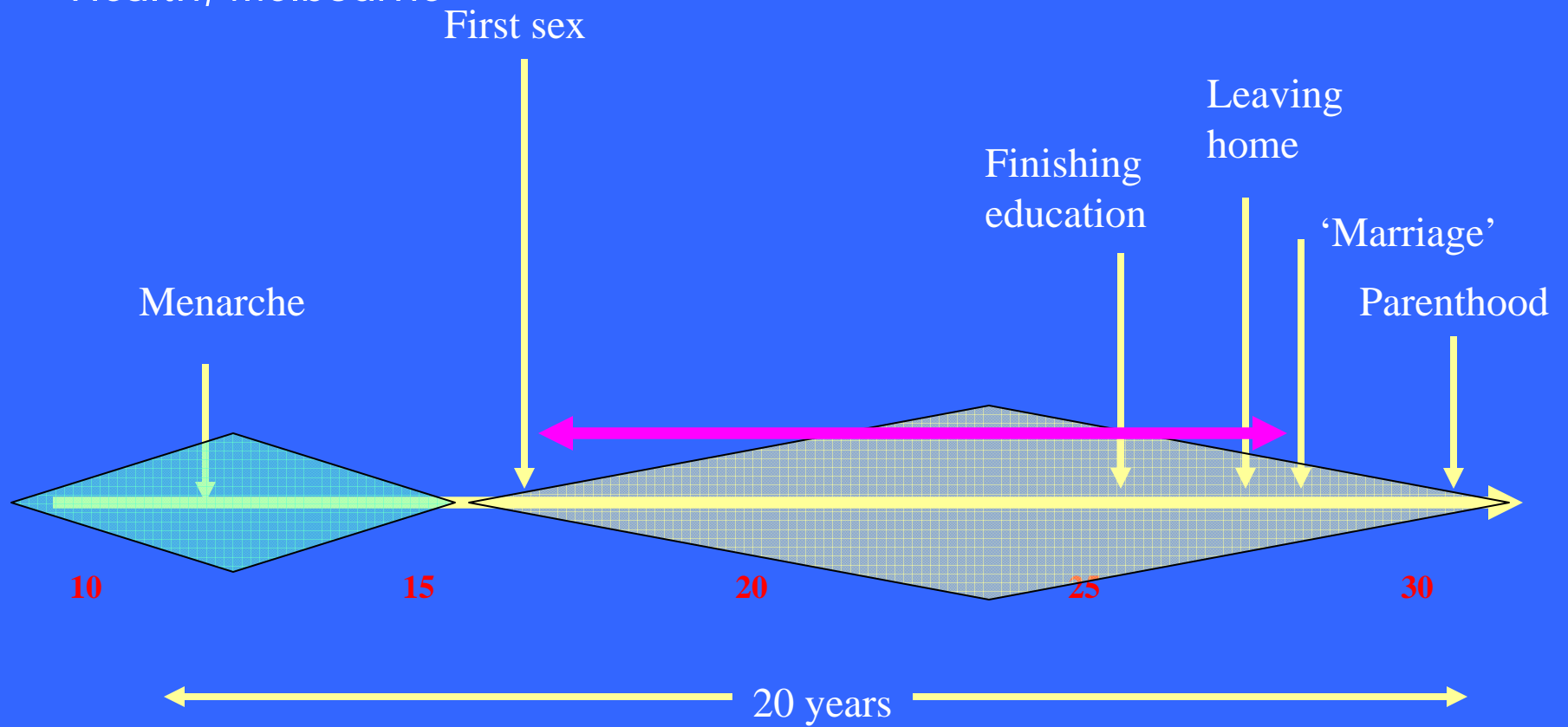
- Young People = 10-24 yrs
- Youth = 15-24 yrs
- Adolescents = 10-19 yrs

Slide courtesy of Professor George Patton, Centre for Adolescent Health, Melbourne



Adolescence for a girl in 1950's

Slide courtesy of Professor George Patton, Centre for Adolescent Health, Melbourne



Adolescence for a girl in 2000



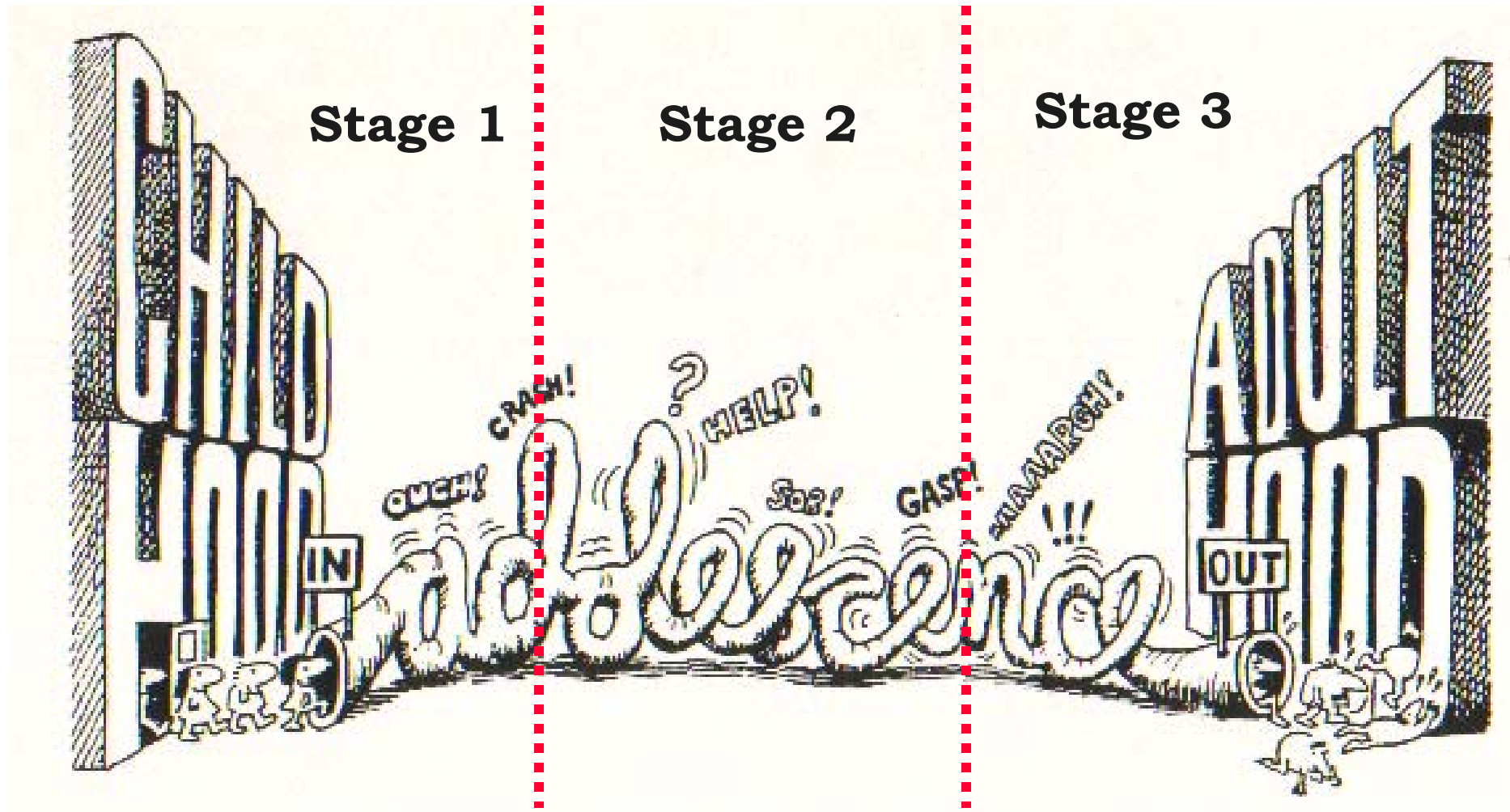


Who are the primary care providers?

- GPs & staff
- Nurses
- Psychologists
- Social workers
- Youth workers
- Student welfare coordinators
- Division staff
- pharmacists

Why Youth friendly services?

The official developmental psychology of adolescence





Major youth health problems

- HIV/AIDS and depression
- Accidents and injury
- Mental disorders
- Substance use
- Unprotected sexual activity

Co-occurrence of health risk behaviours



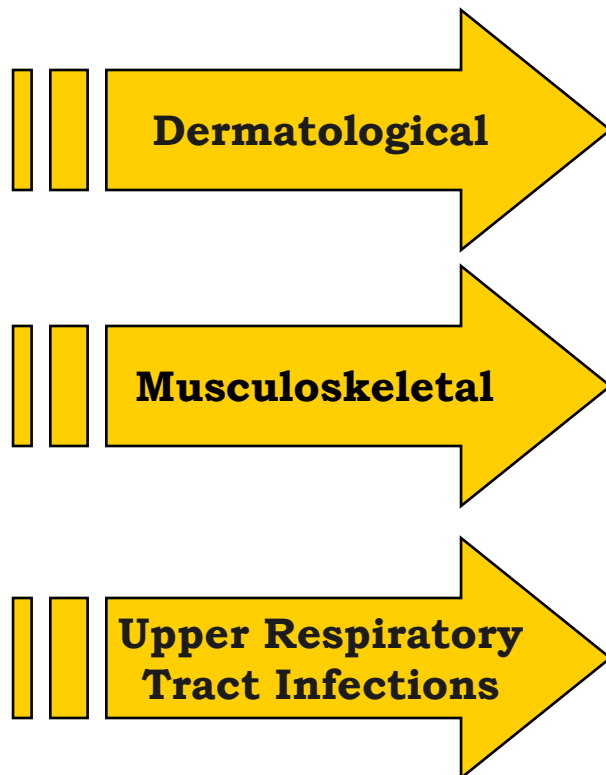
where there is one health risk search for others

Eg. A regular smoker in adolescence is

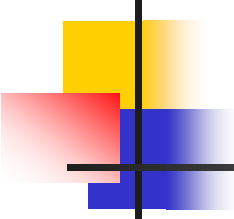
- 2 times more likely to diet severely
- 3 times more likely to have psychiatric morbidity
- 7 times more likely to be heavy alcohol drinker
- 9 times more likely to have unprotected sexual intercourse
- 19 times more likely to use Marijuana weekly

*The Health of Young People in Victoria
Centre for Adolescent Health, 1996*

Why do adolescents seek health care?



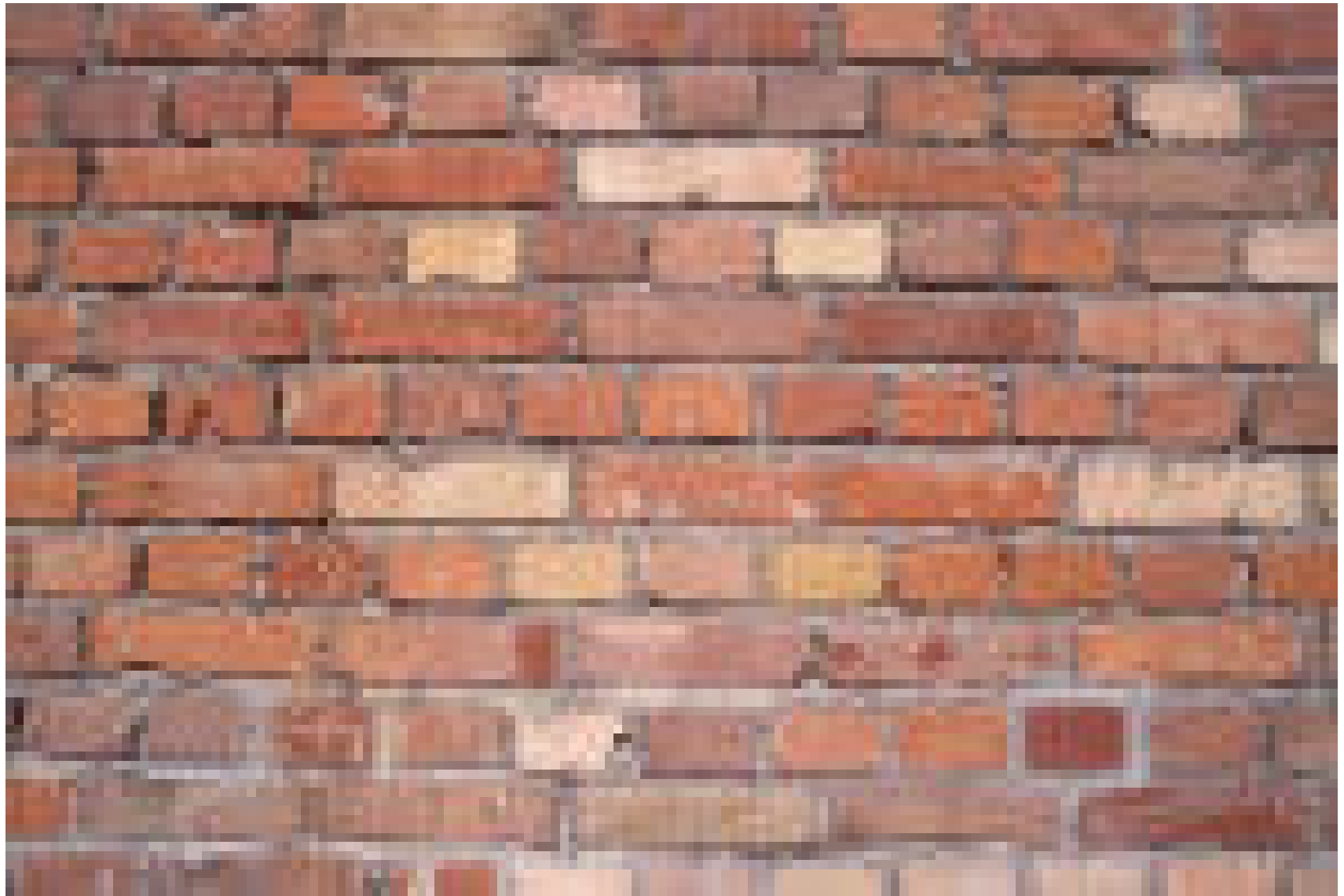
AIHW Health of Young
Australians, 1999

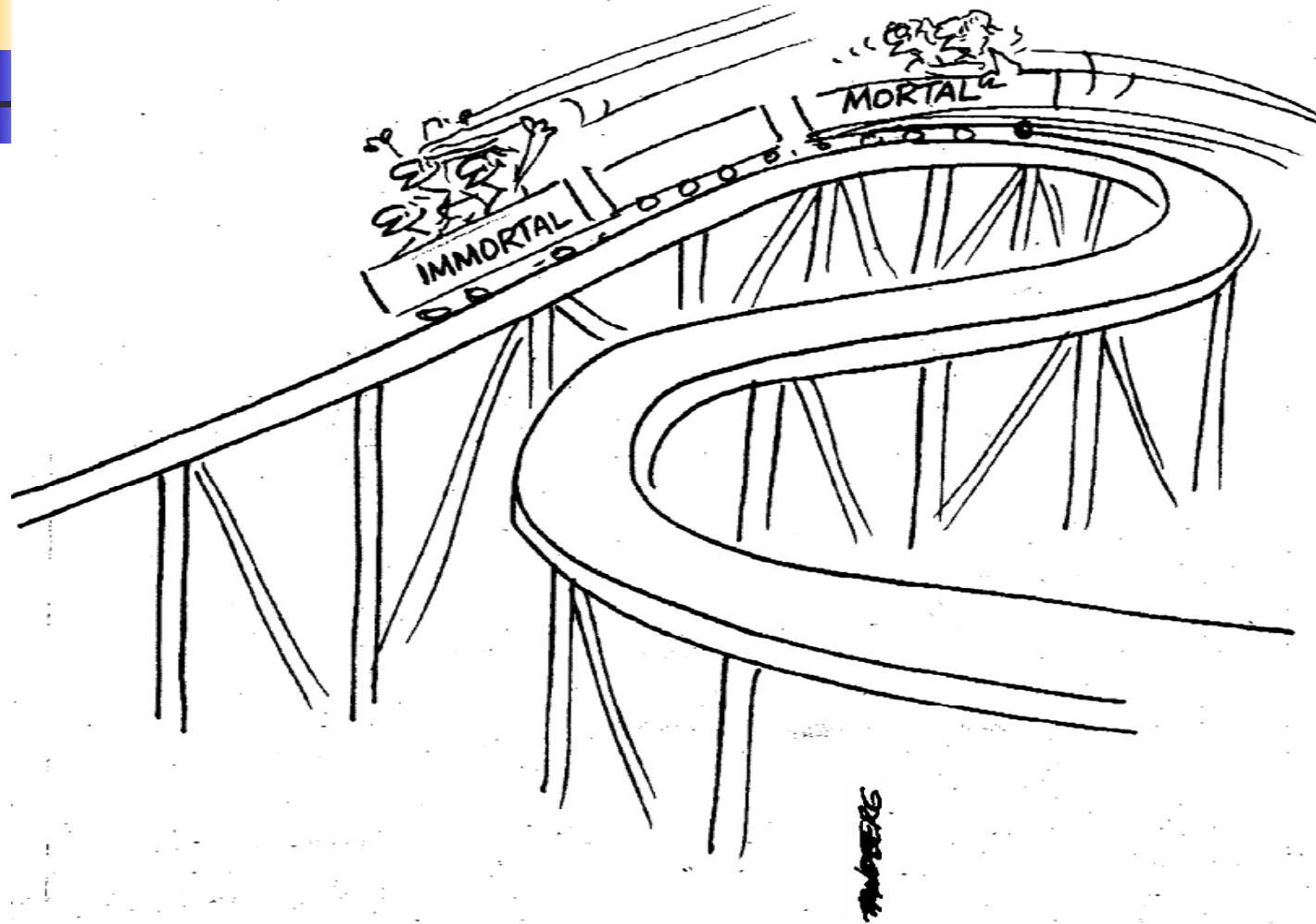


Consultation among young people on mental health issues, Keys Young, 1997

- Predicted source of outside help depression/anxiety

Family/partner	63%
Friend – same age	43%
School counsellor	31%
Friend – older	26%
GP	24%
Sort out by self	11%





Source: Carr-Gregg M, Shale E. Adolescence: A guide for parents. Finch Publishing 2002



Barriers for Young People accessing primary care

- Availability
- Accessibility
- Acceptability
- Equity

WHO Framework 1999/2001

Same barriers now 20 years on!



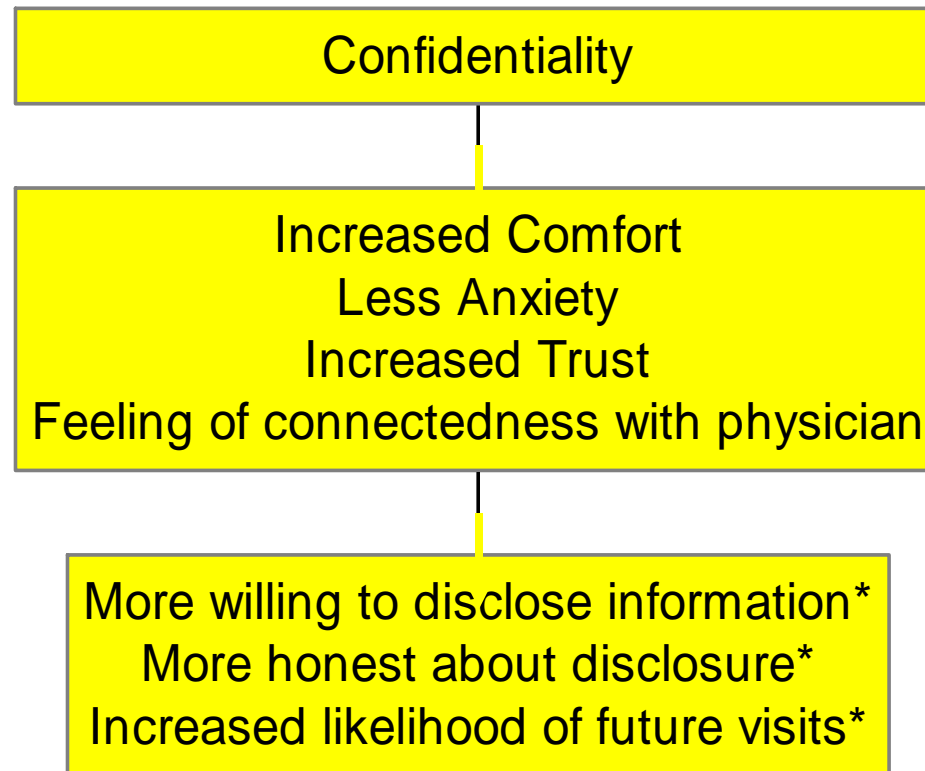
What do Young People Want?

Kefford et al MJA 2005;183:418-21

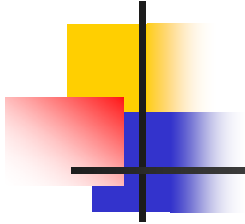
- A whole lifestyle wellness approach
- Anonymous access to health information
- Health care environment linked to sport or leisure activities where they are likely to congregate.

Importance of confidentiality - RCT

At the start
of the
consultation
Explain
terms &
exceptions



Ford *et al.* JAMA, 1997



Clinical level barriers



Provider barriers - adolescents

Veit et al '96 MJA

- **Communication difficulty:**

“It’s a very difficult group of people and as soon as you see one walk through the door you know you’re in for a hard time and a long consultation”

- (urban male GP)

- **Importance of prevention:**

“ It’s a time where you can prevent childhood problems becoming adult ongoing...problems with correct interventions” (rural female GP)

- **Self-perceived lack of skill with psychosocial:**

“I’m frequently frustrated that I don’t have the necessary skills...”
(rural female GP)



Provider barriers - adolescents

- Dealing with parent – child dynamic

“Sometimes parents just don’t understand that adolescents need to use services with confidentiality...” (CHC, Kang et al BJGP 2003)

But something I haven't come to grips with totally, when they're both in the room and it seems like the parent doesn't want to leave...

there's that, *'do you want to leave'*,

and the parent will say, *'well if you want me to leave'*, you can hear that they're saying, *'well I don't want to leave, I want to hear what's going on'*,

and then the adolescent will say, *'no you don't have to'*, but then won't say much more in the actual consultation

Urban female GP, Sanci et al,
unpublished data



Barriers – networking horizontally

Kang et al. BJGP 2003

- Poor inter-service linkages are perceived by GPs and other services
- “...support services seem to change regularly and so do the individuals who run it so you can't maintain a relationship with a service like that...”



Barriers – networking horizontally

Kang et al. BJGP 2003

- youth & mainstream services not networking
- different styles of working
- negative attitudes:

“there is an assumption that doctors are difficult...
and there is also an assumption that community
health centres are difficult around working with
young people...”

Youth health coordinators



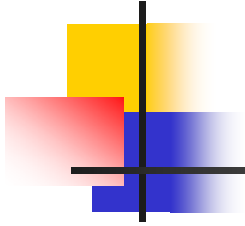
Barriers networking vertically

Veit et al MJA '96, Phongsavan et al MJA '95

- 64% GPs - problems getting advice
- Communication difficulties
- Patient reluctance
- Insufficient secondary services

“I haven't got many patients who can afford to pay privately, so we're looking at public systems and really whatever I've tried, the waiting list is huge”

Urban GP, Sanci et al unpublished



Policy level barriers



Barriers - policy

- Youth on the agenda
- Medicare card accessibility
- Confidentiality
- Funding in silos
- No funding for special skills training
- Medicare item numbers:
“...and then you’re worrying about whether you’re doing it according to the plan to get the number and that just seems not the right way to work. So in fact hardly any of us are doing those things...it creates an awful lot of paperwork, and it creates an awful lot of anxiety...” (Urban GP. Sanci et al unpublished data)







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WHO; SAM; UK; Access study findings



Higher order principles

- UN Convention on the Rights of the Child (ratified in Aust. 1990)
- UN Millennium Development Goals (2003)



Evidence for effectiveness

- Multitude of youth friendly initiatives
- Paucity of peer reviewed evidence on effectiveness
- Much needed is
 - Appropriate, measurable outcome selection
 - sound evaluation methodology
 - Publication in scientific & policy literature



Evidence for effectiveness

- Access to health services
- Improved provider performance
- Improved health outcomes



Evidence for effectiveness – access to health services

- Most studies show youth friendly interventions improve access
- Only two RCTs
 - **Walker Z**, et al. Health promotion for adolescents in primary care: randomised controlled trial. **BMJ 2002; 325(7363):524.**
 - **Children St.** "Youth-friendly" pharmacies in Bolivia. Westport, USA: Save the Children, 2004.
- Review of cross sectional – school based health centres
 - Mathias K. Youth specific primary health care – access utilisation and health outcomes. A critical appraisal of the literature re: **Health Technology Assessment Report 20002;5(1)**



Evidence for effectiveness – improved provider performance

- Guidelines alone – limited effectiveness
- Health provider training, RCT
 - Effective in changing provider behaviour
 - Sancu et al BMJ 2000;320:224-229
- Quality improvement strategies with provider training, RCT
 - Effective at changing systems and provider behaviour
 - Shafer MA, et al. *JAMA* 2002; 288(22): 2846-52.



Results: self-reported practice, 5 years after training

Sanci et al *Medical Education* 2005; **39**(6): 557-60.

- 98% maintained clinical processes
- 48% maintained systemic changes
(N=46; $rr=46/54$, 85%)
- Remaining barriers:
 - Time, money, appointment system, youth consulting patterns, networking with other changing services, keeping momentum of change



Remaining barriers – pathways to care*

“My worry is that the kids that are really in need don’t come...many kids must feel miserable, and either don’t think that the doctor can help them or have not had a good experience or something. I think the kids, once they get in here, we can do something with them in general.”

Urban GP; Sanci et al
unpublished data



Alternative practice models

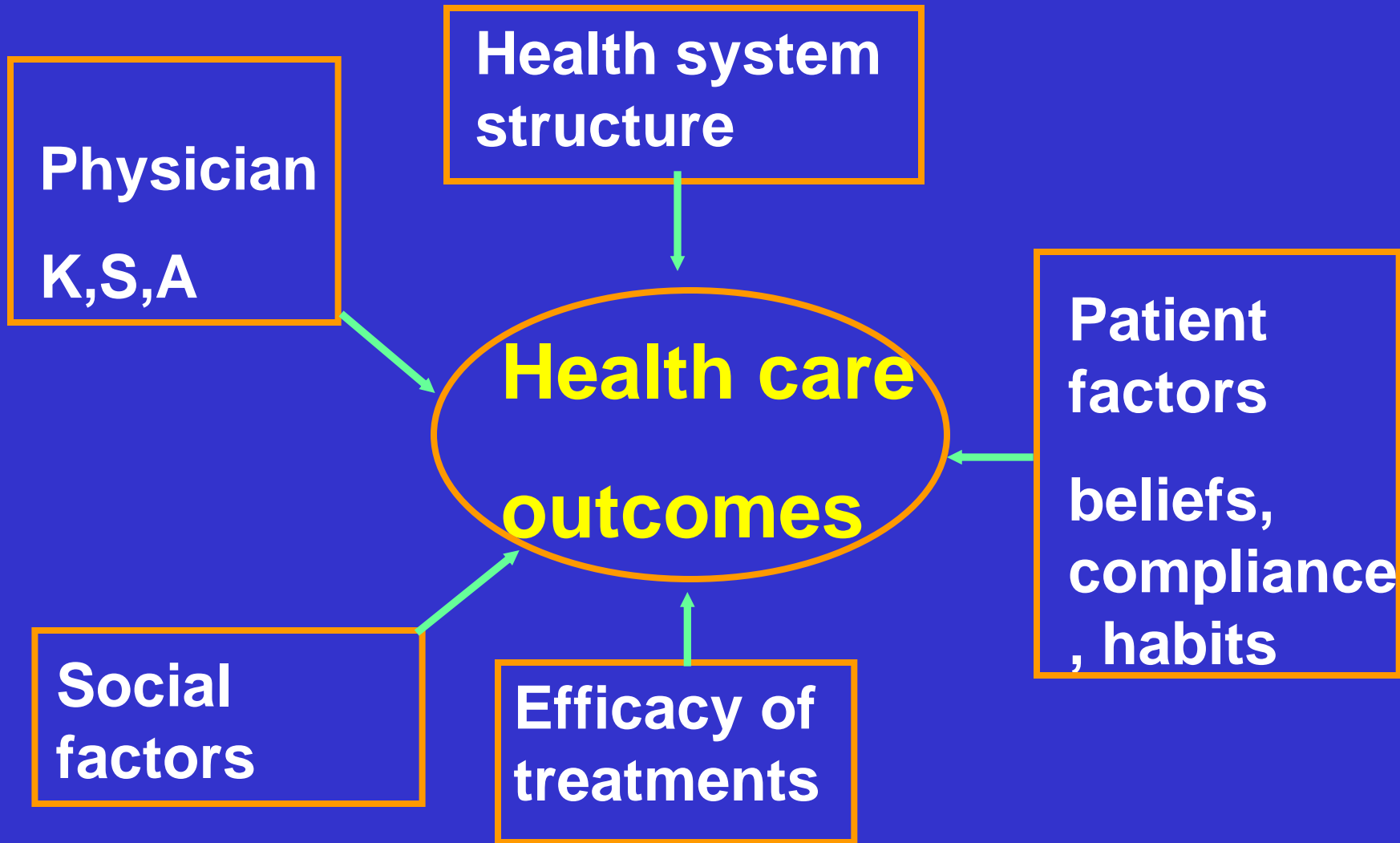
AND not OR Sanci et al (unpublished data)

- GPs believe general practice is still the right place for adolescents to be seen
- Adolescent only services can exist alongside general practice to support their work
- Other services linking in with GPs



Evidence for effectiveness – improved health outcomes

- **Reduction in risky behaviour – sexual risk behaviours, no RCTs**
 - Brindis CD. *Perspectives on Sexual & Reproductive Health* 2005;37(2):85-91. (cross sectional pre-post)
 - Lou CH, et al. *Journal of Adolescent Health* 2004; 34(5): 433-40.(Quasi experimental)
- **Reduction in symptoms of depression @ 6 mnths, RCT**
 - Asarnow JR, et. Al. *JAMA* 2005; 293(3): 311-9.





Where to from here?

- Young People Agenda
- Evidence-based design
- Evaluate outcomes, soundly
- Disseminate results
- Advocate

