FRAMEWORK for ADOLESCENT SEXUAL HEALTH

- Presented by
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Helen DeVos Children's Hospital
Of Spectrum Health

Agenda

- Making the case: Why adolescent sexual health services matter?
- The approach to the Adolescent Screening Guidelines
- Confidentiality
- Questions

Disclosures

- Financial relationships: Dr. Shatz wishes to disclose that he has no financial interests or other relationships with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters.
- I am receiving an honorarium for this talk and a free lunch

Why it matters

Overview

POPULATION of KIDS

LIFE EXPECTANCY
MENARCHE to MARRIAGE

MENARCHE
16-17Y 1850
13-14Y 1950
11-13Y 2000

MARRIAGE
18-19Y 21-22Y
24-26Y

Teen Birth Rates in US

Risks to young mother
- Regular prenatal care
- Pregnancy complications
- Sexually Transmitted Diseases

Why it matters
Adolescent Sexual Behavior

NYS (excluding NYC) high school students who ever had sexual intercourse, 2011

<table>
<thead>
<tr>
<th>Grade 9</th>
<th>Grade 10</th>
<th>Grade 11</th>
<th>Grade 12</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>29%</td>
<td>35%</td>
<td>49%</td>
<td>64%</td>
<td>44%</td>
</tr>
</tbody>
</table>

Sexual behavior with opposite-sex partners among youth aged 15–24 years, NSFG 2006-8

<table>
<thead>
<tr>
<th>Age group</th>
<th>Vaginal sex</th>
<th>Oral sex</th>
<th>Anal sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALES</td>
<td>45%</td>
<td>48%</td>
<td>10%</td>
</tr>
<tr>
<td>15-19 yo</td>
<td>82%</td>
<td>80%</td>
<td>32%</td>
</tr>
<tr>
<td>20-24 yo</td>
<td>46%</td>
<td>45%</td>
<td>11%</td>
</tr>
<tr>
<td>FEMALES</td>
<td>85%</td>
<td>81%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Sexual behavior with same-sex partners among males aged 15–24 years, NSFG 2006-8

<table>
<thead>
<tr>
<th>Age group</th>
<th>Oral sex with ♂</th>
<th>Anal sex with ♂</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19 yo</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>20-24 yo</td>
<td>6%</td>
<td>3%</td>
</tr>
</tbody>
</table>

STD Burden

- >19 million STD cases occur in USA each year
- Disproportionately among young people and racial and ethnic minority populations
- Estimated $17 Billion in annual direct medical costs of treating STDs and sequelae
- Estimated $6.5 Billion in annual direct medical costs of treating STDs and sequelae among 15-24 yo
- STDs can cause serious health problems
  - Ectopic pregnancy, infertility, chronic pelvic pain
  - ↑ risk of HIV infection


Estimated Youth STI Incidence, 2000

<table>
<thead>
<tr>
<th>STI</th>
<th>All %</th>
<th>Sexually Experienced %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any STI</td>
<td>24.1</td>
<td>37.7</td>
</tr>
<tr>
<td>HPV*</td>
<td>18.3</td>
<td>29.5</td>
</tr>
<tr>
<td>C trachomatis</td>
<td>3.9</td>
<td>7.1</td>
</tr>
<tr>
<td>T vaginosis</td>
<td>2.5</td>
<td>3.6</td>
</tr>
<tr>
<td>HSV-2</td>
<td>1.9</td>
<td>3.4</td>
</tr>
<tr>
<td>N gonorrhoeae</td>
<td>1.3</td>
<td>2.5</td>
</tr>
</tbody>
</table>

*Also included <1% each HPV, Syphilis, Hepatitis B
HPV 6/11 & any of 23 oncogenic types

Who is caring for more teens now compared to 5 years ago?

Raise your hands!!

Clinical Care: Female Adolescents

Approach to the Adolescent

Key Strategies

- Assess developmental level
- Discuss confidentiality with adolescent/parent
- Appropriately ensure confidentiality, time alone
- Brief risk assessment at most visits
- STI screening annually if sexually active
- Systems for follow-up of confidential results
Before you go into the room

- Think about your own values, opinions and feelings about sex and sexuality
- What are the beliefs of this patient and his/her family
- The clinicians’ role vs. the family’s role
- Medical vs. slang terminology

Adolescent STI Risk Assessment

Available tools

Surgeon General’s Report

Warning: Research has shown that adolescents are prone to lie during the medical interview. Do not be alarmed! Truthful information may be obtained during subsequent visits as the patient becomes more familiar with the provider.

Your Role

Avoid
The Surrogate Parent
The Peer
The Friend
The Family Spy

Embrace
The Advocate
The Educator
The Reinforcer
The Referee
The Culturally Competent Compassionate Provider
Before you go into the room

HAVE YOU HAD SEX IF...

Comprehensive HEADSSS
- H: Home
- E: Education/Employment/Eating
- A: Activities
- D: Drugs
- S: Suicidality/Depression
- S: Safety
- S: Spirituality
- S: Sex / sexuality

Sexuality
- Sensitive Topic for Patient & Provider
- Not selective interviewing
- Sexuality is not Sexual Intercourse
- Sexual Orientation
- Patient’s beliefs on Sexuality
- Gender Identity

SSHADESS*
Strength Assessment Tool for Psychosocial Screening
- Strength or interests
- School
- Home
- Activities
- Drugs/substance use
- Emotions/depression
- Sexuality
- Safety

*Clark and Ginsburg, 1992*
Sexuality

- Be cognizant of Body Language/Non-verbal Cues
  - your facial expressions
  - Your patients’ facial expressions and body language
  - Comments
  - Strengths

Questions to Nowhere...

- “Are you dating?”
- “Are you sexually active?”
- “When was your last sexual encounter?”

Better Options...

- Tell me about any of your friends romantic experiences
- Tell me about any of your experiences
- Have any of your experiences involved kissing or touching?

CDC Recommendations

Assessment: The 5 “P”s

- PARTNERS
- Sexual PRACTICES
- PAST history of STIs
- PREGNANCY
- PROTECTION from STI

Sexual History:

- number of current/lifetime partners
- Frequency, location, and time of sex
- use of drugs
- age of partner(s)
- Avoid the term “Virgin”
- Some patients engage in other forms of sex to avoid vaginal penetration

Sexuality

- Types of Intercourse
  - Vaginal (penis in vagina)
  - Anal (penis in rectum)
  - Oral (mouth on penis/vagina)
- Avoid slang terms
  - hand jobs/ finger jobs
  - instrumentation (sex toys & other objects)
  - fisting/“tossed salads” (mouth to rectum)

Sexual Orientation

There is no look

- “This is something I ask all my patients... Do you prefer having sex with males, females, or both?”
- Disclosure
Sexuality

- Partner Risks
  - How did you meet your partner?
  - Assess partner’s STI history, drug use, bisexual behavior, number of partners
- Relationship with Partner
  - Emotional/Physical Violence
    - “Has he ever hit, slapped, kicked, threatened….”
    - “Have you ever felt afraid?”

Sexuality

- Contraception
- Past STI
- Past Pregnancies
  - miscarriages
  - abortions/terminations
  - fathering of children & involvement in childcare

Sexuality

- Allow time during interview for patient to reflect on high-risk sexual behaviors
- Challenge the patient
  - “thing for you?”
- Abstinence after Sexual Debut
- Pleasure & Orgasms

Sexuality

- Taboo Topics
  - Sex for favors & gifts, drugs, money
  - Prostitution
  - Masturbation
  - Sexual Abuse
  - Consensual Sex & Rape

Sexuality

- Stories may become entertaining….
  - Avoid inappropriate questions which have no bearing on medical care
  - Avoid judgmental comments
  - Educate during interview
    - sources of information
    - myths and questions

CONFIDENTIAL
Health Survey for Adolescents
Everyone is faced with choices and situations that are complicated. The purpose of these questions is to give your doctor or nurse information to care for you. If you have any questions about these subjects, ask your doctor or nurse.
YOU DO NOT HAVE TO ANSWER THE QUESTIONS. If you choose not to fill it out, make sure the sections remain blank in your copy.
Include questions that direct testing

Guidelines for Adolescent STI Testing

Bright Futures-American Academy of Pediatrics

U.S. Preventive Services Task Force

Centers for Disease Control and Prevention

HEDIS

Bright Futures

Human Papillomavirus Vaccines

Gender neutral recommendation

2012 HEDIS® HPV measure for ♀ Adolescents

Hepatitis B Vaccine

Hepatitis A Vaccine

Bright Futures

STI Prevention via Immunization

Chlamydia and gonorrhea screening appropriate for patient population and clinical setting

Offer HIV and syphilis testing based on:

Clinical setting: STI Clinic, correctional facility, homeless shelter, TB clinic, clinic for MSM, clinic prevalence >1%

STI risk factors:

- Unprotected sex with >1 partner
- Ever been treated for STI
- Use or ever use intravenous drugs
- MSM
- Trades sex for money/ partner has ever
- Past/current partner bisexual, HIV positive, IVDU

Assessing Sexual Behavior

Include questions that direct testing
US Preventive services task force (USPSTF)

**USPSTF Chlamydia Screening Recommendations**

- Recommendations by CDC, United States Preventive Services Task Force (USPSTF), medical associations
- Screen all sexually-active females aged <25 years annually
- Screen women aged ≥25 years if at increased risk
- USPSTF: A-rated recommended preventive service
- Insufficient evidence to recommend for or against routine chlamydia screening ♂ at ↑ risk

[Link](http://www.ahrq.gov/clinic/uspstf/uspschlm.htm)

**USPSTF Gonorrhea Screening Recommendations**

- Screen all sexually active ♂ if at ↑ risk for infection
- i.e., young (<25 yrs), previous gonorrhea or other STIs, new or multiple sexual partners, inconsistent condom use, sex work, drug use
- Risk factors for pregnant ♂ = non-pregnant ♂
- African Americans and MSM have higher prevalence of infection than the general population in many communities and settings
- Insufficient evidence to recommend for or against routine gonorrhea screening ♂ at ↑ risk
- No routine gonorrhea screening ♂ and ♂ at ↓ risk

**CDC Adolescent STI Screening Recommendations**

- Annual C. trachomatis (CT) screen all sexually active ♂ aged ≤25 yrs
- Annual N. gonorrhoeae (GC) screen all at-risk sexually active ♂
  - ♂ <25 years are highest gonorrhea risk
- Discuss HIV screening with all adolescents and encourage testing for those at risk
What about males?!
- Insufficient evidence to recommend routine chlamydia screening in young men
- Feasibility
- Efficacy
- Cost

Selective screening in high-prevalence populations may be beneficial:
- Correctional facilities
- STD clinics
- Adolescent-serving clinics
- MSM
- Multiple partners

Chlamydia/Gonorrhea NAAT Screening:
Preferred Noninvasive Genitourinary Specimens

♀: Vaginal swab
- Vaginal swab samples are as sensitive as endocervical swab specimens
- Urine samples acceptable
  - Urine may have ↓ performance compared to genital swab samples

♂: Urine
- Urethral swab samples may be ↓ sensitive than urine

CDC Recommendations
Screening for Other STIs

- Routine screening of asymptomatic adolescents for certain STIs (syphilis, trichomoniasis, BV, HSV, HPV, HAV, HBV) not recommended
- Consider individual and population-based risk factors
- Pregnant adolescents require more thorough evaluation
- Begin cervical cancer screening at age 21 in most cases

Resources for Practitioners

AAP
NCC
CDC
SAHM
PRCH
The GYT campaign is a youthful, empowering social movement to reduce the spread of STDs among young people.

Visit the web sites for provider resources, tools, and GYT materials to help support your local STD prevention efforts:
- provider.gytnow.org
- www.cdcnpin.org/stdawareness
- www.findstdtest.org
- www.itsyoursexlife.com/gyt
- www.cdc.gov/std/treatment
Basic Questions:

1) Who has the authority to give consent for care? Whose consent is required?

Basic Questions:

2) To what extent are the communications and records involved in the care protected as confidential? Who has the authority to release confidential information? Whose authorization is required?

Basic Questions:

3) Who is responsible for payment - adolescent, parent, public or private insurer, an alternative source of public or private funding?

Confidential Care for Adolescents

- Pregnancy prevention
- Sexually transmitted infections
- Obstetrical care
- Care related to sexual assault
- Mental health (outpt)
- Substance abuse (outpt)

HIPPA

- Health Insurance Privacy & Portability Act of 1996
Explaination of Benefits (EOBs)
Medicaid vs. Commercial Insurance
- EOBs sent to policyholder or insured in most commercial plans
- Medicaid does not routinely send EOBs
- EOBs are general and do not disclose service/diagnosis
- No control over lab bills/statements

Confidentiality and Billing
- Cannot guarantee confidentiality in many cases
- Explanation of benefits (EOBS) may be sent by insurance company
- Teen pt may request for EOB to be sent to alternative address by health plan
- Need to know the “paper trail issues” in your health system

Confidentiality and Billing
Potential Solutions
- CPT Modifier 33 aids in correctly coding for preventive services falling under Affordable Care Act with no cost sharing
- Develop system for low cost visits

Changes You May Wish to Make In Your Practice
- Use adolescent EMR template
- Prompt on EMR/visit note for confidential contact #
- Risk behavior screening questionnaire before visit
- Universal urine collection
- Make primary care opportunities at sick visits
  - STI Screening
  - Immunizations
- Assess length of teen pt visit w/ flow study
- List of community resources for confidential reproductive health/mental health services

Useful Websites
- www.aap.org—American Academy of Pediatrics
- http://brightfutures.aap.org/ Bright Futures
- www.aapdistrictii.org NY State American Academy of Pediatrics
- www.prch.org—Physicians for Reproductive Choice and Health
- www.adolescenthealth.org—Society for Adolescent Health and Medicine
- www.naspag.org North American Society for Pediatric and Adolescent Gynecology
- http://www.aclu.org/reproductiverights American Civil Liberties Union Reproductive Freedom Project
- www.advocatesforyouth.org—Advocates for Youth
- www.guttmacher.org—Guttmacher Institute
- www.cahl.org—Center for Adolescent Health and Law
- www.siecus.org—Sexuality Information and Education Council of the United States
- www.arhp.org—Association of Reproductive Health Professionals
- http://ncc.prevent.org/ National Chlamydia Coalition
- www.not-2-late.com Emergency contraception
QUESTIONS?