Adolescent Sexual and Reproductive Health Services in Pediatric Primary Care

Purpose: The purpose of this evidenced based practice intervention is to determine the process and the impact of expanding existing services to offer comprehensive adolescent healthcare in a pediatric primary care clinic. The aim of the proposed project is to evaluate if expanding care to offer reproductive and sexual health services in adolescent patients, ages 12 to 21, increases adolescent reproductive health visits and adolescent preventive visits in this setting.

Background and Significance: Many pediatric primary care clinics lack provision of comprehensive sexual and reproductive health services to adolescent patients. This may result in missed opportunities, delayed sexually transmitted disease treatment, poor access to care, and increased healthcare costs.

Questions:
- What are potential barriers to consider when integrating adolescent sexual and reproductive health services into a pediatric clinic?
- Does integrating adolescent sexual and reproductive health services in pediatric primary care clinics improve access and the volume of adolescent health and preventive visits?

Innovation: The comprehensive services include reproductive health and sexually transmitted disease screening and treatment by a nurse practitioner. The previously unavailable services for adolescents include STD screening and testing, pregnancy testing, and contraception counseling, initiation, and management.

Evaluation of Change: The retrospective chart review compares pre and post patient data from January 2014 to November 2014 and January 2016 to November 2016. The pre- and post-primary measured outcomes are the quantity of adolescent visits for contraception, STD screening and testing, and pregnancy testing. The pre- and post-secondary measured outcomes are the number of adolescents seen for all visit types including well exams and subsequent visits. A Chi-Square statistical test will be used to evaluate outcome measures between groups. Demographics include age, gender, race, and zip code of the patients. Preliminary results demonstrate a 107% increase in total adolescent patient encounters from 2014 to 2016.

Clinical Implications: This evidenced based practice intervention can be applied in any clinic setting that offers healthcare to adolescents. It is especially applicable in pediatric primary care where healthcare for the child is already established and the opportunity for continuity of care from childhood through adolescence exists. Adding adolescent health services in primary care requires strategic planning to work through potential barriers including provider comfort level, ethical issues, confidentiality, and financial/insurance reimbursement constraints. Expanding adolescent reproductive health services in primary care may positively affect health outcomes by increasing access to care for adolescents, decreasing the number of unplanned teen pregnancies, and reducing the burden of untreated sexually transmitted diseases in the adolescent population.

Gladesia Tolbert DNP(c), MSN, PMHS, CPNP
Pediatric Nurse Practitioner, General Pediatrics, Children’s Mercy Kansas City, Kansas City, MO
Study IRB provided by: Children’s Mercy Kansas City
Adolescent Sexual Health Services in Primary Care Pediatrics
Gladesia Tolbert, DNP(c), CPNP-PC

BACKGROUND

• Adolescent patients require additional services including contraceptive management, pregnancy testing, and STD evaluation and treatment (Ott & Sucato, 2014). Many primary care pediatric clinics do not provide complete services to adolescent patients. There is a gap in pediatric primary care and missed opportunities due to offering limited services and incomplete health maintenance visits. This may result in delays in care and treatment, potentially increasing spread of STDS and unplanned teen pregnancy (Burstein et al., 2003).

PROBLEM, PICOT

• The incidence of adolescents with sexually transmitted diseases (STDs) and unintended pregnancies continues to be a major health burden in the United States. Many pediatric primary care clinics do not provide sexual and reproductive health services to adolescent patients. This results in missed opportunities, delays in treatment, and poor access to care.

• In the adolescent, ages 12 to 21, does expanding care to offer comprehensive sexual and reproductive health services compared to no adolescent sexual and reproductive services increase overall adolescent health visits and quantity of visits for adolescent reproductive and sexual health needs during health visits in a pediatric primary care clinic?

SYNTHESIS OF EVIDENCE

Databases
CINAHL, Medline, Cochrane, Ovid databases, and Google Scholar search engine.

Keywords
adolescent, sexually transmitted, reproductive, primary care, services


Level I Level II Level III Level IV Level VI
4 11 2 1 8

Missed Opportunities
• STD screening, testing, treatment, and contraception initiation are not consistently offered in pediatric clinics (Burstein et al., 2003; Brown, 2009; Goyal et al., 2014; Peddecord et al., 2016; Wiehe et al., 2011).

Pediatric Primary Care Provider Role
Routine screening including pregnancy prevention and STDS is indicated (Burstein et al., 2003; Miller et al., 2013; Victor et al., 2015).

Sexually Transmitted Diseases
• STD rates among adolescents are high and most STIs are acquired soon after sexual initiation (Forhan et al, 2009; O’Connor 2012; Workowski et al., 2015).

Contraception
• Adolescents are interested in receiving contraception information. Long acting reversible contraception (LARC) is most reliable among adolescents (AAP 2014; Miller, 2015; Ott, 2014).

Barriers
• Confidentiality, reimbursement, lack of training, time constraints, and attitudes and beliefs (Brindis, 2005; Hallum-Montes et al., 2016).

THEORY, CHANGE

Theory
• Deliberative Nursing Action (Orlando, 1961)

Change Model
• Kotter and Cohen’s Model of Change (Melnyk, 2015)

Evidence Based Practice Model
• Model for Evidence Based Practice Change (Melnyk, 2015)

EBP INTERVENTION

IRB Design Non human subjects retrospective analysis

Analysis Chi-Square

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REFERENCES


