

## BEST PRACTICES

# ACHIEVING EQUITABLE CARE FOR YOUNG ADULTS

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**A**lthough not always apparent, young adults—both those who are healthy and those with chronic medical conditions—constitute a uniquely vulnerable population. *Young adulthood* refers to the ages of approximately 18 to 26 years old and represents a critical time of social, economic, physical, and mental development. Many health behaviors established during young adulthood persist into older adulthood and can have significant consequences for health.

### Young Adults: A Vulnerable Population

The vulnerability of young adults was highlighted in a 2015 report published by the Institute of Medicine and National Research Council to review the health, safety, and well-being of young adults and make recommendations for research and policy. This report highlighted the unique health needs of young adults, who are less likely than younger and older groups to exercise and attend regular check-ups, but are more likely to eat poorly, contract sexually transmitted infections, smoke cigarettes, binge drink, and use marijuana and other drugs.<sup>1</sup> Approximately 1 in 4 young adults are obese, and obesity rates continue to rise. Obesity-related conditions like hypertension and diabetes often go undetected in this population which all too often has little contact with the health care system.<sup>1</sup> Mental health disorders and substance use account for two-thirds of disability in young adults. Substance use rates steadily increase during adolescence and peak during young adulthood.<sup>1</sup> Furthermore, the emergence of psychotic disorders and depression is of concern, and young adults have the highest rate of completed suicide.<sup>1</sup>

One contributor to the poorer health of young adults is the transition from pediatric to adult care. This transition is particularly challenging for those with

chronic childhood conditions, such as type 1 diabetes and sickle cell disease, where morbidity and mortality increase around the time of transition. For example, young adults with type 1 diabetes have 2.5 times poorer glycemic control when transitioning.<sup>2</sup> However, all young adults' health can be affected during this transition. In 2018, the American College of Physicians, American Academy of Pediatrics, and American Academy of Family Physicians issued a joint clinical report on the transition from pediatric to adult care in the medical home. Compared to the prior report in 2011, this update highlighted the identification of adult care clinicians to assume care as a key component of successful transfer of care.<sup>3</sup>

Young adults need increased access to medical care, particularly for the preventive services that internists provide. However, healthcare utilization among young adults is low, and many (22%) receive fragmented care.<sup>1</sup> Young adults have significantly higher emergency room visit rates than older adults.<sup>1,4</sup> Barriers include lack of comfort with adult providers or the adult healthcare system, long wait-times/difficulty scheduling appointments, and a perceived lack of benefit to preventive care.<sup>3</sup> Additionally, though young adults saw the greatest improvements in insurance coverage under the Affordable Care Act, they still have the lowest coverage rates of all Americans.<sup>5</sup> Beyond access, there is evidence to suggest that lack of knowledge among adult providers of young adult-specific health conditions may also play a role in inadequate care. For example, although 48 percent of young adults reported having had a "routine checkup" in the past 12 months, a minority (2-12%) receive care for mental health disorders and substance use, despite the known high prevalence of these conditions.<sup>1</sup>

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**BEST PRACTICES** (continued from page 1)**General Internists as Advocates for Young Adults**

As general internists, we have an opportunity to improve the health of young adults and advocate for them on an individual patient-provider level, as well as in our health systems, professional societies, and nationally.

Advancing young adult health starts with our approach to the care of each patient. Young adults do not end their developmental journey after the end of the second decade of life, or just because they have transferred care to an internist. Working with young adult patients often requires a shift in mindset to accept that many need additional guidance in self-efficacy and future-oriented decision making when it comes their health care—our role in this is essential. The key for us as physicians is to be patient and flexible, and to appreciate the role that we have in fostering this part of our patients' development. It may be necessary to schedule more frequent follow-up, be in contact between visits, or repeat the same message multiple times and in different ways to support these patients.

Once we have engaged young adults in care, our greatest impact may not always be in treating the problems that bring them into the office. We should use each visit to actively screen for high-risk behaviors and health risk factors that may not be readily volunteered in the history, but where intervention has the potential to improve outcomes now and for a lifetime. Screening for mental health issues, such as depression and anxiety, as well as being aware of signs of serious mental illness like schizophrenia and bipolar disorder, allows us to engage patients in care before these conditions seriously impact their personal, educational, and professional lives. Screening for tobacco use, problem drinking, and illicit drug use provides an opportunity to help young adults understand the risks of these behaviors, support

behavioral change, and engage in treatment, if necessary. Asking about diet and exercise can help curb rising rates of obesity and its well-established metabolic and cardiovascular consequences. Taking a thorough and non-judgmental sexual history can identify patients with high-risk behaviors, and potentially direct them to life-saving preventative measures, including safe sex practices and pre-exposure prophylaxis for HIV.

Of course, we cannot treat young adults if we cannot get them through the door of our offices; we *must* make a conscious effort to make our practices more welcoming and accessible to these patients. For a young person who has never independently navigated the healthcare system, something as “simple” as scheduling an appointment or getting a refill can seem overwhelming. Others may not access health care because of fear of discrimination or judgment; for example, against their sexual orientation or gender identity. The following are examples of how practices can become more young-adult friendly:

- **Promoting e-mail messaging or patient portal usage to empower patients to ask questions or book appointments on a flexible schedule;**
- **Identifying your practice as a safe-space for LGBTQ+ patients;**
- **Providing more flexible weekend or evening hours;**
- **Creating a “Welcome to the Practice” guide explaining procedures for contacting providers, accessing urgent care, and requesting refills; and**
- **Simplifying the office phone tree or providing direct numbers for patients to call for issues like scheduling, refills, and triage.**

While these changes may be targeted at young adults, many of them will make the practice more accessi-

ble to all patients. For those seeking resources to welcome young adults into their practices, the 2018 Clinical Report on Transition details the transition process from pediatric to adult care with evidence-based standards for providing optimal care for young adult patients.<sup>3</sup> In addition, the Got Transition Web site ([www.gottransition.org](http://www.gottransition.org)) offers a wealth of resources practices can use to better serve the young adult population, along with a step-by-step guide designed to help adult practices develop processes for young adult care.

Beyond our clinical practices, internists can serve as strong advocates for the health and wellbeing of young adults, especially those with chronic health care needs. Involvement in regional and national professional societies is one opportunity to promote education and focus on young adult topics, as well as to connect with others interested in care for this group. Within SGIM, there are two interest groups dedicated to advancing and promoting the care of young adults through education, research collaboration, and advocacy: the GIM for Young Adults Interest Group and the Adults with Complex Childhood Onset Conditions Interest Group. On a state and national level, there are many opportunities to advocate for young adult health. Maintaining the provisions of the Affordable Care Act, continuing to expand opportunities for coverage, and increasing access to mental health and substance abuse care are just a few of the issues being debated on the national stage with particular impact on young adult health.

It is clear that the role of general internal medicine in the health and well-being of young adults is critical. As internists, we should feel empowered to care and advocate for our young adult patients in a way that recognizes their vulnerability and their potential.

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**BEST PRACTICES** (continued from page 2)**References**

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