

## **NPM 14: ADOLESCENT WELL VISIT**

### **GOAL**

To increase the percent of adolescents who have a preventive medical visit.

### **SIGNIFICANCE**

Adolescence is a period of major physical, psychological, and social development. As adolescents move from childhood to adulthood, they assume individual responsibility for health habits, and those who have chronic health problems take on a greater role in managing those conditions. Initiation of risky behaviors, such as unsafe sexual activity, unsafe driving, and substance use, is a critical health issue during adolescence, as adolescents try on adult roles and behaviors. An annual preventive well visit may help adolescents adopt or maintain healthy habits and behaviors, avoid health-damaging behaviors, manage chronic conditions, and prevent disease. The Bright Futures guidelines recommends that adolescents have an annual checkup from age 11 through 21. The visit should cover a comprehensive set of preventive services, such as a physical examination, immunizations, and discussion of health-related behaviors including healthy eating, physical activity, substance use, sexual behavior, violence, and motor vehicle safety. The adolescent well-care visit measure for health plans is part of the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP and the National Committee for Quality Assurance's Healthcare Effectiveness Data and Information Set.<sup>1</sup>

### **DEFINITION**

**Numerator:** Number of adolescents, ages 12 through 17, who are reported by a parent to have had a preventive medical check-up with a health care provider in the past year.

**Denominator:** Number of adolescents, ages 12 through 17.

### **HEALTHY PEOPLE 2030 OBJECTIVE**

Identical to Adolescent Health (AH) Objective 01: Increase the proportion of adolescents who received a preventive health care visit in the past year.

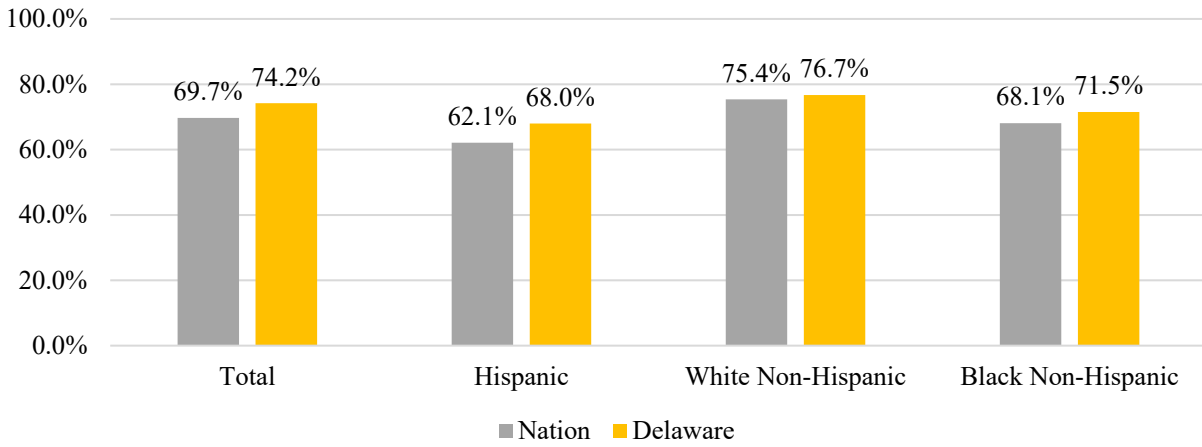
### **STATUS**

Figure 1 indicates that the percentages of Hispanic adolescents with a well visit were slightly lower than the corresponding percentages for Black non-Hispanic adolescents, which in turn, were lower than the percentages reported for White non-Hispanic adolescents at both the state and national level. In addition, as shown in Figure 2, the percentage of Medicaid-enrolled adolescents with a well visit was slightly lower than the corresponding percentage for adolescents covered by private insurance.

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<sup>1</sup> Hagan JF, Shaw JS, Duncan PM, eds. Adolescence Visits 11 Through 21 Years. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017

**Figure 1. Percentage of Adolescents with A Well Visit, by Selected Race/Ethnicities, NSCH 2021-2022.**



**Figure 2. Percentage of Adolescents with A Well Visit, by Health Care Coverage, NSCH 2021-2022.**

