

## The Truth about Well-Care Visits for Adolescents

Have you noticed who is missing in much of the literature for a school-based health center? The answer is a simple one...the parents. The Oregon Health Authority (OHA), Oregon Department of Education (ODE) and public health departments extoll the virtues of school-based health centers (SBHCs), tout their contribution to student achievement while marketing their convenience for busy parents and guardians. While also employing strategies that remove the parent from the health care decisions of their child.

In our September newsletter we introduced you to the [Patient Centered Primary Care Institute](#) (PCPCI) and their program, 'Enhancing Adolescent Well-Visits'. PCPCI develops online modules and webinars to teach providers how to separate the child from the parent through "well-care visits". An intentional wedge between the parent-child relationship is also evidenced in the [Center for Medicaid and Medicare Services](#) and their program, 'Paving the Road to Good Health, Strategies for Increasing Medicaid Adolescent Well-Care Visits'. The seeming goal of both of these entities is to hand over to your minor child the decision-making process as it relates to your child's health care. While well-care visits may begin earlier, the stated age is 12. Parents are often unaware these visits even take place nor are they informed about what messages or referrals their child is given during a visit to their school district's SBHC.

A well-care visit includes a comprehensive health history, assessment of physical and mental development, physical exams (weight, height, vision, hearing, heart, lungs, skin, genitalia, etc), immunizations, laboratory tests, dental services, tobacco and alcohol avoidance, violence and injury prevention, and sexual behavior.

**What are the strategies for getting your child into the doctor's office, a SBHC or a public health clinic for a well-care visit?** Below is a list of some of the stated ways PCPCI and Medicaid Services target your children for well-care visits:

- Consider where adolescents "park their cars" and go to them in outreach efforts.
- Align provider payments to reward increase in well-care visit rates.
- When they are in for other things, a sports physical for example, convert the visit to a well-care visit.
- When they are in for acute or medication visits, set up a "follow-up" visit that is a well-care visit.
- Incentivize Providers - provide more resources to deliver preventive services to the child.
- Have a separate adolescent waiting room.

- Inform the child of their confidentiality (right to privacy) in health care services they access.
- Bring the services to the child...SBHCs.
- Contact the parents around the importance of adolescent well-care visits.

Once they have succeeded in getting your child in for their first well-care visit, **how do they motivate future visits?** Below are some of the strategies PCPCI and Medicaid Services use to manipulate adolescents into continued well-care visits:

- Intentional, explicit, repeated and EMPOWERING messaging that "they" are the primary patient (and not the parent on behalf of the child).
- Intentional and explicit rights to confidential care.
- Private time with the provider - one-on-one without the parent.
- Encourage the child to call the office themselves and make appointments.
- Explain the confidentiality rules to the child..."I won't discuss this information with your parents unless you want me to."
- Providers can use "texting" as a form of communication when they are due for an exam.
- Providers can use social media to increase well-care visits (Facebook, Twitter, Instagram)
- Implementation of motivational interviewing skills when staging the visit.

**Also** during well-care visits, students may be given the following information:

[Adolescent Questionnaire](#)  
[Teen Handout-Confidentiality](#)  
[AHI Confidentiality Rights for Teens POSTER](#)  
[Child/Early Adolescent Health Assessment](#)  
[Adolescent Health Assessment](#)

(Note: All of the links above will take you to the 'Adolescent Care' page.)

The above information proves the intentionality of the Oregon Health Authority to remove parents and guardians from the health care decision of their children at the earliest possible age. Unfortunately, SBHCs are a conduit to your children and grandchildren. Dr. Gillespie of the Children's Health Clinic in the PCPCI has trained providers on how to enhance adolescent well-care visits by sharing a strategies to providers on how to perform an **"Atraumatic Parentectomy"**.

Dr. Gillespie is teaching providers to "painlessly separate" your child from you through the delivery of health care. Such intrusive and invasive health care services do **not** belong in Oregon schools. Oregon K-12 public school superintendents and school boards were not hired or elected to impede the parent-child relationship but rather to promote educational excellence.

