INTRODUCTION
Adolescence is a significant developmental period because of its numerous inherent vulnerabilities, yet they are a population that is the most underrepresented in annual office visits (Ziv, Boulet & Slap, 1999). Family dynamics and structure (Phillips, 2012), age and maturity (English, Shaw, McCanney & Fishbein, 2008), developmental trajectory (Ahose-Young, Graham, & Hansen, 1994) and provider hesitancy (Bravender, Price, & English, 2004; Dickens & Cook, 2005; Sigman & O’Connor, 1991) influence adolescent healthcare-seeking behaviors. Access to healthcare is a social right and a legal necessary, that is, something required for a minor to take care of him or herself (Burke & Grebe, 2011; Preston & Crowther, 2012). When an adolescent lacks supportive structures that nurture the psychosocial and biophysical determinants of health, unaddressed high risk behaviors potentially extend into adulthood (Littleton, Breiktopf & Berenson, 2007). A comprehensive adolescent clinic that functions as a point of connectionedness for the adolescent and where they are respected as deliberative self-determining agents in a healthcare decision making process, will increase adolescent access to health care. Also, an adolescent-focused clinic will foster a patient-centered approach, enhance the adolescent-provider relationship while supporting developmental trajectories within the postmodern family.

PURPOSE
This project aims to increase access to healthcare for adolescents in an environment that will address adolescent needs while minimizing economic impact. We hypothesized that at its conclusion healthcare providers would work more effectively with adolescents to achieve positive health outcomes. The project, “Bring A Friend”, has as its secondary aim to create a program that is appealing to the friends of adolescents attending the clinic. This approach is intended to generate a public outreach for vulnerable adolescents and their peers.

METHODS
- A preexisting 4-hour evening clinic session was designated as the adolescent clinic.
- The program manager attained efficiency with the adolescent interview process by participating in training at another adolescent specialty clinic.
- A medical assistant (MA) from within the evening session was trained to facilitate patient throughput.
- Dental services designated two hours of general walk-in appointment time for adolescent clinic patients without incurring additional dental clinic hours.
- Behavioral Health staff utilized social work interns to assist completion of an adolescent behavior risk assessment and depression screen.
- Shared scheduling with Behavioral Health and Dental allows the MA to facilitate throughput.

RESULTS
- The internship at another adolescent clinic increased this provider’s ability to facilitate the adolescent health visit in a manner that supports meaningful youth participation.
- Adolescents verbalize understanding of the implications of confidentiality which fosters respect and transparency in the patient-provider relationship.
- The typical 15-20 minute office visits extends up to one hour and 15 minutes capitalizing on nonproductive time spent in the waiting area.
- Comprehensive assessments that support the well adolescent or sports physical visit are:
  - Vision Screening
  - Dental Screening
  - Behavioral Health Screening (GAPS Form)
  - Mental Health Screen (PHQ-9)
  - Nutrition and Weight Assessment
- The consistency of the Provider-MA team increases efficiency and fosters a sense of connectedness for adolescent clients and trust for their parents.
- Parents of some adolescent’s recognize the genuineness of the encounter and volunteer to leave the room to facilitate a patient-centered visit.
- Other providers and triage nurse schedulers recognize the specialty of the adolescent clinic and refer adolescent clients to the clinic.
- Additional meaningful use data is collected from the GAPS and PHQ9 forms which will be used to develop future adolescent services.

EVALUATION
- Resources to address special needs populations are available within existing organizational structures and can be provided at no additional cost to the organization by realigning and coordinating clinical services.
- Increased scheduling to the CAC did not produce a significant increase in the number of actually seen, but this may be limited by insufficient data.
- Patient throughput is continues to be refined.

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PRACTICE IMPLICATIONS
- In order to capitalize on the time an adolescent spends during a routine health check or sports physical, it is imperative that all healthcare providers employ evidence-based practice models that support meaningful youth participation.
- Creating an environment that supports connectedness for the adolescent facilitates a paradigm that more appropriately supports their development and healthcare management.
- A healthcare team that is consistent and promotes the concept of connectedness will be seen as a resource place for the adolescent in need.
- Facilitating change while working within economic constraints is best accomplished by team efforts that share common goals.
- Adolescent focused patient-centered care is an essential element of organizations striving to be Federally Qualified Healthcare Centers and Accountable Care Organizations.

CONCLUSION
The Comprehensive Adolescent Clinic (CAC) at PCC Austin Clinic demonstrates that it is feasible to fulfill the requirements of an Accountable Care Organization by providing quality, appropriate, comprehensive health care services in a cost-efficient manner. The CAC aligns with Federally Qualified Health Center’s mandates to provide comprehensive primary care and preventive care, which includes oral health and mental health services. Therefore, this project succeeds in establishing an environment that addresses adolescent needs while minimizing economic impact to the organization. Changes in health care law and institutional policies that permit adolescents below the age of majority and non-emanicipated, unaccompanied minors to be seen for low risk medical care, will further increase access to these vital services.

REFERENCES