AAIM Perspectives

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Young Adults: Addressing the Health Needs of a Vulnerable Population

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Young adults ages 18-24 comprise 9% of the population of the United States[1] and are a vulnerable group. They routinely disengage from the health care system starting in mid-adolescence and by the ages of 18-26, 15% do not have a usual source of care, and 40% have not seen a primary care physician in the previous year.[2] As a result, 4.5 million young adults in this age group are currently without a usual source of care in the United States. Although only 4% have a limiting medical condition, young adults are the second-highest users of emergency department services in the nation, second only to individuals older than age 75.[3,4] The vast majority of these emergency department visits are for nonacute conditions readily addressed in an outpatient setting.[4] In sum, the lack of specific transition assistance for this age group leads to worse outcomes in all realms of the triple aim, including experiences of care (ie, satisfaction, barriers), population health measures (ie, adherence, disease-specific measures, mortality, patient-reported outcomes, process of care, and self-care skills), and cost measures (ie, costs, gaps in care, utilization).[5] We propose a framework to optimize the care of this age group that requires collaborative efforts among providers in combined internal medicine-pediatrics, family medicine, internal medicine, obstetrics-gynecology, and pediatric providers to maximize their health outcomes and reduce their costs to the health care system.

Succeeding as an independent adult in the US health care system requires a broad set of skills, including both health and health system literacy. Adolescence and young adulthood are the age periods when these skills are optimally acquired, but the many barriers during this time frame for these patients lead to their health care vulnerability as a population. First, they often lack a usual and consistent source of care because they are adrift between the expertise of the pediatrician and the internist. The level of health literacy in adolescents and young adults is directly associated with healthier behaviors.[6] Without a systematic process to instill health and health care literacy skills, address their age-specific needs, and explicitly hand them off from the pediatric to the adult health care world, they fall through the cracks of our system and are essentially lost to follow-up, which results in increased cost and

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poor clinical outcomes.[5] The creation of a system of transition for patients in this age group has been shown to improve clinical outcomes and reduce costs in patients with sickle cell disease, cystic fibrosis, inflammatory bowel disease, type 1 diabetes, and mental health conditions.[7-12]

Second, adolescents and young adults are particularly vulnerable as a population given the intersection of social and developmental issues that are specific to this age group. The social issues of young adults include their transient nature resulting from their entry into the adult world as emancipated students and workers. The 40% who attend college have the challenge of maintaining consistent health care despite an inconsistent home address. In addition, those who live in poverty or are part of historically underrepresented racial or social groups have the added barrier of lack of equal access to health care, leading to health care disparities. Finding a primary care provider for young adults can be a challenge.[13] Although the gynecologist serves a much needed role in access to reproductive health care for young adult women, the extent to which a gynecologist serves primary care needs is variable;[14] young adult men have no such natural provider. Finally, as they enter the workforce, they must also face the financing of health care for the first time, especially obtaining and maintaining adequate health insurance.

Third, young adults are still developing and acquiring the cognitive skills necessary to function as independent adults in a complex health system. The prefrontal cortex is fully developed at about age 26. It is responsible for planning, problem solving, impulse control, judgment, social and sexual behavior, and delayed gratification. As this cognitive development is occurring, adolescents and young adults need special attention to learn and navigate the health system. Unfortunately, they rarely receive the necessary assistance from either the pediatric or the adult health care world.[15] The most commonly cited intervention they receive from their pediatric provider, if any, is a list of providers they can contact on their own for continued care.[16]

A prime example of this age group's vulnerability to poor outcomes and increased costs is the opioid epidemic. Opioid overdose is now the leading cause of death in this age group, surpassing motor vehicle accidents, suicide, and homicide.[17] This age group's developmental stage, difficulty with health care access, and lack of specific attention from providers makes them particularly susceptible to this epidemic that involves psychosocial, behavioral, and mental health risks and issues. It affects young adults of all social economic status groups, genders, races, and equally the healthy and chronically ill.

To adequately address the needs of this underserved population, solutions for both patients and providers are needed.

PERSPECTIVES VIEWPOINTS

- Young adults are a vulnerable population meriting special attention from all specialties.
- To facilitate young adults successfully transitioning from pediatrics to an adult model of care:
  - Short term solutions include health and health care literacy improvements among young adults and collaborative transfer process improvements across specialties.
  - Long term solutions rely on improved GME and CME training for clinicians of all specialties in young adult health care.

PATIENT SOLUTION

The solution involving patients relies on screening health literacy and self-care skills and addressing deficits therein, so they can succeed as independent young adults in the US health care system. Adolescent and young adult patients need to develop autonomy and literacy in both health and health care. These literacy skills, like any other, do not develop in a vacuum but are learned and honed over time with practice and mentorship. All too often, providers and parents continue taking primary responsibility for the health and health care of adolescents and young adults well into young adulthood. A more productive approach is to challenge patients early in adolescence to engage in a stepwise progression toward acquiring the knowledge, attitudes, and skills needed to progress toward successful autonomy as a patient. They need to acquire a grasp of health literacy, including information on health conditions, treatments, preventive care, and health promotion. Likewise, they need to understand how to navigate the health care system, including insurance, access to care, and the myriad types of providers, specialties, and levels of care, including outpatient, urgent care, hospitalization, and long-term care.

Their health literacy is developing in an ever-increasingly complex US health care system. The Accreditation Council for Graduate Medical Education (ACGME) and the internal medicine community have projected the future of the US health care system to be increasingly complex. It involves the 3 core tenets of democratization, commoditization, and corporatization.[18] Through democratization, medical information and data will be increasingly available to both patient and provider. As this data is increasingly available, including costs, health care will be commoditized with patients having choices of which service to access at what time and at what cost. These 2 changes are occurring in the context of the further merging and

realigning of hospitals into large health care systems. This is an increasingly complex system for patients to navigate, particularly for the developing young adult.[19] These projections place even more importance on systematically teaching health and health care literacy to this population. The long-standing recommendation for providers to have time alone with their patients during health encounters starting at age 14 is crucial for the attainment of health literacy. All too often, parents remain in the examination room for the entire visit well into young adulthood and continue to fill in elements of the history and own the medical decision making. This deprives patients of the best opportunity available to them to begin to take ownership of their own health and health care, which necessitates the ability to speak for themselves. Thus, emerging adults miss out on the developmental process of supervised practice and graded responsibility and reach the age of majority (usually 18) as an abrupt, jarring event for which they are ill-prepared.

Consider the parallel of learning to drive, another significant and high-risk step an emerging adult takes toward autonomy. The process is regulated to include tested knowledge requirements, supervised practice, graded responsibility (if you live in a state that restricts allowable driving hours and passengers in the first months or years of gaining a license), and greater oversight (in the forms of higher fines) for non-adherence. Our current system is far less concrete and careful with health care autonomy.

PROVIDER SOLUTIONS

The first solution involving providers is education and training in the health and developmental needs of the young adult population. The target of such training is to expand the transitions of care competency to include the youth-to-adult transition. The current requirement is for training to competency in transitioning across health care settings, such as hospital to home. Optimally, this competency would also include the ability of the provider to define, engender, and verify health and health care literacy and independence to improve outcomes, access, and engagement of their patients across the life span.

The second solution involving providers is collaboration and teamwork across disciplines. The care of this age group involves all specialties, including combined internal medicine-pediatrics, family medicine, internal medicine, obstetrics-gynecology, and pediatrics.[20] The programs that have been shown to be successful at addressing the needs of young adults involve collaborative efforts from multiple specialties and use the process contained in the 6 core elements of health care transition.[21] The 6 core elements of health care transition are based on a consensus document published in 2001, 2011, and again in 2019.[22] It contains a 6-part standardized process to identify, track, assess skills, and teach health and health care literacy from the ages of 12 to 26. It describes the process of each step, provides free, downloadable templates, and the templates are for use by interdisciplinary teams to ensure a successful transition of a young adult from a pediatric to an adult model of care. Successful programs involve both the pediatric (donor) and adult (receiving) groups and providers in a collaborative process, coauthoring each of these 6 steps to fit their own particular patients and practices.[21] The process is equally as important to use for providers and practices in which the patients do not physically change providers such as combined internal medicine-pediatrics and family medicine because the skill acquisition is the same for each adolescent and young adult regardless of setting and provider type.

Without this process of attention and focus on the young adult by adult providers, pediatric providers are unilaterally addressing the needs of these patients through "age limit creep." The American Academy of Pediatrics recently proposed to remove the upper age limit on the patient panels of pediatricians.[23] The training of pediatricians does not include the care of the independent adult and only touches on the care of the young adult through the adolescent medicine curriculum. As development occurs across the life span, addressing this age group through pediatrics alone is not optimal. Rather, it calls for a collaborative approach by both pediatric and adult providers.

In summary, there are currently 4.5 million young adults who have been lost to usual care. Patients in this age group are particularly challenged to maintain meaningful access to quality health care because of their unique developmental, situational, and social issues. The medical, social, psychological, and fiscal costs of the current situation require improved education of patients and providers. The solution involves both patients and providers. For patients, adolescents and young adults need to acquire health and health care literacy, which requires specific, sustained, intentional skill-building as they pass through adolescence and young adulthood. For providers, we need specific and systematic training in the developmental needs of this age group as part of an expanded competency in transitions of care as well as a collaborative and team-based atmosphere across all disciplines.

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