

Adolescent Medicine Specialty Clinic

Special cases require specialty care. The new Children's Mercy Adolescent Medicine Specialty Clinic is a clinic designed specifically to treat the extensive and complex needs of teenagers. This team of specialists utilizes a whole care approach, evaluating physical, social, environmental and psychological needs of each teen, recognizing the unique difficulties faced during this stage of life development, including mental health, gynecological and reproductive health, POTS, chronic fatigue, medication adherence and transition to adult care.

Michaela Voss, MD is here today to explain how they are working to expand their reach in the community and develop further clinics based on need, with the aim of supporting the primary care provider through collaboration and consulting.



Featured Speaker:

Michaela Voss, MD

Michaela Voss, MD, specializes in adolescent medicine and is fellowship trained in adolescent medicine. She received her medical degree from the University of Kansas School of Medicine and completed her residency in pediatrics from the Medical College of Wisconsin Affiliated Hospitals Program. She is fellowship trained in adolescent medicine from the University of Washington in Seattle.

[Learn more about Michaela Voss, MD](http://www.childrensmercy.org/FindADoctor/Details/24573)

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Transcription:

Dr. Michael Smith (Host): So, our title today is the Adolescent Medicine Specialty Clinic at Children's Mercy. My guest is Dr. Michaela Voss. She is fellowship-trained in adolescent medicine. She's a physician at Children's Mercy, and she's also an assistant professor of pediatrics at the University of Missouri at Kansas City. Dr. Voss, welcome to the show.

Dr. Michaela Voss, MD (Guest): Thank you. Thanks for having me.

Dr. Smith: So, I have down here a little quote I'm going to read from Children's Mercy. It says, "Special cases require specialty care." The new Children's Mercy Adolescent Medicine Specialty Clinic is a clinic designed specifically to treat the extensive and complex needs of teenagers. Why don't you tell us a little bit about this specialty clinic?

Dr. Voss: Sure. So, I want to give a little bit of background. Most people in the area know us as the Teen Clinic, and what's new and exciting is that the Teen Clinic is going to remain, but it's moving under primary care, and we've created a whole new division called the Adolescent Specialty Clinic, and this clinic is going to be a consult-only clinic, so our goal is to work next to primary care providers and help them with their more difficult patients. So, we are all board-certified and fellowship-trained, and we are wanting to work with patients 12 and older under a variety of issues or topics that may arise, that either are a little too complex for the primary care physician or require more time than the primary care provider has.

Dr. Smith: Yeah. So, this clinic is really fulfilling what's an important need, and it takes on what Children's' Mercy calls a multi-disciplinary approach. Why don't you tell us a little bit about that? Like who is actually involved in seeing the teenagers at the clinic?

Dr. Voss: Sure. So, depending on what they're coming for, there might be a variety of different people. So, I'll use an example of our autonomic dysfunction clinic or our POTS clinic. When they arrive there, they will see the nurse practitioner in the adolescent department. We've also teamed up with the physician in the cardiology department, and then based on their needs, they might also see a social worker to help assist them if they are needing anything outside of our clinic such as therapy needs.

Dr. Smith: Gotcha. So, when we look at the clinic itself, so I just kind of want to review this one more time. There's a clinic called the Teens Clinic, right? And that stays the same -- it falls under primary care now. That's just the general clinic that community teenagers would go to, and then, now you have the Specialty Adolescent Clinic and that will be based on referrals only. Is that just kind of the overview?

Dr. Voss: Yeah, it is, and I think another thing that I'd like to point out is that traditionally we are known for referrals for gynecology and sexual health and reproductive health, and we're still going to take those, and we're really excited to have those, but we are also expanding our program. So, we can also get referrals for mental health, either basic anxiety, depression medication management. We have referrals for possible eating disorder and eating disorder evaluations. We have an autonomic dysfunction clinic for people who have chronic dizziness, fatigue, syncope, or POTS. We also can take referrals for PrEP, which is HIV prophylaxis, or really any other complex medical need that an adolescent would need that doesn't fit in one of our other programs.

Dr. Smith: So, Dr. Voss, this brings up, I think, an important question. Tell us about why you went into adolescent medicine and what was missing? Is this an age group where maybe we weren't or were not addressing some of these specialty needs that they have as well as we should? And that's kind of why this clinic is developing? Tell us just a little bit more about adolescent medicine -- teenager medicine.

Dr. Voss: So, [chuckles] that's a great question. I'm smiling brightly about why I went into adolescent medicine because it definitely takes a certain type of soul to go into this type of medicine.

Dr. Smith: [chuckles]

Dr. Voss: [chuckles]. Adolescents are really unique. They are in this stage where they feel too old for a pediatrician, and often pediatricians don't feel comfortable treating them because there's not that much training in residency, but they're definitely too young to go to an adult doctor, too. And so, they're this really unique situation where they don't really have a spot and combined with the fact that they don't need a lot of frequent regular checkups like younger kids do, they might come in once every two years for a sports physical and maybe if they get sick -- they get missed, and they get lost in the medical system. So, this specialty was designed to really focus on that age group and all of the risk factors that come with that age group. We know that any of the risk behaviors done in adolescent medicine or during the adolescent period affect the health as an adult so if we can catch them at this age and try to teach and mold them on how to make healthy decisions and how to function within the medical system, they're much more likely to be healthier and advocate for themselves as an adult.

Dr. Smith: Well, that sounds awesome, and it sounds like it really is kind of filling in that gap as you say that's even missing in the training of most pediatricians, right...

Dr. Voss: Umm hmm.

Dr. Smith: ...the focus is so much on the neonate...

Dr. Voss: Umm hmm.

Dr. Smith: ...the toddler, you know and we... yeah...the teenager comes along and, you know, sports and, you know, when they get a cold...[chuckles]

Dr. Voss: Right! [chuckles]

Dr. Smith: ...that's pretty much when we see them! But obviously there's a lot of things going on! I mean there's a lot of hormonal changes, growth changes. I mean, there's definitely issues that need to be addressed, and so I know you kind of touched on this a little bit earlier on in the interview, but I want to kind of come back to it then. So, at this clinic, kind of what are some of those common issues that you are seeing, and are these common things that a community physician should feel okay about referring to you guys? So, just kind of review some of that.

Dr. Voss: Sure. And so what I think the community physician is used to referring now is like I said, gynecological/reproductive/sexual health. So, if they're having any kind of menstrual issues -- painful periods, not sure how to start a birth control or they tried one -- they don't know where to go next -- those are things that they would refer in, and I think the community's pretty comfortable about that, but in addition, say you have a 13-year-old who absolutely won't go to school anymore. They sit at home. The parent's got their wits end about them. They might smoke during the day. They have such high anxiety that even going to school is a problem, and you just don't know what to do -- that would be a great referral. So, the complex kids -- I always say the kids that no one else wants to see... [chuckles]

Dr. Smith: Awww...[chuckles]

Dr. Voss: ...that get kind of pushed around from clinic to clinic...

Dr. Smith: Yeah

Dr. Voss: ...are the ones that we really specialize in and so...

Dr. Smith: ...okay...

Dr. Voss: ...and then and so maybe another one is -- say there's a kid that has like a chronic fatigue, and they have what parents call episodes, and so they've gone to neurology; they've gone to GI; they've gone to a nutritionist, and everything's negative, and you just don't know where to go next. That would be a perfect patient for our autonomic dysfunction clinic. I would just say that if you ever

have any questions or concerns about a referral our on-call doctor would be happy to speak with you guys...

Dr. Smith: ...okay...

Dr. Voss: ...to talk about next steps.

Dr. Smith: Yeah that was going to be my question then -- what's the best way then because I think that's one of the problems, right? So, a lot of the community physicians, nurse practitioners, maybe they're just not sure, you know, is this really, you know, warranting a referral, so you do have somebody that they can call...

Dr. Voss: Ummm hmmm

Dr. Smith: ...to kind of discuss that case and see if it is appropriate. Do you have that number with you?

Dr. Voss: It's just the Children's Mercy's main phone number, and then...

Dr. Smith: ...okay...

Dr. Voss: ...they would just ask for the adolescent medicine physician on call, and so...

Dr. Smith: That, I'm sure is going to be a great service, yeah.

Dr. Voss: Yeah, so we're happy to either talk with them and say yes, this would be an appropriate referral or even, you know, if they want advice on how to start working something up before they refer, we would be happy to do that, so.

Dr. Smith: So, let's go ahead and end the interview this way, and I know-- I think you're going to laugh when I ask this question, Dr. Voss, but take us through -- if there is -- a typical visit that a patient might experience, and what I mean by that, just walk us through the people they might see and just kind of give us an idea of what that experience is like...

Dr. Voss: [laughs]

Dr. Smith: ...for the teenager.

Dr. Voss: You're right. I am laughing...

Dr. Smith: [chuckles simultaneously]

Dr. Voss: ...and I think it's because there really isn't a typical. Each teenager is so individual and has such individual needs that we really try to cater to that, [chuckles] but I'll try to give you a general overview.

Dr. Smith: Okay.

Dr. Voss: Often when they come in, they'll be checked in by either a nurse or a PA and depending on what they are there for, they might get a pretty extensive amount of vital signs done, or they might have just the really basic amount done, but from there, usually, the next step is to talk with the providers that they are there to see. Our appointments – our initial appointments are even from one to two hours so we spend a lot of time with the patient which is...

Dr. Smith: ...oh wow, that's great...

Dr. Voss: ...but the primary care providers can't always do, and so we'll get a really detailed history. I think it's really important to listen to the family and hear their entire story. So, we'll make sure that gets done. There will always be time where we will speak with the teenager alone. We also think that that's very important for a variety of reasons, and then if needed, we will also speak with the parents alone. So once we gather all the history then if necessary, our social worker may come in to provide a variety of resources or to further talk with the teen if they're having some harmful thoughts or anything like that, and then finally we wrap up with both the teen and the family members that are there. We think it's really important to have everybody on the same page and to get agreement with what the plan is, and so the latter half is really a lot of education to the teen and the family explaining what our thought process is and where our next steps will go.

Dr. Smith: Right. It's -- what a great clinic and what a -- that gap that you're filling in here is just so important, so Dr. Voss, thank you for the work that you're doing, and I wish you the best and the most success possible, and also thank you for coming on the show today. You're listening to Transformational Pediatrics with Children's Mercy, Kansas City. For more information, you go to childrensmercy.org. That's childrensmercy.org. I'm Dr. Mike Smith, thanks for listening.

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