

Health Care Transition Strategic Planning Coalition Meeting Meeting Minutes

April 20, 2010

3:00-5:00pm

Attendees: Laura Beyrle, Karen Branyan, Maria Quainone, Reeda Harris, Gwen Mathis, Lisa Broward, Dan Werd, Donna Koucinec, Jerry Bridgham, Erica Coleman, Vamonía Diallae, Nancy Johnson, Audrey Green, Mark Bialas, Bernadette Moran, Mary Alice Phelan, Margarita Warren.

Facilitator: Jocelyn Turner

Notes: Anita Davis

TOPIC	DISCUSSION/RECOMMENDATIONS	ACTIONS & NEXT STEPS	ASSIGNED TO	FOLLOW-UP DATE
Call to Order	<ul style="list-style-type: none"> ➤ Meeting was called to order at 3:03 pm. ➤ New group facilitator; Jocelyn Turner gave brief background and introduction ➤ Introductions ➤ Highlights of the previous meeting were reviewed. ➤ Group “Vision” was read and reviewed. <i>“We envision: A continuum of comprehensive, accessible and quality health care for youth and young adults with disabilities and special needs living in Northeast Florida”</i> ➤ Purpose of this meeting will be to review the strategic issues working with the document from Hillsborough County. This document was distributed to the group. 	N/A	N/A	N/A
	<ul style="list-style-type: none"> ➤ Discussed Strategic Issues listed; suggested and agreed that these need to be drilled down and a few selected for the main focus of this group’s efforts. ➤ Group considered each item in light of the following questions: Are these the issues something we can reasonably address? What things can we do if funding is not available? ➤ The following edits were suggested to the document: ➤ Funding section: #2 is an action step rather than a strategic issue. We could start a non-profit. We need a funding source for any organization, so if we could get non-profit status then get listed on charity and donation lists such as the United Way that could provide funding and/or put us in position to obtain grants. Conclusion: Immediate action needed is to get 5013C status. ➤ Education/Training section: #1 this is an action step. We need to make ties with established organizations in order to become more in touch with those other organizations especially those that are in contact with elected officials/policy makers. Resolved: to strengthen relationships with other organizations. This needs to be a major emphasis because medical transition is heavily impacted by health policy. Educating the policy makers and insurance companies as well should be a major activity for this group. Conclusion: This should be the highest priority to educate from the top down from elected leaders, health leaders, hospital directors etc. 			

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	<ul style="list-style-type: none"> ➤ #1 and #2 should go hand in hand. #2 is more of an action statement. Actions would include making calls and setting up forums...ideas discussed: access to care meetings at hospitals (Community Care meetings). ➤ #2 work with existing programs in schools and utilize these programs to present educational information for kids and/or parents. Note: there is a curriculum that was developed in Orlando. Dr. Wood suggested that it could be adapted and used piggy-back style on existing curriculum for all students. ➤ Suggested: partnering with the ILRC, working with school nurses to build awareness, take needs to fundors for materials to get out to the schools. ➤ #4 this is also an action step rather than a strategic issue. Group conclusion: it is the responsibility of the care coordinator. ➤ #5 restated: How can pediatric caregivers promote awareness of transition? Develop tool kits and check lists or office posters that will help people think/talk about transition. Question: Do families have the materials they need to help them thru this process? Doctors don't know if the physician they refer patients to will ultimately be able to accept that patient's insurance etc. Conclusion: there needs to be more structure, development of a an assessment and a step-by-step process for transition. ➤ #3,#4,#5 should be combined as action steps under #2 ➤ Suggested: Move #1 to funding and place that with the creation of a 5013C and educating leaders. ➤ #6 group decided that this was also an action step. Move to legal aid, which is a hub for this...some progress is being made on this thru medical legal partnerships. ➤ #7 educational materials are available. If we organize as a non-profit we could push information out to the doctors. Also, could conduct training program for adult providers. Conclusion: this is a future action step. ➤ #8 This should be combined with #7 ➤ #9 Social media This should also be combined with #7 & #8 ➤ #10 should be combined with #3 ➤ Information Sharing Section: #1 should be combined with #4 in the education section. The care coordinator needs information. Discussed at length the portability fo records, some carry summary notebooks...hopefully in the future the medical record will be completely sharable with all providers and stored on the web... ➤ Noted: There are many nice tools on the internet now that could be utilized that physicians are simply not aware of such as "my med calendar" ...this goes back to the group providing education. It would be a huge educational effort required to get everyone involved in the care of a patient all on the same page and to know about all of these tools. The electronic medical record would only facilitate this if all the systems can <i>share</i>. ➤ Discussed: we need a campaign effort to address all the issues of a fragmented system. ➤ Discussed: What adult providers ultimately need in the way of records/history etc for taking on the transitioning patient. 			

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	<ul style="list-style-type: none"> ➤ Conclusion: All of the information sharing issues really are action items for the education section. ➤ #2 is redundant. ➤ #3 is a bigger issue than this group can address and other organizations already address this. ➤ #4 is too big for this group ➤ #5 suggested: interpreters with medical background...concluded: keep this as a part of the educational piece. ➤ Discussed: We need to be recruiting other organizations that we can partner with. An action item would be figuring out who we contact in these organizations. ➤ Accessibility of Care/Manpower Development section: Collaboration is needed to prevent/eliminate overlap. We need to emphasize sharing of information. ➤ #2 is beyond the scope of this group. ➤ #3 discussed and concluded that it can be removed at least for now. ➤ Suggested: The group could develop a resource directory. ➤ #5 This is an action step not a strategic step. Looks like it could be combined with #1 in communication. ➤ #6 Combine the development of the resource directory. ➤ #7, #8 remove and put under lobbying elected leaders. ➤ Continuity of Care/System Design section: ➤ #1 keep ➤ #2 put under resource directory ➤ #3 move to education ➤ #4 move to education ➤ #5 needs funding ➤ #6 education and compensation ➤ #7 education (Identify practices that want to take new patients, that accept Medicaid and insurance, after identifying them educate them on transition. ➤ #8 We would have to be an established organization first and have partnerships with other agencies. ➤ #9 This is really about tracking outcomes. ➤ #10 This should be an action item. Note: a recent grant with hospice to develop better set of services. ➤ #11 combine this with education. How to incorporate healthcare in the IEP, including transitional planning. ➤ #12 We need to put this one on the back burner. ➤ #13 combine with #1 ➤ #14 combine with #12 ➤ #15 Think back to legal aid. ➤ Smaller planning meeting proposed, and accepted: Dr. Wood, Jocelyn Turner, Bernadette Moran and Margarita Warren volunteered for this group. 			

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Future Meeting Dates & Adjournment				
	<ul style="list-style-type: none"> ➤ Tuesday May 18, 2010 Refreshments and networking at 2:30 meeting 3:00-5:00 pm Meeting place will remain at the ARC of Jacksonville ➤ Meeting was adjourned at 5:00 pm 			

Date Minutes Accepted: _____

Committee Chairman: _____