

**HealthCare and Transition Strategy
Planning Coalition Meeting Summary**

**February 23, 2010
3:00 PM to 5:05 PM
The ARC Jacksonville**

Present: Desiree Durham-DeLeon, Lisa Broward, Beth McCallon, Reeda Harris, Gwen Mathis, Donna Kearins, Autum Tomas, Ramonia Diallo, Linda Edwards, Katie Metz, Margorita Warren, Melissa Chorpening, Sandra Mallow, Barbara Beecham, Donna Zahara, Charlotte Temple, Bernadette Moran, Audrey Green, Enca Coleman, Dacey Storzbach, Mark Bialos, Dr. David Wood, Rebecca Filipowicz, Charley Tyler-Trubey

Welcome and Introductions:

Rebecca Filipowicz, Coalition Facilitator/Strategic Planning Facilitator, welcomed everyone and had introductions.

Summary of Last Meeting:

Review of Vision: Received a lot of feed back on the revision at the last meeting and after reviewing all the words, comments, etc., the steering committee came up with:

“A continuum of comprehensive, accessible, and quality healthcare for youth and young adults with disabilities and special needs living in Northeast Florida.”

Review of the Minutes: If there are any corrections, additions let Rebecca Filipowicz know.

Community Themes and Strengths:

The results of the survey were reviewed and additional input was solicited for the following questions:

1. What two or three things do you think are most important to *Youth and Young Adults (Y/YA)* with disabilities and chronic medical conditions in regard to health care transition?

Additional Responses:

- Providers that are culturally sensitivity and competent to the needs of the diverse groups that we serve in this area because the youth will want to feel comfortable with the providers knowing that they do have an understanding about their cultural as well while they are going through their treatment process.
- Peer support who are going through same situation or issues
- Peer trainers i.e. particular health care issue that you have to be compliant with, sometimes peer to peer may accept it and more compliant with their treatment.

2. What two or three things do you think are most important to the *families of Y/YA* with disabilities and chronic medical conditions in regard to health transition?

Additional Responses:

- Care plan
 - Medical care plan to summarize important issues
 - CMS care plan
 - Transition Care Plan
 - Physical and Geographic accessibility
- Reasonable wait times
 - To get an appointment
 - In the providers' offices
- Communication across service systems
 - Health ⇔ Vocation
 - Health ⇔ Education (IEPs)
 - Health ⇔ APD (esp. preventive health)
 - Health ⇔ Health
- Access to knowledgeable providers with respect to applying medical necessity definitions to habilitative services

3. What two or three things do you think are most important to providers of care for Y/YA with disabilities and chronic medical conditions in regard to health care transitions?

Additional Responses:

- Coordination with agencies outside of the health care system (e.g., VR, APD, etc.)
- Communication with and support from
 - Assistive technology
 - Therapies
- Understanding of medical necessity as it applies to medical and habilitative services
- Access to mental health services
- Access to dental services

Review the themes and compare those to the new comments and see if there are any themes that were not covered. Participants were provided with three (3) votes each to prioritize the areas of focus for the coalition. Participants were asked to share their definitions of the themes and as a result some categories were combined and totals for each are listed below:

- With 18 votes – What “**Accessibility of Care**” meant to the group members:
 - Availability
 - Geographic & Physical
 - Specialty and primary Care choice
 - Medical home
 - Adequate array of providers
- With 16 votes – **Payment for medical care and insurance coverage**
 - Without interruption in services
- With 11 votes – **Information Sharing/Communications** meant to the group members:
 - Everywhere Providers ⇔ family
 - Non Health Care providers

- With 8 votes – **Continuity and Coordination** of care meant to the group members:
 - Relationships outside
 - With 8 votes - **Education/Training** is more for youth and families and **Education/training for providers** received 3 votes.
 - With 2 votes – **Support Services**
 - Non Health Care
 - Habilitative
 - With 1 vote – **Empowerment**
 - Of Y/YA and families
 - With 1 vote - **Relationship Building**:
 - Provider to building and getting to know the individual issues that each patient is dealing with and building relationships between other providers
 - All the specialist communicating better with one another
 - Also between patient and provider
4. Describe what elements of the current health care transition work well for Youth and Young Adults (Y/YA).

Additional Responses:

- Personal care services
 - Under 21 going to AHCA
5. Describes gaps in health transition services for Y/YA that currently exist. Please list as many gaps as you can and be as specific as possible. Gaps can be disease specific, specific to a population, or a gap that exist in services to all Y/YA with chronic or complex medical needs. (Example: only one adult cardiologist who has an understanding of congenital issues; physicians are hesitant to provide care to developmentally disable Y/YA; not enough Spanish speaking providers; little understanding of cultural issues among service providers):

Additional Responses:

Gaps in Services

- Community engagement, lack of community support
- Better prevention/preventative care
 - Nutrition
 - Safety education
 - Fluoridation
 - Tobacco, ETOH, drugs
 - JaxHATS in each of the five (5) counties
 - Prescription medication coverage
 - Across the transition age group
 - Universal formulary
- Communication between patients and providers
- Provider expertise in technical areas.

6. What assets do we currently have that can be used to improve the quality of life for Y/YA in transition?

Additional Responses:

Assets in NE Florida

- Internal medicine training programs at UFCOM, Mayo
- Family Medicine training program at Mayo, St. Vincent's
- Nurse practitioner training programs at UNF, UF
- PA training program at UFCOM-Jacksonville
- Wonderful public health departments
 - Strong, vibrant and handsome coalition

Miscellaneous:

Charlotte Temple passed out resource guide - Duval County Public Schools publishes it in conjunction with the Project Connect Jacksonville. Asked everyone to look at it, share it and let her know if things need to be added, changed or move forward, they will take under consideration for the new publication.

DD Shop Talk meets the first Thursday of every month at the University Club at 8:00 AM and if someone wants to share what you are doing and the world of adult mental/disabilities or something to bring to the table or want to hear from other people about a particular topic issue. It is a free breakfast.

Next Steps and Assignments:

Filling out the Meeting Satisfaction Survey

Make sure calendars are marked for the next meeting – March 23, 2010 from 3:00 PM to 5:00 PM. Refreshments and networking begin at 2:30.

Topic for the next meeting includes Forces of Change assessment. Rebecca reviewed the following:

What are Forces of Change?

Forces are broad, all-encompassing trends, events and factors.

Trends are patterns overtime, such as migration in and out of a community or a growing disillusion with government.

Factors are discrete elements, such as migration in and out of a community's large ethnic population, an urban setting or a jurisdiction's proximity to a waterway.

Events are one-time occurrences, such as a hospital closure, a natural disaster or new legislation

Participants were provided with Forces of Change Brainstorming Worksheet to prepare for the next meeting.

Meeting adjourned at 5:05PM