

## Forces of Change Assessment JAXHATS

- **What has occurred recently that may affect our local health transition system or Y/YA with disabilities and chronic medical conditions?**
  - The discussion of public health insurance and private insurance in the House and Senate affects our local health transition system. Reform has not been truly identified by our government.
  - Medicaid Reform
  - MedWaiver changes; waitlist, reductions in services
  - As mentioned in the last meeting, many families will undergo a change in the funding source for personal care services. This has caused a sense of uncertainty for these families.
  - Cuts in reimbursement to providers especially in primary care.
  - Public education does not adequately support transition from school to work, resources, health care, etc...
  - (Downturn in the economy - unemployment, uninsured, more limited services under Medicaid as an adult, not meeting eligibility criteria for Med Waiver programs. Local government programs are being cut back.
  - The whole health system has just been changed because the government has now instituted insurance reform. This has created great uneasiness with regard to what will be covered, who will stay in business, how will people with disabilities be treated. On the one hand, pre-existing conditions will no longer be a barrier to health coverage but on the other hand, will a birth defect be a reason to limit the amount and type of treatment - an excuse to limit the amount of care
  - environment of reduced reimbursement for services may reduce providers willingness to accept youth into their practice
  - Perhaps decrease in state revenues will result in decreased services in an already low resource service area (voc rehab, school based transition services)
  
- **What may occur in the future?**
  - The hope of the future is that there will be a public option which will create choice, but ultimately provides coverage for more than those citizens who have current insurance options or access. The future should be access for all and that MCD can have the same options in all states, especially FL.
  - Due to the budgetary shortfall, many services/programs may see funding decreased or deleted
  - Transportation to these programs may become affected

- Funding will decrease the few specialists that are willing to see special needs Y/YA
  - Until economy improves stress on dedicated DD budgets will continue.
  - Health Reform may or may not affect transitional health services.
  - New healthcare legislation covering more people, even with pre-existing conditions, and on parent's insurance up to age 26.
  - Will some physicians begin to refuse insurance - only accept private pay?
  - Will hospitals, who struggle to maintain quality care, be forced to limit their level of service in order to exist on the reimbursement rates proscribed by government agencies?
  - It is difficult to think of forces of change greater than the change being enacted as of this moment by government reform. This certainly includes Medicaid and Medicare coverage, rates, duration of care.
  - Supply of primary care providers, physicians, nurse practitioners, and PA.
  - Specialty pediatricians supply is a problem
- **Are there any trends occurring that will have an impact?**
    - Describe the trend. The trend is that current insurers have hiked the premium rates so high to the point in which the insured cannot afford the costs of any portion of the plan. Florida MCD drops Y/YA at the age of 18 with sufficient notice(my opinion) and this makes ER visits a bigger problem.
    - Specialists move in and out of the area due to reimbursement and insurance issues. Thereby, further limiting access as well as the ability to establish networks and client relationships.
    - More federal assistance despite the economic impact and future debt.
    - gaps in adult services for rare disorder orders
    - Aging of caregivers aging as dependent children age.
- **What forces are occurring locally, Regionally, Nationally?**
    - The identification of the tactics and debate by politicians in the house and senate related to reform are the forces that are occurring on all levels of government. I really do not believe that the politicians do not have a clue of their impact on a society of people who have no options or no coverage.
    - National Health Care Reform
    - Local effects of Health Care Reform
    - Health insurance, access to quality care, limitation of economic resources, understanding of the unique health and social needs and expertise in prevention and wellness among people with developmental disabilities.

- Local and state governments are having further deficit's and having to cut programs and services because of having to balance budgets, which the federal government is not required to do.
  - Poor economy, may deteriorate
  - growth in special needs populations (school enrollment was up statewide).
  - Stress on public programs due to economy
- **What characteristics of our State or local area may pose an opportunity of threat?**
    - The characteristics identified, in my opinion is abuse, ER as a first resort vs last and the indigent population to which we service. The aura, in my opinion, is somehow, a cast system which is dominated by the wealthy who speak for those who cannot speak for themselves. The threat is people who are without which politicians anticipate will increase the debt and change the relationships among status.
    - Budget issues on the state and local level pose a threat to funding of existing or new programs
    - The budget issues present an opportunity for programs to become more creative in terms of working together and consolidating programs to meet community needs
    - Florida is at the very bottom in per capita expenditures for services for individuals with developmental disabilities.
    - Threat was mentioned above, but the opportunity is there for more people to get involved and work together with creative ideas along with more volunteerism, and community pride.
    - computer systems are being implemented
    - opportunities for more transition clinics
    - increased interest/volunteerism/cooperative efforts among business focusing on preventative
    - community focusing on more active and safe lifestyles
  - **What may occur or has occurred that may pose a barrier to achieving the shared vision?**
    - A lack of needed funding, trying to do too many things, rather than keeping a narrow focus on what is most achievable, and marketing in a clear way.
    - The barrier is politicians who have their own agenda and have not a clue as to what most people experience who did not discover the silver spoon. This is not a level playing field, especially to clients who are disabled from birth or tragically disabled during adolescents, i.e. gunshot victims. In my opinion, we as a people have stood up against

sustaining our rights. We have seen the injustices in our past, but putting healthcare in the money making circuit must end. Visa's slogan in times past has been "priceless", isn't the worth our Y/YA priceless? If you agree, we need to hear your voice, so that this awful barrier can be depleted and overtaken by protection for those who cannot protect themselves due to access to resources.

- Less providers available to meet the needs of Y/YA
- Less accessibility to providers (geographically, transportation issues, etc.)
- Less funding for programs/services
- Each of the areas identified above.
- Time it will take to assimilate the realities of health care reform will impact health care transition trajectory
  
- Opportunities for research and development from National Healthcare Reform
  
- Current research dollars from stimulus funds
  
- Identify legislative advocates for healthcare transition to champion for funds
- Legislation that impacts research agendas

**Other:**

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

- Growing number of individuals with developmental disabilities in a state that does not provide adequate waiver resources or consistent income stream to address needs.
- As children with disabilities have been included in public school and in other avenues of daily life with their siblings and peers, their level of appropriateness has grown as well as their level of functionality. Their expectation and their parents' expectations have also grown. This has created a greater frustration on the part of parents and youth when they find the doors to employment, transportation, social engagements and a full life are closed to them. Inclusion for young children is greater and easier than that of a young adult. Embracing (physically, emotionally, mentally) a young child with disabilities is sometimes a rewarding act. That child, as an adult, is not as cute and huggable creating a change in the way the person with a disability is treated and respected making for a frustration on their part and on the part of the parent.
- The economic climate is going to send people with disabilities back into their family homes to watch television and regress. The lack of funding from the state and federal government will mean that people with disabilities who are

already underemployed will drop further and further into oblivion. Without support for day services and transportation, there will be no choice for parents but to leave their child at home with no outside activity or stimulation.

- As in utero testing has become more sophisticated, the landscape for children with disabilities has become different. For one thing, many people look at children with genetic disorders such as Spina Bifida or Down syndrome and feel as though it was a parents' choice to bring that child into the world so they knew what it would be like and chose to do it anyway - hence, a lack of sympathy for the needs of that family or child. This thought process is in contrast to the process applied to children with Autism - those parents couldn't have known what would happen to their child - perhaps, factors in the environment (we) even did it to the children - they also might be "cured" therefore they need more help, support, education, training, services.
- Autism is thought to be curable so it is more acceptable to provide increasing levels of service to young children - throw everything at the disability in the hope that it will go away. You also see more families and Hollywood types admitting that their child has Autism and speaking out for research and treatment. They are succeeding in making it an acceptable disability and one in which there are earmarks for care and treatment.

**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 major waterway.

- In appropriate compensation for primary care providers especially Medicaid providers.
- Lack of emphasis on meaningful medical home, patient centered care model.

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

- Current recession, federal and state budget reductions.

### **Threats**

1. Decreasing resources, bad economy, shrinking government
2. County resources unable to expand to needed areas/respond accordingly
3. National health care reform
4. Medipass/Medicaid share of cost programs may be losing funding
5. Lack of job/employment opportunities
6. Lack of physicians wanting to practice in Florida/lack of provider reimbursement/lack of specialists
7. State budget shortfalls with reductions targeting vulnerable populations
8. Fewer primary care providers

9. Increasing number of persons with complex medical needs and disabilities being born and surviving into adulthood due to improvements in technology, but no increase in funding and services to meet the need
10. Budget cuts in other supporting institutions such as education
11. Public Education/understanding of unique health issues and related needs

### **Opportunities**

1. Technology is impacting increasing lifespan and population and allowing for more productive lives
2. Electronic medical records
3. By having a diverse population it potentially provides us with the opportunity to have providers skilled in cultural competency and languages needed
4. Local focus on development of infrastructure that makes the city a more “workable” city (i.e. transportation, diverse economy, etc.)
5. Technology is offering more innovative solutions to medical problems/issues
6. There is an increase in the number of mid-level providers (i.e. ARNPs, PAs)
7. Increasing awareness among medical students and healthcare providers on individuals with special needs
8. Advanced technology in communication devices. This increase in technology allows for enhanced communication between providers and their patients (i.e. Telemedicine)
9. National health care reform
10. Medicaid reform may provide opportunity for Hillsborough County to be a pilot site for Medical Home model.
11. Medical School and service providers exist in our area - provides opportunity to build a system