



6/14/2012

Florida Medical Advisory Committee for Health Care Transition
May 19, 2012, at Tampa Airport Marriott, 10 AM – 3 PM (EST)
Meeting Summary

Attendees:

David Wood, MD, MPH, UF-Jacksonville, JaxHATS, Committee Chair
Susan Redmon, RN, MPH, CMS, Tallahassee
Phyllis J. Sloyer, RN, PhD, Consultant, Tallahassee
John McCormick, MD, USF Med Peds, Tampa
Diane Straub, MD, MPH, USF Adolescent Medicine, Tampa
Vinnie Chulani, MD, Arnold Palmer Hospital, Orlando
Stefanie Brown, MD, Jackson Memorial Hospital, Miami
Bob Reinshuttle, Florida Association of Community Health Centers, Tallahassee
Lynn Ringenberg, MD, Retired USF Professor Emeritus, Tampa
Laurie Woodard, MD, USF Family Medicine, Tampa
Martha Kronk, Shriners Hospitals for Children, Tampa
Janet Hess, MPH, CHES, USF, FloridaHATS Project Director, Tampa
Dawn Smith, USF, FloridaHATS Administrative Assistant, Tampa

Teleconference:

John Reiss, PhD, Institute for Child Health Policy at UF, Gainesville
Jim Burns, MD, Sacred Heart Hospital, Pensacola
Sherry Buchman, RN, CMS, Jacksonville
Joanne White, CMS, Tampa
Pat Dunn Cole, PanhandleHATS Coalition Coordinator, Pensacola
Jane Gonzalez, CMS, Pensacola
Chandra Ryan, Escambia Community Clinic, Pensacola
Judy St. Petery, MD, Pediatrician, Tallahassee

Call to Order

Dr. Wood called the meeting to order at 10:15 AM (EST).

Discussion

See the PPT presentation at www.floridahats.org/wp-content/uploads/2011/01/MAC_Presentation_5-19-12.pdf. Discussion and action items are summarized below.

Legislation

1. Members discussed potential language and strategies for the HCT bill in 2013. Given feedback from the 2012 session, emphasis should be on identifying the segment of YSHCN who are at highest risk of failure for transition unless they receive continued CMS care coordination support. Bill language should indicate that care coordination services will be extended to age 26 for this group only rather than for all CMS patients. Ms. Kronk noted that Shriners Hospitals is conducting a similar investigation using predictive modeling, e.g., stratify Shriners patients who are the most vulnerable and need additional transitional care.

Stratification suggestions include:

- CMS patients who enter the CMS system after age 18 (e.g., when they become income eligible for Medicaid/CMS as a family of one); typically a very vulnerable group

- Conduct regularly scheduled transition readiness assessments for all CMS patients; extend care coordination for enrollees with lower readiness scores.

Note: In a subsequent teleconference, CMS Transition Care Coordinators identified the following other high risk CMS populations: YSHCN with cognitive impairment or mental health conditions; those needing in-home nursing care; speakers of English as second language (ESOL); and YSHCN with non-involved families (e.g., frequently in crisis)

2. We need to identify legislators for potential bill sponsorship who have a family member with a disability or have a special interest in health. It would be helpful to have legislative staff help draft proposed language early in the process. Dr. Chulani works with Senator Andy Gardiner (Orlando), so will contact him.

Action: MAC members should initiate contact with potential bill sponsors over the summer. Dr. Chulani will talk to Senator Gardiner.

FQHCs

3. A modified Memorandum of Agreement (MOA) between CMS and Florida Association of Community Health Centers (FACHC), the statewide association for Federally Qualified Health Centers (FQHCs), has been verbally approved. Once it has been signed by both agencies, the executed contract will be disseminated to all CMS offices and FQHC sites.

Members suggested the following:

- Develop a flyer with bullet points about the MOA to distribute along with the actual agreement; provide a brief summary of CMS and FQHC roles, expectations.
- A potential incentive for FQHCs is participation in quality improvement activities associated with Patient-Centered Medical Home (PCMH) accreditation/standards. Ben Browning at FACHC can help us explore development of HCT QI activities at FQHC sites.
- CMS transition staff should provide their local FQHCs with training about the CMS Network and the transition process.
- FloridaHATS/CMS could present to FQHCs at FACHC's annual July meeting as well as their spring clinician meeting. Mr. Reinshuttle will check to see whether we can schedule a HCT workshop for this July (7/16-18).
- CMS needs to target more adult PCPs (Internal Medicine, Family Medicine) for CMS credentialing. Members recommended that CMS Provider Service Liaisons be trained about how to approach FQHC providers, particularly with respect to transitional care services. John Reiss has a list of FQHC Medical Directors and CEOs that he can share with the CMS provider contact; the list was generated for a HCT training brochure mailing to all FQHCs in early 2012.

However, Dr. Petery pointed out that credentialing requirements are likely to change soon; check with the CMS Medical Director group for an update.

Action: CMS and FACHC will disseminate MOA and flyer. Mr. Reinshuttle will check availability for presentation at the July 16 meeting. Dr. Wood will contact the CMS Medical Director group regarding changes in CMS credentialing requirements; follow up with CMS about developing a credentialing outreach and training effort.

Note: Mr. Reinshuttle subsequently notified Ms. Hess that the July 16 FACHC meeting agenda is full, but FloridaHATS can present at the 2013 spring clinician meeting; he will be in touch later with details.

Regional Coalitions

4. Dr. Wood described an interactive transition toolkit that is being developed for JacksonvilleHATS; the kit will subsequently be available more broadly and posted on the FloridaHATS web site. Ms. Buchman suggested that portions of the toolkit (e.g., HCT assessment, checklists) be programmed in CMS' new electronic health record (EHR) system. Ms. Buchman will contact Charlotte Curtiss, who is in charge of the project, to explore possible transition programming in the new system.
5. HillsboroughHATS and PanhandleHATS representatives discussed their recent coalition activities. See PPT for information about a new partnership between CMS and Escambia Community Center; the model is expected to launch shortly.
6. There were several suggestions from members about improving HCT and strengthening pediatric-adult health care linkages within communities:
 - With respect to positioning CMS care coordination services as an incentive for adult physicians to accept transitioning 18 year-old CMS patients (e.g., 2-3 years of CMS care coordination support for the physician and patient, until age 21), it was noted that most adult practitioners are not familiar with CMS and the services it provides. It was suggested that CMS better communicate with physicians so that their role is more tangible to practitioners. One way this could be done is to develop a policy that requires CMS care coordinators to formally correspond with their clients' physicians (pediatric and adult providers), outlining CMS support. The correspondence would then become part of the patient's medical record.
 - Another strategy to incentivize adult practices is to leverage/highlight that care coordination is a mandated service for PCMH accreditation.
 - Regarding coalition efforts to recruit community-based adult physicians who are willing to accept transitioning YSHCN, Dr. Wood suggested that targeting hospital systems rather than individual practitioners may be a more effective strategy. We need to keep informed about the move to Accountable Care Organizations (ACOs), and its impact on transition practice.

Action: Ms. Buchman will contact Charlotte Curtiss about transition programming in the new CMS EHR system.

Research and Training

7. Dr. Wood provided an overview of the HCT Research Collaborative (HCTRC) and Pediatric Academic Society Special Interest Group (PAS SIG). He suggested that MAC members be added to the HCTRC list serv.
8. Dr. McCormick reviewed his pilot transitional care curriculum for USF Med-Peds residents; his intent is to focus on the disease state rather than the socio-behavioral aspects of transition. The first module addresses care for patients with Down syndrome. Looking to the future, he would like to make the module available to community-based practitioners, and engage medical experts in the development of additional disease-focused modules.

Members suggested:

- Potential collaborators for future modules are Dr. John Lottenberg (UF) for Sickle Cell Disease and Dr. Arwa Saidi (UF) for Congenital Heart Disease. Dr. Saidi has developed a curriculum on CHD that focuses more on the transition process than the disease; this project would complement her training.

- Solicit interested collaborators through Dr. Reiss' list serv (Health Care Transitions Digest; 2,000 subscribers); post the Down syndrome module on the FloridaHATS web site and provide a link for material review.

Dr. McCormick should prepare a short description of the module, his collaboration goals, and contact information (100 words or less); he might also want to add some copyright language to the module. Ms Hess will post the module on the FloridaHATS web site, and Dr. Reiss will then send the description and web link out on his list serv.

- The Association of University Centers on Disabilities (AUCD) might be interested in utilizing these modules. While the AUCD typically focuses on training for allied health professionals, physicians are involved in education activities to some extent. Dr. McCormick can contact George Jesien, AUCD Executive Director.
 - Contact Matt Holder, who is leading a Florida initiative to train physicians (current focus is on Family Medicine practitioners) on caring for adults with intellectual or developmental disabilities.
9. Ms. Hess reviewed a pilot program that utilizes EHR to train USF Peds and Med-Peds residents about HCT. Dr. Wood suggested that she look at Dr. Al Hergenroeder's work (Baylor University, Houston) on integrating HCT in EHR systems.

Action: Dr. McCormick, Ms. Hess, and Dr. Reiss will work together to disseminate Dr. McCormick's program materials.

MAC Goals

10. Consensus is to focus MAC training efforts over the next year on:

- Outreach to medical residents; other possible targets are medical specialists and nurses.
- Legislative activities