

Meeting Minutes
Statewide Health Care Transition Services Task Force
For Youth and Young Adults with Disabilities

Services and Models of Care Subcommittee
Teleconference Call
April 8, 2009

ATTENDEES

David Wood, MD, MPH, UF Department of Pediatrics; Subcommittee Chair
Phyllis J. Sloyer, RN, Ph.D., PAHM, FAAP, Children's Medical Services, FDOH
Joseph J. Chiaro, M.D., FAAP, Children's Medical Services, FDOH; Task Force Chair
Janet Hess, MPH, CHES, Project Facilitator, Early Childhood Council
Eleanor Cofer, RN, Children's Medical Services
Susan Redmon, RN, MPH, Children's Medical Services
John Reiss, Ph.D., Institute for Child Health Policy at UF
Lanetta Jordan, MD, Sickle Cell Services, Memorial Regional Hospital

DISCUSSION

- Dr. Wood has not heard anything in the last few weeks about proposed legislation to support recommendations from the Task Force, but will check with Dee Alexander in Senator Wise's office. Dr. Sloyer commented that it was late in the session to try to introduce this. Dr. Wood asked whether CMS would be able to adopt some of the language; Dr. Sloyer responded that we would have to wait until a budget gets passed.
- Ms. Hess commented that there were internal delays at CMS in generating a press release for the legislative report. At this point, it is probably too late since it is not particularly newsworthy. However, another future project activity may warrant a press release, and the legislative report could be referenced at that time.
- Dr. Sloyer reported that the legislature has proposed changes to Medicare MediGap that would extend MediGap eligibility to people with disabilities under age 65, based on SSI disability criteria. This is an exciting development, and she will keep the group posted.
- The suggested Healthy People 2020 objective for health care transition from the Healthy and Ready to Work team was forwarded to Task Force members, along with some questions. The suggested measures are BRFSS questions among people 18-24 years and 25-29 years concerning having 1) a primary health care provider, and 2) health insurance.
 - Regarding the question of target population, Dr. Sloyer suggested we keep a separate objective for special health care needs so differences from the general population can be measured. The group agreed that that we should have 2 objectives: one for all Y/YA and one for Y/YA with special healthcare needs.
 - Dr. Jordan will speak to her contact at the NIH about strategies for formulating the objective. She will forward her response to Ms. Hess.
- Ms. Hess asked for feedback on utilizing the TIP model to develop local health care transition coalitions. Jordan Knab sent a link that documents the TIP process in 5 communities so that Task Force members could assess what has already been done with the TIP approach, and make suggestions for adapting it for our purposes. Ms. Hess said there appeared to be a significant amount of infrastructure built into those programs (e.g., funding for local program

staff). Dr. Sloyer agreed, and felt that, given a stronger group of community partners, there wouldn't be the need to create new infrastructure in each region. Since most Subcommittee members did not have a chance to read the materials, Ms. Hess will send the link out again for everyone to review prior to the next meeting.

- Ms. Hess would like to engage one or more local health planning councils (HPCs) to assist in piloting local coalition development.
 - We could subcontract with a lead HPC in a 2-phase plan: 1) compile a statewide report that includes county-level data on young people, including those with disabilities or special health care needs (using existing data sets), and 2) pilot coalition development in 2 regions (rural and urban).
 - HPCs in the respective regions would help assemble the players in each coalition, and conduct strategic planning using data from the statewide report as well as collecting additional local data, as needed.
 - Dr. Wood commented that a pro to this approach is that HCPs have access to the adult health care system.
 - Dr. Wood also commented that development of a coalition planning guide (per earlier subcommittee discussions) could help facilitate coalitions, either through a competitive grant process (given identified funders) or through local communities/organizations that use their own resources to establish a coalition. In addition, HCPs have some discretionary funding that could be used to support projects like this.
 - Next step is to finalize continuation funding from FDDC for June '09-June '10.
- Dr. Sloyer said CMS currently is developing their Title V 5-year needs assessment. She would like for Ms. Hess to review the survey to determine whether we should add another transition question. She will forward survey contact information to Ms. Hess.

ADJOURNMENT

- Meeting was adjourned at 9:00 am. The next meeting is scheduled on Wednesday, May 20, from 8-9am. Agenda will include a discussion of the TIP information and the planning guide.