



Module 3:
Working with Health Care
Community

Module Learning Objectives

- ▶ Partner with health care providers
 - ▶ Specific students
 - ▶ Broader population of YSHCN in your school
- ▶ Coordinate care during health care transition
- ▶ Discuss health care transition with families & students

Working with the Health Care Community: Defined

Educational and Medical Approaches

Education

- ▶ Diagnosis not required
- ▶ Focus: educational outcome
- ▶ Continuous activity
- ▶ Natural part of routines
- ▶ Students with unique learning needs

Medical

- ▶ Diagnosis informs treatment
- ▶ Focus: health/well being
- ▶ Episodic activity
- ▶ Creates new routine
- ▶ Youth with special health care needs

Health Care & Education Terms

Education Term	Health Care Term
Diverse learning needs	Special Health Care Needs
IHP/504/IEP	Care Plan/Emergency Plan/Transition Plan
Service Coordinator	Care Coordinator

What Is Care Coordination?

Health Care Perspective

- Care Coordination
- Medical
- Developmental
- Behavioral
- Educational
- Financial
- Social needs

School Perspective

- Service Coordination
- Schools
- Juvenile courts
- Child welfare agencies
- Community mental health providers
- Primary care providers
- Public recreation agencies
- Community-based organizations

Education & Health Care: Shared Skills

- ▶ Planning
- ▶ Self-determination
- ▶ Self-responsibility
- ▶ Communicating

Education & Health Care: Shared Activities

- ▶ Review pediatrician's transition plan
- ▶ Provide the school transition plan
- ▶ Identify transferable skills

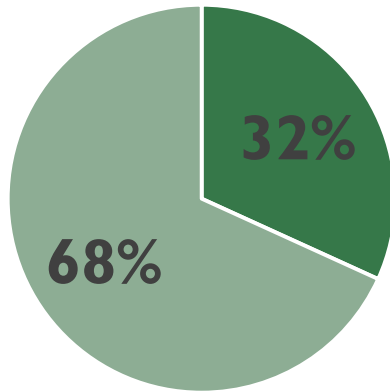
YSHCN: Impact on Learning

Reminder: YSHCN

- ▶ Chronic physical, developmental, behavioral, or emotional condition
- ▶ Require services beyond general population
- ▶ Range of conditions
- ▶ 19.8% of youth in the US

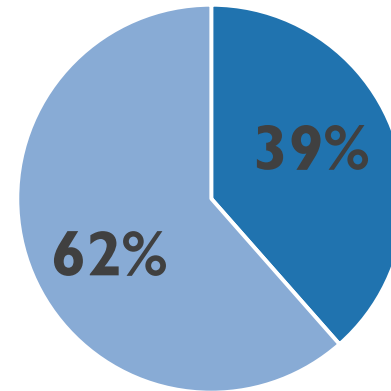
YSHCN in Special Education

% of YSHCN Nationwide



- **Have an IEP**
- **Do not have IEP**

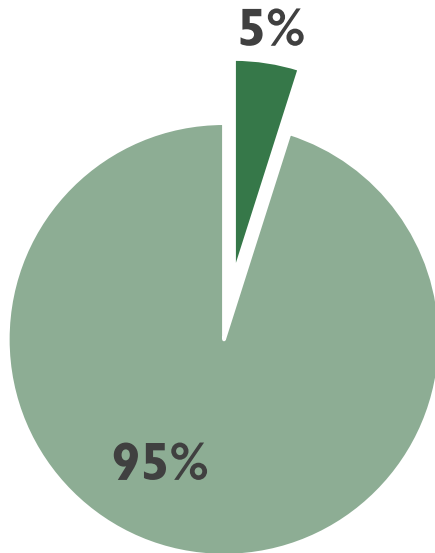
% of YSHCN in Florida



- **Have an IEP**
- **Do not have IEP**

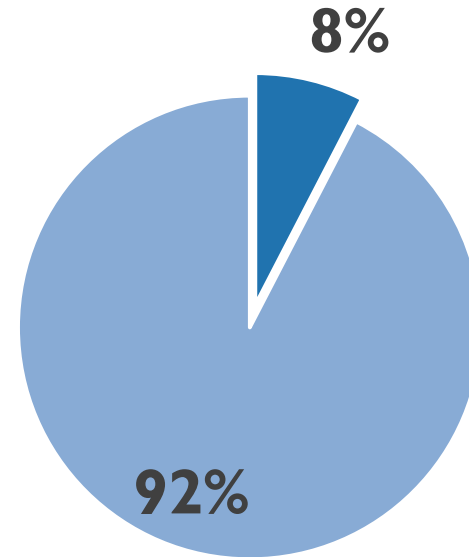
Non-YSHCN with Special Education

Non-YSHCN Nationally



- Have an IEP
- Do not have an IEP

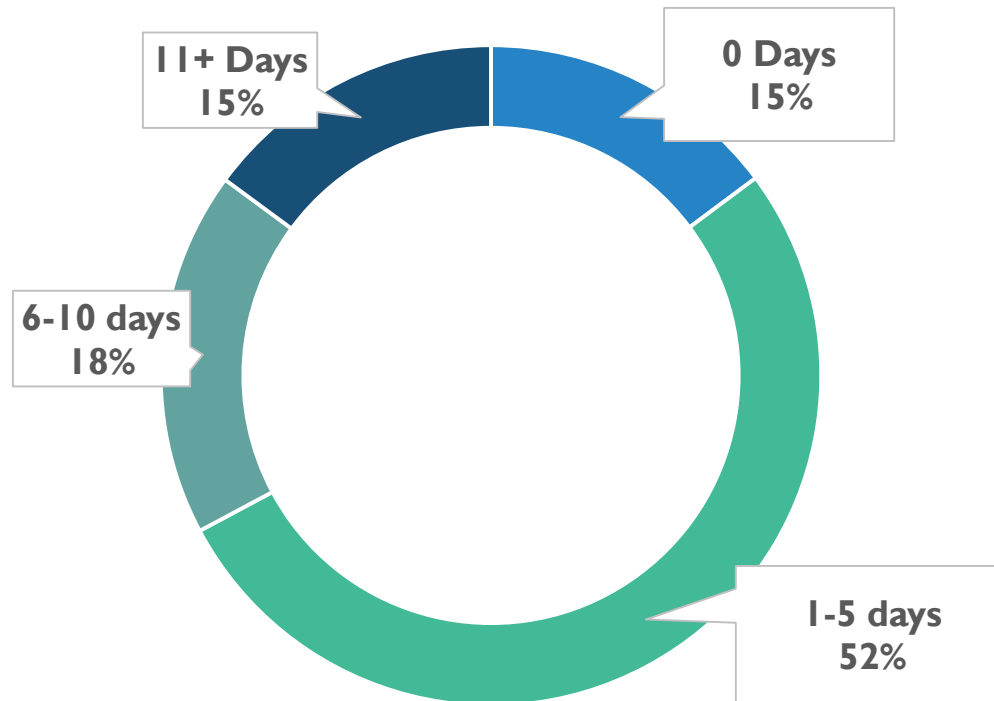
Non-YSHCN in Florida



- Have an IEP
- Do not have an IEP

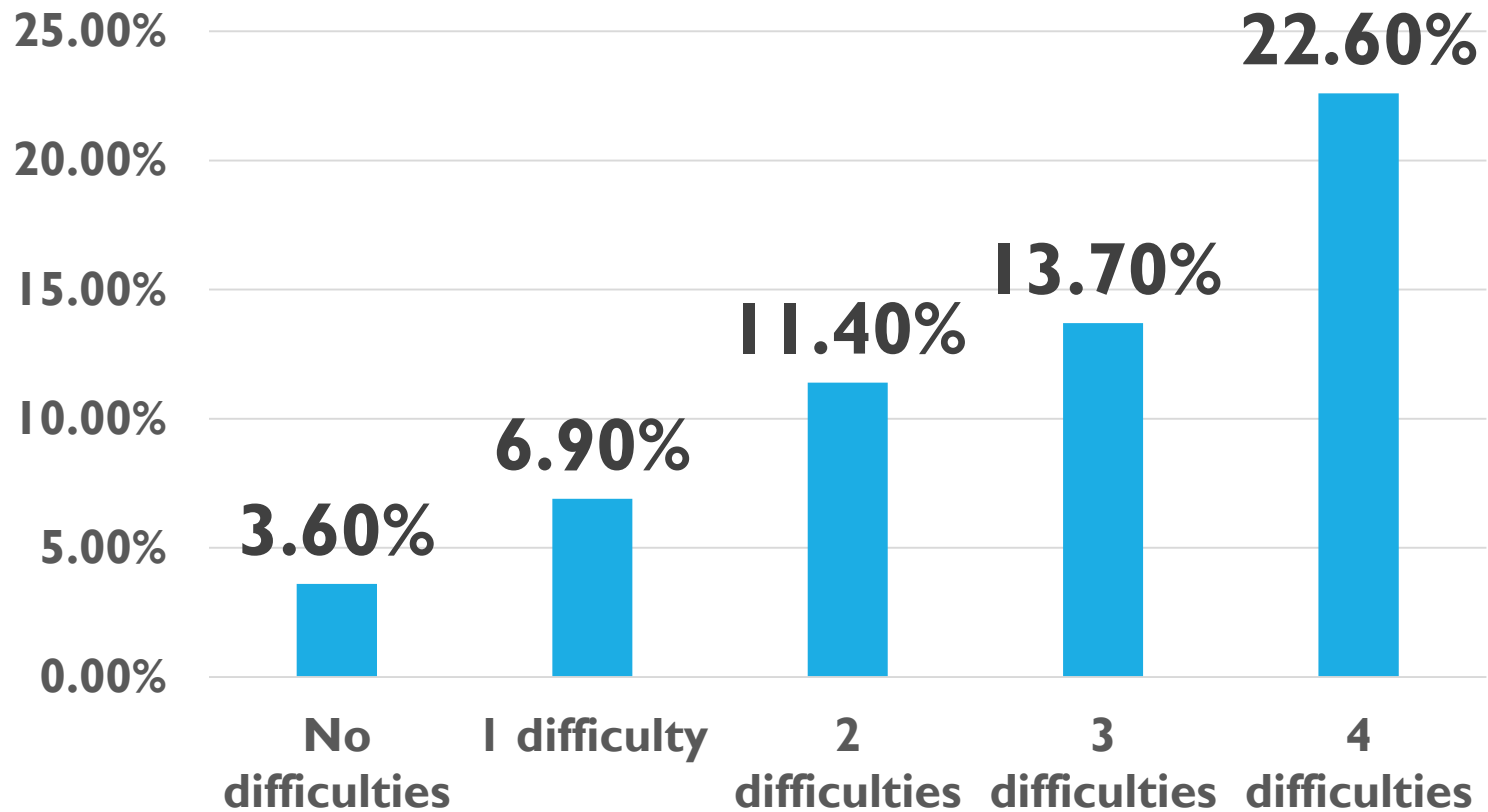
Impact on Attendance

% of YSHCN missing this number



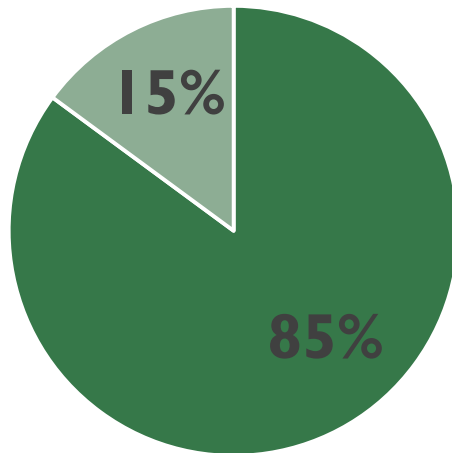
Impact on Absenteeism

% of YSHCN who missed 1+ days of school and reported this level of difficulty



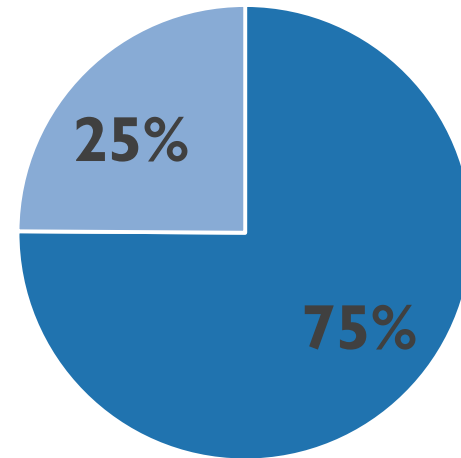
YSHCN & Grade Completion

% of YSHCN Nationally



- No grade repeated
- At least 1 grade repeated

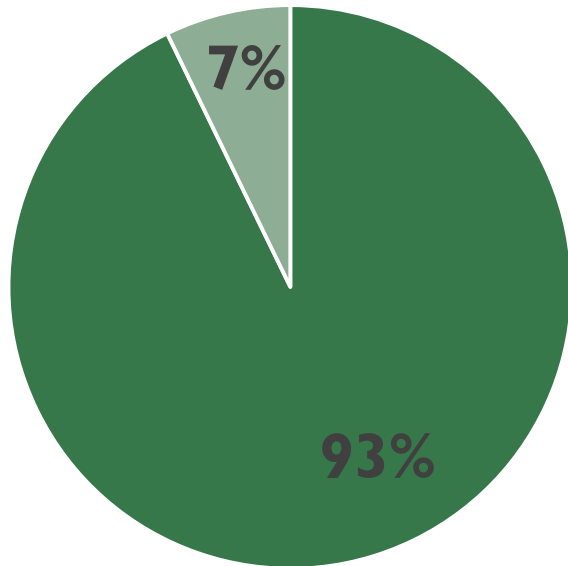
% of YSHCN in Florida



- No grade repeated
- At least 1 grade repeated

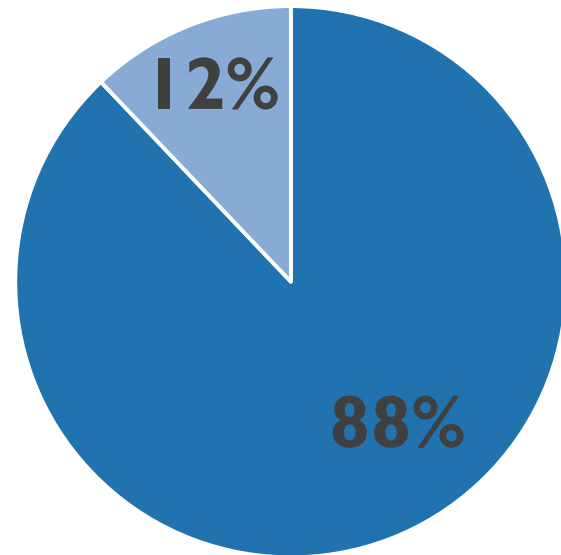
Non-YSHCN & Grade Completion

% Non-YSHCN Nationally



- No grade repeated
- At least 1 grade repeated

% Non-YSHCN in Florida



- No grade repeated
- At least 1 grade repeated

YSHCN and School Terminology

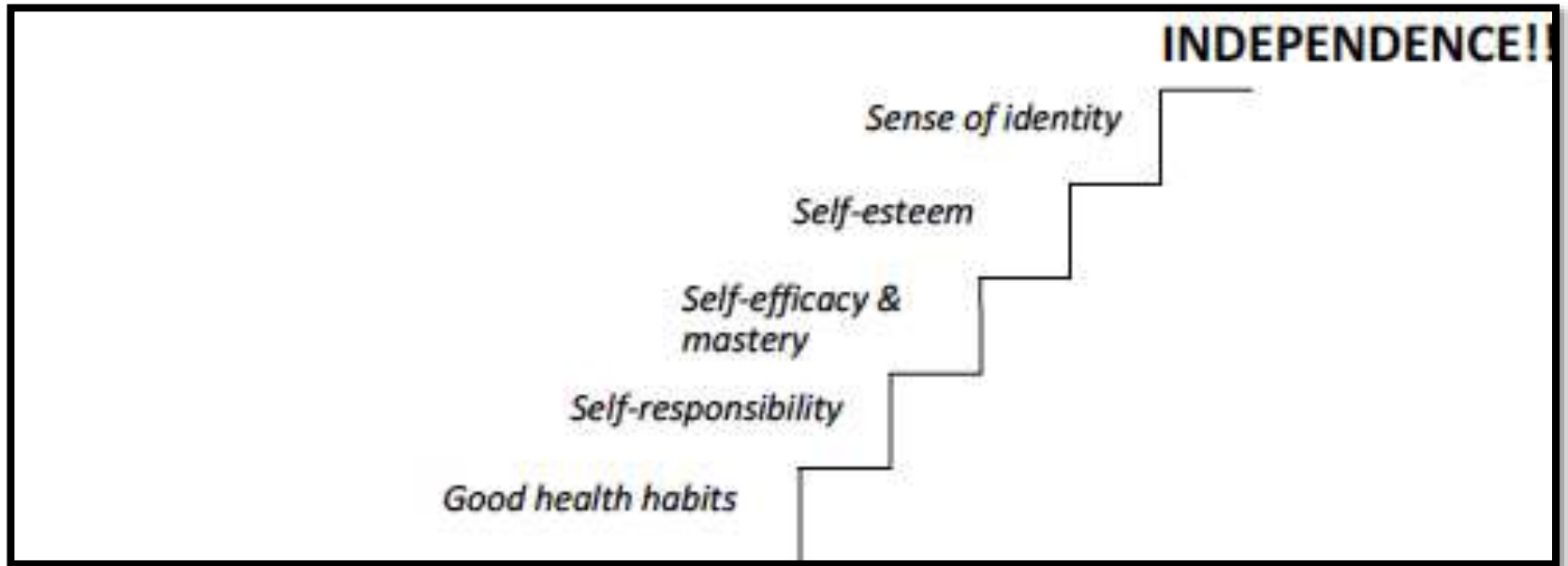
- ▶ Academically “high risk” population
- ▶ More than 1/3 of the children who receive special education services in Florida

Educational Barriers YSHCN Face

- ▶ Medication side effects
- ▶ Limited physical strength
- ▶ Limited endurance
- ▶ Heightened or diminished alertness
- ▶ Impaired ability to manage and organize materials
- ▶ Impaired ability to complete classroom assignments
- ▶ Impaired ability to follow directions
- ▶ Impaired ability to initiate and complete a task
- ▶ Diminished social interaction with peers

Working with the Health Care Community: Significance

Health Care Skill Development during Adolescence



Health Care & Education: Shared Goals

- ▶ Transition successfully to adulthood
 - ▶ Health care
 - ▶ Work
 - ▶ Post-secondary education
 - ▶ Independent living

Why Educators Are Key

- ▶ Lead responsibility in school to work issues
- ▶ Prep for postsecondary education & training
- ▶ Existing structure for skill development

Essential Cognitive Skills

- ▶ Reading for comprehension
- ▶ Basic math skills
- ▶ Communication
- ▶ Critical-thinking
- ▶ Planning
- ▶ Decision making

Differences during Transition

Education

- ▶ Required to include transition in IEPs
- ▶ Existing process for transition
 - ▶ Identification of student goals
 - ▶ Present levels of Academic Achievement/Functional Performance
 - ▶ Plan that includes courses of study, services, activities

Health care

- ▶ Encouraged to make patients aware of need
- ▶ Promising practices for transition process
- ▶ Varied requirements to report health care transition activities
- ▶ Focus on transfer, rather than preparation

AAP/ACP/AAFP Joint Statement

- ▶ Provides framework for:
 - ▶ All youth
 - ▶ Enhanced planning activities for YSHCN
 - ▶ Move from child-focused to adult model of care

HCT Preparation Activities: Medical Providers

- ▶ Care coordination
- ▶ Create written transition plan
 - ▶ By age 14
- ▶ Maintain portable medical summary
- ▶ Ensure continuous health coverage

Working with the Health Care Community: Evidence base

Evidence for HCT Need: In the U.S.

Only 40% percent received the services necessary to make the transition to adulthood

Evidence for HCT Need in Florida

- ▶ Only 37% received key health care transition related services
- ▶ Only 20% of youth from rural areas

Who Mandates HCT in Medical Care?

No legal mandate exists for health care transition activities
in medical practice



School Mandate for HCT

IDEA, Part 300, G, 300.704, b, 4, vi:

development and implementation of transition programs, including coordination of services with agencies involved in supporting the transition of students with disabilities to postsecondary activities

Working with the Health Care Community: Barriers

Barriers in Schools

- ▶ Lack consistent contact person within doctor's office
- ▶ Not sure what to request or how
- ▶ Not part of existing routine & structure
- ▶ Fear of added time or delays for IEP process

Barriers for All

- ▶ Uncertainty
- ▶ Time constraints
- ▶ Role clarity

Partnering Addresses Barriers



Interactive Question

What would you want a pediatrician to know about a student's IEP or 504 plan?

What could the participation of a nurse or physician assistant add to transition plans?



Working with the Health Care Community: In School

Include Providers in IHPs / 504s / IEPs

- ▶ CMS Plan nurses & social workers
- ▶ Care coordinators from childhood provider
- ▶ Specialists

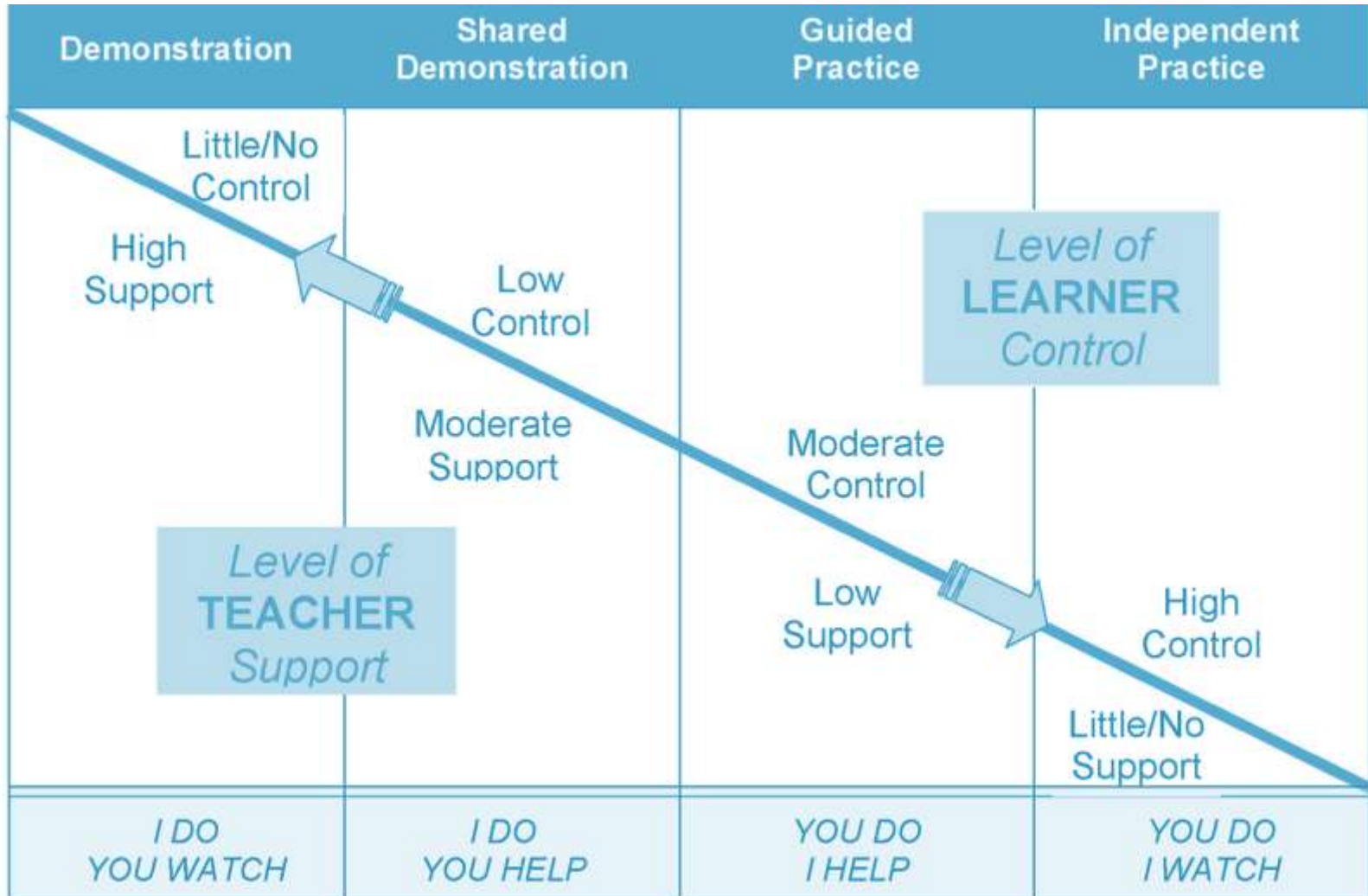
Resource: CMS Plan Nurse Coordinators

- ▶ Special training in health care transition
- ▶ Provide transition training materials
- ▶ Create health care transition plan for enrollees

Discuss with Families

- ▶ Understand issues to address
- ▶ Identify useful health care transition resources
- ▶ Incorporate health care goals into transition plan

Gradual Release of Responsibilities



Working with the Health Care Community: Resources



It's a New Day in Public Health.

The Florida Department of Health works to protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

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Infant, Child & Adolescent Health

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Children's Medical Services Managed Care Plan

Welcome to the Children's Medical Services Managed Care Plan. We look forward to serving you.



Florida's Children's Medical Services Managed Care Plan (CMS Plan) provides children with special health care needs a family-centered, comprehensive, and coordinated system of care. The CMS Plan is designed to serve children under age 21 whose serious or chronic physical or developmental conditions require extensive preventive and ongoing

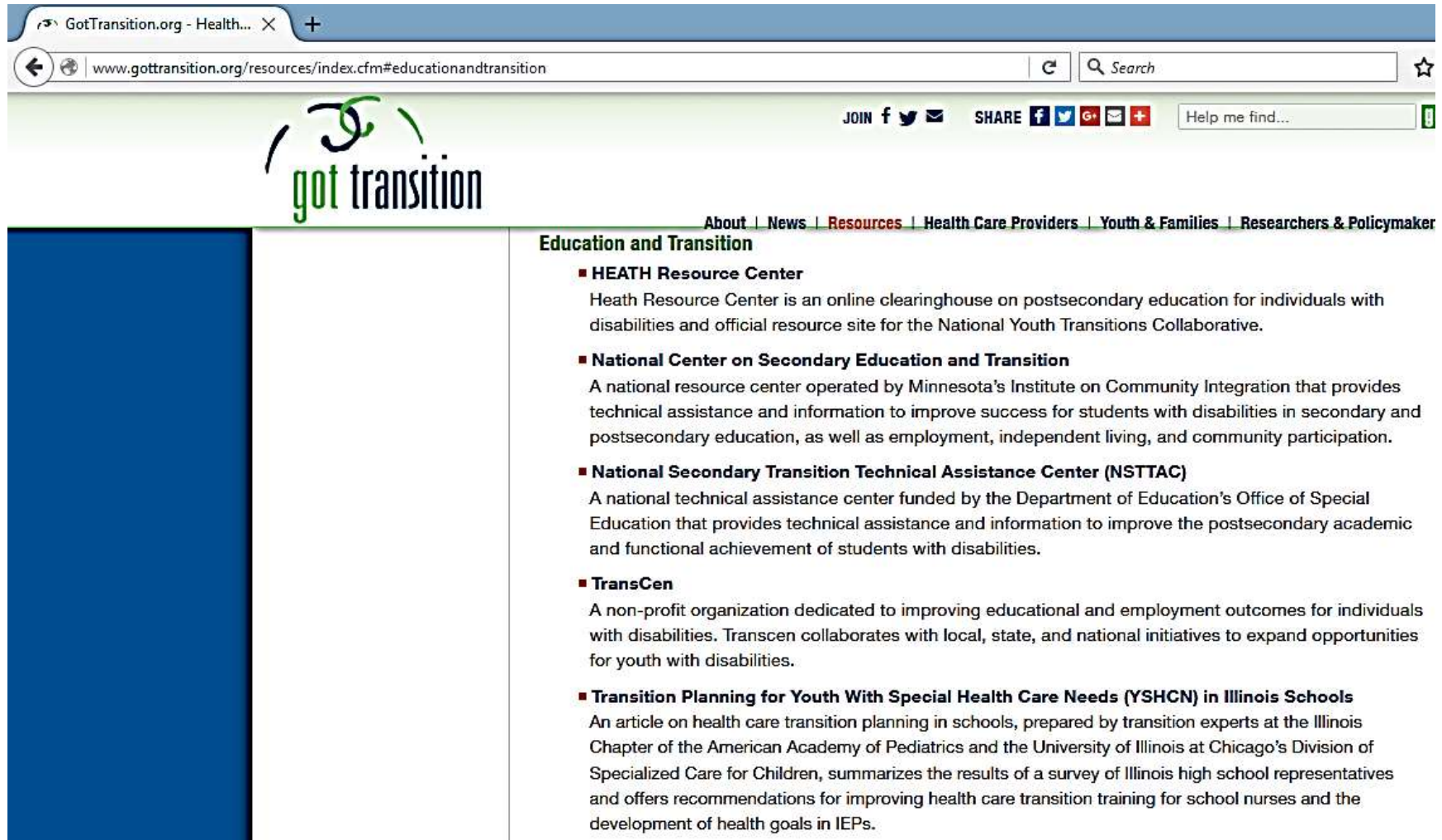
CMS Plan

- 850-245-4200
- CMSPlan@flhealth.gov
- Mailing Address**
Office of the CMS Managed Care Plan
4052 Bald Cypress Way, Bin A06
Tallahassee, FL 32399

CMS Plan Eligibility

- ▶ CYSHCN younger than age 21
- ▶ Meet financial and clinical requirements
- ▶ Two-fold clinical eligibility screening approach
 - ▶ Parents: Complete survey to see if child meets CYSCHN definition
 - ▶ Physicians: Complete attestation of diagnosis and functional limitations

Got Transition



The screenshot shows a web browser window with the address bar displaying www.gottransition.org/resources/index.cfm#educationandtransition. The page features the 'got transition' logo on the left and a navigation menu on the right with links for 'About', 'News', 'Resources', 'Health Care Providers', 'Youth & Families', and 'Researchers & Policymaker'. Below the navigation menu, the 'Education and Transition' section is highlighted, listing several resource centers and their descriptions.

[About](#) | [News](#) | [Resources](#) | [Health Care Providers](#) | [Youth & Families](#) | [Researchers & Policymaker](#)

Education and Transition

- **HEATH Resource Center**
Heath Resource Center is an online clearinghouse on postsecondary education for individuals with disabilities and official resource site for the National Youth Transitions Collaborative.
- **National Center on Secondary Education and Transition**
A national resource center operated by Minnesota's Institute on Community Integration that provides technical assistance and information to improve success for students with disabilities in secondary and postsecondary education, as well as employment, independent living, and community participation.
- **National Secondary Transition Technical Assistance Center (NSTTAC)**
A national technical assistance center funded by the Department of Education's Office of Special Education that provides technical assistance and information to improve the postsecondary academic and functional achievement of students with disabilities.
- **TransCen**
A non-profit organization dedicated to improving educational and employment outcomes for individuals with disabilities. Transcen collaborates with local, state, and national initiatives to expand opportunities for youth with disabilities.
- **Transition Planning for Youth With Special Health Care Needs (YSHCN) in Illinois Schools**
An article on health care transition planning in schools, prepared by transition experts at the Illinois Chapter of the American Academy of Pediatrics and the University of Illinois at Chicago's Division of Specialized Care for Children, summarizes the results of a survey of Illinois high school representatives and offers recommendations for improving health care transition training for school nurses and the development of health goals in IEPs.

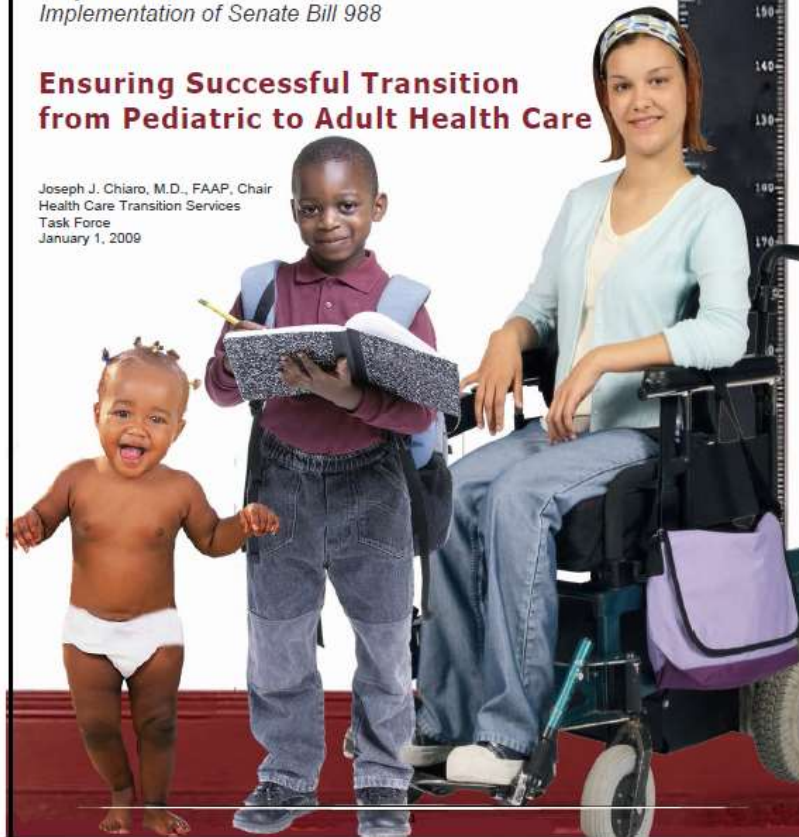
The Transition Task Force Report

**Florida Health Care Transition Services
Task Force for Youth and Young Adults
with Disabilities**

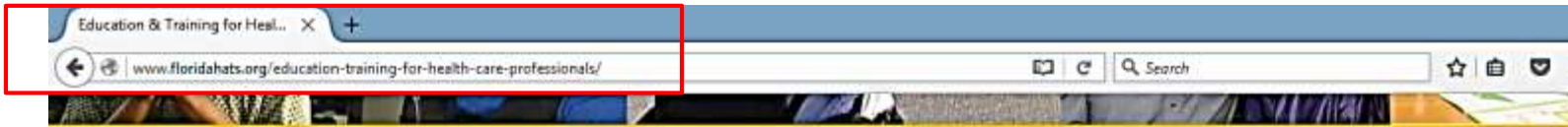
Report and Recommendations
Implementation of Senate Bill 988

**Ensuring Successful Transition
from Pediatric to Adult Health Care**

Joseph J. Chiaro, M.D., FAAP, Chair
Health Care Transition Services
Task Force
January 1, 2009



Complementary Training for Providers



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Education & Training for Health Care Professionals

Health Care Transition Curricula

Continuing Education for Florida Practitioners

Health Care Transition Training for Health Care Professionals aims to provide practitioners with an in-depth understanding of the importance of health care transition. It will equip all practice staff with the knowledge and tools they need to facilitate smooth transition from pediatric to adult health care for young Floridians with and without disabilities or special health care needs (see flyer and PPT).

The course was updated in 2014 to include new evidence-based materials, including the 'Six Core Elements of Health Care Transition 2.0' from Got Transition, the national Center for Health Care Transition Improvement. Participants will learn about developmental, legal, financial and social considerations in planning for transition, using interactive tools and a Florida-specific planning algorithm to connect to local services and resources.

Up to 4 free continuing education contact hours for Florida physicians, physician assistants, nurses, nurse practitioners, social workers, mental health counselors and allied health professionals are available through the Florida AHEC Network. **Practitioners outside Florida can take the course through Florida AHEC Network and then submit a certificate of completion to their own state.**



Key points: Health Care Community

- ▶ **Healthcare transition:**
 - ▶ Youth taking responsibility for own health care
 - ▶ Transfer older to adult-oriented providers
- ▶ **Successful transition to adulthood is interdependent with health care transition**
- ▶ **Natural partners during transition preparation**

Summary of Tools

Course Toolkit

Module 3. Working with the Health Care Community

1. [Path to Independence](https://depts.washington.edu/healthtr/documents/sharedmanage.pdf)
<https://depts.washington.edu/healthtr/documents/sharedmanage.pdf>
2. [Joint Statement](http://www.floridahats.org/wp-content/uploads/2010/03/Peds_HCTClinicalReport_7-11.pdf)
http://www.floridahats.org/wp-content/uploads/2010/03/Peds_HCTClinicalReport_7-11.pdf
3. [Children's Medical Services Managed Care Plan](http://www.floridahealth.gov/programs-and-services/childrens-health/cms-plan)
<http://www.floridahealth.gov/programs-and-services/childrens-health/cms-plan>
4. [The Transition Task Force Report](http://www.floridahats.org/wp-content/uploads/2016/03/2009-FL-HCT-Task-Force-Report-CMS.pdf)
<http://www.floridahats.org/wp-content/uploads/2016/03/2009-FL-HCT-Task-Force-Report-CMS.pdf>
5. [Complementary Curriculum for Health Care Providers from FloridaHATS](http://www.floridahats.org/education-training-for-health-care-professionals/)
<http://www.floridahats.org/education-training-for-health-care-professionals/>



Citations

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4. Clinical Report – Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home. 2011. American Academy of Pediatrics, American Academy of Family Physicians, and the American College of Physicians. *Pediatrics*. DOI: 10.542/peds.2011-0969.
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9. MyMedSchedule. 2013. <https://secure.medactionplan.com/mymedschedule/transplantexperience/>. Accessed 5/24/2014.
10. Reiss, J. Patient Self-Care Booklets. Published 2010, revised 2013. University of Florida, FloridaHATS, and Florida Department of Health, Children's Medical Services.
11. U.S. Department of Education. Individuals with Disabilities Educational Act. 2004. Title I. Part B. Section 614. idea.ed.gov. Accessed 5/24/2013.
12. U.S. Department of Health and Human Services. Office for Civil Rights. Your Rights under section 504 of the Rehabilitation Act. (H-8/June 2000 – revised June 2006).
13. *Center Locator*. Florida Association of Centers for Independent Living. 2011. <http://www.floridacils.org/LocateYourLocalCIL.html> Accessed 5/24/2014
14. *Project 10*. 2014. <http://www.project10.info>. Accessed 5/24/2014.
15. Illinois Transition Care Project. 2013. Health and the transition to adulthood: Building the foundations for success. <http://illinoisap.org/projects/medical-home/transition/resources-for-families/>. Accessed 5/24/2014.
16. Hecht, E. 2009. Embedding health outcomes in the IEP process. Accessed 6/6/2014. <http://dpmidia.wi.gov/main/Play/f44dfa70439241dd85e99cce0cb70e26/>.

