

**South Florida Health and Transition Services (HATS) Taskforce Meeting  
Minutes**

Friday November 20, 2015  
1pm-3pm

Present: Ashira Klein, UM Mailman Center; Lawrence Friedman, MD, UM Mailman Center; Shelly Baer, LCSW, UM Mailman Center; Sharon Alexander, Unicorn Children's Foundation; Teresa Becerra, Autism Society of Florida, Martha Bloyer, UM-PT; Damian Gregory, CCDH, INC., Lydia Ocasio- Stoutenburgh, UM Mailman Center; Deborah Chin, UM-NSU CARD; Jeff Brosco, MD, UM Mailman Center

**I. Community Introductions**

- a. Mailman Center Inter-professional Collaboration: Dr. Larry Friedman
  - i. The Mailman Center was started 50 years ago by the Kennedy Family through Eunice Shriver, in recognition of need for services for kids with disabilities. Last year an initiative (the Inter-professional collaborative) was started to enable the different specialties to better work together. There are 4 sections: 1) neurodevelopmental; 2) Community Health; 3) Behavioral Health; 3) Life Span.
  - ii. The Life Span collaborative looks at age transition and the impact of each era of life on disability a person is living with

**II. Group Discussion on Goal 1: Increase Education to Adult Care Providers**

- a. How to engage physicians (pediatrics and adult) in HCT activities and this coalition?
  - i. 3<sup>rd</sup> year med students in health & wellness week for medical students
    - 1. Adult residency (mandatory part of the curriculum)
    - 2. Ped 1<sup>st</sup> year and med-peds go through lens – they get a session about transition
    - 3. Have a second conversation in 3<sup>rd</sup> year.
  - ii. How to successfully get to the graduating to adult services?!? – raise awareness
  - iii. How to accept those families and patients into their services-decrease fear and reluctance
    - 1. Don't assume all are the same as that one patient
    - 2. FL DD counsel has built a curriculum for physicians and nurse practitioners and it is a Free CME – needs to be disseminated! (American Academy of developmental dentistry)On the DD counsel website.
    - 3. Part of a training approach

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- iv. Give them access to support once they are seeing patients! TA / additional training and practical tools
    - 1. CMS has a transition curriculum, theoretically trained to do this (CMS Nurse Care Coordinator) prior to age 21. Accompany through transition. Program was put on hold with the implementation of managed care
    - 2. Support groups for families
    - 3. Address the emotional issues (the attachment from pediatricians)
  - v. Special Olympics healthy communities- health promotion and health screening in homes. For anyone on the waitlist.
  - vi. How do physicians know about these trainings?
    - 1. Special Olympics
    - 2. Announcements through organizations
    - 3. AMA, med-peds
- b. What are some ways to provide HCT education to adult providers?
- i. Can we be a part of a required CME (like risk reduction)
    - 1. If it is not mandatory – what would really motivate them to look
      - a. Mandatory might not be feasible and may not attract people
    - 2. Example- training for officers on how to work with people with mental health issues
    - 3. Create Certificate!
  - ii. Target certain physicians in each community
    - 1. “We want to support you. What’s the carrot?”
    - 2. The further you get into your career the more jaded.
    - 3. How to cultivate it?
    - 4. Get them interested and provide them with ongoing support so that they can find the resources
    - 5. Key component is the case worker who is working with parents! (getting the case workers to help identify people to attend)
  - iii. In med specialties this model can be used with physicians (Specialists do this)
    - 1. Adult providers attend peds training at the time of transition (so that the peds group can introduce the adult person in the familiar setting)
  - iv. At what point do peds and adult doctors interact? Is there an avenue where that world intersects already?
    - 1. They don’t. Outside of meds peds and family medicine
      - a. Separate conferences
      - b. Separate issue
  - v. Adult primary care issue that is beyond this (not easily available)
    - 1. Structural issue we are up against
  - vi. Adult Primary Care HEROS (5 people per year that we ‘celebrate’)
    - 1. Use the recognition as the carrot
    - 2. Maybe org like special Olympics
    - 3. People inspired by examples
  - vii. Change the messaging to
    - 1. You may already have these patients, you will get these patients this will help you!

2. How can we reach people who are already seeing these patients and educate them and want the support
  3. Could mean additional patients for your practice
  4. Legislation that directed ACA that paid double for certain patients ( certification to double payment)
- c. How can we engage residency programs to have HCT education in their curriculum?
- i. Create a build upon training (this in the first year, second...)
  - ii. What about statistics- something that makes the case that this population is going to explode. It will create a more robust practice
    1. These are people who are going to need treatment- there's a natural connection
  - iii. Adult HC is so specialty focused. Geriatrics might be the model to adult. Those are the folks who think about things holistically. They have a personality which is more patient.
  - iv. Most ped residency has a transition curriculum (the biggest issue is the receiving team)
  - v. Idea med-peds to come in their 3<sup>rd</sup> or 4<sup>th</sup> year as a follow up to what they learn in their first year
- d. What are some ideas for CME activities on HCT topics, reach out to professional medical organizations to support HCT related activities?
- i. CME webinars on DD counsel website
  - ii. CME webinars on HATS website
  - iii. How do we identify people who have a more urgent interest
  - iv. Adult providers who are taking them don't want to be identified because they don't want a bunch of referrals, because it is already difficult
    1. How can we leverage them to find additional providers? One doctor to another
  - v. Can we talk to the parents, who are they relying on
  - vi. There's a lack of service providers that are available...
  - vii. Present as cutting edge, path for employment
  - viii. There's a demand
  - ix. Would it make it easier for them (adult providers) if they learned more
    1. No. it is just hard.
    2. Except if knowledge = resources

### III. Discussion on Goal 2 Increase education and Access to Resources

- a. Marketing
  - i. October 10<sup>th</sup> GIFT Conference went well! Thank you to Special Olympics for partnering with us to share their table
  - ii. October 17<sup>th</sup> Transitions Summit went well! Thank you to Project 10 for partnering with us to share their table
  - iii. November 16<sup>th</sup> Unicorn Foundation Panel Discussion went well! Thank you to Unicorn Foundation for including us in the conversation!

### IV. Review of tasks to be completed

- a. Conduct SWOT assessment together in January!
- b. Kristen to coordinate with Special Olympics for additional HATS invites
- c. **JAXHATS Webinar** to take place **Monday December 14<sup>th</sup> 12:30-1:30**
- d. **JAXHATS webinar will take the place of the December Taskforce meeting**

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- e. **Next meeting January 22<sup>nd</sup>** @ Joe DiMaggio Children's Hospital 4<sup>th</sup> Floor Conference Room  
1005 Joe DiMaggio Drive (35<sup>th</sup> Ave and Johnson Street) Hollywood, FL 33021
  - i. Nadine Francis to present at the JANUARY meeting on CMS