

Meeting Summary
HillsboroughHATS Coalition Meeting
Hillsborough County Children's Board
April 12, 2010
4:00-7:00 p.m.

Members in Attendance:

| | | |
|---------------------|-----------------|------------------|
| Glenn Brown | John Mayo | Diane Straub |
| Robert Buzzeo | Kris Millrose | Federico Valadez |
| Melanie Hall | David Plasencia | Joane White |
| Martha Kronk | Lynn Ringenberg | Laurie Woodard |
| Karalee Kulek-Luzey | Dondra Smith | |

Others in Attendance:

Carla Gayle
Janet Hess
Teresa Kelly

Roll Call: 14 members present

Review of Activities to Date:

Teresa Kelly provided an overview of the work done to date and explained the work for this meeting would include strategic issue clarification, prioritization of efforts and development of objectives for each strategic issue.

Strategic Issues

Teresa Kelly reviewed the 36 strategic issues developed at the March meeting and presented four issues she suggested as representing the main topics indicated. The Issues were presented and revised as follows:

1. What is needed to ensure a successful healthcare transition for Y/YA with complex health and behavioral health needs as they transition from a pediatric to adult system of care?
2. How can we effectively use current medical providers, community health centers, and the health department in providing primary, specialty and inpatient care transition and indentifying those Y/YA that require referrals to specialty centers of excellence?
3. How can we affect policies of payer sources and to recognize the specific issues around health transitions?
4. How can we ensure better communication and collaboration among multiple systems (education, juvenile justice, child welfare) in developing a transition system?

PEACH Prioritization

An overview of the PEACH (Popular Empirical Assessment of Community Health) process was given. Participants worked through three sessions of PEACH including education, advocacy/policy change, and system design with the following results:

| Education | Healthcare Providers | Community Partners | Patients | Patient's Family | General Public | Total |
|--------------------------------------|----------------------|--------------------|------------|------------------|----------------|-------------|
| Cultural Competency | 96 | 17 | 11 | 5 | 1 | 130 |
| Transition Process | 205 | 88 | 121 | 47 | 1 | 462 |
| Specific Medical Condition(s) | 20 | 13 | 2 | 1 | 2 | 38 |
| How to access and pay for care | 210 | 43 | 210 | 35 | 3 | 501 |
| Raise awareness of transition issues | 22 | 4 | 35 | 21 | 6 | 88 |
| Total | 553 | 165 | 379 | 109 | 13 | 1219 |

Results: Areas where most education efforts should be focused: How to pay for care and education on the transition process. Patients and Healthcare providers have the largest role in this effort.

| Policy/Advocacy | Healthcare Providers | Community Partners | Existing Advocacy Groups | Patient/Patient's Family | General Public | Total |
|---|----------------------|--------------------|--------------------------|--------------------------|----------------|-------|
| Improving reimbursement for providers | 190 | 82 | 140 | 4 | 4 | 420 |
| Establishing Hillsborough County as pilot Medical Home site | 123 | 167 | | 16 | 1 | 307 |
| Continuing support services after age 21 in Medicaid | 113 | 8 | 175 | 3 | 2 | 301 |
| Improving transportation | | 16 | 15 | 22 | | 53 |

| | | | | | | |
|--|------------|------------|------------|-----------|----------|-------------|
| options/payment | | | | | | |
| Expanding eligibility criteria for other support services beyond current requirements (income, marital status, etc.) | 71 | 10 | 117 | 21 | | 219 |
| Total | 497 | 283 | 447 | 66 | 7 | 1300 |

Results: Advocacy/policy change efforts surrounding reimbursement and establishing Hillsborough County as a pilot site for medical home model were the primary areas of focus for advocacy and policy change. Health care providers and existing advocacy groups were the primary drivers of the activity.

| System Design | Healthcare Providers | Community Partners | Payers | USF Medical School | AHEC | Total |
|--|----------------------|--------------------|------------|--------------------|-----------|-------------|
| Train providers in developmental approach for transition | 91 | 72 | 2 | 52 | | 217 |
| Develop information sharing model/technology | 51 | 12 | 31 | 52 | | 146 |
| Build a comprehensive network of providers | 400 | 22 | 155 | 8 | | 585 |
| Incorporate health navigator/advocates /peer mentors in the system | 210 | 3 | 65 | | 20 | 298 |
| Physician to Physician mentoring | 34 | | 12 | 2 | | 48 |
| Total | 786 | 109 | 265 | 114 | 20 | 1294 |

Results: Building a comprehensive network of providers and incorporating some form of navigator/patient advocate/peer mentors into the system were the most important activities. Healthcare provides and payers were seen as the key players in accomplishing these tasks.

Formulation of Objectives

Carla Gayle provided a definition of objectives and discussed both process and outcome objectives. Using the SMART principle (Specific, Measurable, Attainable,

Relevant/Realistic, and Timely) as a guideline she discussed both process and outcome objectives.

Following the introduction to objectives, participants were asked to develop objectives for each of the strategic issues. During the formulation of objectives the participants decided to collapse strategic issue #2 into issue #1 leaving three strategic issues to formulate objectives around. Some action steps were also identified during the process and have been noted as such.

1. What is needed to ensure a successful healthcare transition for Y/YA with complex health and behavioral health needs as they transition from a pediatric to adult system of care?

Objective 1: Identify all potential health care and support service resources related to transition and assets that serve young adults with disabilities or health care needs as a first priority.

Action steps: resource mapping; Identify expertise and roles within the network (specific populations served)

Objective 2: Identify gaps in health transition education tools for providers and patient families (target population) prior to providing a comprehensive education plan.

Action step: Review existing tools

Objective 3: Determine appropriate mentor/advocate model for transition services in Hillsborough County.

Action step: Review current mentor models including advance prementoria and paraprofessional models.

Objective 4: Encourage pediatricians to adopt health transition policies in their practices.

Objective 5: Develop a method to enhance communication (clinical tools) between primary care, pediatric care and adult care providers.

Action Steps: Explore best practices; Explore possibilities for improving accessibility to medical records

Objective 6: Establish transition guideline algorithms for patients and/or their caretakers.

Objective 7: Educate current health care providers, community health centers and the health department on the need to provide primary care and identify youth and young adults who may need referrals to centers of excellence.

2. How can we affect policies of payer sources and to recognize the specific issues around health transitions?

Objective 1: Identify current advocacy/policy change activities currently in process.

Action Steps: Identify advocacy organizations related to reimbursement issues to provide concrete support; monitor the Florida Pediatric Society's suit against the State of Florida, and other pertinent legislative issues (Medicaid); identify community partners and stakeholders

Objective 2: Review and define the levels of service in medical home models in regards to reimbursement (how are the services being provided and funded?)

Objective 3: Educate legislators on the health care transition process

3. How can we ensure better communication and collaboration among multiple systems (education, juvenile justice, child welfare) in developing a transition system?

Objective 1: Engage representatives from stakeholders (children's committee, project connect, etc.) in the transition process.

Action Steps: Identify stakeholders, Identify data and information to share among groups

Objective 2: Explore the feasibility of using Developmental Evaluation Intervention Teams model on an individual level.

Objective 3: Explore options to coordinate with the IEP process with Health Transition process.

Wrap Up and Next Steps

The next meeting will be May 10th at Shriner's Hospital for Children of Tampa auditorium from 4:00 to 7:00 p.m. Members were asked to spend some time thinking about action steps under each objective as preparation for the next meeting. Action steps will be finalized, and discussion of how the coalition will move forward will be held.