

**Meeting Summary**  
**Panhandle HATS Steering Committee**  
**June 29, 2011, 11 a.m. – Noon Central Time (Teleconference)**

**Attendees:** Janet Hess, FloridaHATS  
Glenda Thomas, CMS  
Lavanda Russell, CMS  
Denise Adams, Sacred Heart Health System  
Ann Papadelias, PanhandleHATS

Ms. Papadelias reviewed the action plan and status of action items that were discussed at the last full committee meeting. Priorities taken from the action plan are 1) Transition Process/Communication Tools, 2) Physician Recruitment efforts, and 3) adding local clinical and social service resources to the FloridaHATS website.

Discussion items are outlined below:

**Communication Tools for Transition Process Improvement:**

Tools exist in this community to facilitate communicate referral information from CMS to outside providers, especially FQHC clinic(s). Use of the Community Health Information Network (CHIN) of Escambia and Santa Rosa Counties is a possibility, if cleared for use by CMS and Legal counsel. Ms. Thomas will forward questions from CMS/Legal to Ms. Papadelias, CHIN Project Manager, for answers. Ms. Papadelias volunteered to demo the software to CMS staff. She will also share BAA and consent documents with CMS to assist in determining whether this tool can be used.

**Physician Recruitment:**

CMS is continuing efforts for physician recruitment for transition clients. Discussion continued on present physician contact and how to increase number of clinicians that will take transition clients. Need for other area hospitals and medical directors to become involved, not just Sacred Heart Hospital. Committee agreed that contact has to be made from “top down”. CMS is working on building relationships with both Baptist and West Florida Hospital physician groups in order to gain physicians that will take these transitioning clients. CMS will take lead on this effort with Ms. Russell and Ms. Thomas as leads.

**Resource Directory/FloridaHATS Website:**

Discussion continued on how to best develop the local component of the resource directory. Committee will get list of resources from local 2-1-1 and input into directory. These will first include social services agencies and governmental agencies that can assist clients (Autism, Voc. Rehab, etc.). Because CMS is concerned that adult physicians listed in the directory could become overwhelmed with prospective patients, individual physicians will not be added without consent. CMS will contact physicians directly, with Ms. Thomas as lead. We will focus on adding social services agencies first. This should not be difficult, as other areas have successfully added information and we can use these as templates.

**Transition Algorithm:**

The algorithm tool that was created by Ms. Russell and Ms. Papadelias was discussed next. This Algorithm has been posted on the HATS website as a working document, and Ms. Hess also shared with the FloridaHATS Medical Advisory Committee. It was agreed that this would be finalized and identified as the present transition process in place with CMS in the community. New algorithm documents will be developed as transition efforts change and improve process flow between providers.

**Future Coordinator Planning:**

Ms. Papadelias stated that due to other time commitments, she may not be able to fully devote time to PanhandleHATS coordination, and suggested that Pat Dunn Cole be considered to take over some of the coordination efforts. Ms. Papadelias would remain involved to transition and orient Ms. Dunn Cole, as well as continue to work on the CHIN/Carescope efforts in the transition process. Ms. Hess will meet with both by phone on Friday, July 8.

**Meeting Times and Dates:**

The steering committee agreed that a monthly teleconference would be held, and quarterly meetings would be held to bring the full PanhandleHATS group together. The next full group meeting would be in late August or early September.

The meeting was concluded at 12:10 p.m.