

**Minutes of PanhandleHATS Coalition
Children's Medical Services Board Room - Pensacola
January 19, 2011**

Present:

Dr. Rex Northup, SHH/FSU/CMS
 Dr. James Burns, FSU Pediatrics
 Glenda Thomas, CMS
 Lavanda Russell, CMS
 Jennifer Carter, Esc Co Health Dept.
 Melody Kohr, Families First Network/Ind.Living
 Janice Thomas, Dept. of Children & Families
 Circuit 1
 Rita Icenogle, 2-1-1
 Holly Strickland, Esc Co Medical Society

Present via Teleconference:

Oranetta Clark, CMS
 Laura Hicks, CMS
 Julie Durden, Bay Co Healthy Start
 Connie Kelly, Bay Co Health Dept.

Present via Phone:

Janet Hess, FloridaHATS Program Office
 Dr. John Reiss, University of Florida
 Mary Helen Barnes, Big Bend CBC

Staff:

Ann Papadelias, PanhandleHATS
 Denise Adams, Sacred Heart Hospital

Presiding:

Ann Papadelias

Recording:

Denise Adams, Ann Papadelias

Date:

January 19, 2011

Call to Order:

4:05 pm

Adjourned:

5:45 pm

TOPIC	DISCUSSION	ACTION/FOLLOW-UP
CALL TO ORDER	Ann Papadelias, PanhandleHATS Coordinator, called the meeting to order at 4:05 pm.	
DISTRIBUTIONS	<p>There were several items distributed to the Coalition members before the meeting:</p> <ul style="list-style-type: none"> • Invitation to meeting sent on 1/10/2011 included "PanhandleHATSFactSheet_2011.pdf," • Agenda, "Agenda.draft.1.19.11meeting.doc", and • Coalition Action Plan as of June 2010, "PanhandleHATS Coalition Action Plan.doc." <p>The meeting attendees at the Pensacola location also received:</p> <ul style="list-style-type: none"> • FloridaHATS pamphlet, "FLHATS_Brochure_LOW_RES_11-1-10.pdf", • Rack card, "10 Steps to Successful Health Care Transition," and the • Insurance guide update October 2010, "Florida 2010, Just the Facts: The 411 on Health Insurance for Young Adults Ages 18-30 in Florida." <p>The PowerPoint presentation was sent to the CMS locations in Pensacola & Panama City and speakers, "PanHATS_1-19-11.draft.ppt."</p>	

AGENDA ITEMS		
WELCOME AND INTRODUCTION OF MEMBERS	Ann Papadelias, Coalition Coordinator, opened the meeting at 4:05 p.m. at the Pensacola CMS office. Teleconferencing links opened and webcam of Panama City CMS office viewed. Ann initiated introductions of the attendees at each location and introduced herself as new coalition coordinator.	Information Only
INTRODUCTION OF FLORIDAHATS INITIATIVE (STATE & LOCAL UPDATES)	Ann Papadelias gave a brief description of the HATS program. Ann explained how the local PanhandleHATS workgroup started and where it is in the overall FloridaHATS strategic plan. Dr. Burns reported on the recent Medical Advisory Board meeting of FloridaHATS, then went into some detail of the State Bill 988, which initiated the HATS program and described the target population ages 14-26 with chronic health conditions. Dr. Burns described that some transition activities are already in process but needs more community involvement. Dr. Rex Northup, CMS Medical Director, explained how CMS is one of the pivotal players in the transition program because of CMS' history with the target population. Dr. Northup supports the HATS program because persons with complex medical conditions are now living into adulthood and aging-out of the CMS program. Janet Hess, FloridaHATS Project Director, detailed FloridaHATS' strategic plan for health care transition. Janet went over the goals and statewide objectives, plan for implementation (starting out with three pilot sites: Tampa in Hillsborough County, Jacksonville in Duval County and the Panhandle group with the 10 counties in the CMS Regions 1 & 2), and what has been done already. Janet recommended the website www.FloridaHATS.org and the upcoming Facebook page as great introductions to HATS program, State-wide and locally. Dr. John Reiss added information on specific activities, such as, the AHEC cross-disciplinary training for professionals at www.aheceducation.com that he developed.	Information Only
REVIEW OF PANHANDLEHATS MISSION AND VISION	The Vision & Mission PowerPoint slide was visible as the Coalition discussed the strategic plan.	Information Only
REVIEW OF ACTION PLAN (DISCUSSION OF STRATEGIC ISSUES, OBJECTIVES & ACTION STEPS)	The Coalition members browsed the 10 objectives and 27 activities/action steps in the Coalition Action Plan as of June 2010, "PanhandleHATS Coalition Action Plan.doc." handout. The Coalition Action Plan focuses on being able to <ul style="list-style-type: none"> • Identify local services and build relationships among providers; • Identify/disseminate educational materials for youth, families, providers; • Encourage providers to adopt transition policies at the practice level; • Identify needs for advocacy and policy change; and • Educate the community, payers and legislators about needed policy changes. 	Information Only
IMPLEMENTATION APPROACHES DISCUSSION (WORKGROUPS/TEAMS)	The Coalition decided to assign the Action Plan's objectives and action steps to a Coordinator with subcommittees that report to the Coordinator. This approach should align with the State's top focus areas of <ul style="list-style-type: none"> • Health Care Financing • Education and Training • Service Delivery Systems • Advocacy 	Information Only

<p>IDENTIFY WORKGROUPS/TEAMS & POTENTIAL MEMBERS</p>	<p>PanhandleHATS members decided tentatively to have a Coordinator and 4 subcommittee/work group teams:</p> <ul style="list-style-type: none"> • Data & Communications Team • Transition Team • Providers Team • Sustainability Team <p>The Coordinator would be the working leader linking the 4 work groups. Other responsibilities would be to maintain the Strategic/Business Plan; assign action steps to the teams; and administrator duties, like program presentations, delegation, and reviews; and contact with the FloridaHATS or CMS management. Some action items, such as, “1.2.3. State Census – Needs Assessment” & “4.2.2. Identify action steps for outcomes that benefit various groups from transition support” might fall under the Coordinator’s area.</p> <p>The Data & Communications Team would maintain current lists, resource guides, web links, process flow sheets and other information from the other teams, demographics and other measurable items for the Coordinator’s Strategic Plan. Data and information dissemination to and from teams and outside resources (example, 2-1-1 program information exchange).</p> <p>The Transition Team would identify and report to Coordinator the current processes and barriers to seamless care for the target population; recommend transition personnel and contacts; direct contact with providers, such as, CMS, case managers, school nurses, disabled persons providers including Community Transport; distributes program literature, links, and contact information to transition partners, youth, young adults and parents.</p> <p>The Provider Team would make direct contact with physicians, facilities, administrators, and other managers of transition partners, such as, FQHCs, hospitals, health departments, community clinics, schools boards, and service providers, such as, AHEC, Vocational Rehab and other disabled services and other services that would further the goals. This team would probably be transition providers (Dr. Northup, Dr. Burns, Dr. Hunt), and a “recruiter.” Main functions would be to arrange associations, grand rounds and medical society meetings, distribution of program literature and web links.</p> <p>The Sustainability Team would focus on funding and legislation. Initiate funding by legislation, grants, fund-raising events, or joint ventures/collaborations (example, paring with AHEC for physician education). Funds collected would off-set costs of printing literature, personnel, and transportation (including patient transportation).</p> <p>All teams would stress education of the HATS program and services equally.</p>	<p>Action Item: Ann and Denise will make a rough assignment of the action items to the teams with suggested team members, and prioritize action steps. The Coalition members will review draft and make suggestions of potential team members and any realignment of action items.</p> <p>Additional full meeting will be scheduled to bring committee back together to finalize workgroups, leadership of individual workgroup/teams, and priorities.</p>
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INFORMATION ITEMS & COMMENTS:		
SUGGESTIONS:	Several suggestions were made to the PanhandleHATS members. <ul style="list-style-type: none"> • Goals should be small, attainable and prioritized. • Direct discussion with child/youth/young adult patient is effective approach with many patients. • Recruit FQHCs also, as important player in transition processes. • Information sharing/communication between members and agencies is vital. Health Services directory is available on FloridaHATS website, www.FloridaHATS.org. 	Information Only
ADJOURNMENT	There being no further business, the meeting was adjourned at 5.45 p.m.	