Meeting Summary
PanhandleHATS Coalition
January 25, 2010
4:00-7:00 p.m.
Children's Medical Services Building 230

Members in Attendance:

Douglas Kent	Dianna Trussell	Dr. Hunt
Denise Adams	Rebecca Siebert	Jana Crosby
Glenda Thomas	Julie Kitzerow	M.A. "Duke" George
Mary Matthews	Colleen Foley	Mike Hill
Helen Nelson	Terri Justice	Treasure Livingston
Valerie Mincey	Wendy Fletcher-Altman	

Others in Attendance:
Janet Hess, University of South Florida, FloridaHATS Project Director
Hannah Ross, Facilitator
Amanda Marwitz, Assistant

Welcome and Project Overview:

Janet Hess and Hannah Ross welcomed everyone to the first PanhandleHATS meeting. Ms. Hess presented an overview of the need for an effective health care transition system along with the background and activities of FloridaHATS.

Coalition's Objectives:

Ms. Ross reviewed the meeting timeline and explained the process for the next four meetings. The final outcome of the project will be the development of an action plan for Bay County and the surrounding Panhandle region.

Timeline:

- February 22nd, 2010 Monday from 4 pm to 7 pm at the Children's Medical Services Building 230, 230 Tyndall Parkway (850-872-4700 ext 112) **Dinner included**
- March 8th, 2010 Monday from 4 pm to 7 pm at the Children's Medical Services Building 230, 230 Tyndall Parkway (850-872-4700 ext 112) **Dinner included**
- April 12th, 2010 Monday from 4 pm to 7 pm at the Children's Medical Services Building 230, 230 Tyndall Parkway (850-872-4700 ext 112) **Dinner included**
- May 10th, 2010 Monday from 4 pm to 7 pm at the Children's Medical Services Building 230, 230 Tyndall Parkway (850-872-4700 ext 112) **Dinner included**

The group discussed bringing in other physicians, specifically Dr. Blanchard and Dr. Northup. We discussed how we might involve them and what type of schedule changes we should consider to engage them in coalition efforts. We also identified the need to include youth and families in the coalition.

Review of FloridaHATS Data Report:

Ms. Ross and Ms. Hess presented the Bay County data on Youth and Young Adults with disabilities and health manpower resources.

Visioning Exercise:

Ms. Ross then led the coalition in a visioning exercise. This activity allowed the coalition to explore and describe the ideal transition system, and describe how the transition system could improve the quality of life for patients and their families. The coalition focused on characteristics of the ideal transition system and areas of improvement. *What are the important characteristics of transition care currently? How do you envision the transition system to look like?*

Each group reported on their list of system characteristics. A group vision was not completed but will be proposed by Ms. Ross in three versions, based on the visioning exercise. The coalition will review the vision at the next meeting and make final adjustments.

Action Steps for PanhandleHATS individuals:

Ms. Ross provided a questionnaire for members to complete and return by email on February 11th Thursday (Ms. Rossstout.ross@gmail.com)

Vision Exercises

Poster 1

- Better Expend. of money
- No frustration for pt. as parents are not there to help
- No start over(Guide Book-How to ask Questions)
- Pt advocate design
- Pt involvement
- Case mgr sometimes-Case Care Prog.
- Adolescent clinic-for growing

Poster 2

What would an ideal transition system look like?

- Centered on medical home
- Affordable/transportation
- Education for provider (Youth/Young Adults and family)
- Comprehensive and coordinated

- Electronic health record
- Resource based-web based
- Voucher program-transportation
- First call for help-211 United Way
- Identify policies that are barriers
- Mission –motion transportation

Quality of life:
- More productive contribution

Poster 3

Ideal Transition System:
- Seamless
- Collaboration
- Inclusive, centralized EHR (Personal health record)
- Self-managed/empowered
- Single entry eligibility-standard of care statewide

Quality of Life:
- Life expectancy
- Cost of care –preventative
- Societal contribution –living productive life /self managing

Community Awareness:
- Currently at 0-2%
- Confusing and difficult to navigate
- Fragmented –lack of single entry

Collaboration efforts:
- Circuit 14 Children's forum
- Bay community HTF
- Gulf Co. Partnerships
- HS coalition(Bay, Gulf, Franklin)
- Bay Co. ESE (interagency)
- ARC

Poster 4

- Seamless-PT 0 affected by change care
- We trans. to meet there needs
- We have a primary (as surrogate parents-dcf. w/adopted PT) care ETC to take them to the Next step needed in there care
- Family feedback-Preferred