

PanhandleHATS Coalition
March 8th , 2010 Minutes
4:00 - 7:00 p.m.
Children's Medical Services Building

4:00-4:15

Roll Call: Hannah Ross, Amanda Marwitz, Pat Martin (school board), Rebecca Siebert (DCF), Terri Justice (DCF), Wendy Fletcher-Altman (DCF), Douglas Kent (DOH - Bay County), Mary Matthews (Bay CHD), Denise Adams (Sacred Heart), Julie Durden (CMS), Mary Helen Barnes (BBCBC), Susan Coleman (APD), Tim Putman (ACH), John Reiss (UF)

4:15-4:45 Vision Assessment Power Point created by Denise Adams--Sacred Heart Planning. As Denise introduced the ideas as a group we combined our thoughts and ideas and formalized the below statements for the PanhandleHATS.

PanhandleHATS Vision: To assure continuity of health care in order to provide a seamless transition from pediatric to adult life in the Florida Panhandle with a primary focus on those with disabilities or special health care needs.

PanhandleHATS Mission: Creating Successful Partnerships at the Family, Community, State, & Federal Levels to Remove Current Barriers to a Seamless Transition from Pediatric to Adult-based Health Care, in Florida's Panhandle, with a primary focus on those with Disabilities or Special Health Care Needs.

PanhandleHATS Strategy:

- *Assessments:*
 - *Community Themes & Strengths - Health Care Transition System*
 - *Youth/Young Adult Health Status*
 - *Forces of Change Assessment*
- *Identify Strategic Issues*
- *Formulate Goals & Strategies*
- *Action Cycle*

4:50-5:45 Forces of Change Group Results

Forces of change

Group A: Becky Siebert, Julie Durden, Doug Kent, Pat Martin, Denise Adams

BCBS Lack of competition for access and Network of care.	Loss of Jobs. Tri-care limits access.	Health care bill. Federal.
Service Industry No health Insurance	R.T., OT	
Using the ER for primary care	Transportation for out of town specialist. Dental care.	Agent for blind. Single entry eligibility accepted by all agencies.

Group B: Mary Mathews, Mary Helen Barnes, Terri Justice, John Reiss

Economy:

Threat:

- Finances down
- Crime rates up
- Health care down
- Home alone up
- Mental health issues up
- Child Abuse up
- Birth rate up
- D.V. up

Opportunities:

- FQHC
- Reduced Rx plans for providers
- Free health care clinics
- Partnerships with others

Homelessness:

Threat:

- Job loss
- Job decreases
- Foreclosures
- Price increases for goods
- Disease up
- Crime up
- Preventative care down
- Immigration of poor ctn's

Opportunities:

Partnerships with communities
Health care reform

Group C: Susan Coleman, Dr. Blanchard, Wendy Fletcher Altman, Tim Putman

Economy	Reduction in healthcare , dental, optical	Everyone is together or all are vulnerable
Technology	Reimbursement	Tele-medicine
Homelessness	Lack of healthcare Lack of access	Collaboration between providers/develop network

5:45-6:30 Strategic Issue Group Identification

The Group began a long discussion of referring back to the decided vision and mission for the PanhandleHATS and lining up the strategic issues to accomplish those goals. Although the nine strategic issue questions (per Teresa Kelly) were not individually addressed, the group as a whole began to see the whole picture of needs assessed and the movement of the group.

Issues discussed were:

1. Eligibility application process
 - o Clerks
 - o Single entry eligibility
 - o Models: Hillsborough county, Palm Beach, Miami, Work Force Development
2. Transportation: trolley, public transportation providers
3. 211: if funding went through today, they resources are not in place access of health care
 - o Partnership with Civic organizations as a way to get resources in place such as Bay Medical Society, ER Division, sliding scale ER clinics due to economy
4. Education: school is only local mandate to build from currently
 - o The resource for most homeless to get clothes, food, resources such medical services, shelter
 - o Bay County has such a high ratio of homeless children with disabilities
5. 24 access PCP clinic for working parents or homeless to receive healthcare after their work schedule to help get themselves back on their feet

- The 24 hour clinic would involve an eligibility clerk at both ends of the bridge then with a case manager to follow up with an assigned PCP
- Urgent Care versus Pediatric care—level 1 and level 2 issues with reimbursements for physicians

6. Partnerships model

- ER diversion plan/model with clinic or physicians
- Hospital/ER hours delay time waiting
- ER partnerships with split reimbursements which would help identify population

6:45-7:00

Wrap-up

Hannah Ross
Coalition Facilitator

7:00

Adjourn

Please note: Next Meeting Date: April 12th

****Focus on Formulate our Goals and Strategies for the PanhandleHATS****