

PanhandleHATS Coalition Action Plan

Updated October 7, 2014

Vision

The PanhandleHATS Regional Coalition’s vision is 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.

Strategies and Action Steps

Strategic Issue 1: What is needed to ensure successful health care transition for Y/YA with complex health and medical needs as they move from a pediatric to adult system of care?

Objective 1.1: 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.

Activity/Action Step	Responsibility	Resources/Partners Needed	Status to Date
1.1.1 Identify existing organizations within the Panhandle region to expand Coalition and when appropriate, to invite them to become Coalition members.	HATs Coordinator and Coalition members.	CMS, Medicaid, Nemours, Faith-based clinics, non-profit, and other state-based agencies. Include at-large consumer advocate.	In Progress. 3 to 9 months.
1.1.2 Identify existing facilities and potential new providers in Escambia, Santa Rosa, Okaloosa and Walton Counties.	HATs Coordinator and Coalition members.	To be determined. In CMS Northwest Region’s Pensacola SubRegion catchment area.	In Progress. 1 to 6 months.
1.1.3 Reevaluate existing facilities and potential new providers in Bay, Okaloosa and Walton Counties.	HATs Coordinator and create a subcommittee of Coalition members.	Bay County CMS, FL Department of Health in Bay County, PanCare FQHC, 2-1-1, and others to be determined.	In Progress. 6 to 12 months.
1.1.4 Reevaluate to monitor and maintain a seamless Health Navigation Model for CMS Transition Clients to FQHC(s) and increase client enrollment.	HATs Coordinator, CMS RNs/BSWs and FQHC(s) intake RN/BSW.	Plan and implement educational updates Internal CMS staff and Coalition members.	In Progress. 1 to 6 months.

Objective 1.2: Encourage Pediatricians/Adult Providers in-network to adopt health transition policies in their practices.

Activity/Action Step	Responsibility	Resources/Partners Needed	Status to Date
1.2.1 Identify how to get more adult providers participating in the community of transitioning patients that have complex medical needs.	CMS, HATs Coordinator and other Coalition members.	Sacred Heart's Children's Leadership Committee and Escambia/Santa Rosa Medical Society.	In Progress. 1 to 12 months.
1.2.2 Create varied education program(s) on transition steps and barriers that affect providers and case managers. Examples of solutions would be brochures, web-based content, AHEC Pediatric Transition online courses, etc.	HATs Coordinator and create an Education subcommittee of Coalition members.	Education subcommittee, AHEC, FL HATs Coordinator, regional 2-1-1, SHH Residency Program, ECC/FQHC and Pediatric Spring 2015 Symposium.	In Progress. 1 to 12 months.

Objective 1.3: Identify and affect current policies of payer sources and educate them to recognize the specific issues around health transitions for the Y/YA population.

Activity/Action Step	Responsibility	Resources/Partners Needed	Status to Date
1.3.1 Continue to review existing information and expand awareness of new public, State, and National funding sources and insurance coverage(s).	HATs Coordinator and create a subcommittee of Coalition members. (Chaired by CMS representative)	Sacred Heart Children's Leadership committee, Nemours and Florida HATs Coordinator, and FQHC/Navigators.	In Progress. 6 to 12 months.