

# TRANSITION

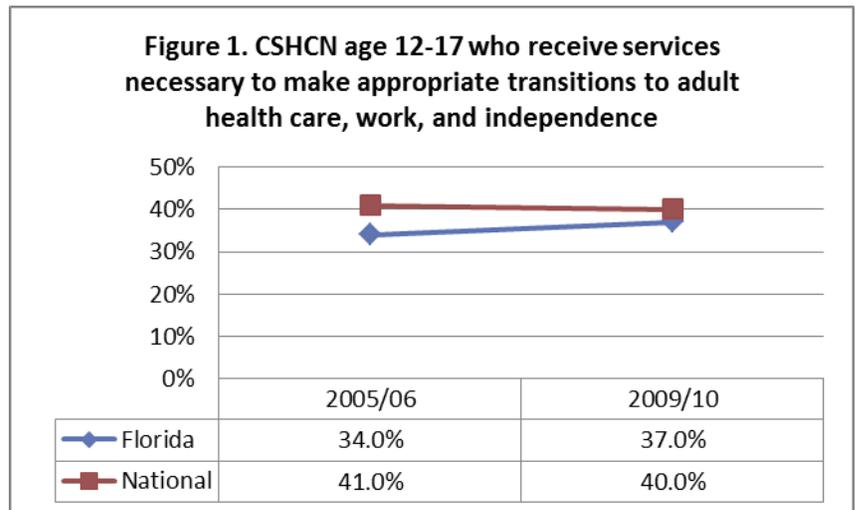
## Public Health Issue

The transition from pediatric to adult healthcare has become a priority nationwide as indicated by a consensus statement and report developed jointly by the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Physicians. [1] Effective transition is especially important for children with special health care needs who are less likely than their non-disabled peers to finish school, go to college, or secure employment. [2]

When transition is successful it can maximize lifelong functioning and wellbeing. Proactive coordination of patient, family, and provider responsibilities prior to becoming an adult better equips youth to take ownership of their health care as adults. [1]

## Magnitude and Trend

Using data from the 2005-2006 and 2009-2010 National Survey of Children with Special Health Care Needs, Figure 1 shows that although Florida is moving in the right direction, the percentage of children with special health care needs receiving appropriate transition services from their health care providers is less than the national average. From 2005-2006 to 2009-10, Florida did show a 3.2 point increase (9.4%) in this outcome. The range across all states in 2009-2010 was 38.7% to 41.4%. [3]



Children’s Medical Services Network conducts surveys with parents each year and transition is a topic in the survey. Figure 2 shows that the percentage of families who report that their child’s Children’s Medical Services Network care coordinator discussed transition with them has remained relatively constant for the past three years. [4]

| <b>Figure 2. Percentage of Florida parents who reported their CMSN Care Coordinator discussed their child's healthcare needs as they become an adult</b> |           |           |           |
|--|-----------|-----------|-----------|
|  | 2011-2012 | 2012-2013 | 2013-2014 |
| Florida Title XIX Reform   | 32%       | 32%       | 34%       |
| Florida Title XIX Non-Reform   | 32%       | 32%       | 26%       |
| Florida Title XXI  | 30%       | 27%       | 26%       |

As part of the Title V Needs Assessment Process, the Children’s Medical Services Network conducted a convenience survey of parents of children with special health care needs and staff/providers in October 2014. Respondents were asked to prioritize what needs of children with special health care needs Children’s Medical Services Network programs should work on. Parents answered from their family’s perspective and providers from their experience with patients.

- 46% of providers assigned assistance with transition services a “high priority” need that Children’s Medical Services Network should work on immediately
- 18% of parents said that assistance with preparing their child to transition to the adult health care system was a “high priority” need [5]

## National and State Goals

Healthy People 2020 Objective DH-5 is to increase the proportion of youth with special health care needs whose health provider has discussed transition planning from pediatric to adult health care. [6]

Objective AC6.3.1 of the Florida State Health Improvement Plan (SHIP) is that 100% of Children's Medical Services Network's primary care projects will provide transition education and activities for children with special health care needs who are transitioning from child-centered to adult-oriented health care systems. [7] This goal was met in 2012/13. The strategy for this objective is to work collaboratively with Children's Medical Services Network approved primary care providers to provide health care transition education for children and their families to prepare the child and family for a successful health care transition process.

## Current State Programs and Initiatives

- The JaxHATS clinic in Jacksonville is a patient-centered care medical home program for area youth, ages 16-26, with chronic medical or developmental problems. JaxHATS is leading the way in transition planning and execution in the state. Its multidisciplinary staff includes a pediatrician, adult internal medicine specialist, nurse care coordinators, and a transition specialist. [8]
- The JaxHATS team also works with youth over time to help them gain the knowledge and skills needed to achieve non-medical life goals. Services provided by JaxHATS are covered by Medicaid, Children's Medical Services Network, and most other commercial health insurance plans. [8]
- FloridaHATS is a collaborative initiative of Children's Medical Services Network and the University of South Florida established to ensure the successful transition from pediatric to adult health care for all youth and young adults in Florida, including those with disabilities, chronic health conditions, or other special health care needs. FloridaHATS activities include health care financing, education and training, and service models of care. FloridaHATS also provides oversight to four regional health care transition coalitions. [9]

## Public Health Strategies and Practices

Strategies and practices for transition have been identified in "*Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home*," a clinical report jointly produced by the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Physicians (ACP) [1]. This report provides expert opinion and consensus on the practice-based implementation of transition for all youth beginning in early adolescence.

Through the identified objectives and strategies of Florida's 2012-2015 State Health Improvement Plan, the Florida Department of Health Children's Medical Services Network will continue to work towards solutions to eliminate transition barriers for both service providers and families with children with special health care needs in the transition age range. Children's Medical Services Network and FloridaHATS are impacting the transition issue with the following activities:

- Development of a new course entitled, "Health Care Transition Training for Health Care Professionals" that incorporates the Six Elements of Health Care Transition 2.0 from Got Transition, the National Center for Health Care Transition Improvement. This training is free and is available to the public. Health care professionals can earn continuing education credits for the program.
- Worked with state and local partners to develop awareness of the lack of adult providers in the state who are able to care for children with special health care needs transitioning out of the Children's Medical Services Network.
- Established four Regional Health Care Transition Coalitions to address issues with physicians, nurses, and community partners.
- The FloridaHATS website contains an interactive Transition Toolkit for physicians, families, youth, and case managers.

- Children’s Medical Services Network health care transition liaisons at Central Office and across the state collaborate with other agencies, which include the Department of Education and Vocational Rehabilitation, and the Agency for Persons with Disabilities.
- Collaboration with the University of Florida Pediatric Pulmonary Center Training Program.
- Collaboration with the Florida Developmental Disabilities Council, Inc.

## DOH Capacity

Florida has an established foundation for transition initiatives and, therefore, expanding this initiative may be possible. Department of Health Children’s Medical Services Network program capacity would require expansion of current transition initiatives to effectively address the transition needs of enrolled families, however, no increased funding is needed. No statutory changes will be required.

## References

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4. Evaluation of the Integrated Care Systems for Title XXI Enrollees, June 2014; Evaluation of Non-Reform and Reform Healthcare for Title XIX Enrollees, June 2014.
5. CMSN Needs Assessment Stakeholder Advisory Group Survey #2 October 2014
6. Child and Adolescent Health Measurement Initiative (2012). NSCH and NS-CSHCN Measures Relating to Healthy People 2020 Objectives. Data Resource Center. Retrieved 11/20/14 from [www.childhealthdata.org](http://www.childhealthdata.org).
7. Florida Department of Health. Florida State Health Improvement Plan 2012-2015.
8. University of Florida. Jacksonville Health and Transition Services. [www.hscj.ufl.edu/jaxhats](http://www.hscj.ufl.edu/jaxhats)
9. Florida Health and Transition Services. [www.floridahats.org](http://www.floridahats.org)

# Capacity Needs

CAST-5

Second Edition

*A collaborative project of the Association of Maternal and Child Health Programs and the Johns Hopkins Women's and Children's Health Policy Center*

Capacity Assessment for State Title V (CAST-5) is a set of assessment and planning tools for state Title V Maternal and Child Health Services Block Grant programs interested in examining their organizational capacity to carry out key MCH program functions. For more information on CAST-5, visit [www.amchp.org/cast5](http://www.amchp.org/cast5).

## Instructions

The Capacity Needs are grouped into four categories of resources:

**Structural Resources:** Financial, human, and material resources; policies and protocols; and other resources held by or accessible to the program that form the groundwork for the performance of core functions.

**Data/Information Systems:** Technological resources enabling state of the art information management and data analysis.

**Organizational Relationships:** Partnerships, communication channels, and other types of interactions and collaborations with public and private entities, including, but not restricted to, local, state, and federal agencies, professional associations, academic institutions, research groups, private providers and insurers of health care, community-based organizations, consumer groups, the media, and elected officials.

**Competencies/Skills:** Knowledge, skills, and abilities of Title V staff and/or other individuals/agencies accessible to the Title V program (i.e., borrowed/purchased staff resources).

Review each Capacity Need listed for the specific need and discuss with others the extent to which that resource is sufficiently present or in need of enhancement, given the activities and performance goals of the program. Using the scoring worksheet, check the box indicating whether the program *has* or *needs* each resource. Explanations for each of the categories (i.e., structural resources etc. can be found in a separate document and was emailed to you).

**Need: Transition**

| Capacity Need   | Have | Need | If need, for what area(s) of programmatic performance?  |
|---|------|------|---|
| <b>Structural Resources</b>   |      |      |   |
| 1) Authority and funding sufficient for functioning at the desired level of performance   | X    |      |   |
| 2) Routine, two-way communication channels or mechanisms with relevant constituencies   |      | X    | FloridaHATS is addressing this.   |
| 3) Access to up-to-date science, policy, and programmatic information   |      | X    | Need to work to ensure up-to-date evidence that is being used at local level  |
| 4) Partnership mechanisms (e.g., collaborative planning processes and community advisory structures)  |      | X    | FloridaHATS is addressing this.   |
| 5) Workforce capacity institutionalized through job descriptions, contract language about skills and credentials, training programs, and routine assessments of capacity and training plans |      | X    | FloridaHATS is partially addressing this issue with the Health Care Transition Training for Health Care Professionals course which is available to anyone who wants to take it. |
| 6) Mechanisms for accountability and quality improvement  |      | X    | CMSN is developing the CMSN Health Care Transition Policy to address accountability of CMSN employees and providers.  |
| 7) Formal protocols and guidance for all aspects of assessment, planning, and evaluation cycle  |      | X    |   |
| <b>Data/Information Systems</b>   |      |      |   |
| 8) Access to timely program and population data from relevant public and private sources  | X    |      |   |
| 9) Supportive environment for data sharing  |      | X    | Need data from ICHP to analyze by subgroups   |
| 10) Adequate data infrastructure  | X    |      |   |
| <b>Organizational Relationships</b>   |      |      |   |
| 11) State <i>health</i> department/agencies/programs  | X    |      | The Florida Department of Health has included transition as part of the State Health Improvement Plan.  |
| 12) Other relevant state agencies   | X    |      | Some have been identified, improved partnership is needed   |
| 13) Insurers and insurance oversight stakeholders   |      | X    | Most health plans do not pay for transition planning.   |
| 14) Local providers of health and other services  | X    |      |   |
| 15) Superstructure of local health operations and state-local linkages  |      | X    | Could link data from JaxHATS to statewide data (claims, registry etc.)  |

| Capacity Need   | Have | Need | If need, for what area(s) of programmatic performance?                     |
|---|------|------|--|
| 16) State and national entities enhancing analytical and programmatic capacity                      | X    |      | National evidence does exist albeit limited                                |
| 17) National governmental sources of data   | X    |      | Data Resource Center is sponsored by the Maternal and Child Health Bureau. |
| 18) State and local policymakers  |      | X    | None to date that have championed this issue.                              |
| 19) Non-governmental advocates, funders, and resources for state and local public health activities | X    |      | National organizations support this issue                                  |
| 20) Businesses  |      | X    |  |
| <b>Competencies</b>   |      |      |  |
| 21) Communication and data translation skills   |      | X    | ICHP data needs to be more targeted and partitioned.                       |
| 22) Ability to work effectively with public and private organizations/agencies and constituencies   |      | X    | Little private sector involvement  |
| 23) Ability to influence the policymaking process   |      | X    |  |
| 24) Experience and expertise in working with and in communities                                     | X    |      | Especially in JaxHATS  |
| 25) Management and organizational development skills  |      | X    |  |
| 26) Knowledge and understanding of the state context  | X    |      |  |
| 27) Data and analytic skills  |      | X    | ICHP data needs to be more targeted and partitioned.                       |
| 28) Knowledge of MCH and related content areas  | X    |      |  |

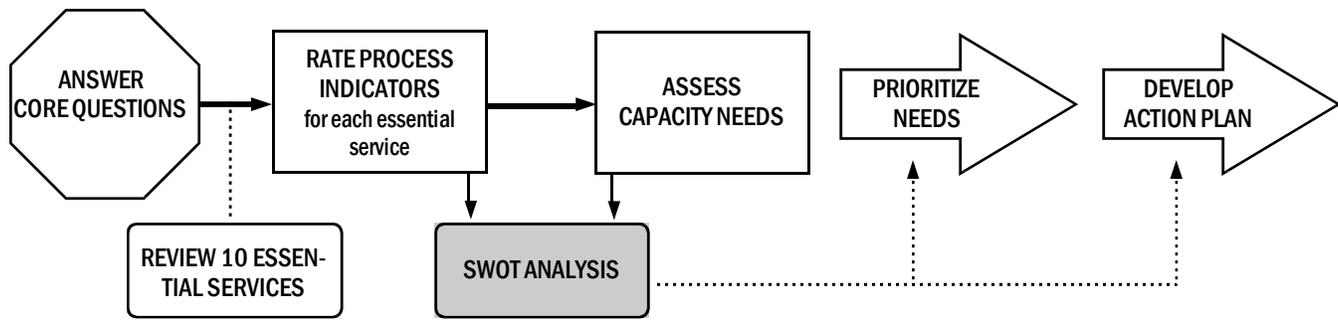
# SWOT Analysis

## CAST-5 Second Edition

*A collaborative project of the Association of Maternal and Child Health Programs and the Johns Hopkins Women's and Children's Health Policy Center*

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### The CAST-5 Process



*The analysis of strengths, weaknesses, opportunities, and threats is used for an in-depth analysis of performance for each Essential Service.*

### Instructions

For the issue listed below, identify the internal and external strengths, weaknesses, opportunities, and threats that are relevant to undertaking or enhancing the specified function. Examples of factors to consider are provided for each component of the analysis.

Although you have been assigned to complete this SWOT analysis, feel free to call on others in your organization/unit for their input. Ultimately, the SWOT analysis will be used when considering which needs should be prioritized.

SWOT Analysis Tool

## Issue: Transition

### Strengths

*(e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships; organizational culture; organizational structure)*

- JaxHATS program has much experience in transitioning YSHCN to adult providers.
- FloridaHats, while relatively new, will create a statewide network for transition.
- Many CMSN staff and parents view transition as an issue that is important.

### Opportunities

*(e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes; technological developments)*

- The Affordable Care Act extends coverage of teens on their parents insurance to age 26 - this could lead to changes in infrastructure in the health care system.
- CMSN could recruit medical directors from all Area Offices and programs to participate in regional coalition meetings.
- A dynamic statewide physician transition consultant could recruit community and state partners.

### Weaknesses

*(e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)*

- Transition data collected in CMSN surveys, and national surveys, shows little to no progress made over time.
- Materials exist for addressing transitions with families, but they are costly to print.
- FloridaHATS is relatively new and there are not yet health care transition coalitions statewide.
- At the present time, the FloridaHATS contract does not have a physician transition consultant who can partner with transition champions at the physician level.

### Threats

*(e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)*

- New federal reporting (CHIPRA) and AHCA performance measure reporting does not address transition. As such, it may become less important of an issue.