

JaxHATS:

A Model Medical Home for Youth and Young Adults Ages 16-26



Presenters:

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JaxHATS Vision

To provide a continuum of comprehensive, accessible, and quality health care for youth and young adults with special health care needs living in Northeast Florida.

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the left and right sides of the frame, creating a modern, layered effect. The central area is a plain white space.

Background

Prevalence and Importance

- ▶ There are an estimated 1.9 million Floridians between the ages of 14 to 21 years
 - ▶ Approximately 10% have disabilities or other serious chronic physical and mental health conditions
 - ▶ Due to advances in medical care, over 85% of these adolescents and young adults will have life spans of 60 to 70 years
 - ▶ While medical care has allowed these children to survive the pediatric years, our current health care system does not adequately support them into adulthood
- ▶ During every phase of their lifespan, these individuals use health care services at much higher rates than the general population

Healthy People 2010 Objective

Ensure that youth with special health care needs (YSHCN) receive the services necessary to transition to all aspects of adulthood, including from pediatric to adult health care, from school to employment and to independence.

Source: USDHHS, www.hhs.gov/newfreedom/final

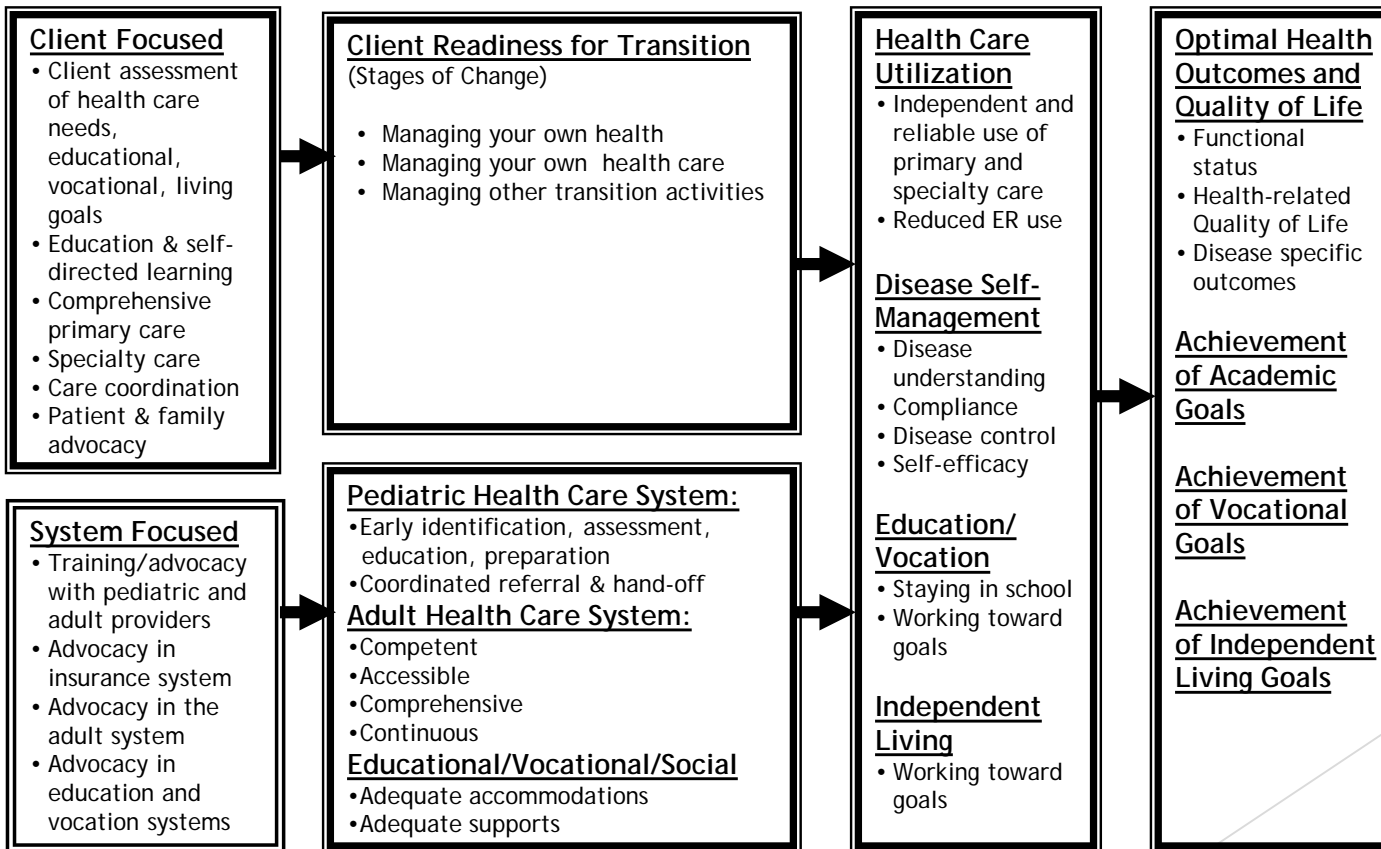
JaxHATS Original Partners

- ▶ Initial meeting occurred in Spring 2005
- ▶ Partners included
 - ▶ Nemours Children's Clinic
 - ▶ University of Florida-Jacksonville, Department of Pediatrics (Divisions of Adolescent Medicine and Community Pediatrics) and the Department of Internal Medicine
 - ▶ Hope Haven Clinic
 - ▶ Northeast Florida Children's Medical Services
 - ▶ ARC of Jacksonville
 - ▶ Duval County Health Department
 - ▶ Senator Stephen Wise, 5th District

Logic Model

INTERVENTION → PROCESS MEASURES → INTERMEDIATE OUTCOMES → LONG-TERM OUTCOMES

Transition Program:



Current Program

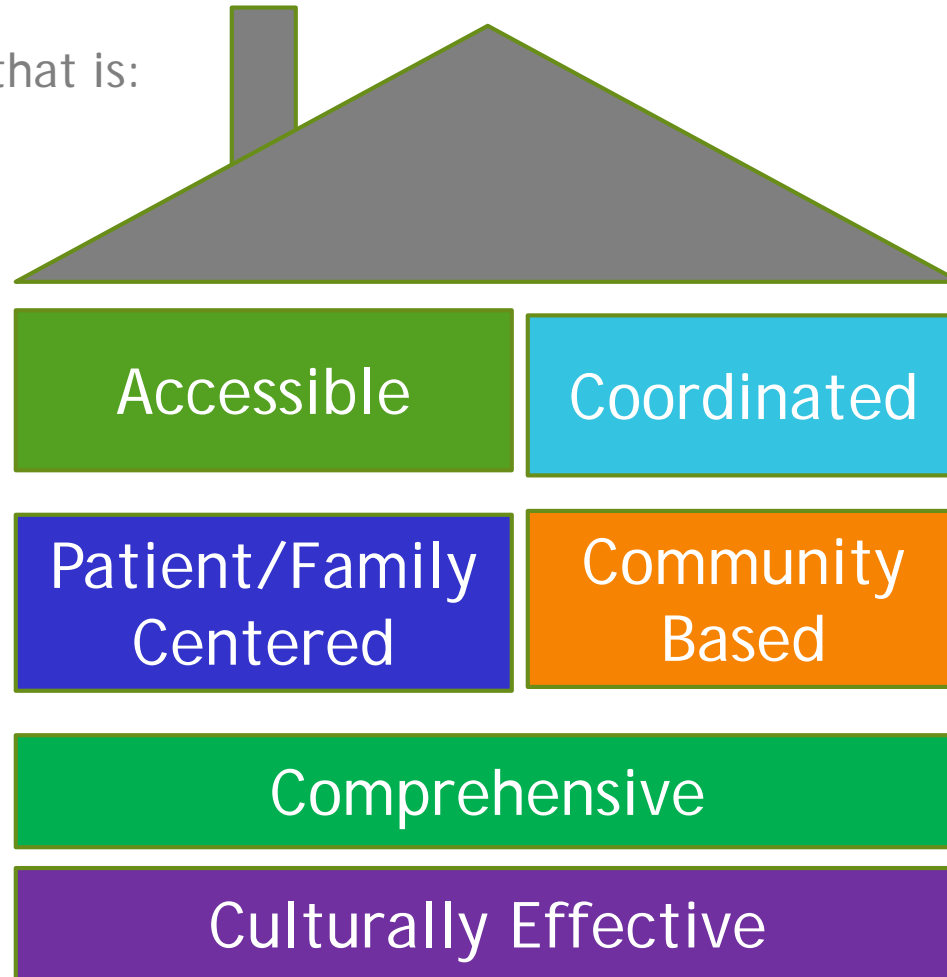
A Medical Home During Transition

- ▶ Primary Care Medical Home
 - ▶ 16-26 years
- ▶ Care Coordination
 - ▶ Disease Self Management Support
 - ▶ Education
- ▶ Medical Referrals
 - ▶ Specialty Care
 - ▶ Mental Health
 - ▶ Medications, Supplies, Equipment
- ▶ Transition Support
 - ▶ Independent living/Guardianship
 - ▶ Educational/Vocational planning



What is a Medical Home?

A doctor's office that is:



JaxHATS Structure

- ▶ The JaxHATS program serves approximately 500 young adults with a wide range of diagnoses
- ▶ Currently enrolling approximately 10 new patients/month
- ▶ 4 clinic half days per week
- ▶ 2 locations
 - ▶ Pediatric Multispecialty Clinic (across from Children's Hospital and Pediatric Subspecialty Clinics)
 - ▶ UF Health Ambulatory Care Center Outpatient Clinic

Referrals

- ▶ Direct referrals through Children's Medical Services
 - ▶ 1/3 patients are enrollees of CMS
- ▶ Subspecialty providers at Nemours Children Health System
 - ▶ Hematology, Endocrinology, Neurology
- ▶ Community Pediatric Practices
 - ▶ Private
 - ▶ Department of Health
- ▶ Duval and Clay County School Districts
- ▶ Other Community Providers/Agencies

Common Diagnoses of Patients Enrolled in JaxHATS (as of 6/1/14)

	Number of Patients
Intellectual Disability/Autism/Complex Genetic	120
Cerebral Palsy	75
Emotional disorders	40
Diabetes	42
Seizure disorders	80
Asthma/other Pulmonary	20
Sickle Cell	30
Other Endocrine	20
Cancer Survivors	15
Spina Bifida	15
Congenital Heart Disease	15
Cystic Fibrosis	3
S/p Transplant	6
TBI/Spinal Cord Injury	5
Total enrolled	400

Urology

(evaluated in hospital June 2013, referred for follow-up X 5)

Case Manager

Pain Team

(No show for appt X2)

Adult Hematology

(From 2007 to present was seen 3 times only)

Ophthalmology

(no show X 3, referral no longer accepted)

JaxHATS

Hospital ER's

ER's

- Memorial
- Baptist
- UF Health

ENT

(seen X 1, never followed up)

Cardiology

(referred X 8, never followed up, EKG/ECHO done in hospital, June 2012)

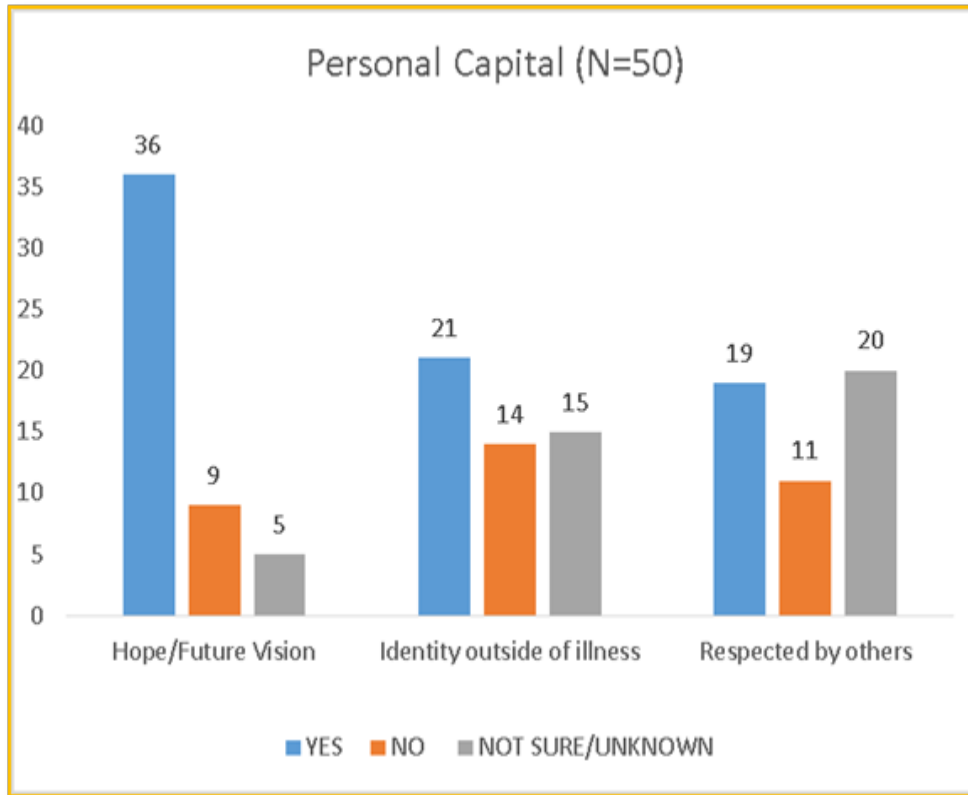
Gynecology

(no show for appointment X 1)

Non Medical Transition Needs

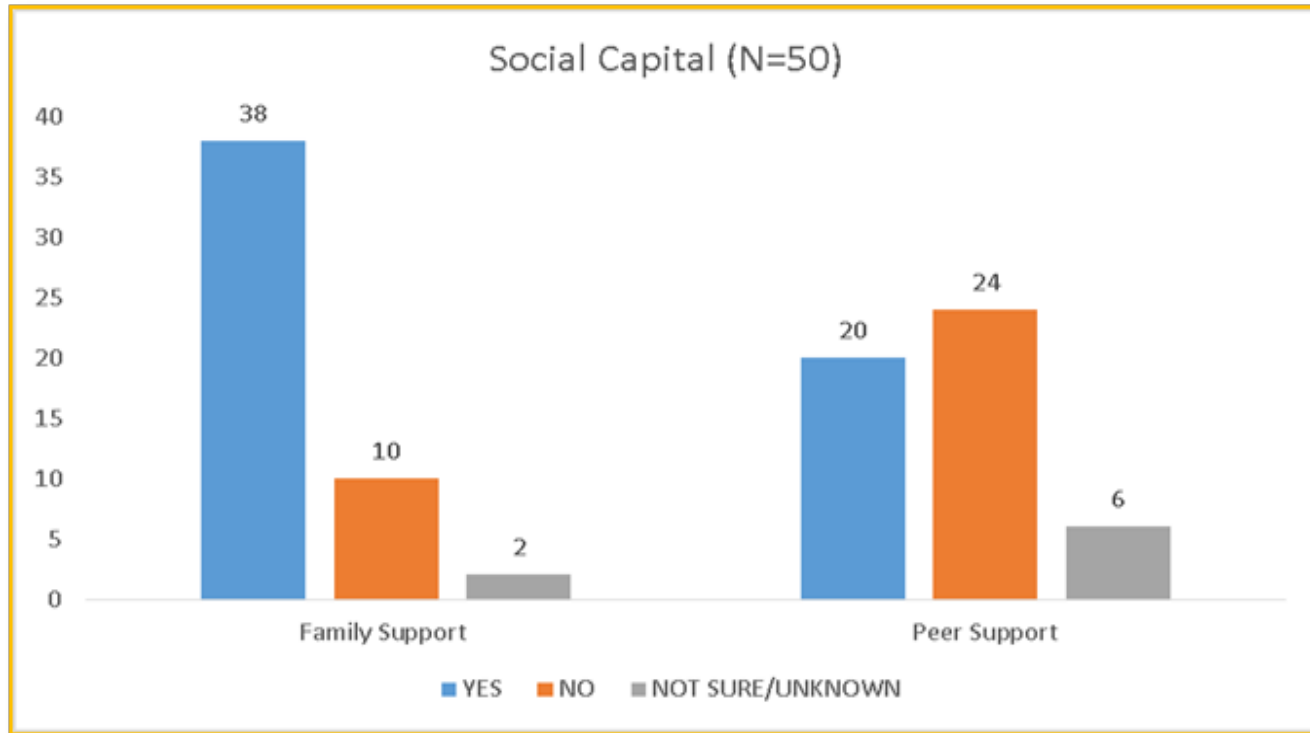
- ▶ Personal
- ▶ Social
- ▶ Economic
- ▶ Environmental
- ▶ Educational

Personal

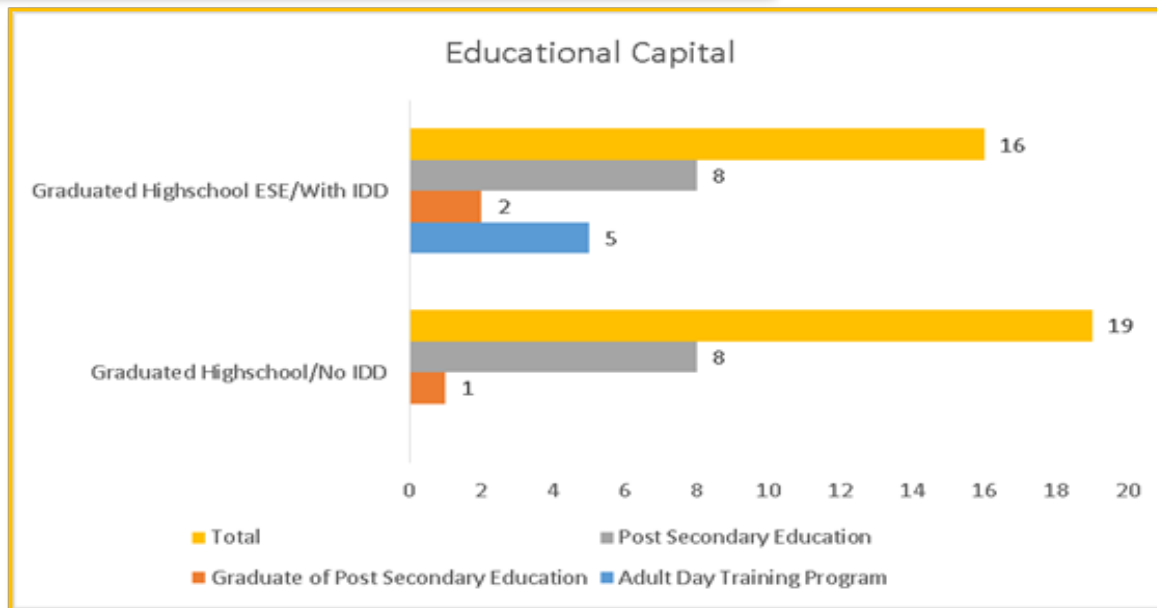
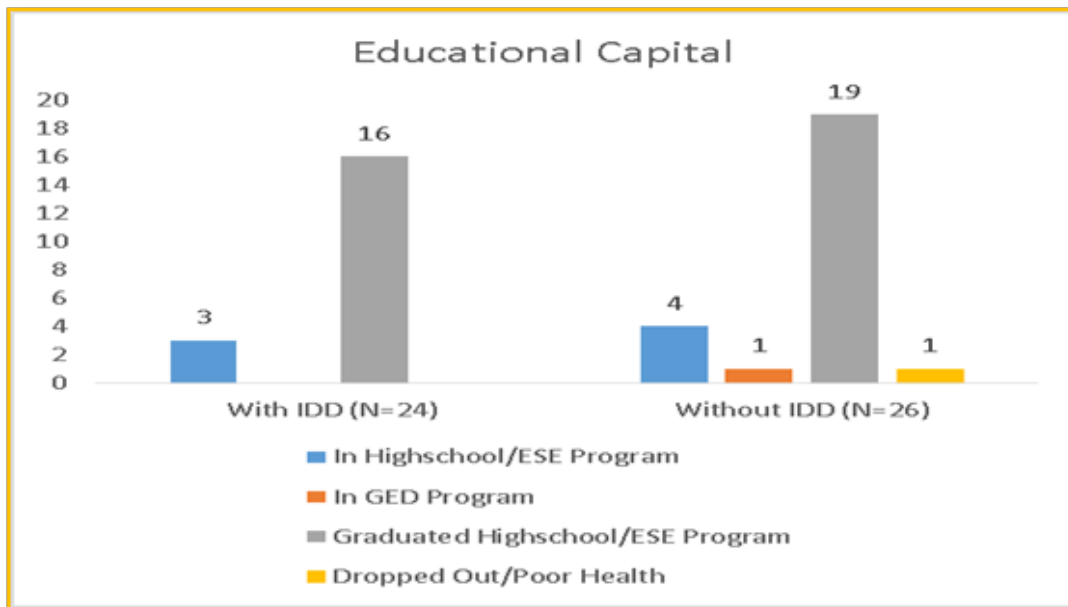


Patient Characteristics (N=50)		
	N	%
Gender		
Female	22	44
Male	28	56
Race		
Black	28	56
White	17	34
Hispanic	3	6
Asian	1	2
Unknown	1	2

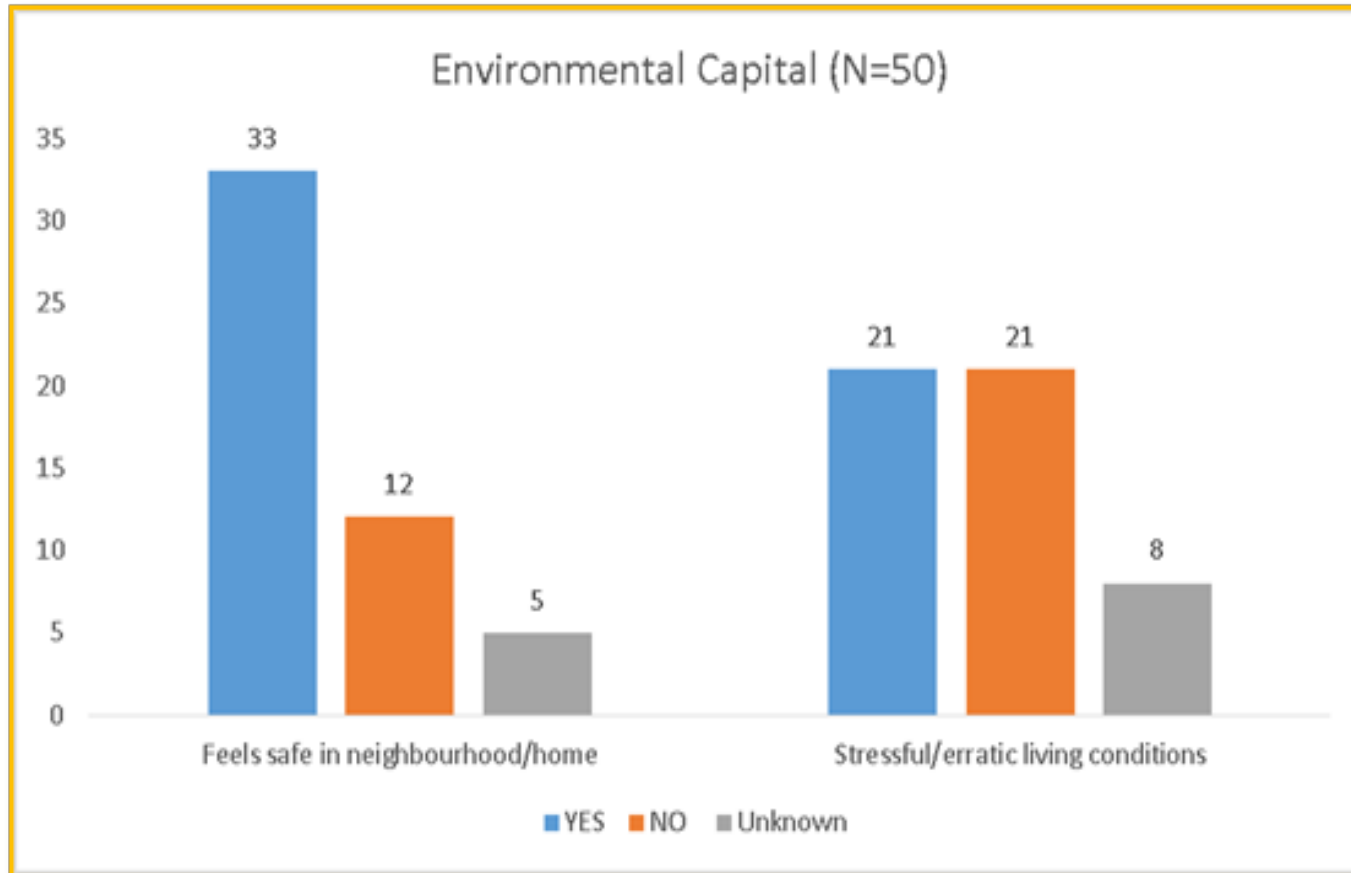
Social



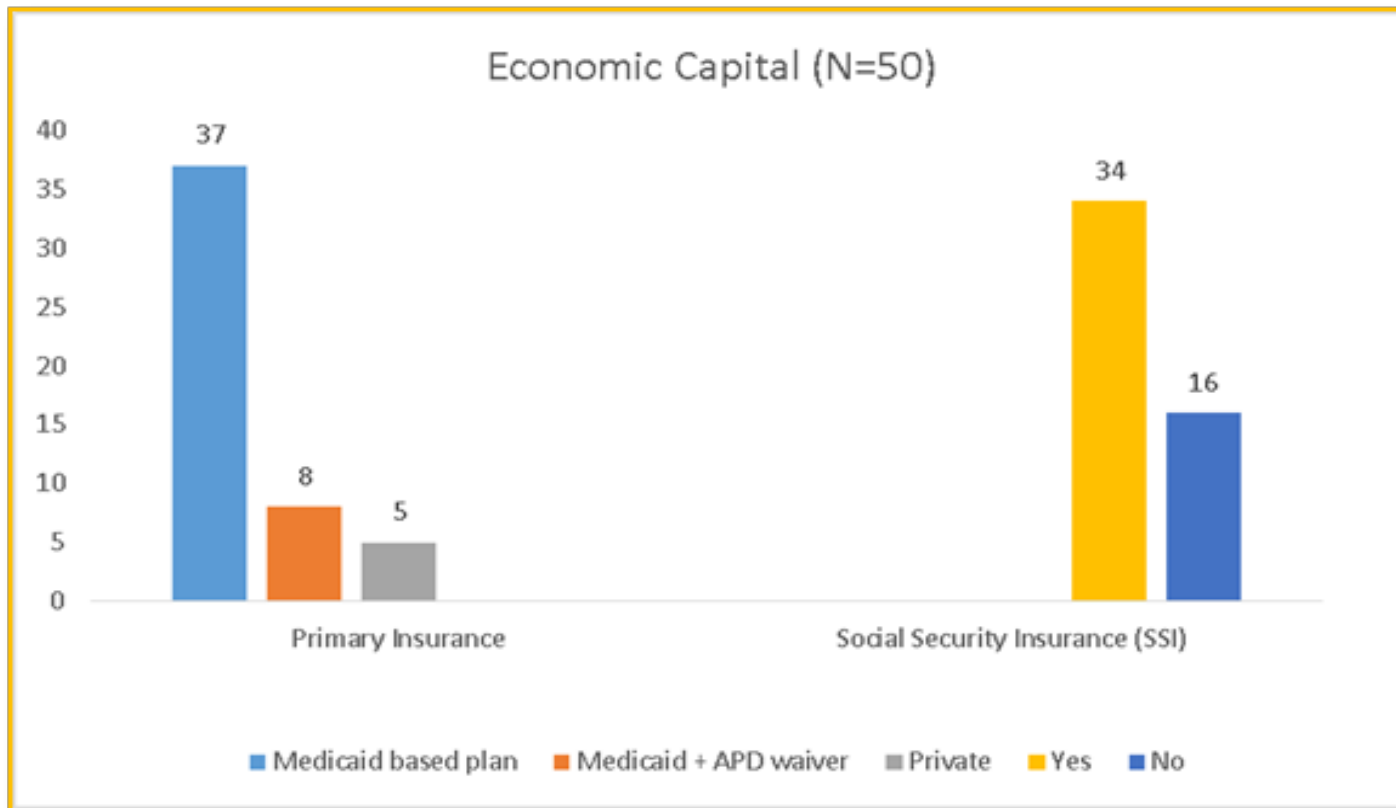
Education



Environmental



Economic



Patient Name: _____ Date of Birth: ___/___/___ Today's Date ___/___/___ (MRN# _____)

Transition Readiness Assessment Questionnaire (TRAQ)

Directions to Youth and Young Adults: Please check the box that best describes **your** skill level in the following areas that are important for transition to adult health care. There is no right or wrong answer and your answers will remain confidential and private.

Directions to Caregivers/Parents: If your youth or young adult is unable to complete the tasks below on their own, please check the box that best describes **your** skill level. **Check here** if you are a parent/caregiver completing this form.

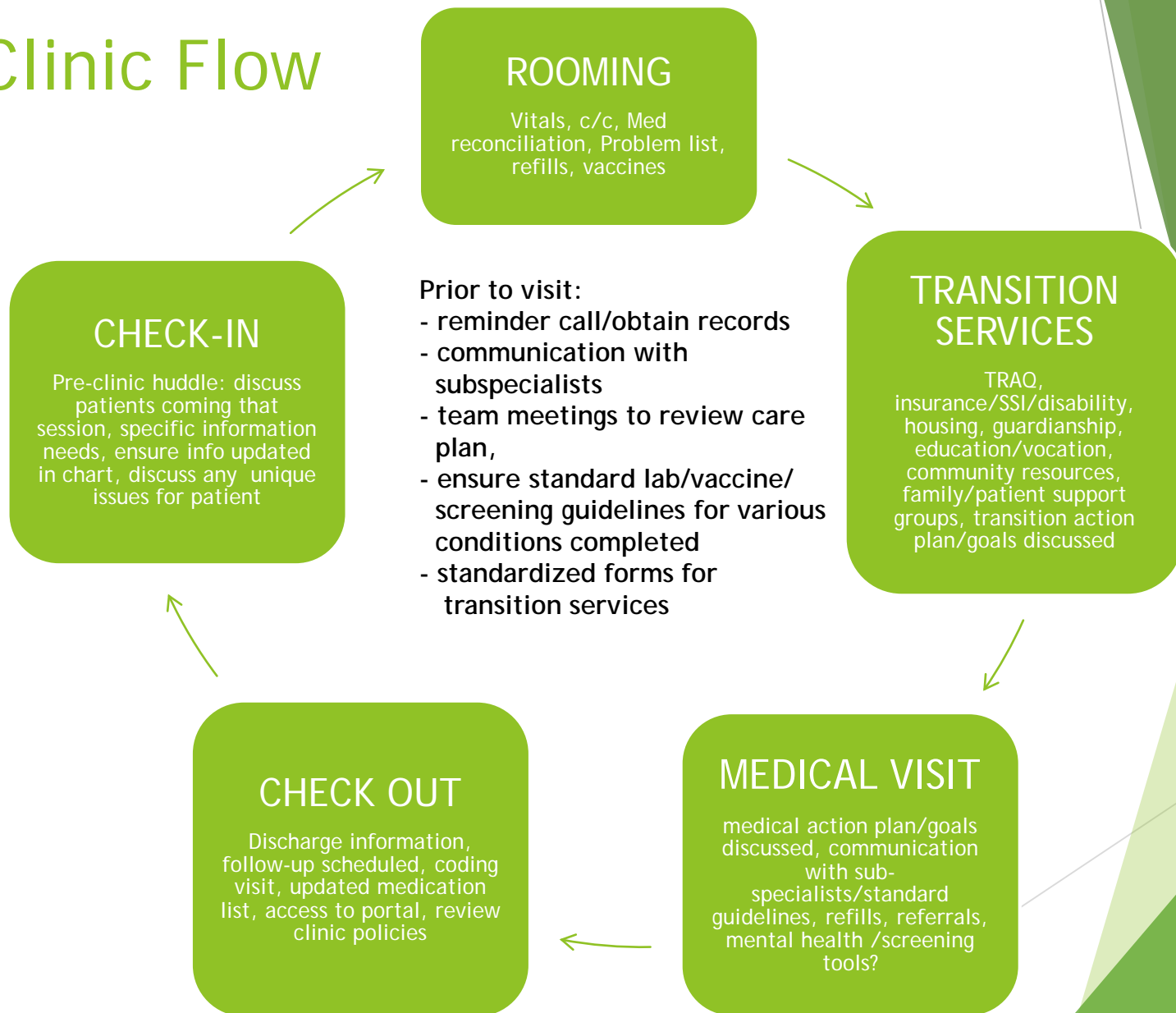
	No, I do not know how	No, but I want to learn	No, but I am learning to do this	Yes, I have started doing this	Yes, I always do this when I need to
Managing Medications					
1. Do you fill a prescription if you need to?					
2. Do you know what to do if you are having a bad reaction to your medications?					
3. Do you take medications correctly and on your own?					
4. Do you reorder medications before they run out?					
Appointment Keeping					
5. Do you call the doctor's office to make an appointment?					
6. Do you follow-up on any referral for tests, check-ups or labs?					
7. Do you arrange for your ride to medical appointments?					
8. Do you call the doctor about unusual changes in your health (For example: Allergic reactions)?					
9. Do you apply for health insurance if you lose your current coverage?					
10. Do you know what your health insurance covers?					
11. Do you manage your money & budget household expenses (For example: use checking/debit card)?					
Tracking Health Issues					
12. Do you fill out the medical history form, including a list of your allergies?					
13. Do you keep a calendar or list of medical and other appointments?					
14. Do you make a list of questions before the doctor's visit?					
15. Do you get financial help with school or work?					
Talking with Providers					
16. Do you tell the doctor or nurse what you are feeling?					
17. Do you answer questions that are asked by the doctor, nurse, or clinic staff?					
Managing Daily Activities					
18. Do you help plan or prepare meals/food?					
19. Do you keep home/room clean or clean-up after meals?					
20. Do you use neighborhood stores and services (For example: Grocery stores and pharmacy stores)?					

The Care Team - It Takes a Village...

- ▶ Providers: Pediatric (*), Adult (*), ARNP (Pediatric)
- ▶ Transition Coordinator/Community Liaison
- ▶ CMS Care Coordinator(*)
- ▶ MA (*)
- ▶ Referral Coordinator (*)
- ▶ Administrative Assistant (*)
- ▶ Clinic staff - Office Manager, CSR's (*)
- ▶ Community Partners, Subspecialty Providers, Hospitalists (*)

(*) - Shared with other programs

Clinic Flow



JaxHats Team Task

- Task reviewed
- Distribute task to the following: providers, referral coordinators, patient call back, outside providers- according to request asked. For example: Pt wants to come in earlier because of acute issue-Coordinator returns call to schedule earlier
- If it is a task that requires comprehensive medical advice –routed to Provider.
- New patient request are received- call backs are made. Brief overview of JaxHats to make sure patient understands the program , review the medical dx, insurance and needs of patient.

Call Center

- Call Center inbound call received
- Schedule appts except for New Patient those are routed to JaxHats Team Task for Intake Coordinator
- Med refills
- Answer general questions
- Routes messages to JaxHats Team

Call Center

JaxHats Team Task

Providers

Referral
Coordinators

Patient
Call Back

Outside
Providers
(APD, caregivers,
group homes, etc)

Provider, referral coordinator, patient call back, outside providers, misc

- Receive the task to complete or return back to JaxHats Team to complete

Coordinator ensure the task has been received, addressed and completed

Evaluation

- ▶ Patient or family self-report
- ▶ Emergency Department
 - ▶ 20% of new patients report ER visit in past 12 months compared to 10% of enrolled patients
- ▶ Hospital Admissions
 - ▶ 6% of new patients report hospital admission in past 12 months compared to 4% of enrolled patients
- ▶ Significant increase in JaxHATS urgent care visits over past 6 months

Evaluation (cont'd)

- ▶ Patient satisfaction survey
 - ▶ Score 92%
 - ▶ Domains :
 - ▶ Receiving needed care
 - ▶ Care in a timely manner
 - ▶ Quality of provider communication
 - ▶ Courtesy, respect, and helpfulness of program staff
 - ▶ Efficiency with regards to provision of health information and paperwork

Funding

- ▶ Funding from CMS and UF Health Hospital; expenses include:
 - ▶ Staff
 - ▶ Aetna Office Space/Supplies/Parking/Medical Record Fees
 - ▶ Call Center/After Hours Calls
- ▶ Primarily Medicaid or Medicaid managed care plans
- ▶ CMMI Grant (16 to 21 years)
 - ▶ To improve patient experience/outcome
 - ▶ Minimize unnecessary ER utilization
 - ▶ Workflow efficiency
 - ▶ Youth Council

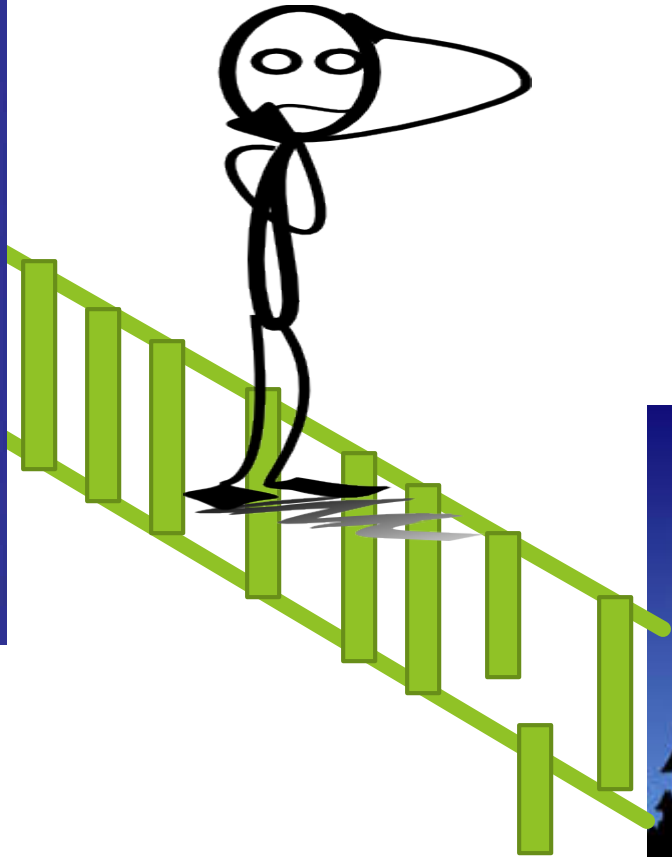
Challenges/Lessons Learned

- ▶ Staffing
 - ▶ Burnout, Cultural Competency, Trauma-Informed
- ▶ Social/Environmental Barriers
 - ▶ Patient priorities, No shows
- ▶ System Barriers
 - ▶ Insurance limitations, communication between providers/services
- ▶ Team Approach
- ▶ Overlap of Services/Sharing Resources
 - ▶ Center for the Medically Complex Child
- ▶ Collaborative Care Models
 - ▶ Psychiatry, Hematology, Endocrinology, Pharmacy

Future

- ▶ System Of Care Approach
 - ▶ Build capacity
- ▶ Education
 - ▶ Curriculum development and outreach
- ▶ Advocacy/Policy
 - ▶ Clinical, Systems, Policy Levels

Transition Without Support



Transition With Supports in Place

