Welcome and Introductions

I. **Title V Nursing Consultant – Amara Scianna, RN BSN**
   - CMS Central office has created several Title V Registered Nursing Consultant and Social Work Consultant positions throughout Florida. Amara was hired as the Title V Registered Nursing Consultant for the Tampa Bay Region. As part of her duties, Amara will be working with the HillsboroughHATS Coalition to facilitate projects and provider outreach opportunities.
   - We look forward to working with Amara to strengthen linkages to pediatric and adult practices within the community!

II. **Provider Packet Presentation**
   - Pursuant to prior Coalition meetings, the Coalition was tasked to draft an outreach package of materials to encourage providers to adopt transition policies and practices within their offices. Materials were to highlight tip sheet & floridahats.org provider toolkit resources.
   - Drafted package materials were reviewed with the Coalition.

III. **Provider Packet Dissemination Plan**
   - Amara will assist the Coalition with the delivery of printed outreach materials. Amara will also identify transition champion(s) at individual practices, distribute Ask Them 3! postcards at practice sites for use by clients/families, and schedule in-service training presentations for practice staff.
   - Coalition is working to partner with Ped-I-Care, the third party administrator for the CMS Plan, in order to distribute outreach materials to network providers.
   - Coalition will attempt, with assistance of CMS Medical Director, to share outreach package during future medical society meetings.
   - Package materials may also be distributed electronically via association newsletters and publications, as opportunities are identified.
   - Coalition is exploring opportunities to pilot implementation of practice change/quality improvement initiatives at selected sites.
   - Goal is to begin implementation strategies January 2018, pending approval of package materials by CMS Central Office.

III. **Provider Packet Group Discussion**
   - Coalition members in attendance are in agreement with the content of the packet.
   - Coalition members would be interested in feedback received from providers who are targeted for receipt of the materials.
   - Allison Rapp offered to collaborate with efforts to approach providers. Allison is already working to identify and visit providers to promote Special Olympics; an opportunity may be available to leverage efforts to also promote transition and associated materials.
   - Suggestion was proposed that the Coalition identify practices who are currently pursuing or have obtained Medical Home designation; communications with these practices would likely be more receptive to information and tools, as transition is a key component of Medical Home Project.
III. **Announcements**

- **Save the Date:**

  Thursday, February 8, 2018
  East County “Gazing into the Future” Event
  To be held from 4:30pm – 6:00pm on @ Durant High School

  June 15-17, 2018
  20th Anniversary Family Café
  To be held in Orlando
  [https://www.familycafe.net/the-annual-family-cafe](https://www.familycafe.net/the-annual-family-cafe)

  5th Annual “Creating a Plan for the Future” Fair
  To be held Saturday, October 27, 2018 @ Sam Horton Instructional Services Center (2920 N 40th Street, Tampa, FL 33605)

  *** If interested in representing HillsboroughHATS at either event, please contact Katrina Bales (Katrina.Bales@flhealth.gov) ***

II. **Meeting Adjourned**
HillsboroughHATS Coalition Meeting

December 05, 2017
10:00 AM - 11:00 AM

Conference Call-in #: 1-888-670-3525
Participant code 325-248-7925#

Please see calendar invite for webinar registration link

Agenda

- Welcome & Attendee Introductions
- New Title V Nursing Consultant – Amara Scianna, RN, BSN
- Health Care Provider Outreach Initiative
  - Package Review
  - Distribution Ideas
  - Group Discussion
- Announcements & Upcoming Events
- Wrap-up Meeting
Provider Outreach Package

How to integrate health care transition into your practice
&
Resources available to support patient transition from pediatric to adult care

FloridaHATS offers many web-based resources for both practitioners and consumers, including a searchable Health Services Directory for Young Adults and Tool Box.

http://www.floridahats.org/
Education and training opportunity for health care professionals

Available to everyone; appropriate for clinical support staff, graduate students in health related fields, medical/nursing school students, etc.

Up to 4 free continuing education contact hours for Florida physicians, physician assistants, nurses, nurse practitioners, social workers, mental health counselors and allied health professionals are available through the Florida AHEC Network

http://www.floridahats.org/education-training-for-health-care-professionals/

What steps can you take to prepare adolescents and their families for the change?

- Adopt an Office Transition Policy
- Joint Development of Patient Transition Plan
- Review and Update Patient Transition Plan
- Implement Adult Health Care Model / Transition

Transition Steps
Pediatric office transition policy

• Adopt a well-defined policy that clearly states the expectations for the patient’s health care transition to an adult model of care.

• The office transition policy should include:
  • The expected age of patient transfer to an adult model of care
  • The patient’s responsibilities in preparing for the transition
  • The medical provider’s responsibilities in preparing for transition
  • The parent’s, family’s, and/or caregiver’s responsibilities in preparing for the transition

Where can I find a transition policy that might be right for my office?

• Got Transition has created 3 sets of customizable tools for use in different practice settings
• Tools utilize the Six Core Elements of Health Care Transition
• http://www.gottransition.org/providers/index.cfm

| Transitioning Youth to Adult Health Care Providers (Pediatric, Family Medicine, and Med-Peds Providers) | Transitioning to an Adult Approach to Health Care Without Changing Providers (Family Medicine and Med-Peds Providers) | Integrating Young Adults into Adult Health Care (Internal Medicine, Family Medicine, and Med-Peds Providers) |
How can I engage the patient and parent/caregiver in the transition process?

- Initiate discussion with youth and caregiver regarding the importance of transition
- Administer assessment to the youth to gauge their knowledge of their own personal health and what areas he/she may need to know more.
- Administer assessment to caregiver to gauge their knowledge of what their youth may already know and what areas caregiver feels youth may need to know more about.
- Document the steps to be conducted by youth, parent/caregiver, and provider in order to achieve a successful medical transition in the care plan.
Patient transition planning assessments

Use validated tools, such as those from Got Transition or the TRAQ

Direct patient and caregivers to the FloridaHATS website to learn more

It offers many web-based resources, guides, and tools

http://www.floridahats.org/for-youth-families/
Transition planning

- Develop and regularly update the plan of care, including readiness assessment findings, goals and prioritized actions, medical summary and emergency care plan, and, if needed, a condition fact sheet and legal documents.
  - Documents could also be utilized by client/caregiver to create their own medical binder
- Prepare youth and parent/caregiver for adult approach to care at age 18, including legal changes in decision-making and privacy and consent, self-advocacy, and access to information.
- Determine level of need for decision-making supports for youth with intellectual challenges and make referrals to legal resources.
- Plan with youth/parent/caregiver for optimal timing of transfer. If both primary and subspecialty care are involved, discuss optimal timing for each.
- Obtain consent from youth/guardian for release of medical information.
- Assist youth in identifying an adult provider and communicate with selected provider about pending transfer of care.
- Provide linkages to insurance resources, self-care management information, and culturally appropriate community supports.

Sample Transfer of Care Checklist

**Six Core Elements of Health Care Transition 2.0**

- **Patient Name:** ________________  
  **Date of Birth:** ________________

- **Primary Diagnosis:** ________________  
  **Transition Complexity:** Low, moderate, or high

- **Prepared transfer package including:**
  - Transfer letter, including effective date of transfer of care to adult provider
  - Final transition readiness assessment
  - Plan of care, including transition goals and pending actions
  - Updated medical summary and emergency care plan
  - Guardianship or health proxy documents, if needed
  - Condition fact sheet, if needed
  - Additional provider records, if needed

- **Sent transfer package:** ____________  
  **Date:** ________________

- **Communicated with adult provider about transfer:** ____________  
  **Date:** ________________
How can I ensure a smooth transition to the new adult care provider?

One of the most effective transition tools can be physician-physician communication.

Is there a way to bill for transition services?

- Got Transition and the American Academy of Pediatrics developed a transition payment tip sheet to support the delivery of recommended transition services in pediatric and adult primary and specialty care settings. It provides a summary of alternative payment methodologies and comprehensive listing of transition-related CPT codes and corresponding Medicare fees, effective as of 2017.

Patient-Centered Medical Home (PCMH) Recognition

- In response to popular requests for use of the Six Core Elements for PCMH certification, Got Transition completed a series of key informant interviews with clinical and administrative leaders in the health field and created this tip sheet that includes an easy-to-use chart displaying specific NCQA criteria and guidance with links to related Six Core Elements tools.
- [http://gottransition.org/resourceGet.cfm?id=444](http://gottransition.org/resourceGet.cfm?id=444)

- The information provided today only highlights a small portion of the resources found on the FloridaHats website at [http://www.floridahats.org/](http://www.floridahats.org/)

- We invite you to explore the site further

- Please contact Dr. Janet Hess ([jhess@health.usf.edu](mailto:jhess@health.usf.edu), 813-259-8604) or Katrina Bales ([Katrina.Bales@flhealth.gov](mailto:Katrina.Bales@flhealth.gov), 813-396-9131) with questions or feedback

Thank you!
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Dissemination Plan

- Tampa Bay Regional Title V Consultant will strengthen linkages to both pediatric and adult community-based practices
  - Deliver printed outreach package
  - Identify a transition champion in each practice (e.g., nurse, social worker)
  - Distribute Ask Them 3! postcards for patients/families at practice sites
  - Schedule in-office training presentations for practice staff
  - Partner with Ped-I-Care, the third party administrator for the CMS Plan to reach network providers
  - Present outreach package at medical society meetings
    - Enlist help of CMS Regional Medical Director
  - Promote package electronically via association newsletter and publications
  - Explore opportunities to implement practice change/quality improvement initiatives at selected sites
  - Begin implementation in January 2018
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Upcoming Vendor Events

- 02/08/2018 - East County Gazing Into the Future Event @ Durant High School, 4:30pm - 6:00pm
- 10/27/2018 - Creating a Plan for the Future Family Fair
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