

# HillsboroughHATS Coalition Action Plan

May 2010



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## WHO WE ARE

The health councils were created in 1983 by Florida Statute to identify, address and resolve health care issues of local concern. Each health council is a private, non-profit organization governed by a Board of Directors. The Board members are appointed by County Commissioners to represent the concerns of health care consumers, providers and purchasers.

The Health Council of West Central Florida, Inc. (HCWCF) serves Hardee, Highlands, Hillsborough, Manatee and Polk counties. The Council has extensive experience working with for-profit and non-profit agencies, public health organizations, consumers and professionals. Collaboration and cooperation are critical to the success of our mission.

We have three strategic goals: (1) support the accessibility of health care and social support systems through *comprehensive health planning*; (2) obtain and provide *education* about essential community health challenges and solutions; and (3) participate as collaborative partners to address current and emerging health issues to develop and sustain efficient and cost effective *service delivery* systems.

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## Introduction

The HillsboroughHATS (Health and Transition Services) Coalition met five times between January and May, 2010. The coalition was facilitated by staff from the Health Council of West Central Florida following a modified version of the MAPP (Mobilizing for Action through Planning and Partnership) process.

Together, the Coalition:

- Reviewed data
- Developed a vision
- Identified community themes
- Assessed forces of change
- Identified strategic issues

The PEACH (Popular Empirical Assessment of Community Health) process was used to prioritize the many issues identified and provided focus for the development of the action plan.

Objectives and action steps were then developed by the Coalition to serve as a road map for future action in Hillsborough County around improving health care transition for youth and young adults with chronic or complex medical needs.

The Coalition membership included pediatric and adult medical providers, as well as consumers and family members. Additional representatives from a variety of agencies and disciplines participated in the process, including: Hillsborough County Government, The Children's Board of Hillsborough County, Children's Medical Services (CMS), Agency for Health Care Administration (AHCA), Hillsborough County Health Department, The University of South Florida, behavioral health providers, hospitals and clinics, education, and social services.

The vision of HillsboroughHATS developed by the Coalition is as follows:

"The HillsboroughHATS Regional Coalition works toward improving the transition process for youth and young adults with chronic-complex healthcare needs in the 21<sup>st</sup> century. Through enhanced patient and family-centered goals, the coalition will work to support a continuum of care, while improving accessibility, throughout the patients' life span. With the use of education and training, adequate funding and advanced technology, it is our goal to enhance the patient's and families' quality of life for many years to come".

The following pages outline the action plan being undertaken by the Coalition.

## HillsboroughHATS Coalition Action Plan

**Strategic Issue 1: What is needed to ensure a successful healthcare transition for Y/YA with complex health and behavioral health needs as they transition 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	Lead Responsibility	Resources/Other Partners Needed	Begin activity
1.1.1 Identify existing facilities and providers (community health centers, health departments, academic centers, subspecialty centers) through interviews with key informants (such as Dr. Ringenberg, Dr. Holt, USF).	Subcommittee	Individuals to conduct interviews and compile information	Month 1-3
1.1.2 Identify community support services (voc rehab, respite care providers, metro charities, CMS support at work, subspecialty centers).		Individuals to compile information, Self Reliance (Center for Independent Living)	Month 1-3

*Objective 1.2: Identify gaps in health transition education tools for providers and patient families prior to providing a comprehensive education plan.*

Activity/Action Step	Lead Responsibility	Resources/Other Partners Needed	Begin activity
1.2.1 Identify existing knowledge-based tools for education of patients and families.	Subcommittee	John Reiss and Janet Hess	Months 1-3
1.2.2 Recommend revisions, additions to tools and models for local implementation.			Months 1-3

*Objective 1.3: Determine appropriate mentor/advocate model for transition services in Hillsborough County.*

Activity/Action Step	Lead Responsibility	Resources/Other Partners Needed	Begin activity
1.3.1 Review literature and select best practices.	Martha Kronk Joanne Angel	Team of volunteers including social workers, psychologists, patients to assist in process.	Months 4-6
1.3.2 Identify successful components of models.			
1.3.3 Identify resources and barriers to implementation.			
1.3.4 Develop a proposal for implementation and funding in Hillsborough County.			
1.3.5 Solicit funding for proposal.			

*Objective 1.4: Encourage pediatricians to adopt health transition policies in their practices.*

Activity/Action Step	Lead Responsibility	Resources/Other Partners Needed	Begin activity
1.4.1 Identify what adult providers need in order to accept transitioning patients through literature review and/or survey.	Subcommittee		Month 10 and beyond
1.4.2 Identify what tools pediatricians are currently using and/or need.		AHEC	
1.4.3 Conduct education and outreach activities through association meetings and special events.			

*Objective 1.5: Develop a method to enhance communication (clinical tools) between primary care, pediatric care and adult care providers.*

Activity/Action Step	Lead Responsibility	Resources/Other Partners Needed	Begin Activity
1.5.1 Review CMS transition summary forms and care notebook format.	Joanne Angel		Months 7-9
1.5.2 Develop and adopt a template for use among health care professionals.	Subcommittee/Coalition		
1.5.3 Identify potential funding and processes for use of jump drive or other electronic method for sharing information.	Subcommittee		
1.5.4 Educate professionals and develop incentive for use of the tool.	Coalition		

*Objective 1.6: Establish transition guideline algorithms for patients and/or their caretakers.*

Activity/Action Step	Lead Responsibility	Resources/Other Partners Needed	Begin Activity
1.6.1 Review existing models and extract best practices for providers, patients and families.	Martha Kronk		Months 4-6
1.6.2 Develop and adopt template for use in Hillsborough County with HATS logo.	Subcommittee/ Coalition		
1.6.3 Educate users and distribute.	Coalition		

*Objective 1.7: Educate current health care providers, community health centers and the health department on the need to provide primary care and identify youth and young adults who may need referrals to centers of excellence.*

Activity/Action Step	Lead Responsibility	Resources/Other Partners Needed	Begin Activity
1.7.1. Develop HATS presentation and identify potential organizations to collaborate with (Ex. Developmental Disabilities Nursing Association).	Subcommittee		Month 10 and beyond
1.7.2 Utilize AHEC to provide linkages to healthcare providers for awareness, education and outreach.	Cheryl Reed	Cindy Selleck-AHEC	
1.7.3 Explore matching grant opportunities through AHEC.	Subcommittee	AHEC	
1.7.4 Disseminate information about training module and conduct trainings.		AHEC	

**Strategic Issue 2: How can we affect policies of payer sources and educate them to recognize the specific issues around health transitions?**

*Objective 2.1: Identify advocacy/policy change activities currently in process.*

Activity/Action Step	Lead Responsibility	Resources/Other Partners Needed	Begin Activity
2.1.1 Review existing information on public funding sources and insurance coverage.	Subcommittee	AHCA rep, referral coordinators, HMOs	Months 1-3
2.1.2 Identify existing advocacy/policy activities and groups and their positions on relevant issues.		Local and State experts, medical directors	
2.1.3 Identify services/issues (care coordination, DME, medical home, CMS model replication, etc.) to focus on for short and long range.		Patients and families	

*Objective 2.2: Review and define the levels of service in medical home models in regards to reimbursement (how are the services being provided and funded?)*

Activity/Action Step	Lead Responsibility	Resources/Other Partners Needed	Begin Activity
2.2.1 Establish team to delineate levels of service and types of providers needed.	David Plasencia	Other Physicians, Medicaid, private payers	Months 4-6
2.2.2 Identify physician extenders and other resources that are needed to provide care and develop recommendations.			
2.2.3 Review current reimbursement structure and recommend future reimbursement levels including a review of all data sources.			



*Objective 2.3: Educate legislators on the health care transition process.*

Activity/Action Step	Lead Responsibility	Resources/Other Partners Needed	Begin Activity
2.3.1. Identify self-advocates to talk to key legislators about issues.	Subcommittee	Patient/family advocates	Months 4-6
2.3.2 Train advocates on messages and how to schedule and conduct visits.	Local advocacy group (TBD)		

**Strategic Issue 3: How can we ensure better communication and collaboration among multiple systems (education, juvenile justice, child welfare) in developing a transition system?**

*Objective 3.1: Engage representatives from stakeholders (children's committee, project connect, etc.) in the transition process.*

Activity/Action Step	Lead Responsibility	Resources/Other Partners Needed	Begin Activity
3.1.1 Develop presentation on HATS.	Janet Hess/Subcommittee		Month 1-3
3.1.2 Identify common issues with particular groups or audiences and schedule presentations with assistance from coalition members.			
3.1.3 Provide tools including insurance guide, that various groups can use.			Month 6 and later
3.1.4 Identify action steps and mutually beneficial outcomes for various groups.			
3.1.5 Leverage different stakeholders to educate consumers about health care transition.			

*Objective 3.2: Explore the feasibility of using Developmental Evaluation Intervention Teams model on an individual level.*

Activity/Action Step	Lead Responsibility	Resources/Other Partners Needed	Begin Activity
3.2.1 Clarify and investigate specific of the model.	Federico Valadez	Project Connect/SDHC	Months 4-6

*Objective 3.3: Explore options to coordinate with the IEP process with Health Transition process.*

Activity/Action Step	Lead Responsibility	Resources/Other Partners Needed	Begin Activity
3.3.1 Coordinate with and engage Project Connect to address inclusion of HCT goals in IEP, development of Health Plans for ESE students with medical conditions.	Federico Valadez/Janet Hess		Months 4-6
3.3.2 Explore provision of classroom instruction and health care self-management skills.		School board representative	

## HillsboroughHATS Coalition Members

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