Meeting Notes

Attending: Wanda Bouchard, Babette Bouchard, Kimberly Baker, Anand Kumar, Cristina Ortiz, Pamela McFadden, Tiina Siler, Joshua Mosley, Kris Millrose, Diane Straub, Jennifer Takagishi, Patty Emmanuel, Laura Zbta, Sandra Leck, Lisa Rodriguez, Carolina Dembinski, Cristy Pelaez-Velez, Janet Hess

A total of 18 attended the first FAC meeting: 8 youth/family members and 10 staff members. See the attached PPT presentation; key discussion points are outlined below.

1. Suggestions to help recruit more family representatives:
   - Consider providing on-site child care.
   - Avoid Wednesday meetings since many attend church then.
   - For teens, explore whether participation on the FAC can qualify for community service points at school. Teens may also be able to help with child care at meetings.
   - Use a variety of promotional venues:
     - Promote the FAC with flyers posted in clinic waiting rooms; TV in waiting area.
     - For teens, create a Facebook page.
     - Continue to encourage physicians to identify potential families.

2. Clinic-related concerns raised by family representatives:
   - When a physician leaves his/her practice at USF, the communication to patients should be more personal and/or thoughtful than an unsigned letter from the Department Chair.
   - Transportation to medical appointments is problematic for some children with special health care needs.
   - Transition to adult care is a difficult process and there are limited resources to support YSHCN in adulthood.

3. Suggested FAC activities and topics for future meetings:
   - Create a Peds FAC web page.
   - Create a resources page that provides links and educational materials for specific diseases/medical conditions.
   - Create a blog, i.e., a general Peds blog that could include groups or discussion threads about specific diseases/medical conditions.
   - Organize teen events that allow typical kids to interact with youth with special needs (e.g., like the Best Buddies program).
   - Explore ways to improve health care transition.

4. Next steps:
   - Send an email with potential meeting times in June or July.
   - Children’s Board is a good central location for the next meeting.
USF Pediatrics
Family Advisory Council

Cristina Pelaez-Velez, MD, FAAP
Janet Hess, MPH, CHES
April 18, 2012

Agenda

• Introductions
• What is a Medical Home?
• Florida Pediatric Medical Home Demonstration Project
• USF Peds Medical Home Initiative
  ◆ Survey Results
  ◆ Family Advisory Council
• Discussion

What is a Medical Home?

What do you do to have FUN with your children?

Definition

The American Academy of Pediatrics (AAP) believes that the medical care of infants, children, and adolescents ideally should be

accessible
continuous
comprehensive
family centered
coordinated
compassionate, and
culturally effective

It should be delivered or directed by well-trained physicians who provide primary care and help to manage and facilitate essentially all aspects of pediatric care. The physician should be known to the child and family and should be able to develop a partnership of mutual responsibility and trust with them.
The Paradigm Shift

1. From individual to population
2. From physician to team-based
3. From episodic to continuous care
4. From episodic to comprehensive payment
5. From clinician-centered to patient-centered

Benefits of Patient- and Family-Centered Care

• A stronger alliance with the family in promoting each child’s health and development.
• Improved clinical decision-making based on better information and collaborative processes.
• More efficient and effective use of professional time, including the use of patient- and family-centered rounds.
• Improved follow-through when the plan of care is developed collaboratively with families.
• Greater understanding of the family’s strengths and caregiving capacities.

Benefits (continued)

• More efficient use of health care resources (e.g., more care managed at home, decrease in unnecessary hospitalizations and emergency department visits, more effective use of preventive care).
• Improved communication among members of the health care team.
• A more competitive position in the health care marketplace.
• An enhanced learning environment for future pediatricians and other professionals in training.

Benefits (continued)

• A practice environment that enhances professional satisfaction in both inpatient and outpatient practice.
• Greater child and family satisfaction with their health care.
• Improved patient safety from collaboration with informed and engaged patients and families.
• An opportunity to learn from families how care systems really work and not just how they are intended to work.
• A possible decrease in the number of legal claims, claim severity, and legal expenses.
USF Pediatrics Vision

USF Pediatrics as an academic pediatric practice will continue to attain the highest standards of Patient-Centered Medical Homes for our patients, including children with special needs, through the implementation of a rigorous continuous improvement process.

Families as Partners

- Promotes team work
- Fosters understanding and cooperation
- Promotes respectful, effective and partnership
- Results in efficient planning to ensure services meet family needs
- Strengthens physician – patient relationship
- Provides mechanism for consumer input and feedback about services

USF Pediatrics Medical Home Survey Results

20 Demonstration Practices in Florida

Which Percentile is USF?

<table>
<thead>
<tr>
<th>Bottom 25%</th>
<th>25% - 50%</th>
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<tbody>
<tr>
<td>Practices:</td>
<td>Practices:</td>
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<tr>
<td>6, 8, 9, 13, 16</td>
<td>3, 7, 12, 14, 15</td>
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| 50 - 75% |
| Top 25% |
| Practices: | Practices: |
| 1, 2, 10, 17, 19 | 4, 5, 11, 18, 20 |
Which USF Pediatrics clinic have you visited most frequently in the last 12 months?

How often did the provider listen carefully to you?

How often did the provider know important information about your child’s medical history?

How often did the provider explain things in a way that made it easy for you to understand?

How often did the provider spend enough time with your child?

In the last 12 months, how often were the nurses at your child’s clinic as helpful as you thought they should be?
In the last 12 months, when you called your child’s clinic to get an appointment for a sick visit, how often did you feel you received an appointment as soon as your child needed it?

Let’s Do It Together...

FAC: Family Role

- Help ensure that care is centered on patient and family:
  - needs
  - strengths
  - priorities
  - values

FAC: Family Benefits

- Families can benefit from participation by
  - developing supportive relationships with other families
  - learning about community resources
  - becoming more empowered in managing care
  - advocating for better health care for all children and youth

FAC: Proposed Structure

- 10-20 Peds family representatives
  - Parents/caregivers, teens as self-advocates
  - Diverse membership
- Peds providers/staff representatives
- Quarterly meetings on weekday evenings
  - June/July, Sept/Oct, and December (holiday party!)  
  - Potential workgroups, teleconferences
- Family stipend per meeting, plus expenses for babysitting, special transportation needs
- Commitment to attend meetings and actively participate

FAC: Potential Activities

- Help develop education materials
- Identify improved registration or patient flow procedures
- Recommend family support activities
- Suggest other quality improvement activities
Discussion

1. Do you have any questions about the Medical Home concept?

2. Does the proposed structure for the FAC sound reasonable? What might work better?

3. Based on survey results and/or your own experiences, are there particular issues or activities that you would like the FAC to focus on this year?

Suggested Topics

1. Have you experienced any problems when scheduling a sick visit? If so, what were the barriers?

2. What has been your experience with respect to seeing different physicians from visit to visit?

Thank you for joining us!

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