Advancing Family-Centered Care Coordination

Implement Strategies To Support Youth Health Transition

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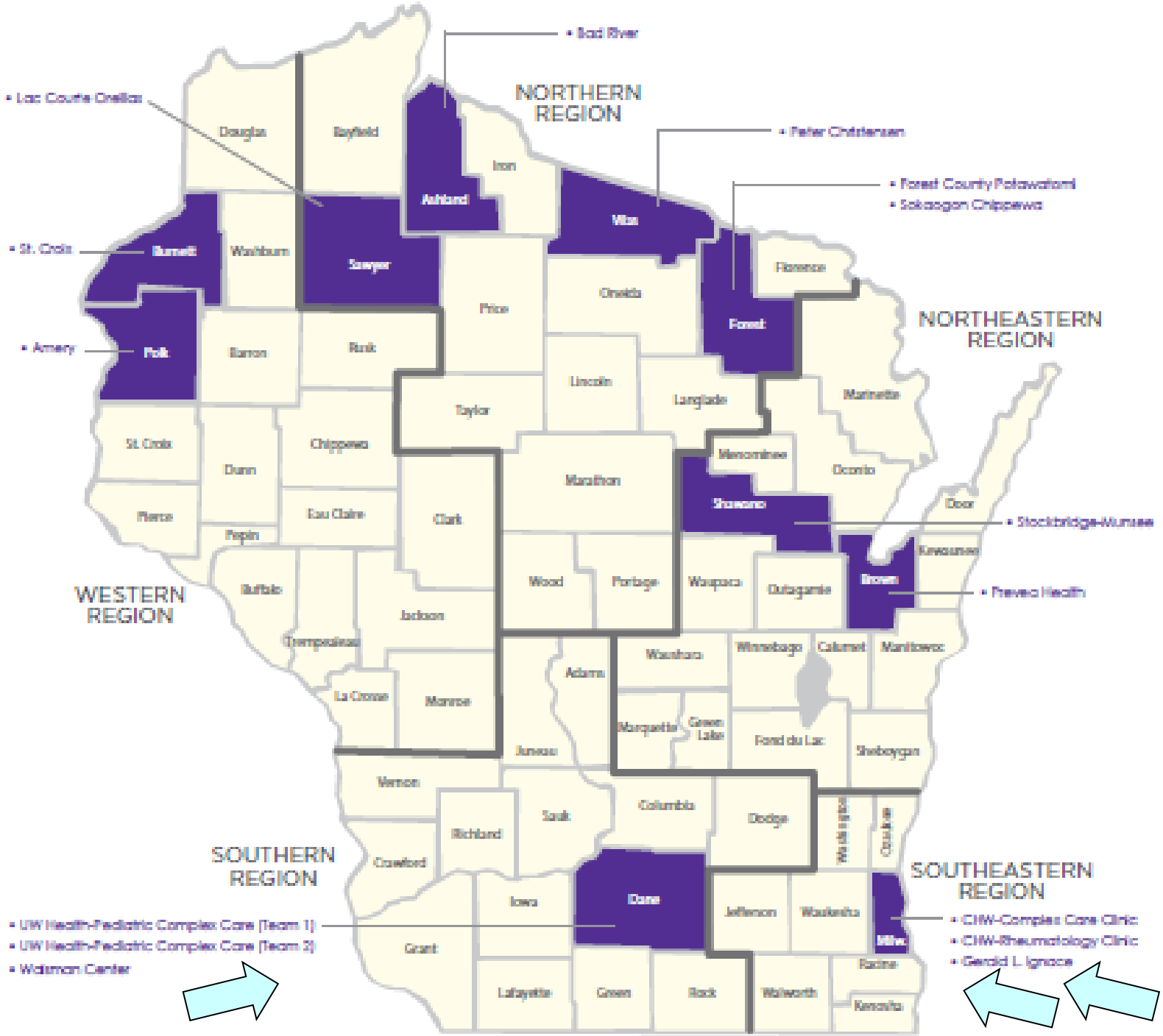
April 23, 2019

Learning Objectives

- Understand expectations of your selected additional focus area (Implement strategies to support youth health transition)
- Understand content of the presentation for families
- Understand resources to support families on this topic
- Be aware of partners available to support your team in fulfilling these expectations

Participating Sites

- Children's Hospital of WI-Complex Care Program
- Children's Hospital of WI/Medical College of WI - Rheumatology Clinic
- UW Health- Pediatric Complex Care Clinic (Sodergren)


• Bad River
NORTHERN REGION
• Lac Courte Oreilles
• Peter Christensen
• Forest County Potawatomi
• Sokaogon Chippewa
• St. Croix
• Amery
NORTHEASTERN REGION
• Stockbridge-Munsee
• Prevea Health
WESTERN REGION
SOUTHERN REGION
SOUTHEASTERN REGION
• UW Health-Pediatric Complex Care (Team 1)
• UW Health-Pediatric Complex Care (Team 2)
• Waisman Center
• CHW-Complex Care Clinic
• CHW-Rheumatology Clinic
• Gerald L. Ignace
Douglas
Bayfield
Ashland
Iron
Vilas
Florence
Burnett
Washburn
Sawyer
Oneida
Forest
Price
Polk
Barron
Rusk
Lincoln
Langlade
Marinette
Taylor
St. Croix
Dunn
Chippewa
Menominee
Oconto
Marathon
Shawano
Door
Pierce
Eau Claire
Clark
Pepin
Kewaunee
Brown
Buffalo
Wood
Portage
Waupaca
Outagamie
Jackson
Trempealeau
Waushara
Winnebago
Calumet
Manitowoc
Adams
La Crosse
Monroe
Marquette
Green Lake
Fond du Lac
Sheboygan
Juneau
Vernon
Columbia
Sauk
Dodge
Richland
Crawford
Dane
Jefferson
Waukesha
Milw.
Iowa
Grant
Racine
Lafayette
Green
Rock
Walworth
Kenosha

Populations selected for piloting Shared Plans of Care

Clinic	Patient Focus
Children's Hospital of WI-Complex Care Program	Children with medical complexity (CMC) who are 12 yrs old or older who are currently enrolled in the program
Children's Hospital of WI/Medical College of WI - Rheumatology Clinic	Newly diagnosed children/adolescents with chronic rheumatic disease
UW Health- Pediatric Complex Care Clinic (Sodergren)	Children with medical complexity who are enrolled in the programages 12-21

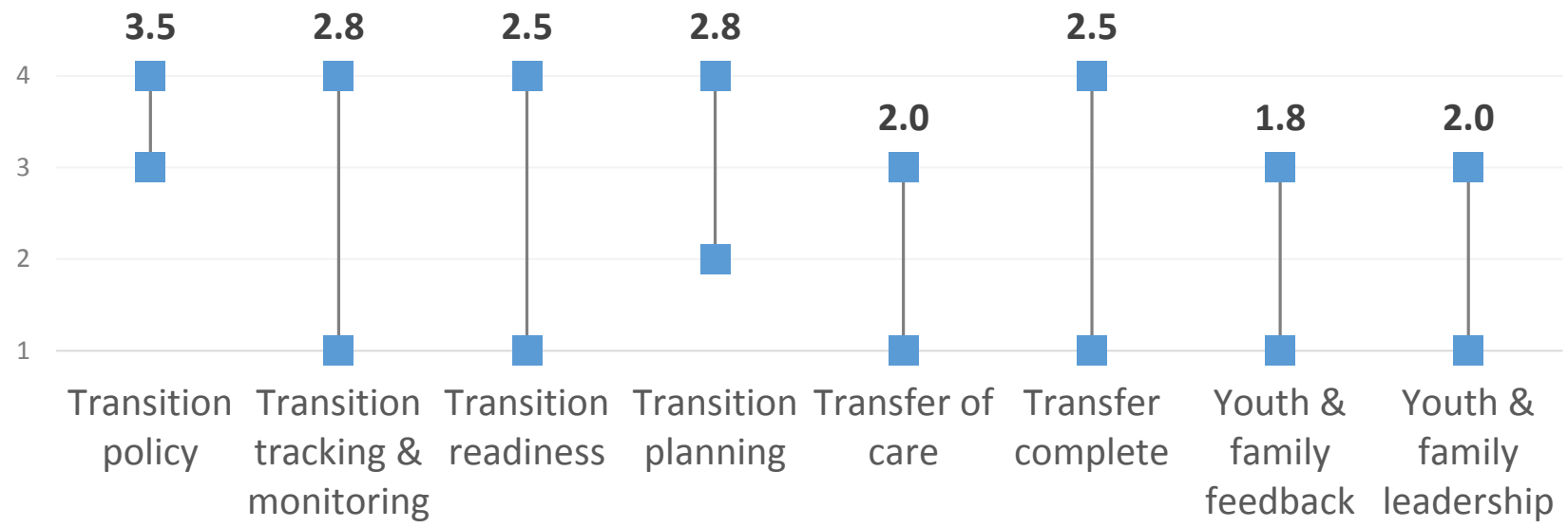
Implement strategies to support youth health transition

1. Complete Got Transition's Current Assessment of Health Care Transition Activities within the first month of the project, by January 31, 2019 (baseline date), and complete again in the fourth quarter to reflect on project impact.

First Quarter Results Current Assessment of Health Care Transition Activities

Range and Mean Value of 2018 Clinic Self-Assessment Levels at Baseline

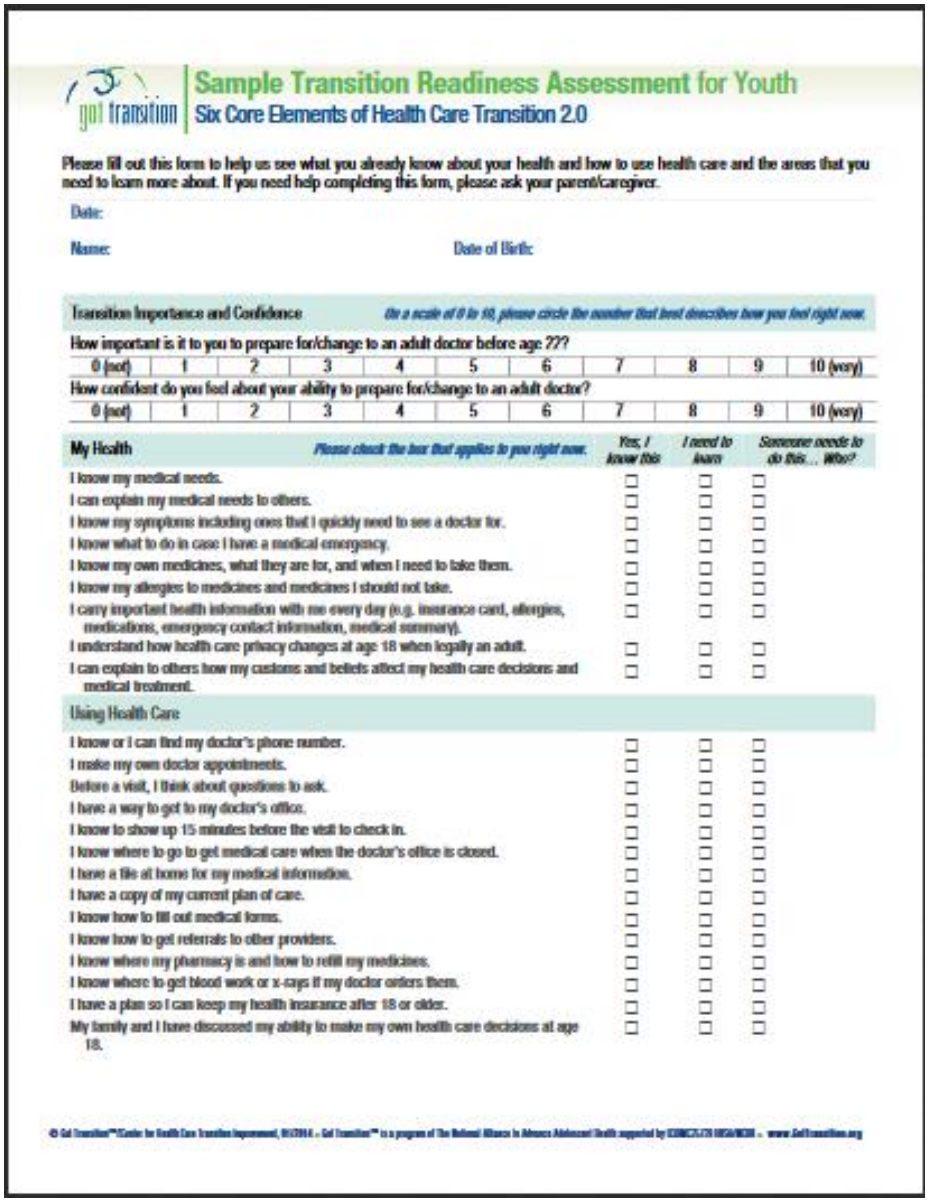
Range and Mean Value of 2018 Clinic Self-Assessment Levels at Baseline



Implement strategies to support youth health transition

2. Complete youth readiness assessment for **10 youth of transition age** (14-21 years old) for whom a shared plan of care is being implemented.

Readiness Assessment



got transition

Sample Transition Readiness Assessment for Youth

Six Core Elements of Health Care Transition 2.0

Please fill out this form to help us see what you already know about your health and how to use health care and the areas that you need to learn more about. If you need help completing this form, please ask your parent/caregiver.

Date:

Name: Date of Birth:

Transition Importance and Confidence *On a scale of 0 to 10, please circle the number that best describes how you feel right now.*

How important is it to you to prepare for/change to an adult doctor before age 22?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)

How confident do you feel about your ability to prepare for/change to an adult doctor?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)

My Health *Please check the box that applies to you right now.*	*Yes, I know this*	*I need to learn*	*Someone needs to do this... Who?*
I know my medical needs.	☐	☐	☐
I can explain my medical needs to others.	☐	☐	☐
I know my symptoms including ones that I quickly need to see a doctor for.	☐	☐	☐
I know what to do in case I have a medical emergency.	☐	☐	☐
I know my own medicines, what they are for, and when I need to take them.	☐	☐	☐
I know my allergies to medicines and medicines I should not take.	☐	☐	☐
I carry important health information with me every day (e.g. insurance card, allergies, medications, emergency contact information, medical summary).	☐	☐	☐
I understand how health care privacy changes at age 18 when legally an adult.	☐	☐	☐
I can explain to others how my customs and beliefs affect my health care decisions and medical treatment.	☐	☐	☐
Using Health Care			
I know or I can find my doctor's phone number.	☐	☐	☐
I make my own doctor appointments.	☐	☐	☐
Before a visit, I think about questions to ask.	☐	☐	☐
I have a way to get to my doctor's office.	☐	☐	☐
I know to show up 15 minutes before the visit to check in.	☐	☐	☐
I know where to go to get medical care when the doctor's office is closed.	☐	☐	☐
I have a file at home for my medical information.	☐	☐	☐
I have a copy of my current plan of care.	☐	☐	☐
I know how to fill out medical forms.	☐	☐	☐
I know how to get referrals to other providers.	☐	☐	☐
I know where my pharmacy is and how to refill my medicines.	☐	☐	☐
I know where to get blood work or x-rays if my doctor orders them.	☐	☐	☐
I have a plan so I can keep my health insurance after 18 or older.	☐	☐	☐
My family and I have discussed my ability to make my own health care decisions at age 18.	☐	☐	☐

Implement strategies to support youth health transition

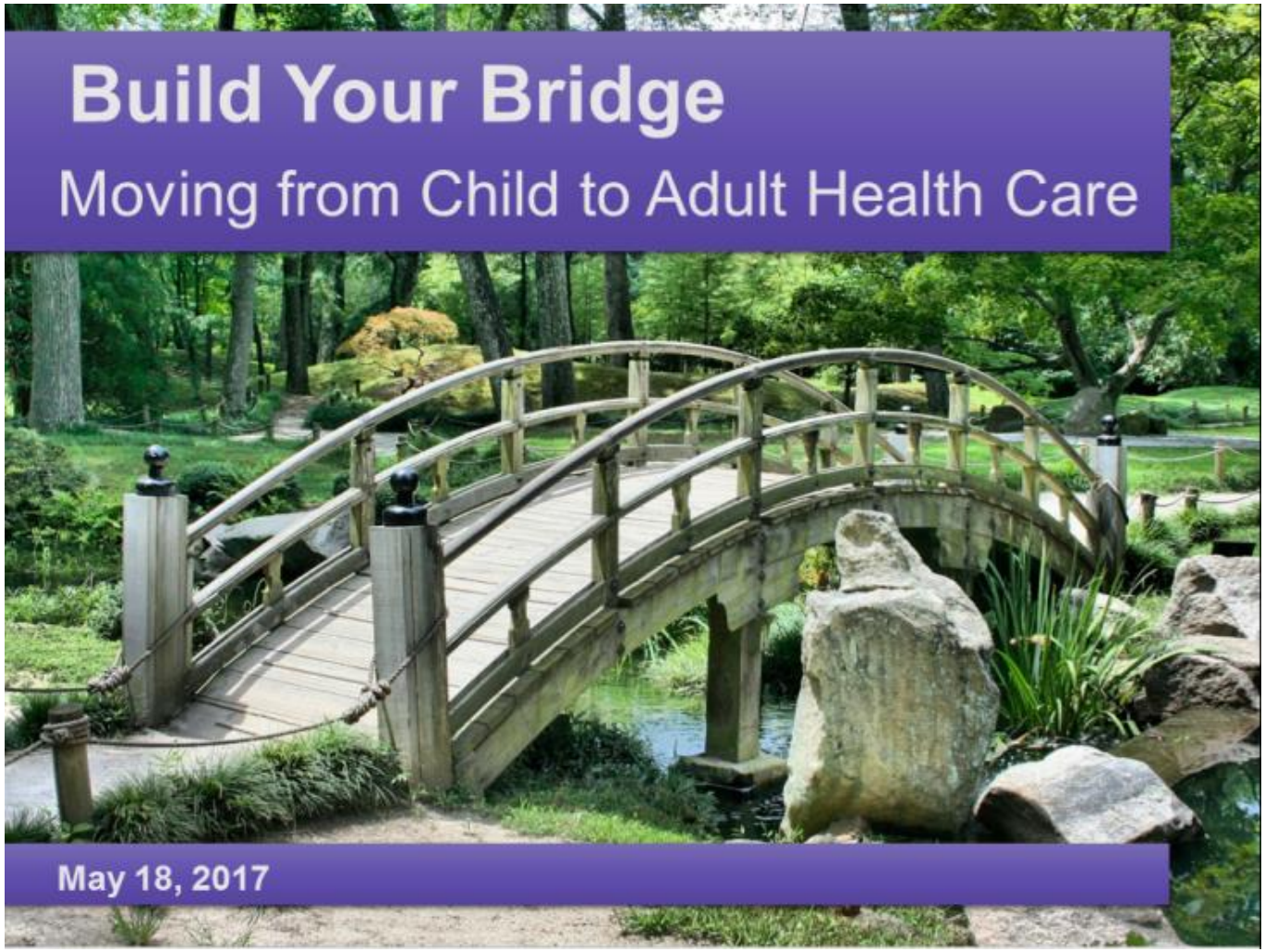
3. In collaboration with your Regional Center for CYSHCN and the Youth Health Transition Initiative, complete a ***Build Your Bridge*** youth health transition training for families.

Build Your Bridge

Learning Objectives:

- Define youth health care transition: what it is and why it is important.
- Identify activities in daily life where transition occurs.
- Apply tools and resources to take an active role in the health care transition process.
- Start a health transition action plan.

Build Your Bridge



Eight Tools

1. Adult Providers
2. Decisions
3. Health Insurance
4. Emergency Contacts
5. Appointments
6. Medications
7. Health Summary
8. About Me

Transition Action Plan

Transition Action Plan

Name: _____ Age: _____ Date: _____

Tool	Page #	Next Step(s)	Who is Involved?
Adult Provider(s)	3-4		
Decisions	5-7		
Health Insurance	8-9		
Emergency Contacts	10-11		

Extent to which Build Your Bridge Participants agreed to

"The presentation was worth my time"

Sept 2017 - March 2018; n=35

1. **"Thanks for your insight and information-so much I never thought about"**
2. **"My kids are 4 and 6 so we don't know what they will look like at the age of transition. This was VERY helpful to know what is to come!"**
3. **"I will start early to allow *[my child]* to practice skills and being able to make as many decisions for himself as he is able to do."**

CYSHCN Network of Support

Family Voices of Wisconsin

PARENT TO PARENT WISCONSIN

Wisconsin Title V Children and Youth with Special Health Care Needs Program

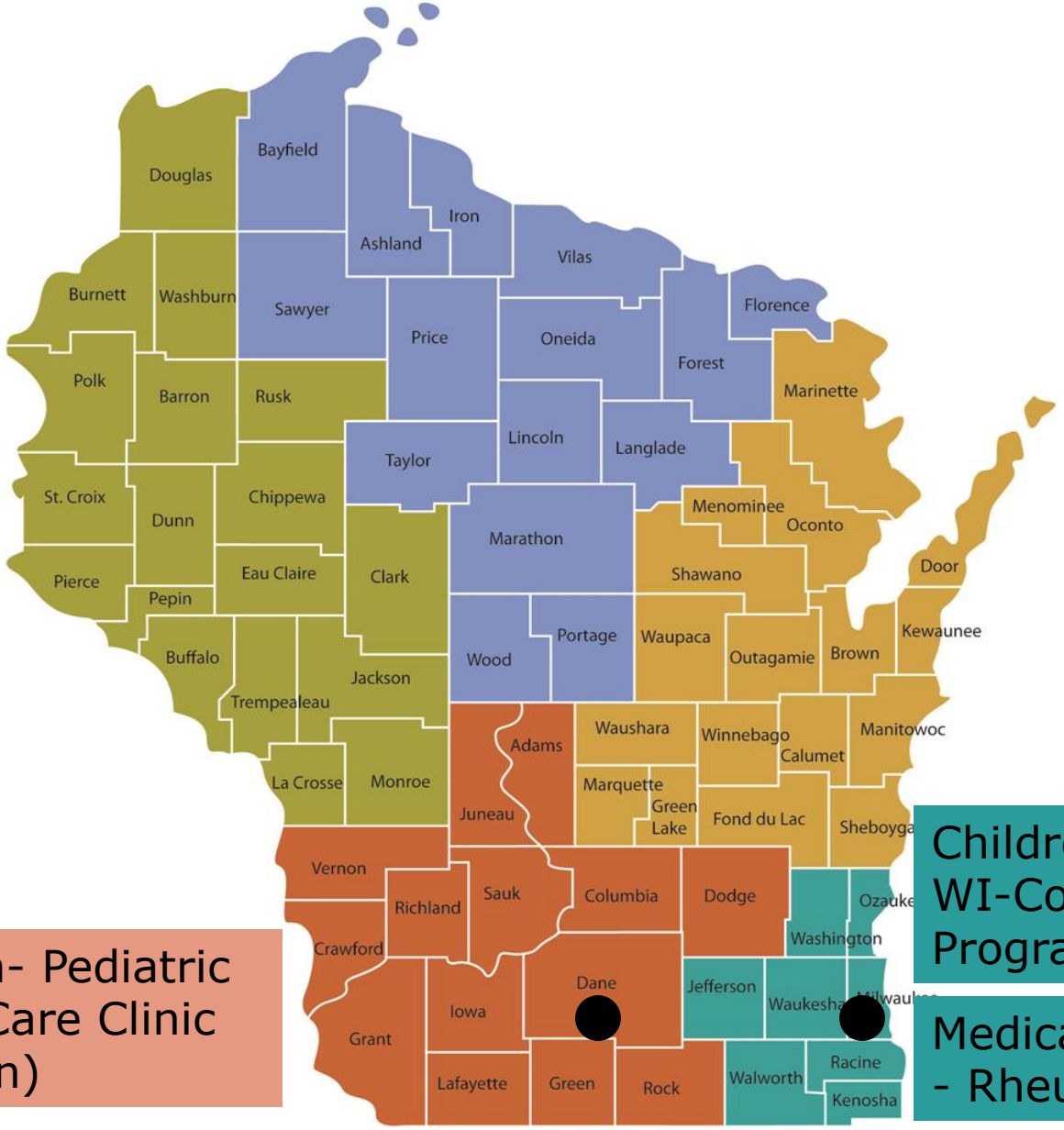
WISCONSIN Medical Home
Children's Health Alliance of Wisconsin

WELL BADGER RESOURCE CENTER

ABC FOR HEALTH Since 1994

HEALTH TRANSITION WISCONSIN
SUPPORTING YOUTH TO ADULT HEALTHCARE

Regional Centers



UW Health- Pediatric Complex Care Clinic (Sodergren)

Children's Hospital of WI-Complex Care Program

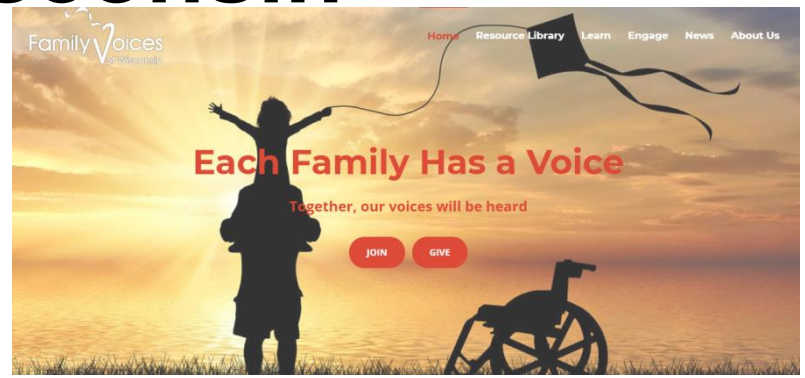
Medical College of WI - Rheumatology Clinic

CYSHCN Regional Centers

Why would a family member or provider contact the CYSHCN Regional Centers?

- Information on your child's condition
- Problem-solving
- Partnering with your doctor in a Medical Home
- Health Transition from child to adult health care
- Health insurance / benefits assistance (e.g. Medicaid)
- Services in the community
- Parent-to-Parent support
- Finding doctors and dentists
- Parent training events
- Communicating with schools

Family Voices of Wisconsin



Why would a parent contact Family Voices of Wisconsin?

- To serve in a leadership or advisory role to impact health care or long-term supports
- To join our regional Facebook groups, be added to the Family Action Network and our mailing list
- Register for a training
- Have resources printed from our website
- Have suggestions for a newsletter article, fact sheet, or new training

Parent to Parent of Wisconsin

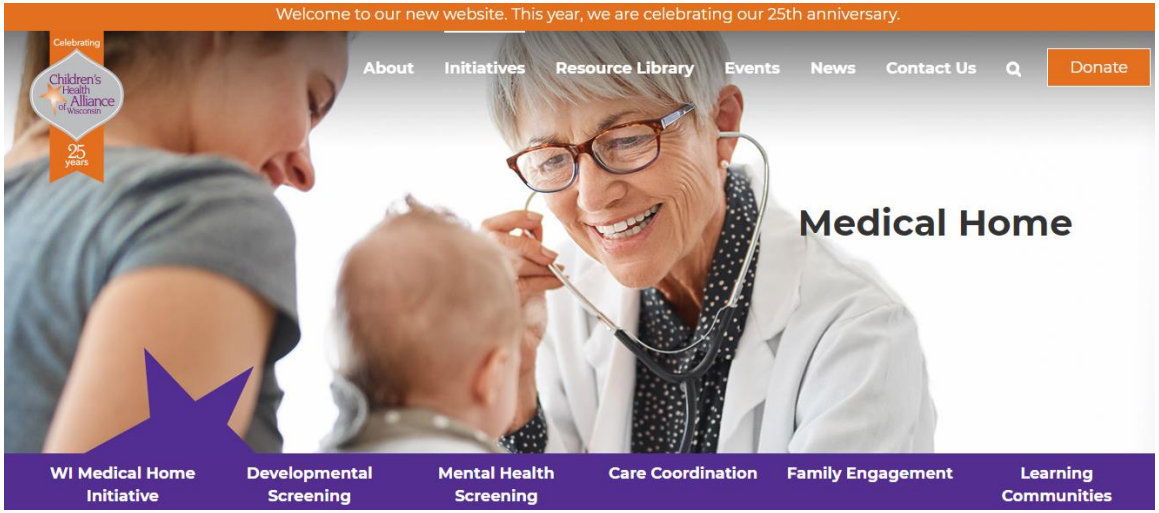
Parent Parent
WISCONSIN

Why would a parent contact Parent to Parent of Wisconsin?

- To request a "match."
- To register for a Support Parent training.
- To schedule a Support Parent training in their area.

Wisconsin Medical Home Initiative

WISCONSIN Medical Home
Children's Health Alliance of Wisconsin



Why would a family member or provider contact the Wisconsin Medical Home Initiative?

- To learn more about partnering with their child's doctor.
- To learn more about use of a shared plan of care to facilitate care for CYSHCN.

Wisconsin Youth Health Transition Initiative

HEALTH TRANSITION WISCONSIN
SUPPORTING YOUTH TO ADULT HEALTHCARE

Why would a family member contact the Wisconsin Youth Health Transition Initiative?

- Visit the YHTI website for information, tools and resources to help prepare and plan for health transition.
- Seek and receive more information through training programs sponsored by partners including things to consider at different ages as well as ways they can support their child to become more involved in their health care.

Discussion Questions


Thank You!