

## Priority: Access to Needed Therapies; diagnosis and referral

This is a typed summary of all small groups’ comments and feedback on the draft plan to improve systems of health care and related services for children and youth with Autism Spectrum Disorders (ASD) and other developmental disabilities (DD) in Central Maryland including Anne Arundel, Baltimore, Baltimore City, Carroll, Harford, and Howard Counties as well as across the entire state. Groups’ comments and feedback are in red type. Areas highlighted in yellow indicate that there was not enough information on written group feedback forms to be sure of the meaning.

### Strategy: Train Providers

*Comments:*

- *Train people early; train more than just pediatricians; train on resources available*
- *Train first responders, juvenile justice, and police (help them recognize the signs of DD and how to respond appropriately; avoid unnecessary incarcerations, etc.)*

Time Table	<i>Now-expand</i>
CURRENT Partners	<i>American Academy of Pediatrics – Maryland Chapter (MD AAP); One World Center for Autism (OWCA); Prince George’s as well as ALL Infants and Toddlers Programs; Developmental Screening Workgroup; Low Intensity Support Services (LISS)</i>
POTENTIAL Partners	<i>Maryland Coalition of Families for Children’s Mental Health (MCF); Pathfinders for Autism (PFA); Leadership Education in Neurodevelopmental and Related Disabilities (LEND); Kennedy Krieger Institute (KKI) Physical Therapy (PT), Occupational Therapy (OT), Speech Language Therapy (SLP) assistants need to be trained and be able to train as well</i>
Existing Initiatives	<i>American Academy of Pediatrics, Maryland Chapter (MD AAP) medical home website, Behavioral Health Integration in Pediatric Primary Care (B-HIPP); American Dental Association, , Council on Social Work Education (CSWE) in Alexandria, VA  <i>Comments:</i></i>

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	<ul style="list-style-type: none"> <li>- <i>Medical boards already require a certain amount of hours (i.e. 30hrs) to renew licensure; private companies and medical journals offer Continuing Education to doctors; company in Alexandria (CSWE) provides medical continuing education.</i></li> <li>- <i>Every 7 years pediatricians are required to recertify, but there is no specific topic that they have to focus on- require pediatricians to take some of their continuing education hours in a topic related to special health care needs/ disabilities/ screening</i></li> </ul>
Related Resources	<i>State Chapters – psychologists/ school psychologists, family practitioners, nurse practitioners</i>
<b>Strategy: Medical Home Development</b>  <i>Comment: Conceptually possible, practically- difficult. Difficult to wrap our heads around</i>	
Time Table	<i>Now – partner and expand</i>
CURRENT Partners	<i>Office for Genetics and People with Special Health Care Needs (OGPSHCN); the Parents’ Place of Maryland (PPMD); Johns Hopkins University (JHU); Pediatrics at the Harbor (PATH); Center for Autism and Related Disorders (CARD)</i>
POTENTIAL Partners	<i>Patient Centered Medical Home (PCMH) and other state efforts; Center for Autism and Related Disorders (CARD), Health Enterprise Zones (HEZs)</i>
Existing Initiatives	<p><i>Behavioral Health Integration in Pediatric Primary Care (B-HIPP); Welcome Home program at Johns Hopkins</i></p> <p><i>Emergency Medical Services – reimbursement for tuition</i></p> <p><i>Comment: The military pays for tuition, but the challenge is that universities will not let recruiters to speak to students</i></p>
Related Resources	<i>Home Health model applied to these kids; After Care programs</i>

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### Strategy: Multi-disciplinary Clinics

*Comments:*

- *Create satellites for Center for Autism and Related Disorders (CARD), Kennedy Krieger Institute (KKI), and Children’s National Medical Center (CNMC)*
- *Change term to ‘inter-disciplinary clinics’*

Time Table	ASAP
CURRENT Partners	<p><i>Prince George’s Co. Developmental Clinic;</i></p> <p><i>Comment: In Southern Maryland (St. Mary’s County?) creating a new (multi-disciplinary) clinic is in serious discussion with the Health Department??</i></p>
POTENTIAL Partners	<p><i>Mt. Washington Pediatric Hospital (MWPH); Local providers; facilities; Local Health Departments (LHDs)</i></p> <p><i>Talks about mobile clinic in St. Mary’s county</i></p> <p><i>Kennedy Krieger Institute (KKI), Infants and Toddlers Program (ITP)</i></p> <p><i>University of Maryland has facility and infrastructure to set up; Shore Health Consortium</i></p>
Existing Initiatives	
Related Resources	<p><i>Idea:</i></p> <ul style="list-style-type: none"> <li>- <i>Have a mobile unit that would travel to rural areas on a quarterly basis to provide multi-disciplinary and consultative services.</i></li> </ul>

### Strategy: Regional Hubs

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Time Table	<i>1+ years out from feasibility</i>
CURRENT Partners	<i>Office for Genetics and People with Special Health Care Needs (OGPSHCN); Local Health Departments (LHDs); the Parents' Place of Maryland (PPMD); Maryland State Department of Education/ Race to the Top program (MSDE/RttT)</i>
POTENTIAL Partners	<i>Partners for Success, Infants and Toddlers Programs; Easter Seals /“Make the first five count” Welcome Home programs</i>
Existing Initiatives	<i>311; 211; Parent-to-parent organizations Cleft Palate clinics (Model); Kennedy Krieger Institute (KKI); Sheppard Pratt; schools and other clinics</i>
Related Resources	<i>Family navigators</i>

### Strategy: Provider Recruitment and Retention

*Comment: Add “in underserved areas”*

Time Table	
CURRENT Partners	<i>Who can help connect higher education institutions to providers?</i>
POTENTIAL Partners	<i>Maryland Primary Care Office (MD PCO); Maryland Higher Education Commission (MHEC), local colleges and universities; local provider groups; Health Enterprise Zones (HEZs)</i>
Existing Initiatives	<i>Comment: Loan Assistance Repayment Program (LARP) - increase funding for reimbursement and increase the criteria to include special needs (using National Health Service as a model). This initiative will require a champion in Annapolis for it to even be considered; will need Federal Funding.</i>

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Related Resources	<i>Offer providers to stay at beach house in return to practicing on Eastern Shore; Health Professionals Shortage Area needs to change qualifications</i>
<b>Strategy: Higher Education Partnerships</b>	
Time Table	<i>Now- expand?</i>
CURRENT Partners	<i>Prince George’s Community College Developmental Clinic</i>
POTENTIAL Partners	<i>Maryland Higher Education Commission (MHEC); local colleges and universities</i>  <i>Area Health Education Centers (AHECs); County Executives (Health Office); CEOs of Hospitals; Higher Education.</i>
Existing Initiatives	<i>Comment: Calvert Health Care Solutions underwrites the cost for a new provider to open a new clinic if the provider promises to practice there. After a certain amount of time, the provider has an option to buy their practice out of their system- This could be a model for other counties that want to attract providers.</i>
Related Resources	<i>Loan Repayment Assistance Program (LARP), volunteer programs, Managed Care Organizations (MCOs)</i>
<b>Other Strategies</b>	<ul style="list-style-type: none"> <li><i>- Offer CEU’s ( Continuing Education Units) to physicians for specialized training</i></li> <li><i>- Go to career days to discuss disabilities (or children with disabilities??)</i></li> <li><i>- For MSDE : offer course in high schools ( or even younger)to get people thinking about their career decisions</i></li> </ul>
Comments	<i>- For “Training Providers” – change in curriculum for nursing, physician assistant, dentist,</i>

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*etc. and create demand through public awareness of multidisciplinary approach*

- *Model: Autism Societies in other states are the 'hub' for providers*
- *Create a satellite with providers that work in Central Maryland that would contract to less served areas (maybe retired/semi-retired providers?)*
- *Model: 30% of patients on Medicaid- reduce loans substantially. What are some other options for social workers (not just Department of Social Services) for loan reduction?*
- *There is no pediatrician in Garrett Count and Queen Anne's County. County builds pediatrician an office.*
- *Area Health Education Centers (AHEC) exist on the shore. Send students (from various disciplines) to live in these areas of underserved population, where logistics is hard.*
- *Lack of therapy in Southern Maryland: do not accept MA (medical assistance)*
- *Streamline credentialing process for Managed Care Organizations (too much red tape right now)*

Questions

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