Question & Answer (Q&A): Improving Accessibility in Provider Settings Webinar

Webinar participants asked these questions during the Q&A portion of the Improving Accessibility in Provider Settings webinar held on February 21, 2018. Please note, the responses in this document have been edited for clarity. The webinar recording, slides, and transcript can be found on the Resources for Integrated Care website:
https://www.resourcesforintegratedcare.com/DisabilityCompetentCare/2018_DCC_Webinar_Series/Accessibility_of_Provider_Settings

Featured Webinar Speakers:

- Christopher Duff, Disability Practice and Policy Consultant
- Sonya Bowen, CMS Office of Minority Health
- Patrick Going, ADA Consultant
- Van Wilson, Colorado Department of Health Care Policy and Financing
- Gabriel Uribe, Inland Empire Health

Q1: How can you encourage health plans and providers to take up the disability-competent care methods that were presented today?

Patrick Going: An important angle to emphasize for providers and health plans is that the practice of removing barriers will allow more people to access your services, including both Medicaid, Medicare, and dually eligible beneficiaries. A slogan that we have at the ADA Center is "good access is good business."

Van Wilson: Outlining the business case is an important step to encourage health plans and providers to become more accessible and disability-competent in their care delivery. Specifically, improving accessibility can ultimately save money and potentially avoid litigation (through the Americans with Disabilities Act). It can be hard to convince providers to take the proactive approach, but making the business case that this is a good risk management strategy can be effective. Sonya Bowen's presentation also mentioned preventative services that can be billed with the prolonged preventive codes available on the Medicare Physician Fee Schedule website; it's encouraging to hear that accessibility is being built into the system. Additional cash flow that is available to providers who serve members with disabilities will further encourage them to make capital improvements.

Sonya Bowen: In addition to the business case, it is helpful to frame accessible healthcare as a quality issue. Targeting any population for quality improvement requires changes and interventions. Providers want to improve the quality of care and the outcomes for participants. The video clip that was shared in the presentation is one of a series put out by the Disability Rights Education & Defense Fund. The full seven-part video series on their website further drives home the issue of quality and that accessibility issues can and do lead to unnecessary poor health outcomes. See the full video series here: https://dredf.org/healthcare-stories/2012/06/24/carol-gill-and-larry-voss/.

Q2: Are the health disparities presented at the beginning of the webinar specific to individuals with physical disability, or do the access and social barriers also apply to individuals with cognitive disability?

Resources for Integrated Care: The health disparities and statistics presented on slide 13 of the presentation focus on individuals who experience functional limitations. However, many of the barriers and access issues are applicable across a range of disabilities, including intellectual and developmental disabilities. For more information on intellectual and developmental disabilities, you can explore resources available at the Resources for Integrated Care website: https://www.resourcesforintegratedcare.com/target-populations/intellectual-developmental-disabilities-2.

Q3: For the Accessible Clinic Project, how does Inland Empire Health Plan evaluate clinics for accessible exam tables?

Gabriel Uribe: Most of our evaluations are based on previous utilization. We use our encounter data to identify clinics and provider settings that have a high amount of membership identified as seniors, persons with disabilities, or high utilization for certain specialist practices. We use this data and work with other staff within the health plan (e.g. care managers and member service representatives) to create a list of accessible facilities. With this information, we are able to redirect members as part of the process to improve services. Members with functional limitations can be routed or re-routed to the appropriate provider.

Q4: How can we incorporate disability-competent care policies in a pharmacy benefit management system?

Patrick Going: Colorado just implemented a new pharmacy benefit management system. We have not thought about addressing poly-pharmacy or other complications that often occur with members with disabilities but it is an important disability-competent care issue to be addressed

within the pharmacy system. Oftentimes, because of the fee-for-service system, there is duplication of services and providers are not communicating as effectively as possible to minimize negative interactions between drugs for participants. This would be an important part of any disability-competent care process within a pharmacy benefit management system.

Sonya Bowen: Another big issue around pharmacies and accessibility is having prescription readers for people who are blind or have low vision. This is another strategy for creating accessible pharmaceutical solutions.

Q5: Is there a site (perhaps on the state website) where people can see which providers have the equipment they may need? Or is it being developed?

Gabriel Uribe: In California, most health plans already provide such a website in their directories, so you can look at the provider directories and those will have legends that provide information on what type of equipment or access features are involved. Inland Empire's website includes these in our provider directory through PARS data that is collected for the state. However, reviews usually happen every other year or sometimes every three years, so it is possible that providers have since updated their equipment. The best suggestion for participants that are trying to find accessible features in specific clinics is to call the health plan and have them assist you in locating a facility.

Resources for Integrated Care: Medicare-Medicaid Plans must maintain print or online provider and pharmacy directories. These directories contain information about providers that permit enrollees and prospective enrollees to have the information they need to make informed decisions about their health care choices, including information about:

- Office and clinic locations that are on public transportation routes,
- Available accommodations for individuals with physical disabilities,
- Staff who speak or have access to non-English languages and American Sign Language,
- Other requirements such as cultural competence training.

Q6: What training modules did Colorado or California use to train providers on equipment usage?

Gabriel Uribe: In California, we worked closely with the Harris Family Center for Disability and Health Policy to develop training that was responsive to the population of people with disabilities. They were also very involved with the actual design of the accessible exam table. We brought together seniors, persons with disabilities, the Harris Family Center for Disability and Health Policy, and our care managers to address the accessibility at the provider site and the social

determinants outside of the provider site that affected health and access to care. We trained on all of these components as well as improvements providers could make to their facilities. The next step, after the three-year mark, is to look at what providers learned and the benefits that they saw clinically. We are also tracking the community resource connections at the health plan level to see the impacts that the changes have had in the community in general.

Patrick Going: Colorado also would like to reference a resource at www.ada.gov that is useful but sometimes hard to find. If you go to that website and click on Technical Assistance Material, under Publications of General Interest is Access to Medical Care for Individuals with Mobility Disabilities. It is a comprehensive resource that many organizations would find helpful and could assist with staff trainings. Also, I would refer people back to the videos that Colorado HCPF produced, available here: https://www.colorado.gov/hcpf/disability-competent-care.