# Question & Answer (Q&A): Preventive Care and Health Screenings for Persons with Disabilities Webinar

***Webinar participants asked these questions during the Q&A portion of the Preventive Care and Health Screenings for Persons with Disabilities Webinar. 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/Advanced_DCC_Webinar_Series/Prevention

**Featured Webinar Speakers:**

- Christopher Duff, Disability Practice and Policy Consultant
  *Email: chrisduff2@gmail.com*
- Mary Lou Breslin, Co-founder and Senior Policy Advisor, Disability Rights Education & Defense Fund
  *Email: mlbreslin@dredf.org*
- Gabriel Uribe, Independent Living and Diversity Services Manager, Inland Empire Health Plan
  *Email: Uribe-G@iehp.org*
- Lydia Orth, MPH, Presidential Management Fellow, Medicare-Medicaid Coordination Office, Centers for Medicare & Medicaid Services
  *Email: Lydia.Orth@cms.hhs.gov*

**Q1: Are the speakers okay with plans or providers in other states taking the concepts, ideas, and materials presented during the webinar and adopting them for use in their local community?**

**Gabriel Uribe:** Yes, please feel free to use the resources and concepts addressed during this webinar and adapt them to best suit your organization and participant population. At Inland Empire Health Plan, our project allowed us the opportunity to work with and learn from different organizations that have engaged in similar efforts in their communities. We conducted a large project aimed at providing 95 exam tables to our primary care network after extensive reviews of facility site accessibility for individuals utilizing mobility devices. We are open to sharing additional information regarding our efforts. Other organizations have focused on addressing different aspects of participant access, such as telehealth, or adaptable exam equipment. I encourage you to reach out to these organizations if you think their concepts could be applied at your organization.

**Q2: Is the California pilot program only in counties that have MediCal Connect programs or in all counties with dual eligible beneficiaries?**

**Lydia Orth:** This particular flu vaccine promotion campaign is focused on California; however, most of the materials are applicable nationally. The information provided is based on resources from the Centers for Disease Control and Prevention and other organizations that promote flu vaccinations. For these and other resources, please consult our Resource Guide for the Preventive Care and Health Screenings for Persons with Disabilities Webinar and visit http://calduals.org/learn-more-resources/flu-vaccine-campaign/.

**Q4: Did you encounter any problems with guardianship/consent for these vaccines? In Rhode Island, many of the dual-eligible beneficiaries are their own guardian but may lack the cognitive function to understand what they are getting. We also have a good number of beneficiaries whose family refuses these vaccines.**

**Lydia Orth:** To date, we have not received information from our campaign partners about problems with guardianship/consent for flu vaccines. The Instructions for Using the Vaccine Information Statement (VISs) contains the following footnote: "In the case of an incompetent adult, relevant VISs shall be provided to the individual's legal representative. If the incompetent adult is living in a long-term care facility, all relevant VISs may be provided at the time of admission, or at the time of consent if later than admission, rather than prior to each vaccination." However, this language only applies to the distribution of a VIS, not to the legal process for consenting to immunization. The issue of informed consent is determined under each state's medical consent statute. So, whether the individual has a guardian because of incompetency or is their own guardian, state law must be consulted to determine who may legally consent to the immunization of an individual.

**Q5: For the California Pilot program, does California HHS reimburse for in-home flu shots?**

**Chris Duff**: Medicare will reimburse for flu shots; however, they won't necessarily pay for a home visit for flu shots. Part of the responsibility of the care coordinator is to get the member into a flu clinic or a similar setting where they can receive the flu shot versus sending a home care agency to a participant's home, which may not be covered by their insurance.

**Q6: Do you have any suggestions on how to identify physicians who are comfortable providing primary care for individuals with disabilities?**

**Chris Duff:** The best source for finding physicians comfortable working with persons with disabilities, either primary care or specialists, is to look towards your members with disabilities and their care coordinators. This can be done in several ways:

1. Observe where members are currently going, using an analysis of claims data;
2. Use member advisory committees to seek input and experiences;
3. Ask care coordinators for suggestions, based on member satisfaction, and;
4. Seek input from local disability-specific advocacy organizations, such as the local chapters of the Multiple Sclerosis Society, the National Alliance on Mental Illness, and others.

**Q7: Please expand on what "deaf culture" means?**

**Gabriel Uribe:** Gallaudet University has a comprehensive description of American Deaf Culture here: http://www3.gallaudet.edu/clerc-center/info-to-go/deaf-culture/american-deaf-culture.html

**Q8: Is there a tool to assist individuals in deciding when to contact their primary care provider versus going to the emergency room?**

**Gabriel Uribe:** We have a series of videos on our website that address this issue. We also have robust promotions of our nurse advice line through billboards and newsletters. We developed a program for home visits for families who had increased utilization of ER visits, primary care, and durable medical equipment.

In addition, our organization identified a need for education regarding navigating through the health plan and how to obtain services. We developed a navigator program to teach families about the different levels of care they have access to; whether it is primary care, urgent care, or emergent care. This effort shifted utilization and led to more encounters with the appropriate levels of care.

**Q9: Did you use a set of criteria to decide where to invest in equipment?**

**Gabriel Uribe:** At Inland Empire Health Plan, our project involved equipment placement (exam tables) to primary care providers in our network. The development of criteria for the selection of finalists involved a variety of data collection such as: claims and utilization data from our entire region, time and distance factors to ensure the equipment was distributed across a large coverage area, a review of PARS (Physical Accessibility Review Survey) data, and a preliminary

review of provider sites that involved asking basic questions regarding their accessibility.[1] With the collaborative efforts of a consultant and team members, we followed-up with a review of each site to ensure accessibility and appropriateness. We used the data in our equipment placement activities and decisions to provide grants to primary care physicians and specialists in different areas.

One lesson learned from this process is that providers are often not informed of the services and resources that are available. It is important for providers to be aware of resources early on so they can refer members if they don't have the equipment in their office. Providers can also look to the services of other providers that are close in proximity as a means for expanding access without the need for a referral process. Preventive exams are part of primary care and the health plan ensures that people will have access without prior authorization so this process works to fulfill that commitment.

**Q10: How were you able to obtain buy-in from behavioral health providers and discharge planners to partner with your care management team?**

**Gabriel Uribe:** At Inland Empire Health Plan, we have developed strong community relationships and have a group of team members who have regular interactions with these providers. In California, our mental health providers are managed locally by our county health departments. We work closely with our county health departments and have liaisons that are familiar with the processes of both the health plan and the county. Forming partnerships with public health departments leads to strong collaboration over time. Maintaining these relationships and conducting joint meetings to discuss common goals makes an impact.

**Q11: One of the presenters used the word "intersectionality". Can you explain what this term refers to?**

**Mary Lou Breslin:** The important message about intersectionality in relation to healthcare is that individuals belong to different demographic groups based on gender, ethnic/racial group, and age, among other demographics. Various demographics can overlap and intersect in the same individual complicating one's ability to access the care they need. Many healthcare practitioners, public health professionals, and researchers are observing the role of

[1] The Physical Accessibility Review (PAR) was mandated by DHCS in 2012 (MMCD Policy Letter 12-006). It is an expanded requirement relating to the services provided to Medi-Cal members who are seniors and/or persons with disabilities (SPDs). The PAR is also known as Attachment C of the Facility Site Review. The PAR criteria evaluate the level of accessibility of the health care site and determine the level of access to a provider.

intersectionality in health and developing methods to improve healthcare services for groups that experience membership in different demographic categories.

**Q12: Do you hear of fear from persons with disabilities of receiving immunizations, particularly flu and pneumonia vaccines? If so, how would you characterize these fears and how do you address them?**

**Mary Lou Breslin:** For persons with disabilities, there is more concern about obtaining vaccines in a practical and feasible manner. Some individuals with disabilities may be homeless, have difficulty acquiring the right kind of transportation, or cannot leave their home. There are also cost barriers that prevent providers from being able to provide vaccines at home, even with care coordination efforts in place. These factors create concern about access to vaccines, rather than fear of them.

**Q13: How did you reach the homeless and participants without phone numbers to ensure follow-up after hospitalizations through the year?**

**Gabriel Uribe:** When reaching out to the homeless population, we train providers to establish face-to-face contact. Information is available through our Provider Services Unit which is dedicated to providing resources directly to our providers and ensuring we connect members to community resources. If providers need additional assistance, they can communicate with the health plan directly or refer the member to the health plan for additional resources.

We have found that it is best to conduct follow-up at the same location of the initial contact. However, once a member makes contact outside of a clinical setting, we are also able to follow-up with care in the community if needed.