

Building a Disability-Competent Provider Network

*Leading Healthcare Practices and Training:
Defining and Delivering Disability-Competent Care*

A **disability-competent provider network** is comprised of providers who are committed to partnering and supporting persons living with disabilities, or “participants,” by being:

- Participant-centered and focused on the long-term success of each participant;
- Responsive to the participant’s medical and functional needs within the context of his or her goals and priorities;
- Accessible in practice and process;
- Involved in ongoing training and education by and for the population they serve; and
- Collaborative and engaged with the broader care team.

The health plan’s role in building a disability-competent provider network includes:

- Contracting or working with partners with certain characteristics (*see table below*);
- Connecting the members with partners that can meet their needs; and
- Bringing partners together, setting up the referral system to connect them, and leveraging community-based organizations as appropriate.

Partners	Characteristics
Primary Care	Disability competency, commitment, and care flexibility
Specialty Care	Established relationships and experience
Inpatient Care	Disability knowledge, communication with care team
Long-Term Services and Supports	Established relationships, quality, and consistency of care
Durable Medical Equipment and Other Suppliers	Expertise, capacity and responsiveness
Transportation	Multiple levels of service, extended hours, and reliability
Pharmacy	Capacity for home delivery and specialized packaging

Examples of how disability-competent health plans may engage with these partners include:

- Providing training on disability competence, including disability awareness, sensitivity, and coordination of care;
- Offering resources such as a pre-appointment checklist to identify member accommodation needs and information to help providers communicate appropriately and effectively with people with disabilities;
- Conducting a physical access review and suggestions for low-cost accessibility modification;
- Establishing a flexible and timely benefit decision process that does not impede care;

- Providing feedback on care and services – from participants, plan staff, provider peers, and community advocates; and
- Seeking feedback on the plan’s communication, care management, provider expectations and administrative functions.

Examples of how disability-competent health plans have promoted knowledge sharing across the provider networks include:

- Creating a disability provider network advisory committee;
- Soliciting feedback through provider focus groups on communication, access, member services, and marketing materials; and
- Hosting or partnering with community-based disability advocacy and resource agencies to establish a disability collaborative for training, information sharing, engagement, and needs identification.

Additional Resources

Please visit the *Resources for Integrated Care* website (<https://www.resourcesforintegratedcare.com>) for the “Leading Healthcare Practices and Training: Defining and Delivering Disability-Competent Care” webinar series, which served as the basis for this brief and for other Disability-Competent Care-related resources including an interactive self-assessment tool.