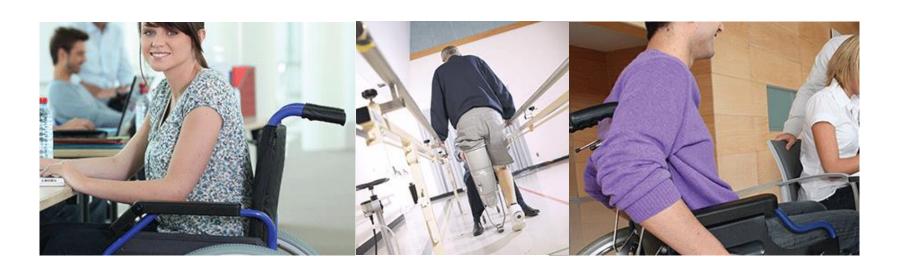


# Strategies for the Implementation of Disability-Competent Care

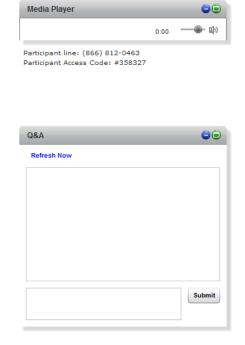
# **Understanding the Lived Experience of Disability**







Resources for Plans and Providers for Medicare-Medicaid Integration





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#### **Overview of Webinar Series**

# Strategies for the Implementation of Disability-Competent Care

This series takes a fresh look at topics that were presented in the previous two webinar series, which are available for viewing at

https://www.resourcesforintegratedcare.com/

- We aim to provide participants with updated information and the opportunity to discuss topical questions with leading healthcare professionals and subject matter experts. We hope you come prepared with questions and comments for this discussion.
- The Lewin Group, under contract with the CMS Medicare-Medicaid Coordination Office, partnered with Christopher Duff and other disability practice experts to create the eight-part weekly webinar series, Strategies for the Implementation of Disability-Competent Care.



#### **Introductions**

#### **Presenters**

Christopher Duff
Disability Practice & Policy Consultant

June Isaacson Kailes

Disability Policy Consultant
Associate Director, Center for Disability
and Health Policy at Western University
of Health Sciences, California





Dennis Heaphy
Co-Founder of Disability Allies Advocating
for Change Together (DAART)





# **Webinar Agenda**

Understanding and listening to the consumer experience is a precursor to improved outcomes. This webinar will:

- Introduce the experience of living with a disability
- Explore key barriers to accessing care:
  - Attitude
  - Communication
  - Equipment
  - Physical access
  - Navigation and coordination
- Audience questions



# Importance of Hearing the Lived Experience of a Disability

Stories from the front lines of health care add an essential human dimension to a large body of research showing that people with disabilities experience both health and healthcare disparities and face specific, persistent barriers to care.

Videos available for download show the stunning lessons to be learned and important solutions that will improve healthcare for people with disabilities:

http://dredf.org/healthcare-stories/



# **Human Dimensions of the Lived Experience of a Disability**

Alice Wong, a researcher in the San Francisco Bay area living with Spinal Muscular Atrophy, Type Two.

In this video, she speaks of her struggles with having her priorities and choices heard and respected as she seeks health care services.





# Be Aware Of and Control Your Disability-Related Biases

Be aware of your disability-related beliefs, biases, prejudices, stereotypes, and fears, and understand:

- Where they come from
- How they can affect your ability to work effectively with people with disabilities
- How to contain them, so they don't interfere with your ability to provide effective care



# **Knowing Those You Are Serving**

- Persons living with disabilities are a diverse group varying in age, gender, race, ethnicity, socioeconomic position, sexual orientation, and type of functional limitation.
- Disability-Competent Care requires that providers of health care understand their consumers':
  - Experience of being disabled
  - Disability itself (clinically)
  - Functional limitations due to the disability



# **Defining Disability**

- Fourteen percent of adults in the U.S. have a disabling condition resulting in complex activity limitations. As a whole, they are:
  - More likely to live in poverty
  - More likely to experience material hardship
  - More likely to experience food insecurity, not getting needed medical or dental care, and not being able to pay rent, mortgage, and utility bills
  - Disproportionately represented in racial and ethnic minority groups
  - Growing in number as the population ages and with technological advancements in care



# **Key Barriers to Accessing Care**

#### **Availability & Awareness**

- Ability to know and obtain needed services from health care system – this concept was explored in Webinar 1
  - Right care
  - Right place
  - Right time

### Barriers to Accessing Care

- Attitude
- Communication
- Equipment
- Physical Access
- Navigation and coordination



# Without Addressing Access...

# Persons with disabilities can experience:

- Frustration
- Fatigue
- Failure
- Fear

### Poor quality:

- Lack of care
- Delayed diagnosis
- Deteriorating health



# **Barriers in Accessing Care**

Appropriate access to health care for people with disabilities involves addressing additional barriers:

- Attitude
- Communication
- Equipment access
- Physical access
- Navigational and coordination access



#### **Attitude**





#### Communication

#### Two aspects of communication:

- Engagement and listening
- 2. Using the right auxiliary aids and services to accommodate for limitations, including:
  - Auditory
  - Visual
  - Comprehension



# **Equipment Access**

Attention needs to be given to barriers in the delivery of care. Pay particular attention to:

- Exam tables
- Transferring
- Scales
- Radiological devices



# **Physical Access**

Attention needs to be given to accessing settings of care – from the micro to the macro

- Maneuvering within exam rooms
- Maneuvering within offices
- Accessing the office
- Accessing to the building in the community

People will need to know about the level of physical access that they should expect.



# **Navigational & Coordination Access**

Consumers commonly need help navigating the multiple services, financial resources, settings, and providers of care:

- Knowing the service is available
- Knowing who provides the service
- Obtaining authorization for the service
- Ensuring accessibility to the service
- Arranging for the service



# **Navigational & Coordination Access**

Quality, Service, & Accommodation Alerts (QSAs) ensure consumer specific accommodations from the moment an individual enters the healthcare delivery system. Can include:

- Schedule longer appointment
- Use lift for transfers
- Use life team for transfers
- Use hi/low table located in specific rooms
- Use accessible scale
- Use ASL interpreter
- Use assistive listening device

Many electronic health records are incorporating QSAs.



#### Attend to the Details

#### It is important to:

- Know how to document accommodation needs
- Incorporate accessibility into processes, procedures, protocols, policies, training, practice, and experience!
- Adopt a "Can Do" approach that incorporates flexibility and good problem solving skills



# **Summary**

- 1. Recognize the complexities of living with disability
- 2. Be aware of disability related biases
- Listen, learn and use information from participants and those who know them best
- 4. Attend to the details



# **Summary**

"We are all faced with a series of great opportunities brilliantly disguised as impossible situations."

- Charles R. Swindoll



# Audience Questions & Discussion



#### **Next Webinar**

# "Integrating Behavioral Health Within Disability-Competent Care"

Wednesday, May 20th, 2015

#### Session III will:

- Explore the prevalence and importance of addressing participant behavioral health needs.
- Discuss strategies to facilitate timely communication and collaboration between behavioral health providers and disability-competent care teams.

Please respond to our survey!



# **Thank You for Attending!**



- For more information contact:
  - RIC@lewin.com
  - Kerry Branick at <u>kerry.branick@cms.hhs.gov</u>
  - Gretchen Nye at <u>gretchen.nye1@cms.hhs.gov</u>
  - Christopher Duff at <a href="mailto:chrisduff2@gmail.com">chrisduff2@gmail.com</a>
  - June Isaacson Kailes at <u>jik@pacbell.net</u>
  - Dennis Heaphy at <u>dennis.heaphy@gmail.com</u>
- Disability-Competent Care Self-Assessment Tool available online at:

https://www.resourcesforintegratedcare.com/



#### **Resources & Reference Material**

- Accessible health care briefs:
  - http://www.cdihp.org/products.html
- Accessible website design: http://www.washington.edu/doit/Brochures/Technology/universal.design.html
- First-person stories of health care experiences: http://dredf.org/healthcare-stories/



## **Disability-Competent Care Self-Assessment Tool**

#### 1. Relational-Based Care Management



- ▶ 1.1 Participant-Centered Practice
- ▶ 1.2 Eliminating Medical and Institutional Bias
- ▶ 1.3. Interdisciplinary Care Team (ICT)
- ▶ 1.4. Assessment

choosing to smoke).

- ▶ 1.5. Individualized Plan of Care
- ▶ 1.6. Individualized Plan of Care Oversight and Coordination
- ▶ 1.7 Transitions
- 1.8 Tailoring Services and Supports
- 1.9 Advance Directives
- → 1.10 Allocation of Care Management and Services
- 1.11 Care Partners
- ▶ 1.12 Electronic Health Record

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