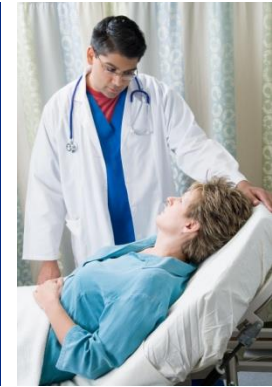


# RESOURCES FOR INTEGRATED CARE

Resources for Plans and Providers for Medicare-Medicaid Integration



HEALTH CARE AND HUMAN SERVICES POLICY, RESEARCH, AND CONSULTING - WITH REAL-WORLD PERSPECTIVE.

## LEADING HEALTHCARE PRACTICES AND TRAINING: DEFINING AND DELIVERING “DISABILITY- COMPETENT CARE”

### Session IX: New Roles & Responsibilities - Participant & Provider Readiness

Presented to individuals who work with persons with disabilities, in particular those responsible for training and development of professional and paraprofessional staff

December 10<sup>th</sup>, 2013

Slides

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Q&A

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# Overview of Webinar Series

- This is Part 3 of the “Leading Healthcare Practices and Training: Defining and Delivering Disability-Competent Care” webinar series
- The final part of this series will explore:
  - I. “Building a Disability-Competent Provider Network” 12/03/2013
  - II. “Preparing for New Roles and Responsibilities - Participant and Provider Readiness” 12/10/2013
- Each presentation is about 45 minutes with 15 minutes reserved for Q&A
- Webinars are recorded; video and PDFs are available for use after each session at:

<https://www.resourcesforintegratedcare.com/>

# Disability-Competent Care Webinar Series

## *What We Will Explore in This Series:*

- The unique needs and expectations of individuals with disabilities
- Disability care competency
- Person-centered care and interactions
- Preparing to achieve the *Triple Aim* goals of improving the health and participant experience of health care delivery while controlling costs in all work with adults with disabilities

## *What We'd Like From You:*

- How best to target future Disability-Competent Care webinars to specific groups of healthcare professionals involved in all levels of the healthcare delivery process
- Feedback on these topics as well as ideas for other topics to explore in these webinars and subsequent resources related to Disability-Competent Care

# Introductions

## *Presenters*

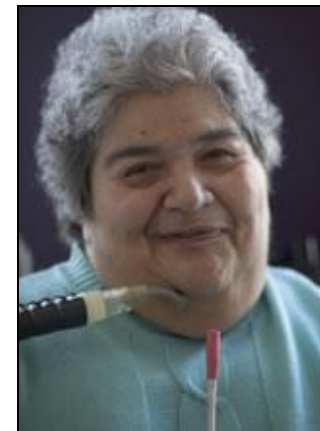
Anna Fay

Vice President, IL Services  
Independence Care System



Marilyn Saviola

Vice President, Advocacy and  
the Women's Health Access Program  
Independence Care System



Christopher Duff

Executive Director  
Disability Practice Institute



# Agenda

- Identifying the need for disability competency training
- Preparing staff to serve persons with disabilities:
  - Increase awareness about their own emotional responses to disability
  - Increase understanding of the impact of isolation and fear of institutionalization on many persons with disabilities
  - Deepening understanding of the significance of the ADA and the Olmstead Act
- Strategies to modify care management support based on the needs and capabilities of each participant
- Audience questions

# New Roles & New Responsibilities

## Today - How we have operated

- Health system are designed to treat illness
- Professionals are training in clinical silos

## Tomorrow - How we need to function

- Focus on health and function
- Operate as a system of care and support

Extensive preparation and training is required to prepare for this new health care delivery system

# New Roles & New Responsibilities

All stakeholders need to engage in a new way:

- Participants - Transition from patient to consumer
- Interdisciplinary Team - Outcomes and functioning; operating as a team; focusing on implementing individual plans of care
- Direct Providers - Become disability competent; new linkages and communication
- Health Plans - Serve new populations; support and reward for outcomes

While the transition is occurring across the entire health care delivery system, this series is focused on addressing and meeting the needs of adults with disabilities in particular



# Independence Care System

- Independence Care System (ICS) began in 2000, to support adults with physical disabilities and chronic conditions
- Created by a worker-owned, home care agency and a national policy organization dedicated to promoting quality care through quality jobs
- ICS is a nonprofit Medicaid managed long-term care (MLTC) plan serving residents of Manhattan, Brooklyn, the Bronx and Queens, and has grown to 5,000+ members
- ICS is preparing to participate in the New York State Dual Demonstration

# Disability Competent Staff Training

The outcome is to prepare staff to interface with the participants in a manner that:

- Responds to what participants need in all aspects of their lives
- Respects participants' preferences
- Doesn't assume staff know all the answers; instead they are willing to ask questions and partner with the participant to achieve their goals

Training incorporates the use of persons with disabilities as trainers:

- Involving both participants and staff with disabilities
- Modeling communications and accommodations

# Disability-Competent Staff Training

Content of the disability-competent training:

- Disability literacy and competency
- Community integration & participation
- Supporting participant choice and dignity of risk

Training content has evolved over years, and will continue to be refined based on experience

# Disability-Competent Staff Training

## Understanding Disability-Competency Training

- Preparing staff to be responsive to participants' needs
- Ensuring staff feel supported by the organization
- Preparing staff to have “difficult conversations” with participants
- Increasing staff awareness of emotional responses to disabilities
  - Explore thoughts about the terms “support” and “cared for”
  - Reflect upon feelings associated with first encountering a person with an obvious disability
  - Identify the impact of that experience (i.e. beliefs, behavior, life choices)
  - Identify feelings about having a disability and how these feelings may affect working with people with disabilities

# Disability-Competent Staff Training

1. Understanding the lived experience
  - Be aware of stereotypes and self-perceptions: understand the uniqueness of each person with a disability
  - Reflect upon and understand that persons with disabilities have a full range of different experiences
  - Reflect upon statements like:
    - “People with disabilities cannot ...”
    - “People with disabilities should not ...”

# Disability-Competent Staff Training

2. Attentively review participant profiles and actively listen to stories
  - Openly communicate how participant feels about having a disability with staff
  - Discuss questions such as:
    1. How do you think this person would describe him or herself?
    2. What do these stories have in common?
    3. What are the differences?
  - Reflect upon the differences between having a disability from birth or early childhood and acquiring a disability in adulthood

# Disability-Competent Staff Training

3. Understanding the impact of isolation
  - Living with the fear of institutionalization
  - Reflect upon participant stories, asking questions such as:
    - “How does isolation affect this person?”
    - “How can the participant in your story have more contact with other people with disabilities?”
  - Discuss how to encourage participants to reduce their isolation
  - Identify strategies for dealing with isolation
  - Use guided imagery, ask staff to imagine waking up in a hospital and ending up in an institution indefinitely; ask questions like:
    - “What are some of their first thoughts?”
    - “What would be the worst part about that situation?”

# Disability-Competent Staff Training

4. Understanding disability rights
  - Explain what the Olmstead Decision is, and its significance to people with disabilities
  - Discuss how the Olmstead Decision relates to the staff's work
  - Emphasize how important it is that staff's engagement with participants needs to reflect an understanding of the significance of the Olmstead Decision for people with disabilities



# Preparing the Interdisciplinary Care Team

## Participant-centered approach to services

- Follow the participant-centered independent living values:
  - Partner with participants - they play a major role in determining their own needs and in managing their own care
  - Value the expertise of staff and the lived expertise of participants
  - Utilize a care management team approach to implement the integrated care model with every participant
- Support participant choices
  - Dignity of risk - respecting participant choices, including those with which individual staff may not feel comfortable
  - Use role playing to teach staff how to let go of control over participant choices. Especially in situations where the staff member feels the participant may be at risk

# Preparing the Participant

- Discuss the mission of the organization
  - At ICS: To support adults with physical disabilities to live independently and participate fully in “community life”
  - It is, therefore, our responsibility to identify appropriate supports, define and communicate them, and educate/train participants to be successful in achieving this goal
- Discuss strategies to help the participant identify and express their needs and preferences. Care managers are then able to focus on those issues that require intervention
- Foster an accepting environment for participants to grieve or appeal any decision made by the plan or any treatment by the provider with which they are unsatisfied
- Build trust between the participant and the care coordinator

# Supporting the Participant as They Desire/Require

Criteria for assessing participant readiness for self-direction:

- Amount of care management support needed to manage their services and healthcare needs
- Ability to initiate interventions on their own behalf
- Ability to seek assistance when needed
- Ability to understand and follow program procedures
- Awareness of risks and ability to monitor/intervene appropriately
- Level of health literacy (understands their disease and condition)

# Supporting the Participant as They Desire/Require

Utilization history is indicative of the participant's ability to self-manage their services and supports.

The participant should:

- Have had none or one avoidable ER visit/hospitalization within the past six months
- Have stable home care
- Participate in required nursing and functional assessments
- Followed by a physician
- Have a “good” support (formal and informal) system in place

# Supporting the Participant as They Desire/Require

- The participant requires a great deal of information in order to be “ready” to assume this level of responsibility / independence
- Identifying how to provide the training has been a challenge
- Using a participant guidebook
  - It works best for newly enrolled participants
  - Raises questions and creates confusion for those who were familiar with having a greater degree of care management support

# Preparing the Participant

Review tips to help participants in obtaining quality care and support:

- Don't accept hurtful or inappropriate interactions
- Take a consistent friend or assistant with you to take notes and provide support
- Prior to the appointment, write down any questions for your provider
- Call ahead to ask about wheelchair access or other accessibility concerns
- Ask individuals you trust to find a good medical doctor
- Ask your general practitioner about a specialist's experience or willingness to treat disabled people
- Don't be "patient" with mistreatment
- If you feel "patronized", ask the physician to treat you like any other adult
- Expect your physician to be willing to learn about your disability
- Insist that you understand the explanations about treatment

Source:

<http://wid.org/publications/downloads/Access%20to%20Medical%20Care%20Curriculum%20%28PDF%20format%29.pdf/view>

# Preparing the Participant

Tip sheet for obtaining breast care:

- Women with disabilities have historically experienced barriers to obtaining mammography's and needed follow-up treatment
- Care coordinators have found it helpful to provide specific information about providers, scheduling and preparing for a mammography, and communicating accommodation needs and expectations

Source: [http://www.icsny.org/sitemanagement/wp-content/uploads/2013/03/Beast-Cancer-Flyer\\_FINAL.pdf](http://www.icsny.org/sitemanagement/wp-content/uploads/2013/03/Beast-Cancer-Flyer_FINAL.pdf)

# Summary

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- Persons with disabilities bring unique experiences, preferences, fears, and distrust to their interactions with healthcare providers - and it is the provider's job to listen and understand their perspective
- Providing care coordination support requires trust and respect between the coordinator and the participant
- A key role of care coordination is to prepare the participant to assume the control they desire and are capable of assuming, in directing their healthcare services and supports





# Audience Questions

Webinar Evaluation Survey

# Send Us Your Feedback

Help us diversify our series content and address current Disability-Competent Care training needs - your input is essential!

Please contact us with your suggestions at  
**RIC@Lewin.com**

## *What We'd Like From You:*

- Ideas for how best to target future Disability-Competent Care webinars to specific groups of healthcare professionals involved in all levels of the healthcare delivery process
- Feedback on these topics as well as ideas for other topics to explore in these webinars and subsequent resources related to Disability-Competent Care

# Thank You for Attending



- For more information contact:
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  - Kerry Branick at [kerry.branick@cms.hhs.gov](mailto:kerry.branick@cms.hhs.gov)
- Disability-Competent Care Self-Assessment Tool available online at:  
<https://www.resourcesforintegratedcare.com/>

# Resources & References

- Best practices for meaningful consumer input in health care delivery models, community catalyst  
[http://www.communitycatalyst.org/doc-store/publications/meaningfulconsumerinput\\_healthcaredeliverymodels.pdf](http://www.communitycatalyst.org/doc-store/publications/meaningfulconsumerinput_healthcaredeliverymodels.pdf)
- Access to medical care: Training tools for health care providers, disabled patients and advocates on culturally competent care and compliance with disability law  
<http://wid.org/publications/downloads/Access%20to%20Medical%20Care%20Curriculum%20%28PDF%20format%29.pdf/view>

# Disability Competent Care Self-Assessment Tool

## 1. Relational-Based Care Management

[Introduction](#)

**1. Relational-Based Care Management**

[2. Highly Responsive Primary Care](#)

[3. Comprehensive Long-Term Care](#)

[Appendix A](#)

Participant-centered care is based on the recognition that the participant is not merely a passive recipient of medical care but rather the primary source for defining care goals and needs. This type of care requires cultivating a relationship with the participant, seeing him or her as a whole person with hopes and preferences, and recognizing that the participant is oftentimes the best steward of resources. Inherent in participant-centered planning is also the concept of the dignity of risk [1] which honors and respects the participant's choices even if they are inconsistent with the recommendation of the IDT.

[1] Dignity of risk means the right of individuals to choose to take some risk in engaging in life experiences, even if that choice would not be one that a health professional would choose (e.g. choosing to smoke).

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