

Preparing for New Roles and Responsibilities – Participant Readiness

Leading Healthcare Practices and Training: Delivering Disability-Competent Care

Disability-competent readiness prepares individuals with disabilities, or “participants,” and his or her disability-competent care teams to partner to achieve the participant’s goals and support his or her health and health care. As a result, the participant is better able to take charge of his or her health and health care, rather than simply being a passive recipient of care. Likewise, the care team members become care partners with the participant and are part of a broader participant-focused interdisciplinary care and support team, rather than simply discipline-based caregivers.

Participant readiness involves the disability-competent care team preparing the participant by supporting or coaching him or her to identify his or her needs and preferences. This requires fostering an accepting environment that allows for the trust needed to build a dynamic plan of care. And through a participant-centered approach to care planning, the participant is ultimately readied for self-direction.

Indicators that a participant has been readied for self-direction include the following:

- Ability to initiate interventions on his or her own behalf;
- Ability to seek assistance when needed;
- Ability to understand and follow program procedures;
- Awareness of risks and ability to monitor/intervene appropriately; and
- Has an appropriate level of health literacy (e.g., understands their disease, disability, or condition).

As a result, a **participant can take charge of his or her health and health care** by seeking and expecting quality care and support. Examples of participants taking charge include the following:

- Does not accept hurtful or inappropriate interactions
- Prior to the appointment, writes down any questions for his or her provider
- Ask individuals he or she trusts to help find a good medical doctor
- Is not “patient” with mistreatment
- Expects his or her physician is willing to learn about his or her disability
- Brings a reliable friend or assistant to take notes and provide support
- Calls ahead to ask about wheelchair access or other accessibility concerns
- Asks the general practitioner about a specialist’s experience or willingness to treat disabled people
- In the event he or she feels patronized, asks the physician to treat him or her like any other adult
- Insists that he or she understand the explanations about treatment

In becoming readied and by taking charge of his or her health and health care, the **participant can also benefit through more appropriate utilization** which one disability-competent health plan monitors using the following indicators:

- No more than one avoidable ER visit/hospitalization within the past six months;
- Stable home care services and supports;
- Participation in nursing and functional assessments;
- Relationship with a primary care practitioner;

- Stable formal and informal support system in place; and
- Knowledge of when and how to seek care coordination and primary care support.

Additional Resources

The Disability-Competent Care Model is based on the lived experiences of persons with disabilities and over 20 years of experience at three health plans. For more information, please visit the *Resources for Integrated Care* website (<https://www.resourcesforintegratedcare.com>). There you will find the “Defining and Delivering Disability-Competent Care” webinar series, which was the basis for this brief and other resources on the Disability-Competent Care Model.