

Ensuring Effective Health Care for Seniors & People with Disabilities: Strategies for MMCOs & Providers



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**Adding value
to service through
increasing access**

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**Adding value
to service through
increasing access**

Context

- **People with disabilities & seniors - mandatory enrollment in managed care beginning 6/1/11**
- **Effective transition depends upon PLAN READINESS**
 - **Disability literacy/ competency**
 - **Processes**
 - **Procedures**
 - **Policies**
 - **Training**

Agenda



- **Who Are People with Disabilities?**
- **Health and Health Care Disparities**
- **Access:**
 - **Communication**
 - **Physical**
 - **Equipment**
- **Care Coordination**
- **Discussion**

Disability types:

- **Developmental disabilities:**
 - Develop disability before age 18 – i.e. cerebral palsy, Downs Syndrome
- **Injuries (auto crashes, falls, diving, war)**
 - Brain Injury
 - Spinal cord injury
- **Chronic Conditions (can become disabling),**
 - Diabetes
 - arthritis,
 - Other conditions

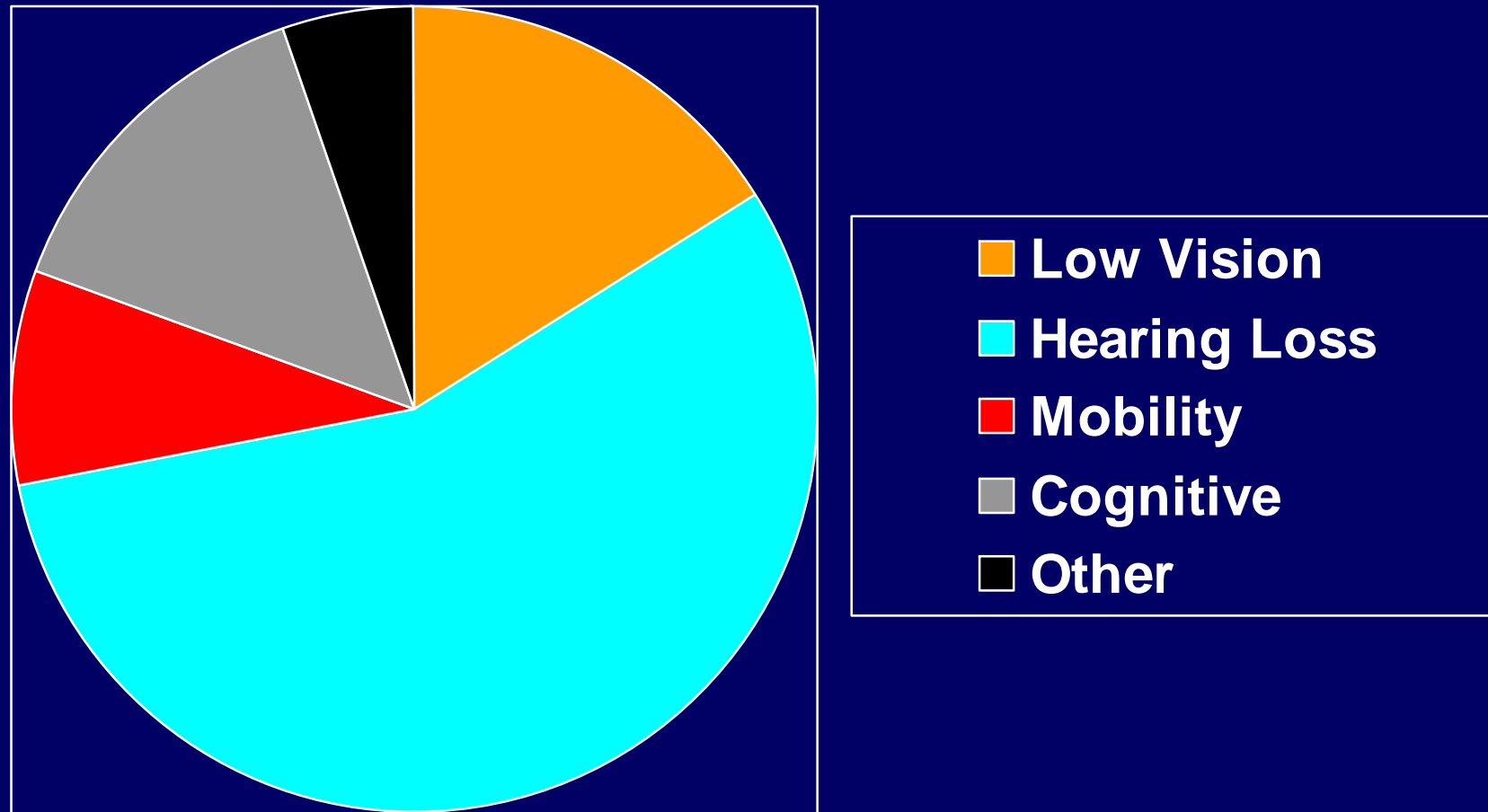
Many people have limitations which effect:

- walking
- seeing
- speaking
- hearing
- breathing
- understanding
- balance
- strength
- endurance
- coordination
- manipulation
- bowel & bladder control

Some disabilities are visible, others are hidden due to:

- Arthritis
- Cancer
- Learning
- Hearing
- Vision
- Diabetes
- Heart disease
- Emotional or psychiatric conditions
- Significant allergies or chemical sensitivities

50 Million Americans with Disabilities in US - About One in Five

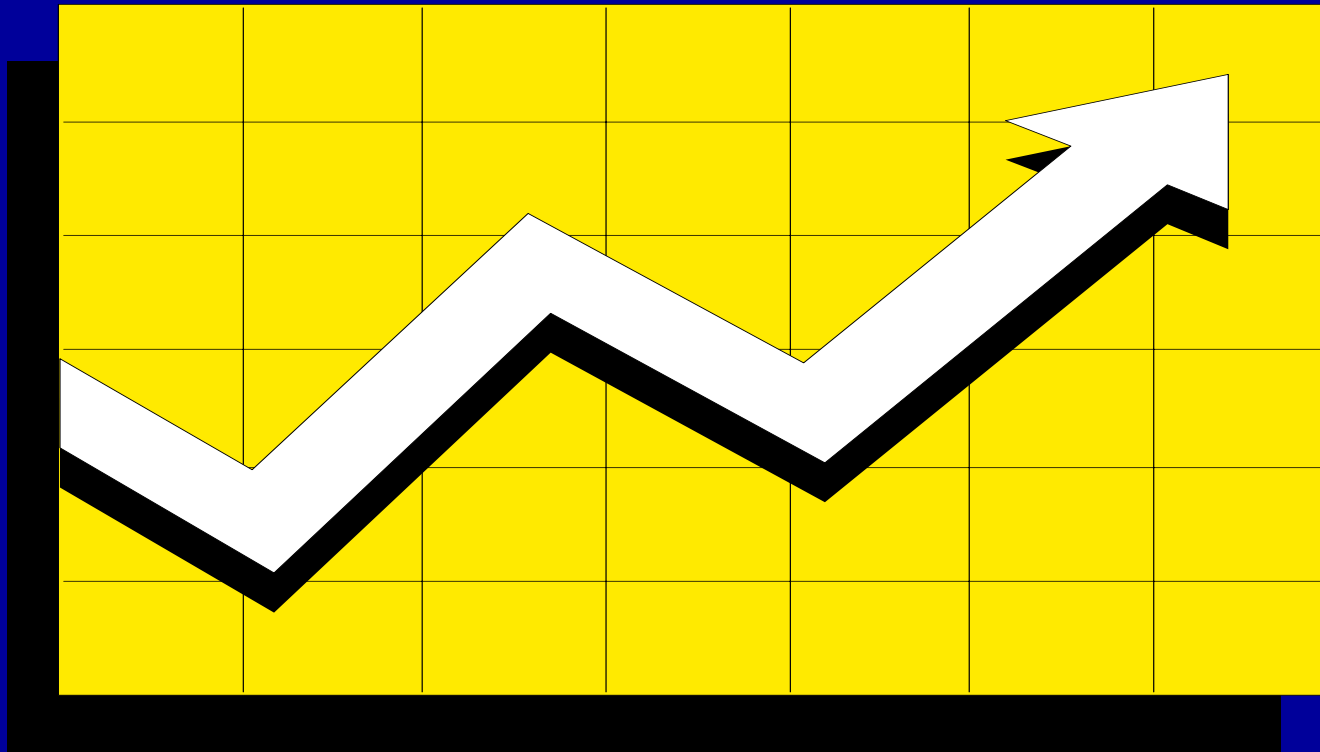


Source: 2000 U.S. Census Bureau; all categories not mutually exclusive; persons may also have more than one disability.

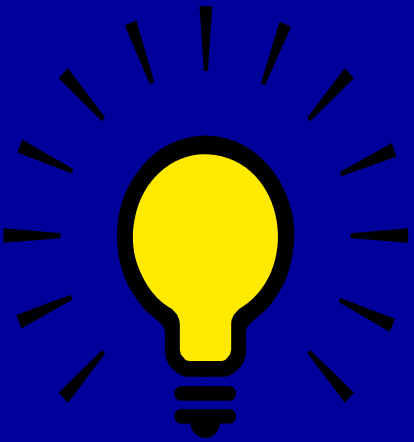
Disability Facts

Age	5-15	16-64	65+
Population (millions)	45.1	178.7	33.3
Any disability	5.8%	18.6%	41.9%
Sensory	1%	2.3%	14.2%
Physical	1%	6.2%	28.6%
Mental	4.6%	3.8%	10.8%

Age and disabilities – 2000 US Census



**If you live long enough,
you will age into disability
&/or activity limitations.**



**Many more people
have disabilities &
limitations that affect
activities than is
commonly recognized**



- **Many people need assistance, including those who:**
 - **Identify & those who do not identify as having a disability,**
 - **Have conditions that are not apparent.**
- **Others may have obvious disabilities or conditions but do not need assistance.**



**Disability & activity limitations
should not be thought of as
conditions that only affects the
unfortunate few ... they are
common characteristics &
occurrences within the human
experience.**

Quick Poll:



Have you or your staff participated in CE / CME education re: primary care & prevention for your members / patients with disabilities?

- Yes**
- No**
- Unsure**

Profile of Medi-Cal Beneficiaries with Disabilities

- **70% who have disabilities live w/ two or more chronic conditions**
- **About 25% have four or more chronic conditions**
- **30% who have disabilities receive treatment for mental health conditions annually**

Profile of Medi-Cal Seniors

- **Seniors represent about 14% of Medi-Cal beneficiaries who have no other insurance who will experience mandatory enrollment into managed care during 2011-2012**

Health Disparities

Source

HEALTH DISPARITIES CHART BOOK ON DISABILITY AND RACIAL AND ETHNIC STATUS IN THE UNITED STATES

Charles Drum, MPA, JD, PhD

Monica R. McClain, PhD

Willi Horner-Johnson, PhD

Genia Taitano, MPH

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http://www.iod.unh.edu/pdf/Health%20Disparities%20Chart%20Book_080411.pdf

- If people with disabilities were a formally recognized minority group, at 19% of population, we would be largest minority group in U.S.

Research documents - People with a variety of physical & cognitive disabilities are more likely to experience:

- **poorer health status**
- **potentially preventable secondary conditions**
- **chronic conditions**
- **early deaths**

Figure 5. Prevalence of selected health behaviors among racial/ethnic groups and people with disabilities

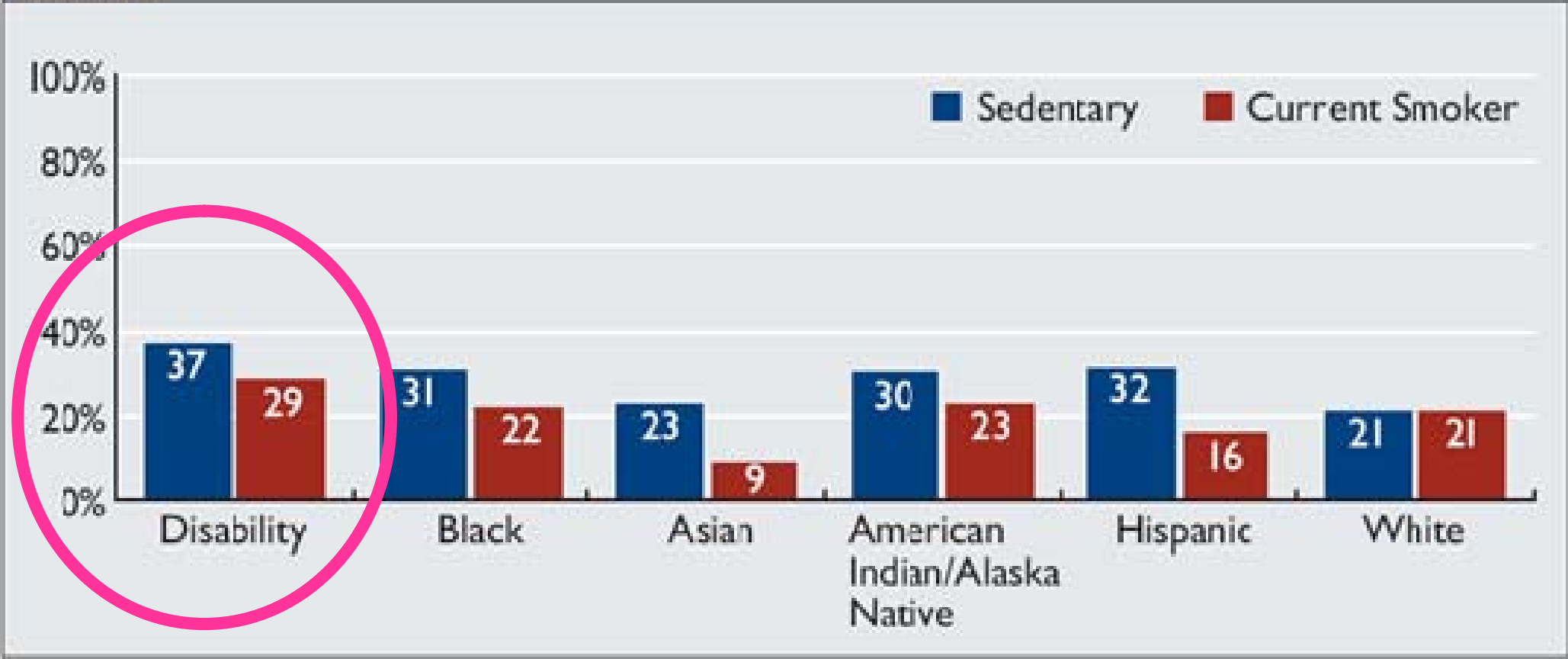


Figure 6. Prevalence of obesity and diabetes among racial/ethnic groups and people with disabilities

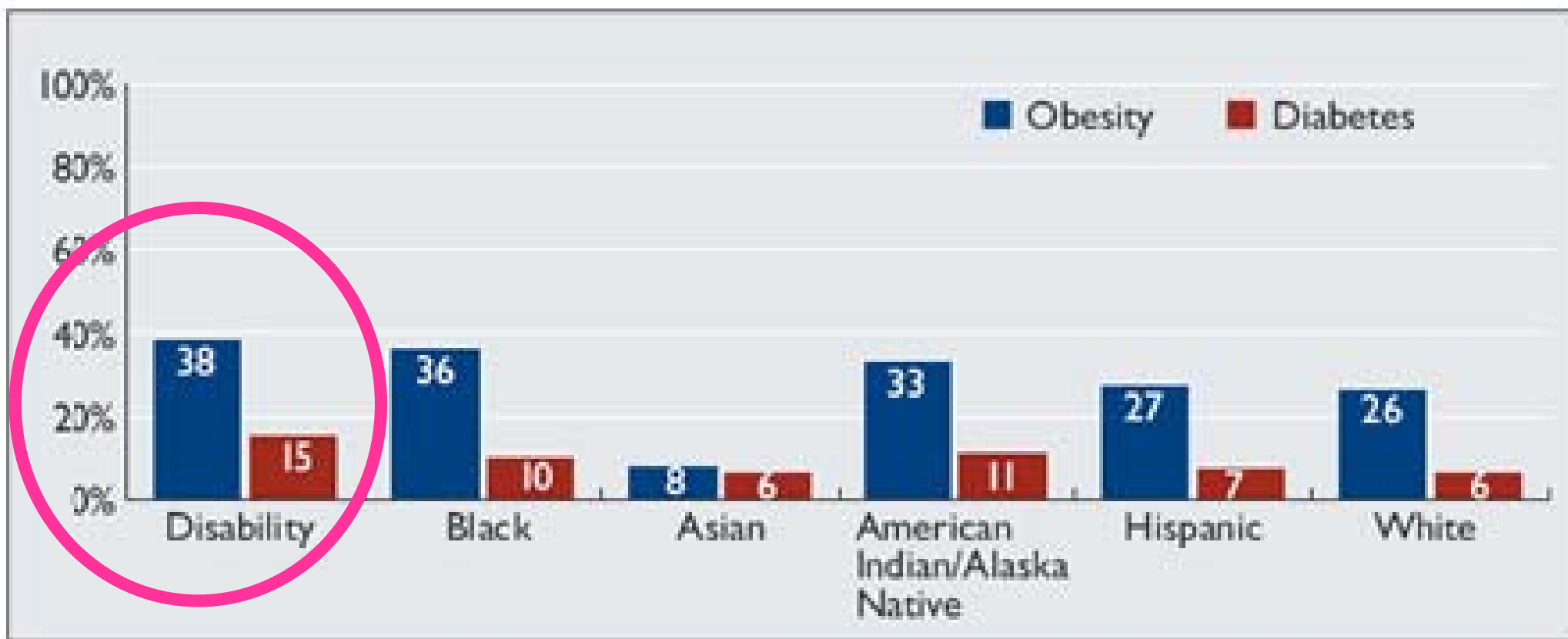
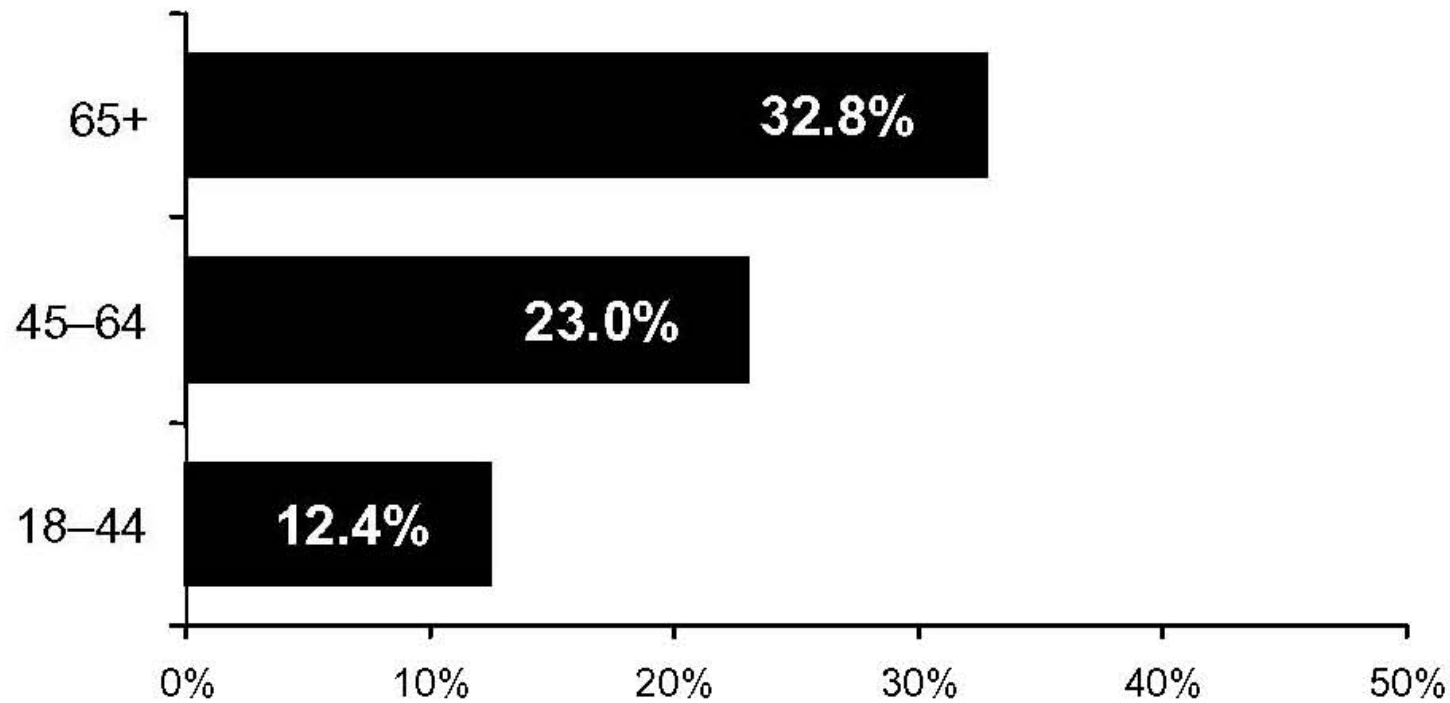


Figure 1: Prevalence of Disability by Age Group



- Population Estimates -

*Estimated Adult Population
With a Disability:*

4,599,000 or 19.1%

Men with a Disability:

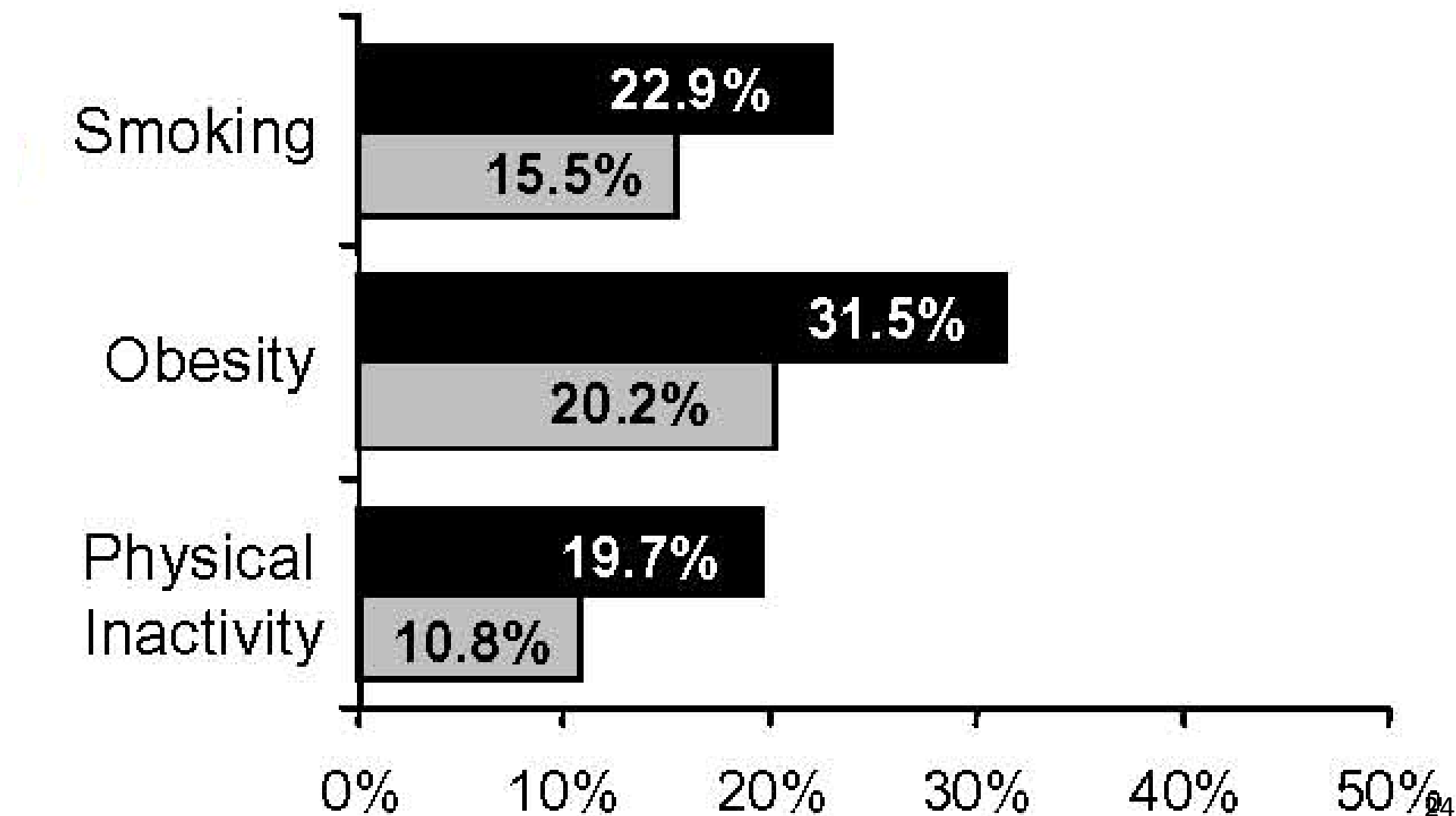
2,057,000 or 17.7%

Women with a Disability:

2,542,000 or 20.3%

% Adults With & Without Disabilities

Figure 4a: Health Behaviors



% Adults With & Without Disabilities

Figure 4b: Immunizations

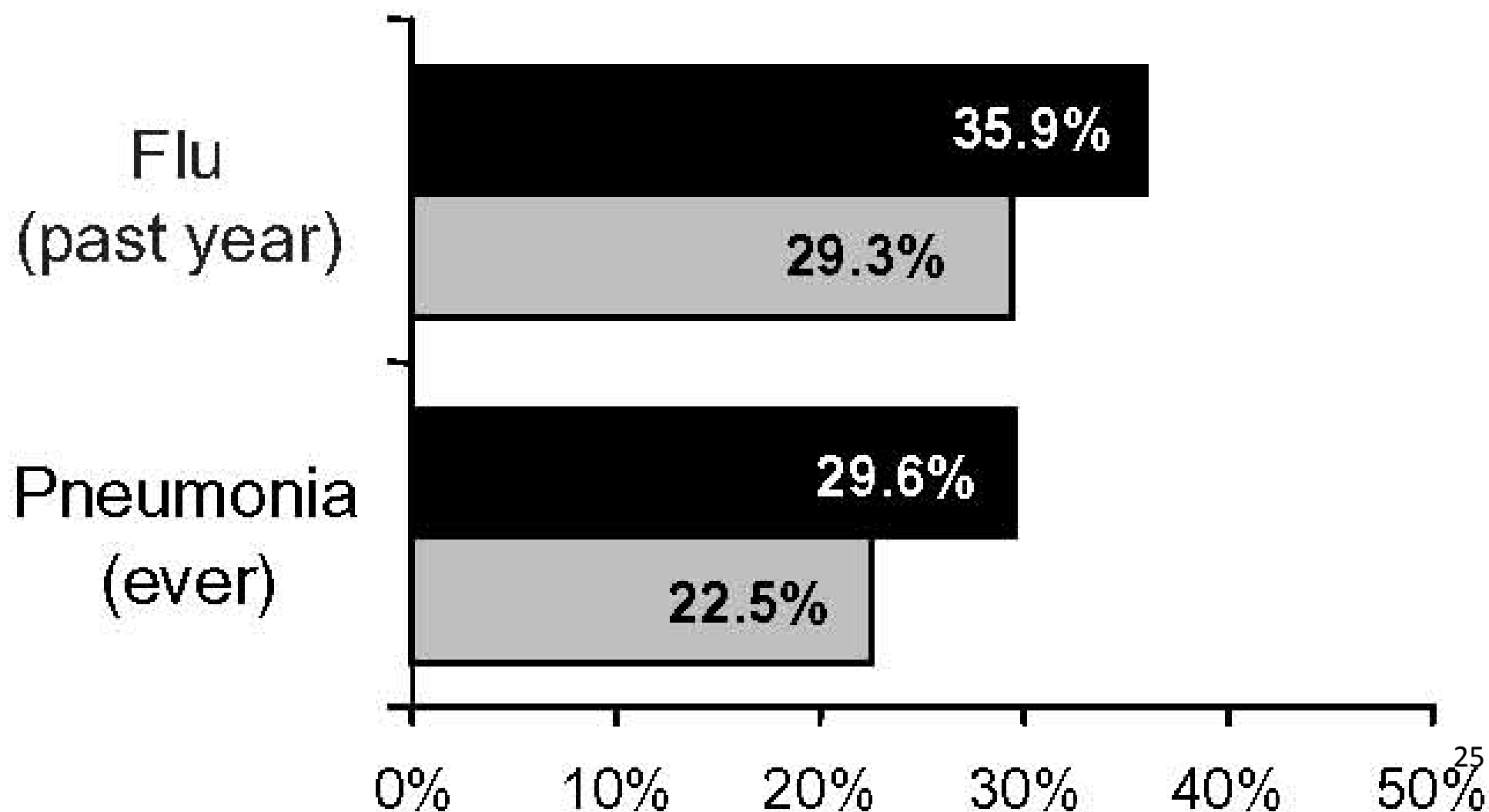
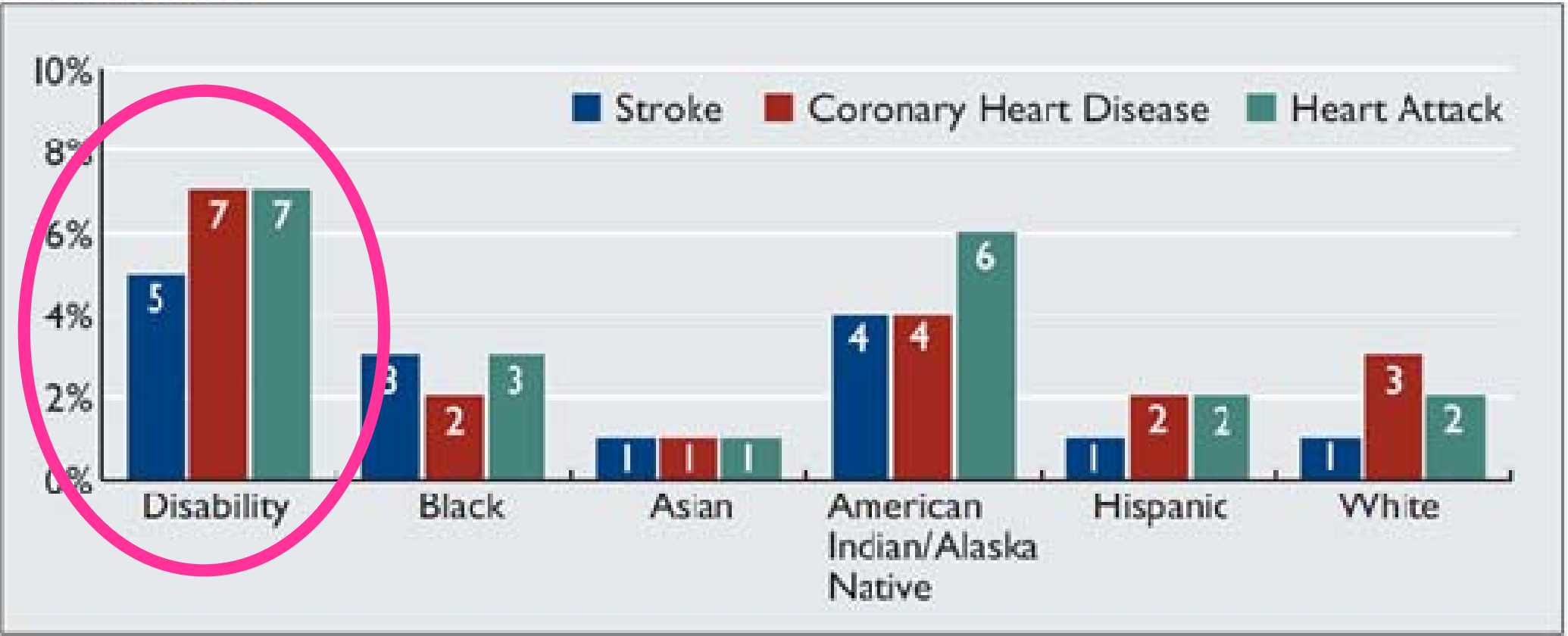


Figure 7. Prevalence of cardiovascular events/disorders among racial/ethnic groups and people with disabilities

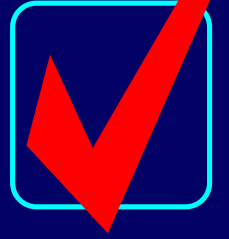


Snapshot of Specific Populations

Women with disabilities

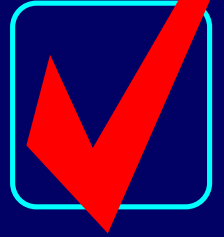
- Fewer Pap tests and mammograms
- 30% - 34% - overweight or obese
- Difficulty getting reproductive care

Access Prong 1



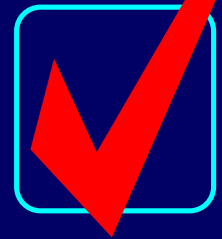
- Right care
- Right place
- Right time

Access Prong 2



- Right physical & equipment access:
 - To get to
 - Into
 - Through facilities &
 - Onto equipment

Access Prong 2



- Right communication access:
 - To get, understand & use information
 - To communicate using any needed auxiliary aids & services

Quick Poll:



Have you or staff worked with members / patients with disabilities who were not able to access healthcare because of their disability?

- Yes**
- No**
- Unsure**

Communication Access.



**Giving information in
ways that can be
understood & used.**



People with reduced or no ability to:

- **See**
- **Hear**
- **Speak**
- **Move**
- **Read**
- **Learn**
- **Remember**
- **Understand**

Applies to?



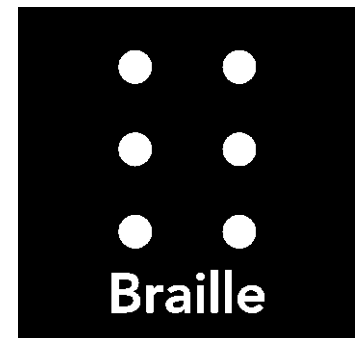
Explanation of:

- ✓ Medications (dosage, instructions for how & when taken, side effects, food or drug interactions);
- ✓ Rights, informed consent, permission for treatment;
- ✓ Admissions, discharge procedures; Diagnosis / prognosis;
- ✓ Scheduled events, activities, procedures, tests, & treatments;

- ✓ **Follow-up care instructions,**
- ✓ **treatment, therapies, test results, other directions;**
- ✓ **Mental health evaluations, individual, group & family therapy, counseling, other therapeutic activities, including grief counseling & crisis intervention;**

Usable formats....

- Disk
- Audio
- Braille
- Large print



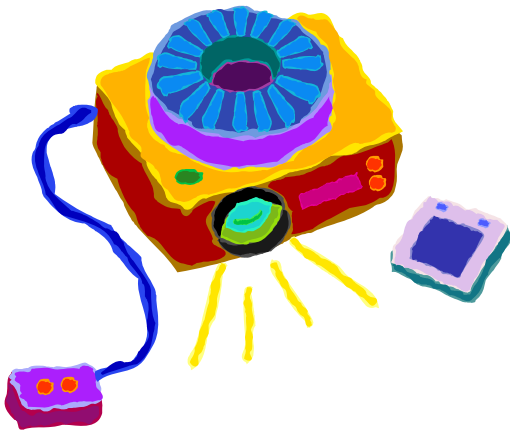
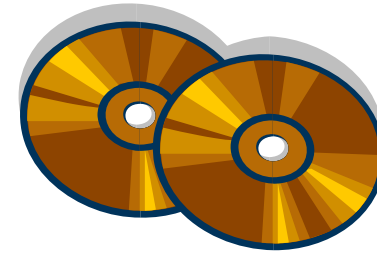


Assistive Listening Device



Are Audio Visual Materials:

- Captioned?
- Audio described?
- Information kiosks
 - Reachable



- **Interpret it
(language &
sign)**
- **Large print it**
- **Describe it**
- **Amplify it**
- **Caption it**
- **Record it**

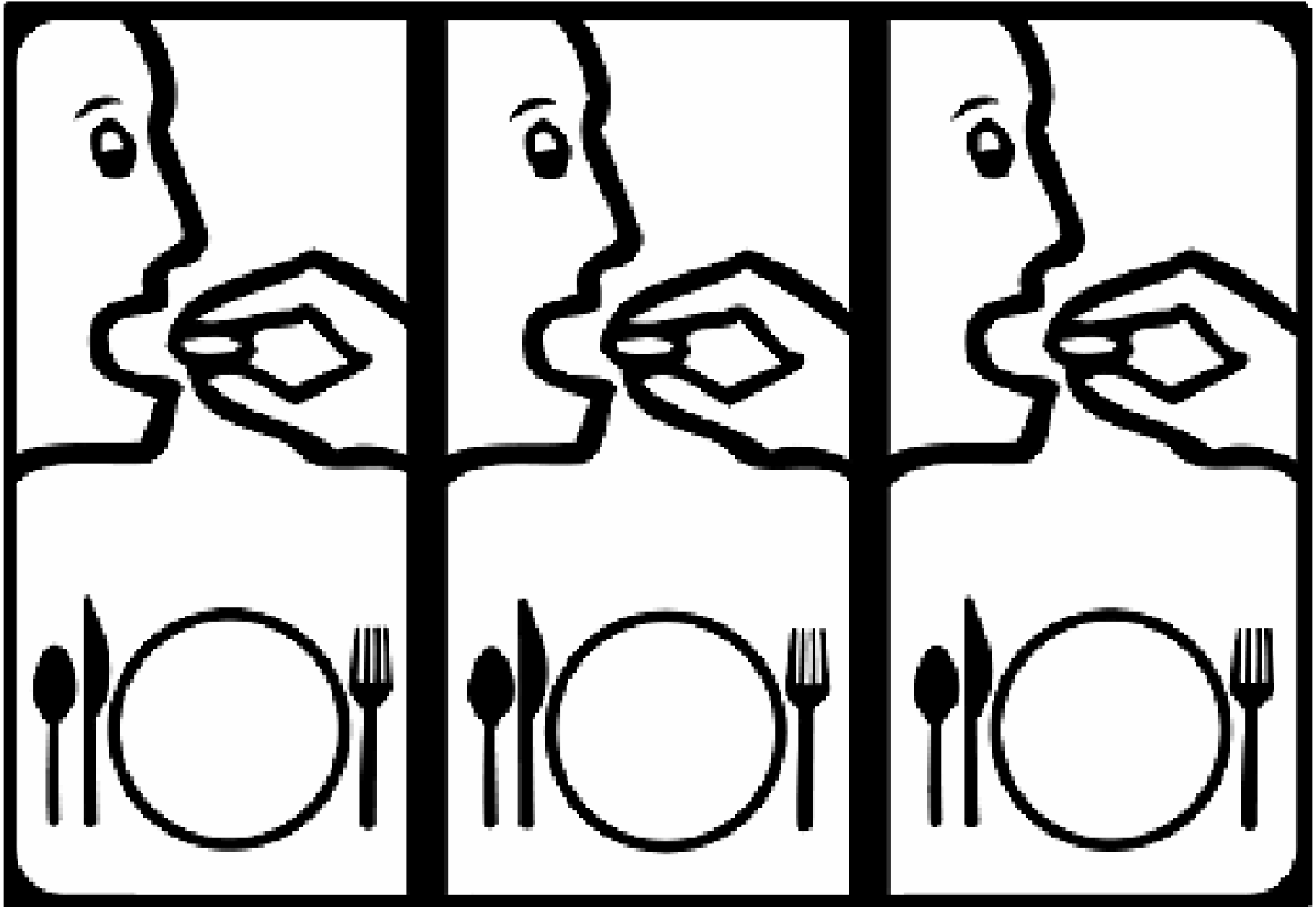
- **Picture it**
- **Braille it**
- **E-mail it**
- **Relay it**
- **Read it**
- **Text it**

Good Practice

Upon request, this information is available in alternative formats, such as audio or large print

- **Where? (members go for request)**
- **Contact who?**
- **How Long (turn-around time)?**

Take 3 times a day with meals



Quick Poll:



**Do you or your staff know
process for getting an
ASL interpreter?**

- Yes
- No
- Unsure

Quick Poll:



**Do you or your staff know
process for getting care
information converted to audio?**

- Yes
- No
- Unsure

Equipment Access

Priorities for Exam and Diagnostic Equipment



People with walking / balance limitations

- **Height adjustable exam tables**
- **Wheelchair accessible weight scales**
- **Adjustable mammography equipment**







24" w x 30"

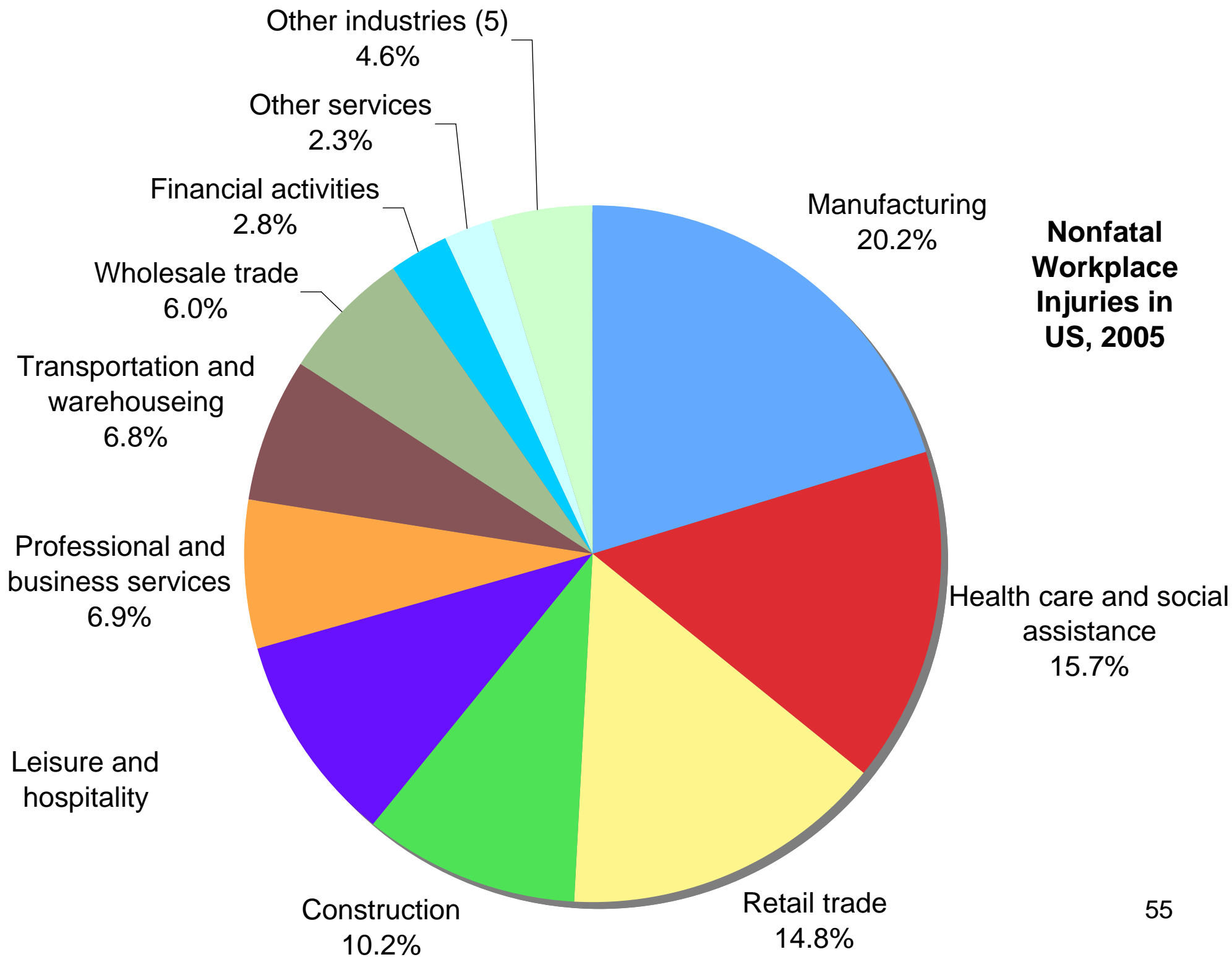
28" w x 32"











Health Professionals

- High rates of nonfatal occupational injuries*:
 - All industries: 4.4 injuries / 100 FTE
 - Health care & social assistance: 5.5 / 100 FTE
 - Ambulatory healthcare services: 2.3 / 100 FTE
 - Hospital workers: 7.5 / 100 FTE
 - Nursing and residential care: 8.7 / 100 FTE
- Major source of injury is patient handling,
 - Especially back & shoulder overexertion injuries

**Source: Bureau of Labor Statistics, U.S. Department of Labor (2006),
Workplace Injuries and Illnesses in 2005.*

Health Professionals Rates of Injuries*

Injuries per 100 FTE	Types
4.4	All industries
2.3	Ambulatory healthcare services
7.5	Hospital workers
8.7	Nursing & residential care

**Source:* Bureau of Labor Statistics, U.S. Department of Labor (2006), *Workplace Injuries and Illnesses in 2005*.





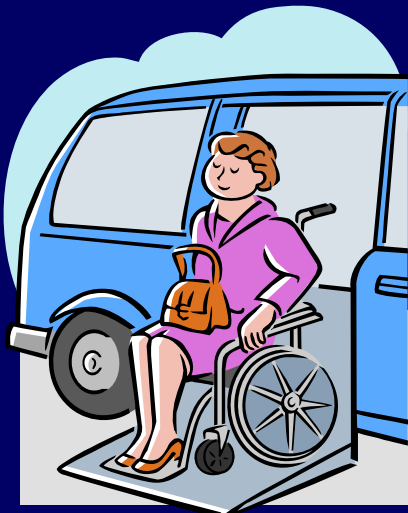


Priorities for Physical Accessibility

- Access into the facility (for example, level entrance with no stairs)
- Access to areas where services are provided such as exam rooms or lab areas
- Access to restrooms
- Tax incentives available for modification of existing facilities



Adding Community to Medical Home & Health Care Coordination



Medical Home Examples

- Links to home and community services are part of hospital and SNF discharge planning**
- Discharge planning begins soon after arrival**
- Provide care coordination for medical and community transition**

Medical Home

Care coordination with capacity to provide assistance and oversight for patients

Links to home and community services are part of hospital and SNF discharge planning

- Discharge planning begins soon after arrival
- Provide care coordination

WWW.HFCDHP.ORG

click on TRAINING

User name: HealthProviders

Password: hfcdhp123



Web Site Resources:

- **Readiness Checklists for Providing Health Care for People with Disabilities: attitudes, physical access, communication, accessible medical equipment & policies, procedures & processes (coming soon)**

Web Site Resources:

- **Access to Medical Care for Individuals with Mobility Disabilities (May 2010)**
- **Importance of accessible examination tables, chairs and weight scales**

Web Site Resources:

- **Etiquette Quick Tips for interacting with people with disabilities includes: speech, hearing, vision, cognitive & intellectual disabilities (Customer Service)**
- **How to use Assistive Listening Devices**
- **Accessible web sites**
- **Questions to Ask for Identifying Communication and Accommodation Needs**