June 11, 2015

Dial In: 877.668.4493
Code: 668 515 947

Disability Competent Care
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Madge Kaplan, IHI’s Director of Communications, is responsible for developing new and innovative means for IHI to communicate the stories, leading examples of change, and policy implications emerging from the world of quality improvement — both in the U.S. and internationally. Prior to joining IHI in July 2004, Ms. Kaplan spent 20 years as a broadcast journalist for public radio — most recently working as a health correspondent for National Public Radio. Ms. Kaplan was the creator and Senior Editor of Marketplace Radio’s Health Desk at WGBH in Boston, and was a 1989/99 Kaiser Media Fellow in Health. She has produced numerous documentaries, and her reporting has been recognized by American Women in Radio and Television, Pew Charitable Trusts, American Academy of Nursing and Massachusetts Broadcasters Association.
Christopher Duff, MDiv, Executive Director, Disability Practice and Policy Consultant, has over 30 years of experience in the development, delivery and financing of disability-competent care services, focusing primarily on care management and long-term services and supports for adults with disabilities. He has been a disability policy and practice consultant, previously serving as the Executive Director of the Disability Practice Institute. He was President/CEO of AXIS Healthcare, the care management component of the Minnesota Disability Health Options (an integrated Medicare and Medicaid demonstration) and other waiver and health plan initiatives. AXIS Healthcare was a leader in the development of team-based disability care coordination, utilizing clinical guidelines and practice standards to ensure persons with disabilities receive timely and appropriate care and support. He was lead author of the *Disability Competent Care Assessment Tool*, and numerous related materials, based on the experiences of pioneering disability-competent care organizations. He has been active in public policy and advocacy efforts at both the State and Federal levels.

For resources & slides, visit IHI.org/WIHI

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What is a Disability?

Disability is the consequence of an impairment that may be physical, cognitive, mental, sensory, emotional, developmental, or some combination of these. A disability may be present from birth or occur during a person's lifetime.

What is Disability Competent Care?

Disability Competent Care delivers care and supports for an individual’s maximum function while addressing the barriers to timely and appropriate care.
Current Challenges in Health Care Delivery experienced by Persons with Disabilities

Care is commonly:

- Reactive
- Fragmented
- Inaccessible
- Standardized / uniform

Resulting in:

- Avoidable costs, both human and financial
- Misaligned incentives, leading to increasing costs
- Ineffective or nonexistent primary care
DCC Core Values

1. Participant-centered
2. Respect for participant choice and dignity of risk
3. Elimination of medical & institutional bias

These elements must be present throughout all levels of the care delivery process, including:

- Front-line operators
- Customer service
- Practice organization
Disability Competent Care

- A participant-centered model, delivered by an interdisciplinary team (IDT) that focuses on achieving and supporting maximum function
- Intended to maintain health, wellness, and life in the community as the participant chooses
- A model that recognizes and treats each individual as a whole person, not a diagnosis or condition
- Structured to respond to the participant’s physical and clinical needs while considering his or her emotional, social, intellectual, and spiritual needs
DCC Practice Model

Three Unique, Value-Added Components

- **Relational, Team-based Care Coordination** that recognizes the recipient is the primary source of defining care goals and needs

- **Responsive Primary Care** providing timely access to care and services in a variety of settings

- **Flexible Home & Community-based Services**
  Flexibility in services and supports so that participants can live lives they chose
Business Case for Disability Competent Care

Based on the experience of pioneering DCC plans.
**Participant Characteristics**

- High Med. and/or Functional Complexity
- 2+ ADL Dependencies; 120+ days of continuous home-based care
- Averaging 5-7 Chronic Conditions
- Averaging 10+ Medications

- Moderate Med & Functional Complexity
- 1-3 Chronic Conditions and/or concurrent BH needs
- <2 ADL Dependencies; limited or short-term home care services

- Episodic Med. & Functional needs
- Minimal prior interface with health care system

**Care Needs**

- Relational Care Coordination
- Redesigned Primary Care
- Redesigned LTSS Supports
- Integrated provider network

Health Care Home w/ System-based care coordination

Standard Health Care Home
Welcome To Resources For Integrated Care

This website supports plans and providers in their efforts to deliver more integrated, coordinated care to Medicare-Medicaid enrollees, specifically in the context of intellectual and developmental disabilities (I/DD), physical disabilities, and serious mental illness (SMI). Please choose from the toolbar above or the links provided here to explore our resources by stakeholder, individual, or concept. You may also search the Resource Library above for a full listing of resources on this website.

Included on this website are:

- Assessment Tools
- Concept Guides
- Educational Webinars

Quick Links

- NEW! Long Term Services & Supports and Behavioral Health Briefs
- NEW! Peer Support Section: Videos & Tip Sheets
- NEW! Webinar Series: Strategies for the Implementation of Disability Competent Care
- Recent: Locating and Engaging Members: Key Considerations for Medicare-Medicaid Plans
- Recent: What to Expect When You're Self-Managing: A Client Handout for Behavioral Health Providers
- Recent: Self-Management Support in Behavioral Health: Organizational Assessment Tool
- Tool: Behavioral Health Integration Capacity Assessment Tool
- Tool: Disability-Competent Care Self-Assessment Tool
Disability-Competent Care Self-Assessment Tool

1. Relational-Based Care Management

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

Available at https://www.resourcesforintegratedcare.com/
Rebecca Bills, MSW, LICSWI is a licensed independent clinical social worker who’s been with Medica Health Plans in Minnesota for the last 10 years. She began working at Medica as a care coordinator, working with elderly members and with persons with disabilities in their homes to help coordinate medical, behavioral health and social services. While at Medica, Becky also held the position of Clinical Liaison and had the opportunity to work closely to provide training and support to Medica’s care coordination delegates. In her current position of Clinical Manager, Becky works with a great team of 40 plus social workers and nurses who deploy a person-centered approach and work closely with members to provide coordination within ever changing and complex medical systems.
SUCCESS
it’s not always what you see
Care Coordination

Medica Care Coordinators work with 1:1 with members to:

- Provide assistance in arranging for medical and mental health appointments, gather information through face to face assessments, and help the member to access health plan benefits and community services.
- Develop and update a members person centered care plan
- Act as a member of the that members care team
- Focus on the members strengths and goals
- Provide education and encouragement related to health and wellness activities and goals
- And so much more...
Disability Competent Care Self Assessment Tool

• Current Focus:

  • Provide tools to increase Care Coordinators comfort in speaking with physicians

  • Increase the number of physician visits the care coordinator accompanied the member on.

  • Provide coaching and tools to the care coordinator on what information might be beneficial to the physicians.
Regina Martinez-Estela, MPA, is the Chief Operating Officer for Independence Care System, Inc. a Medicaid Managed Long-Term Care program serving people with disabilities and senior adults in NYC. She has over 25 years of health care experience ranging from the direct service level to policy initiatives directed at improving access to health care for people with disabilities. Ms. Martinez-Estela manages all health plan operations for ICS, oversees a staff of more than 250 and is leading the implementation of ICS’ participation in the New York State/Federal demonstration program for people with Medicaid and Medicare, the Fully Integrated Duals Advantage (FIDA) plan. Prior to ICS she worked for the Eastern Paralyzed Veterans Association (EPVA) as the Director of Legislation and Health Policy. Her efforts at EPVA, were directed toward issues that ranged from preserving the health benefits of veterans with spinal cord injury, protecting the civil rights of people with physical disabilities and advocating for access to affordable, barrier free housing.

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Rachael Stacom, MS, ANP-BC, MSCN, is a Nurse Practitioner and Senior Vice President of Care Management at Independence Care System (ICS), a Fully Integrated Duals Advantage Medicare-Medicaid Plan and a Medicaid Managed Long-Term Care program. Over the past fourteen years at ICS, Rachael has established specialized programs to meet the needs of those with neuromuscular conditions such as multiple sclerosis and spinal cord injury. In 2007, ICS was recognized by the National MS Society as being a center of excellence in long-term care for those with Multiple Sclerosis. Rachael continues to practice part time at Bronx Lebanon’s Multiple Sclerosis Center. In 2006, Rachael was awarded the John Dystel Nursing Fellowship. She has been an MS Certified Nurse (MSCN) since 2002 and is on the Board of Directors for the International Organization for MS Nurses.
Independence Care System, Inc.

ICS is a non-profit managed care plan supporting seniors and adults with physical disabilities and chronic conditions to live at home and participate fully in community life. We offer two plans:

- Medicaid Managed Long-Term Care Plan
- Fully Integrated Dual Advantage Demonstration Plan

Requirements for Membership

- Have a physical disability or chronic illness that will last longer than 120 days and require assistance with activities of daily living
- Receive or be eligible for Medicaid
- Be 18 years or older
- NYC Resident
Independence Care System, Inc.

In 2000, ICS opened its doors as New York’s only Medicaid Managed Long Term Care Plan specifically designed for people with physical disabilities. ICS currently provides services to over 5,500 New Yorkers covered under both the Medicaid and Medicare programs. Our mission is to support people with disabilities and chronic illnesses to live in their own homes and participate fully in their communities. This is accomplished through a model of disability competent care and coordination of the full range of long term care services including home care, health care, social services and medical care. Through our work we have identified a deep understanding of the needs of people with disabilities, as well as extensive expertise in identifying and addressing glaring gaps in care.
Disability Competent Care Coordination at ICS

Disability Competency Training
• All ICS Staff
• Staff at partnering women’s health and primary care clinics

Women’s Health Initiative
• Staff training
• Review of work flows, policies and procedures that impede disability competent care
• Review of equipment and physical space barriers
• Care management navigation to support women with disabilities during screening process

Primary Care Expansion
• Co-locating care manager to facilitate care planning process
• Educating providers & members on benefit of participation
• Determining added value for all stakeholders
Programs aimed at keeping members in the community while promoting health and maximizing mobility

**Prevention of secondary complications:**
- Braden Assessment for all members to determine risks for pressure ulcers
- Wound Care Team
- Clinical Pathways for UTI & Pneumonia

**Specialty Teams:**
- Multiple Sclerosis
- Spinal Cord Injury

**Wheelchair Evaluation & Seating Clinic**

**Expanded Role for Home Care Workers**
- Senior Aides
- Tele-health for improved reporting from home care aides and members

**Access to care:**
- Women’s Health program
- Improved access to mammography and gynecological exams
Gilbert Salinas, MPA, the 2013 Kaiser Safety Net Fellow at the Institute for Healthcare Improvement (IHI), is the Chief Clinical Officer at Rancho Los Amigos National Rehabilitation Center (RLANRC), as well as the Interim Director of Performance Improvement for Los Angeles County Department of Health Services (LA DHS). Gilbert served as the Co-Chair for IHI’s 24th Annual National Forum and recently completed the Program for Clinical Effectiveness at the Harvard School of Public Health. He is a sought out expert in the field of patient- and family-centered care and patient safety. Gilbert has received awards for his excellent work and has presented on a broad issue of topics including: Patient-Centered Care, Violence Prevention, Patient Advocacy, Cultural Competency, Disability Rights, and Patient Safety.

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Example of Durable Medical Equipment Workflow

Potential Barriers:
1) Homeless Referrals are difficult (Contact Information, storage, etc.)
2) Contact information is not updated on MEIS/QMEIS regularly
3) Providers typically input Misc. Code (Provider education may be necessary) thus are L.A. Care has to review and make determination.
4) Currently no forms are being used
Spinal Cord Injury

• According to the CDC, there are currently over 200,000 people living with spinal cord injuries in the United States; with an additional 12,000-20,000 new patients each year.
Key Facts

• Over a billion people, about 15% of the world's population, have some form of disability.
• Between 110 million and 190 million adults have significant difficulties in functioning.
• Rates of disability are increasing due to population ageing and increases in chronic health conditions, among other causes.
• People with disabilities have less access to health care services and therefore experience unmet health care needs.

Disability and Health Fact Sheet N352, September 2013, World Health Organization
Disability Competent Learning Community: Coordinating with Primary Care

Being offered by: The Institute for Healthcare Improvement (IHI) and The Lewin Group, under the Resources for Integrated Care program contract with the CMS Medicare-Medicaid Coordination Office (MMCO)

Program Launch: July 2015
For more information – contact Marie Schall at mschall@ihi.org
Thanks to everyone who makes WIHI possible!
Next up on WIHI:

June 25, 2015: The IHI Triple Aim - Lessons from the First Seven Years

July 9, 2015: The Echo Effect of Project Echo’s Access to Specialty Care

For more information, visit IHI.org/WIHI