Disability Competency Training for Medical, Behavioral, Pharmacy and LTSS Providers

AmeriHealth Caritas
VIP Care Plus

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.

The Disability Experience

Approximately 14% of adults in the U.S. have a disabling condition resulting in complex activity limitations which make them more likely to:

- ✓ Live in poverty.
- ✓ Experience material hardship.
- ✓ Have food insecurities.
- ✓ Not get needed medical or dental care.
- ✓ Not being able to pay rent, mortgage, and utility bills.

This population is:

- ✓ Disproportionately represented in racial and ethnic minority groups.
- ✓ Growing in numbers as the population ages and with technological advancements in care.

The Disability Experience

People with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need
- Not have had an annual dental visit
- Not have had a mammogram in the past 2 years
- Not have had a Pap test within the past 3 years
- Not engage in fitness activities
- Have high blood pressure

Source: Healthy People 2020 website http://www.healthypeople.gov/2020/topicsobjectives2020/nationalsnapshot.aspx?topicId=9

The Healthcare of Individuals with Disabilities

Care is at times:

-Reactive.

-Fragmented.

-Inaccessible.

-Standardized / uniform.

Resulting in:

-Avoidable costs, both human and financial.

-Misaligned incentives, leading to increasing costs.

-Ineffective or nonexistent primary care.

Disability Competent Care and Providers

Providers of health care should understand the member's:

1. Experience of being disabled.
2. Disability itself – clinically.
3. Functional limitations due to the disability.

The AmeriHealth Caritas VIP Care Plus Member Rights

AmeriHealth Caritas VIP Care Plus Members all need and expect:

-Right care.

-Right place.

-Right time.

These rights are achieved by providing:

Availability - Ability to get needed services in a timely manner.

Awareness - Awareness of specific services.

Access to Care - Ability to access available care.

AmeriHealth Caritas VIP Care Plus Primary Care Requirements

Responsive Primary Care is the practice of providing timely access to care and services in a variety of settings:

- ✓ Enhanced primary care with flexible and extended hours that will assist members in accessing care.
- ✓ 24/7 urgent and emergent care for members.
- ✓ Access to informed and knowledgeable clinicians with electronic health records capability.
- ✓ Focus on early intervention to prevent complication or exacerbation of chronic conditions.
- ✓ Active participation in the Multi Disciplinary Team with aggressive transition planning and follow-up.
- ✓ Accessible physical facilities, with essential adaptive equipment and flexible scheduling.

Barriers for the Members with Disabilities

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

1. Attitude
2. Communication
3. Office Location Accessibility
4. Physical Barriers to Care / Equipment access
5. Navigating the Healthcare Setting
6. Behavioral Health Barriers

Without Appropriate Accessibility

Members with disabilities can experience:

-Frustration

-Fatigue

-Failure

-Fear

Poor Quality:

-Lack of care

-Delayed diagnosis

-Deteriorating health

Attitude - The Social Model of Disability

Many people have beliefs, biases, prejudices, stereotypes and fears regarding disability, known as ableisms.

Providers need to be aware of their “ableism”:

-Ingrained perceptions which can affect interactions

-Impact the care offered or provided

“Stereotypes are based on assumptions that run deep in our culture — so deep that they can slip by unnoticed unless our awareness is continually sharpened & refined.” - Matina S. Horner

Attitude

Common stereotypes & beliefs about people with disabilities include perceptions they are:

- Sick
- Fragile
- Unable
- Helpless
- Depressed
- Asexual
- Outcasts
- Need charity and welfare
- Lack skills & talents
- Homebound
- Biologically inferior
- Mentally weak

Attitude - Allowing it to Affect the Member

"There is no reason for someone like you to be tested for AIDS."

"But this is an ambulatory care clinic."

"My, aren't you cute."

"It's best you not have children."

"You don't have to worry about osteoporosis since you can't walk."

"Getting a mammogram is hard for you, so you can just skip it."

Two aspects of communication:

1. Engagement and listening
2. Using the right auxiliary aids and services to accommodate patients with the following limitations:
    - Hearing
    - Sight
    - Comprehension

Communication

Usable formats:

-Braille

-Large print

-Text (disk)

-Audio

Communicating Effectively

Examples of effective directions when prescribing:

- Take in the morning
- Take at bedtime
- Take 3 times a day with meals
- Place drops in lower eyelid

Regularly utilize teach-back techniques to help ensure our members and your patients understand their prescription instructions.

Communicating Effectively - What is CLAS?

Culturally and Linguistically Appropriate Services (CLAS) addresses the needs of racial, ethnic, and linguistic population groups based on:

Title VI of the Civil Rights Act of 1964:

"No person in the United States shall, on ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Office of Minority Health's National CLAS Standards:

Organized into 4 categories:

- Principal Standard
- Governance, Leadership, and Workforce
- Communications and Language Assessment
- Engagement, Continuous Improvement, and Accountability

AmeriHealth Caritas VIP Care Plus CLAS Program

- Associate education and training
- Provider education and outreach
- Service delivery and member outreach

Interpretation Services

Call Provider/Member Services 1-888-667-0318 OR

the 24 Hour Nurse Help Line 1-(855)-843-1145 to be connected.

Office Location Accessibility

- Provider offices must be aware of and able to communicate all of the public transportation options for members.
- Parking options will include the ADA number of approved handicap parking stalls relative to the building capacity.
- Curb ramps or slopes for pedestrian walkways.
- Automatic doors openers.

Physical Barriers to Care / Equipment Access

Healthcare facilities will utilize accessible office furniture and clear and accessible signage such as:

- Front desk accessibility.
- Permanent signs for handicap accessible areas.
- Flashing alarm systems.
- Visual doorbells and other notification devices.
- Volume control telephones.
- Assistive listening systems.
- Raised character and braille elevator controls.

Physical Barriers to Care / Equipment Access

Pay attention to potential barriers in the delivery of care

- Accessible Exam Rooms
  - Entry Doors
  - Clear Floor and Turning Space
- Adjustable and Accessible Exam tables
- Transferring Equipment
- Accessible Scales
- Accessible Radiological and Mammography devices

Physical Barriers to Care / Equipment 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.

Physical Barriers - Accommodating the Members with Disabilities

Providers will ensure member specific accommodations from the moment an individual enters the healthcare delivery system.

Examples include:

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

Reviews of Provider Offices

On-site reviews of provider offices found instances of deficiencies including:

- No height-adjustable exam table.
- No accessible weight scale.
- Inaccessible buildings.
- The inability to transfer a member from a wheelchair to an examination table.

Gynecology had the highest rate of inaccessibility for members.

Source: Resources for Integrated Care website https://www.resourcesforintegratedcare.com

Navigating the Healthcare Setting

Patient Navigation is defined as the process(es) by which patients and/or their health caregivers move into and through the multiple parts of the health care enterprise in order to gain access to and use its services in a manner that maximizes the likelihood of gaining the positive health outcomes available through those services. Providers can assist in this process by:

- Assisting members with billing/insurance questions
- Obtain all necessary referrals/authorizations
- Keeping them informed about their medical conditions and available treatment options
- Providing them interpretative services if needed

Behavioral Health Barriers

Common behavioral health barriers

- Too depressed / anxious / paranoid to leave the home.
- Stigma of receiving behavioral health care.
- Psychosocial stressors overwhelming the patient.
- Not feeling welcome at the provider office.
- Lack of identification of co-morbid conditions.
- Fragmented funding.
- Lack of collaboration between medical and behavioral health providers.

Behavioral Health Crisis Prevention

Expect and plan for crises and setbacks; it is part of the recovery process.

Develop a safety plan to identify triggers to decompensation, actions to minimize the triggers and actions to take when those triggers occur.

Identify and engage natural and formal supports as part of the safety plan.

- Who can the person call?
- Who can come to the home to care for children / pets if person needs to be hospitalized?
- Who can take member to the ER?

DO:

- Ensure that the space is safe for you and the person; no weapons or items that can be easily used to threaten / hurt self / others. Assess safety of yourself and the person constantly.
- Communicate calmly and softly.
- Communicate warmth; show that you care; smile; open body language.
- Establish a relationship: introduce yourself; ask them what they want to be called.
- Use closed ended questions and explain why you are asking it; stop asking questions if person becomes agitated.
- Use active listening skills.
- Speak to the person respectfully: be polite, do not make assumptions about their character or issues, do not over praise; use positive language.

Behavioral Health Crisis Treatment

DO NOT:

- Demand they listen to or obey you.
- Become agitated or loud.
- Force them to share details or stories with you.
- Give simple reassurances like “everything will be fine”.
- Tell them what should feel or do.
- Make promises you cannot keep.

Behavioral Health – Post Crisis

1. Evaluate safety plan; what worked, what did not (avoid blaming, just identify); tweak safety plan as needed.
2. Re-engage member in treatment process.
3. Ensure person knows that this does not mean their recovery process is completely derailed; crisis is part of the recovery process and it was expected. Goals is to get back into the plan as soon as possible.

Person-Centered Planning

- The member / caregiver knows their issues best and should be in control of all aspects of treatment planning, including:
  - Who is on their treatment team.
  - Preferred site for appointments and meetings.
  - Goals and interventions.
  - What success looks like.
- Focus is on engaging the member / caregiver and empowering them to lead the treatment team.

Self-Determination

- Member determines what recovery / success looks like for them.
- Member / Caregiver knows their situation best and therefore are the best able to identify goals and interventions that will work for them / their family.
- Empowering individuals to lead their treatment.
- Providing supports to help the member reach their own vision for success.

Independent Living Philosophy

- Belief that people with disabilities have a common history and a shared struggle and that we are a community and culture that will advance further banded together.
- Emphasis on consumer control – people with disabilities are the best experts on their own needs.
- People respond better to treatment when they can remain in their community and connected to their natural supports.
- People with disabilities do not see themselves as problems to be solved and ask only for the same human and civil rights enjoyed by others.

Guiding Principles of the Recovery Model

- There are many pathways to recovery.
- Recovery is self-directed and empowering.
- Recovery involves a personal recognition of the need for change and transformation.
- Recovery is holistic.
- Recovery has cultural dimensions.
- Recovery exists on a continuum of improved health and wellness.

Guiding Principles of the Recovery Model

- Recovery is supported by peers and allies.
- Recovery emerges from hope and gratitude.
- Recovery involves a process of healing and self-redefinition.
- Recovery involves addressing discrimination and transcending shame and stigma.
- Recovery involves (re)joining and (re)building a life in the community.
- Recovery is a reality. It can, will, and does happen.

Common Questions and Answers

Is it OK to examine a member who uses a wheelchair in the wheelchair, because the member cannot get onto the exam table independently?

Generally, no. Examining a member in their wheelchair is usually less thorough than an exam on the table and does not provide the member equal medical services.

Common Questions and Answers

Is it OK to tell a member who has a disability to bring along someone who can help at the exam?

No. If a member chooses to bring along a friend or family member to the appointment, they may. However, a member with a disability, just like other individuals, may come to an appointment alone, and the provider must provide reasonable assistance to enable the individual to receive the medical care.

The provider should ask the member if he or she needs any assistance and, if so, ask what would be the best way to help.

Common Questions and Answers

If the member does bring an assistant or a family member, do I talk to the member or the companion? Should the companion remain in the room while I examine the member and while discussing the medical problem or results?

You should always address the member directly, not the companion, as you would with any other member. Just because the member has a disability does not mean that he or she cannot speak for him or herself or understand the exam results. It is up to the member to decide whether a companion remains in the room during your exam or discussion with the member.

Common Questions and Answers

Can I decide not to treat a member with a disability because it takes me longer to examine them or because I don't have accessible medical equipment?

No, you cannot refuse to treat a member who has a disability just because the exam might take more of your or your staff's time. Some examinations take longer than others, for all sorts of reasons, in the normal course of a medical practice. Also, providers may not deny service to a member whom you would otherwise serve because they have a disability.

Common Questions and Answers

I have an accessible exam table, but if it is in use when a member with a disability comes in for an appointment, is it OK to make the member wait for the room to open up, or else use an exam table that is not accessible?

Generally, a member with a disability should not wait longer than other members because they are waiting for a particular exam table. If the member with a disability has made an appointment in advance, the staff should reserve the room with the accessible exam table for that member's appointment. The receptionist should ask each individual who calls to make an appointment if the individual will need any assistance at the examination because of a disability. This way, the medical provider can be prepared to provide the assistance and staff needed. Accessibility needs should be noted in the member's chart so the provider is prepared to accommodate the member on future visits as well.

Common Questions and Answers

In a doctor's office or clinic with multiple exam rooms, must every examination room have an accessible exam table and sufficient clear floor space next to the exam table?

Probably not. The medical care provider must be able to provide its services in an accessible manner to individuals with disabilities. In order to do so, accessible equipment is usually necessary. However, the number of accessible exam tables needed by the medical care provider depends on the size of the practice, the member population, and other factors.

Common Questions and Answers

If I lease my medical office space, am I responsible for making sure the examination room, waiting room, and toilet rooms are accessible?

Yes. Any private entity that owns, leases or leases to, or operates a place of public accommodation is responsible for complying with Title III of the ADA. Both tenants and landlords are equally responsible for complying with the ADA.

Conclusion

Access to care enables quality of care… and it's the law!

Engage and listen to the consumer – they will often know how to address the barrier

Real access is not just installation!


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