Preventive Care and Health Screenings for Persons with Disabilities

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PREVENTIVE CARE AND HEALTH SCREENINGS FOR PERSONS WITH DISABILITIES

Webinar Overview

- The Lewin Group, under contract with the CMS Medicare-Medicaid Coordination Office, partnered with Christopher Duff and other disability practice experts to develop this webinar on overcoming barriers in accessing preventative health.

- This webinar will be interactive, with 45 minutes of presenter-led discussion, followed by a 15 minute question-and-answer session.

- Video replay and slide presentation are available after each session at: https://www.resourcesforintegratedcare.com

Support Statement

- This webinar is supported through the Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare and Medicaid Services (CMS) to ensure beneficiaries enrolled in Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. To support providers in their efforts to deliver more integrated, coordinated care to Medicare-Medicaid enrollees, MMCO is developing technical assistance and actionable tools based on successful innovations and care models, such as this webinar.

- To learn more about current efforts and resources, visit

  Resources for Integrated Care at:
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Accreditation

- The Centers for Medicare & Medicaid Services is accredited by the International Association for Continuing Education and Training (IACET). The Centers for Medicare & Medicaid Services complies with the ANSI/IACET Standard, which is recognized internationally as a standard of excellence in instructional practices. As a result of this accreditation, the Centers for Medicare & Medicaid Services is authorized to issue the IACET CEU.

Continuing Education Information

- Complete the post-test through CMS' Learning Management System and score a 80 percent or higher by midnight November 20, 2017
- https://resourcesforintegratedcare.com/sites/default/files/CMSCE_Guidance_Document.pdf

Introductions

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Disability Practice and Policy Consultant

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Co-founder and Senior Policy Advisor, Disability Rights Education & Defense Fund

Dr. Judy Chamberlain
Retired family physician and former Senior Medical Director at Aetna Medicaid

Introductions

Gabriel Uribe

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Webinar Learning Objectives

Upon completion of this webinar, participants will be able to:

1. Identify common health care disparities faced by persons with disabilities
2. Identify key strategies to improve preventive care for persons with disabilities
3. Recognize the role of social determinants of health and their impact on the low rates of preventive services for persons with disabilities

Agenda

- Framing the topic
- Recognizing disparities in health and health care
- Primary care and prevention
- Provider and participant perspectives
- Strategies to improve preventive care and screenings
- California pilot project
- Audience Q&A

Framing the Topic

Framing the Topic

According to the American Association on Health and Disability, individuals with a disability are less likely to receive preventive care and health screenings despite being at a higher risk for many chronic conditions and illnesses.[1]

***The concepts outlined throughout this presentation are not only applicable to adults with functional limitation but also to the broader disability community.**

Source 1: "More Health Screening for People with Disabilities" American Association on Health and Disability, March 2011.

Framing the Topic

- Overall health care costs are heavily skewed toward the population of people with disabilities.
  - Due to their disability, many have high medical and post-acute care needs and costs.
  - The greatest opportunity to impact these costs is to reduce avoidable episodes of care.
- Health care redesign is focusing on participant outcomes: participant satisfaction and control, quality indicators (such as immunization rates), and realigning financial incentives.
  - Prevention, health screenings, and immunizations are a crucial step to accomplishing the desired outcomes.

Framing the Topic

When compared to individuals without disabilities, those with disabilities are:[2]

- Less likely to receive recommended preventive health care services, such as routine teeth cleanings and cancer screenings;
- At a higher risk for poor health outcomes such as obesity, hypertension, fall-related injuries, and mood disorders (e.g. depression), and;
- More likely to engage in unhealthy behaviors that put their health at risk, such as cigarette smoking and inadequate physical activity.

Source 2: Office of Disease Prevention and Health Promotion: Healthy People 2020 Evidenced-Based Resources. “Access to Health Services” and “Disability and Health”.

Recognizing Disparities in Health and Health Care

Recognizing Disparities in Health and Health Care

"By every measure, persons with disabilities disproportionately and inequitably experience morbidity and mortality associated with *unmet health care needs in every sphere*. Minorities with disabilities are doubly burdened by their minority status."[3]

Source 3: "Assuring Health Equity for Minority Persons with Disabilities. A Statement of Principles and Recommendations." A recommendation report from the HHS Advisory Committee on Minority Health. July 2011.

Recognizing Disparities in Health and Health Care

- Looking at the broader group of persons living with disabilities, common health and health care disparities include:
  - Higher death rates from breast cancer and lung cancer[4],
  - Missing regular benchmarks for mammograms (2 years) and Pap tests (3 years)[5].
- Persons with severe mental disorders (SMD) (e.g. schizophrenia, bipolar disorder, and moderate-to-severe depression) die 10 to 20 years earlier than the general population. The majority of deaths in persons with SMD are due to preventable physical diseases, especially cardiovascular disease, respiratory disease, and infections.[6]

Source 4: Iezzoni, Ngo, Li, Roetzheim, Drews, McCarthy. "Treatment disparities for disabled medicare beneficiaries with stage I non-small cell lung cancer." Archives of Physical Medicine Rehabilitation. April 2008; 89(4):595-601.
Source 5: Courtney-Long, Armour, Frammartino, Miller. "Factors associated with self-reported mammography use for women with and women without a disability." Journal of Women's Health. September 9, 2011; 20(9):1279-1286.
Source 6: Liu et al. "Excess mortality in persons with severe mental disorders: a multilevel intervention framework and priorities for clinical practice, policy and research agendas." World Psychiatry. 2017 Feb; 16(1): 30–40.

Social Determinants of Health

"Although 95% of healthcare is devoted to direct medical services, roughly 50% of preventable deaths are attributed to non-medical indicators, such as social circumstances, environmental factors, and individual behaviors."[7]

Source 7: Spencer, Lloyd, McGinnis. "Using Medicaid Resources to Pay for Health-related Supportive Services: Early Lessons." Center for Health Care Strategies, Inc. Brief, December, 2015.

Social Determinants of Health

- Social Determinants of Health (SDOH) are conditions that affect health risks and outcomes and that may pose significant barriers to preventive care.
- Consider these factors:
  - Income and economic factors
  - Social and community context
  - Neighborhood
  - Built environment
  - Education level
  - Health status
  - Physical and services barriers
  - Provider disability awareness

"Those with disabilities are more likely to be unemployed, impoverished, have less than a high school education, and have higher levels of risk factors such as obesity, smoking, and being physically inactive."[8]

Source 8: Ulrich. "Challenges for People with Disabilities within the Health Care Safety Net." Health Affairs Blog. November 18, 2014.

Social Determinants of Health

- SDOH looks at the interaction of income poverty and disability.
  - Disability is a fundamental cause and consequence of income poverty.
  - Half of working age adults experiencing income poverty have a disability.
- Low-income beneficiaries are less likely to receive preventive services, across several quality metrics.[9]

Quality metrics less likely to be received include:[9]

- Breast cancer screening
- Annual flu vaccine
- Adult BMI assessment
- Managing diabetes

Source 9: Office of the Assistant Secretary for Planning and Evaluation. (2016). Report to Congress: Social Risk Factors and Performance under Medicare's Value Based Purchasing Programs. Pages 177 – 221.

Primary Care and Prevention

Primary Care and Prevention

- Primary care focuses on the person as a whole which can include prevention and education.
- Specialists focus on a specific area. These professionals are generally not attending to the primary health care needs of the individual such as basic screenings and immunizations.
- Persons with disabilities tend to see many specialists for care and may not understand the utility of primary care.
- Basic primary prevention is the same for persons with and without disabilities, but those with disabilities require attention to their disability-specific needs.

Primary Care and Prevention: Screenings

Persons with a disability are also less likely to receive health screenings, including:

- Weight measurement
- Basic blood pressure and cholesterol screenings
- Mammograms
- Pap smears
- Colorectal and prostate cancer screenings
- Sexually transmitted infection (STI) screenings

Primary Care and Prevention: Immunizations

Immunizations are a crucial component of primary care and prevention services.

Immunizations are:

- ✓ Simple to administer
- ✓ Extremely cost effective

Yet, rates of immunizations among persons with disabilities continue to be well below CDC targets.[10]

Source 10: Krahn, Walker, Correa-De-Araujo. "Persons with Disabilities as an Unrecognized Health Disparity Population" American Journal of Public Health. 2015 April; 105(Suppl2): S198-S206.

Primary Care and Prevention: Immunizations

Rates of immunizations among people with disabilities are low for a variety of reasons, including:

- Lack of routine primary care visits;
- Low priority in participants' minds and lives;
- Accessibility of care, e.g. transportation and care partner assistance;
- Documentation and other administrative challenges.

Primary Care and Prevention: Preventable Secondary Conditions

Actively managing a participant's primary care risk(s) can reduce secondary medical conditions, including:

- Skin breakdown
- Pneumonia
- Upper respiratory infections
- Urinary tract infections (UTIs)
- Stool impaction
- Depression and anxiety

"87% of persons with disabilities reported experiencing a secondary medical condition"[11]

Source 11: Kinne, Patrick, Doyle. "Prevalence of Secondary Conditions Among People With Disabilities". American Journal of Public Health. 2004 March; 94(3): 443-445.

Provider and Participant Perspectives

Provider Perspective

- Primary care practices can be highly stressful settings:
  - The physician is scheduled every 15-20 minutes, with time needed for documentation and communications.
  - The nurses are expected to address the accommodation needs of each participant and to obtain background information.
  - Front office staff are expected to manage all the individuals being seen in the practice in any one day, getting them registered, assigned to exam rooms, to labs and so on.
- Serving a number of persons with disabilities may present needs and challenges to each component of the practice.

Provider Perspective: Common Challenges

Accommodations for persons with disabilities may require:

- Accessible medical buildings, offices, restrooms;
- Height adjustable exam tables;
- Accessible weight scales, diagnostic equipment;
- ASL interpreters;
- Print materials in alternative, accessible formats (audio tape, digital format, large print).

Participant Perspective

Participant experiences accessing preventive health care services: **Pap test**

- Mary, a Chicago resident and wheelchair user who had polio, had not had a pap test for five years because she could no longer get on the high exam table.
- When she told her doctor she needed a table that lowers, her doctor said, “That’s a great idea. Find one.”

Participant Perspective

Participant experiences accessing preventive health care services: **weight measurement**

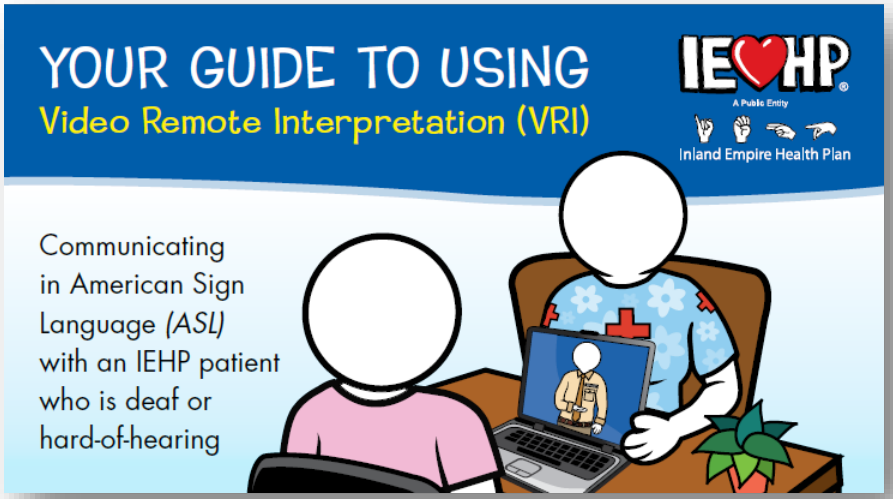
- Michael, a New Jersey resident and wheelchair user who has MS, said, “I see quite a few doctors and not one of them has a way of weighing me.”
- “The last time I was weighed was ten years ago when I was still on my own two feet.”

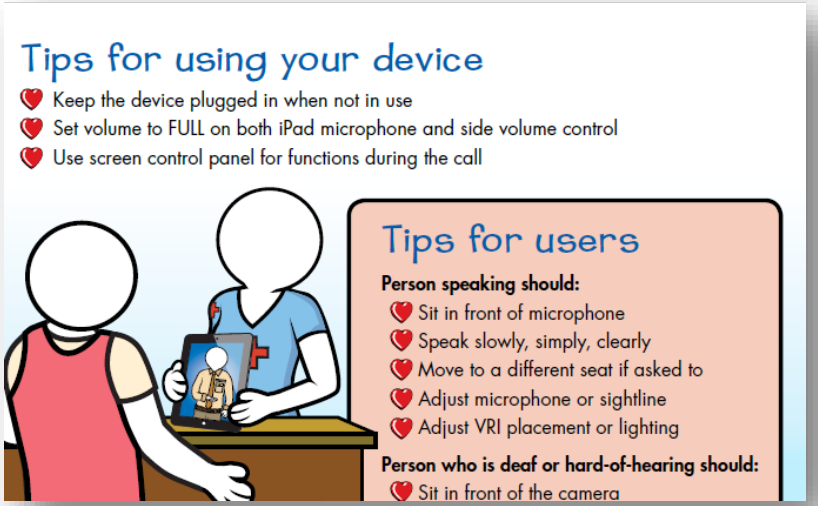
Strategies to Improve Preventive Care and Screenings

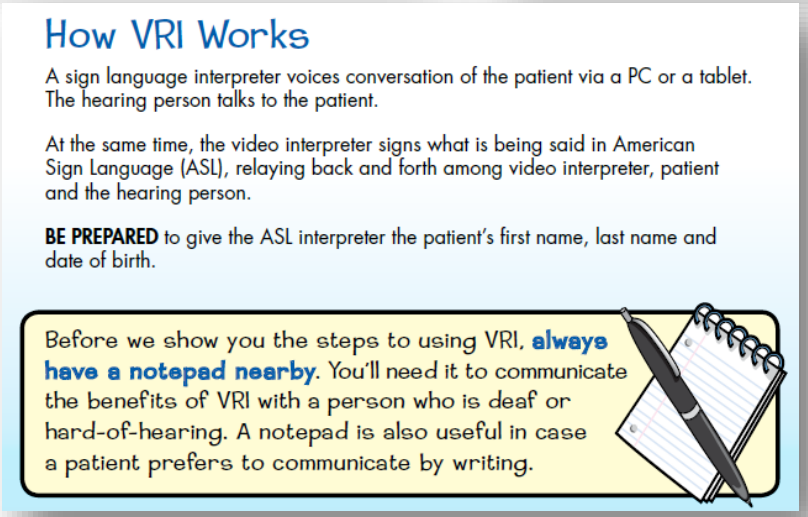
IEHP: Video Remote Interpreting

- **Disparity**: Lack of adequate communication at Urgent Care (UC) sites
  - Delays in securing in-person interpreters.
  - Communication gaps during the encounter and misunderstandings.
  - Low urgent care utilization by deaf and hard of hearing members.
- **Intervention**: Funded Wi-Fi enabled tablets to all network UC sites.
- **Results**:
  - Virtually 100% access to 24/7 ASL Video Remote Interpreting (VRI) services at UC sites.
  - All network urgent care sites trained on deaf culture and IEHP's disability resource and referral program.
- **Lessons Learned:**
  - Work with local community-based organizations that serve deaf and hard of hearing populations.
  - Provider knowledge of barriers faced by the deaf and hard of hearing community was minimal.

IEHP: VRI Training Guide







IEHP: Follow Up After Mental Health Related Hospitalization

- **Intervention**: follow up with mental health hospitals upon receipt of authorization request for services received by the health plan.
  - Work with hospital discharge planner, preferably while member is admitted
- **Results**:
  - Follow up appointment within a week
    - 10.9% improvement from previous year
    - Improvement from 50th to 75th percentile
  - Follow up appointment within a month
    - 10.4% improvement from previous year
    - Improvement from 25th to 50th percentile
- **Lessons Learned**: population is often hard to reach post-discharge
  - No telephone
  - Experiencing homelessness

Prevention Strategies: Participant Education

No matter how many specialists someone has, everyone should have a primary care provider. A strong primary care relationship can help in:

- Understanding the importance of and receiving routine health prevention services and screenings.
- Learning when and how participants should contact their primary care practitioner versus going to the emergency room.
- Receiving care coordination, and knowing how care coordinators can be of assistance.
- Developing self-care techniques.

Prevention Strategies

Strategies to improve preventive care and health screenings for persons with disabilities include:

- Develop materials for the participant highlighting the importance of preventive care and screenings.
- Partner with local agencies to educate and promote preventive care strategies, such as:
  - Centers of Independent Living
  - Area Agencies on Aging
  - Aging and Disability Resource Centers

Prevention Strategies

- Utilize care managers and care navigators to facilitate bringing prevention services to participants:
  - These individuals are in regular contact with participants, and can be trained to assist them with access to preventive care.
- Utilize existing home-based primary care services and home care providers.
  - Most of these services focus on acute issues or episodes, though they are in homes and could easily provide primary care prevention.

Prevention Strategies: Immunizations

Partnering with local pharmacies can also offer an opportunity to improve immunization rates (e.g., flu vaccinations):

- Participants commonly have existing relationships with pharmacies that can be leveraged.

Bringing immunization clinics to the participants can improve vaccination rates. Health plans:

- Identify high-density areas of participants and host centralized on-site clinics.
- Partner with Adult Day Programs to promote and provide immunizations.

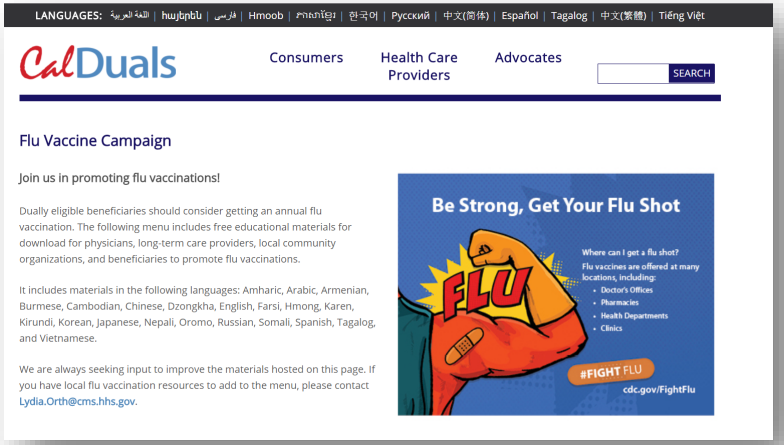
California Pilot Project

Flu Vaccination Pilot Project in California

- CMS Medicare-Medicaid Coordination Office (MMCO) serves people who are dually enrolled in both Medicare and Medicaid, also known as dual eligible individuals or Medicare-Medicaid enrollees.
  - Many beneficiaries who are dually eligible for Medicare and Medicaid are both socioeconomically disadvantaged (86% have incomes below 150% of the federal poverty level) and in poor health (60% have multiple chronic conditions).
- We are working to build out quality improvement interventions leveraging Cal MediConnect: **improving access to flu vaccinations**
  - Emphasis on trying to reach persons with disabilities and non-English speakers
  - Piloting in California

What Are We doing?

- In partnership with CalDuals, built out webpage offering edited menu of **free electronic flu materials.**
- Outreach to providers through **partnerships with provider organizations** to learn about barriers, promising practices, and opportunities to amplify local efforts.
- **Direct postcard mailing** to 118,000 dually eligible beneficiaries (in 11 prevalent languages) and making electronic files available, encouraging other uses to reach non-English speakers.



Post cards are available in several languages and can be customized, visit **http://calduals.org/learn-more-resources/flu-vaccine-campaign**

#FightFlu

- **Seeking partners to join us**, offering drafted newsletter blurbs, blog posts, talking points, tweets, or other social media content to push out to your own constituents promoting flu vaccines
  - Happy to work with you to insert content into current schedules of outreach
- **Provide feedback** and share what your organization is doing: survey at https://goo.gl/forms/N7xqp92YFc1PWvH23
- Please advise us – if you'd like to provide feedback, be involved, or have questions, contact Lydia.Orth@cms.hhs.gov and Kerry.Branick@cms.hhs.gov

Asking partners to all push out via emails/blogs/social media on **December 6th** as part of National Influenza Vaccination Week

Questions

Upcoming Webinar: DCCAT

- The CMS Medicare-Medicaid Coordination Office (MMCO), in collaboration with The Lewin Group, is excited to announce a webinar highlighting the newly revised **Disability-Competent Care Self-Assessment Tool (DCCAT)**.

Webinar on a Disability Competence Resource: DCCAT

Date: December 13, 2017

Time: 2:00pm-3:00pm ET

- Registration will be available soon! Check your inbox, or visit:

https://www.resourcesforintegratedcare.com/

Coming Soon: 2018 Webinar Series

- Stay tuned for more information about upcoming webinars! Subject matter experts will be exploring key concepts of the Disability-Competent Care model and how your organization can best implement them to meet the care needs of participants with disabilities.

- CEUs via CMS' Learning Management System will be available.
- Check your inbox, and visit:

https://www.resourcesforintegratedcare.com/

Thank You for Attending!

- The video replay, slide presentation, and a summary of the Q&A will be available at:

  https://www.resourcesforintegratedcare.com

  where you can also find additional resources on the topic of Disability-Competent Care.

- For more information about obtaining CEUs via CMS' Learning Management System, please visit: https://resourcesforintegratedcare.com/sites/default/files/CMSCE_Guidance_Document.pdf

- Questions? Please email RIC@lewin.com

Webinar Evaluation Form

- Please take a moment to complete a brief evaluation on the quality of the webinar. The survey will automatically appear on the screen approximately a minute after the conclusion of the presentation.

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:

- How best to target future Disability-Competent Care webinars to health care providers and plans involved in all levels of the health care delivery process
- Feedback on these topics as well as ideas for other topics to explore in webinars and additional resources related to Disability-Competent Care

Sources

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Additional Resources

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