



ACL Track: Health Care Accessibility

A new frontier in business acumen

HCBS Conference, Baltimore, Maryland

8/29/2019

Session Overview

- Introduction to Accessible Health Care & Business Acumen (Daniel Davis/ Joseph Lugo, ACL)
- Disparities in Healthcare for People with Disabilities (Bonnielyn Swenor, Johns Hopkins University)
- Video: Disability-Friendly Health Care in Colorado (Patricia Yeager, The Independence Center, Colorado Springs)
- Centene Corporation and National Council on Independent Living (NCIL) Address Gaps in Disability Access (Karen Kimball/ Kelly Buckland)

Session Goals

- Increase understanding of health care disparities impacting people with disabilities;
- Highlight vital developments in health care accessibility policy for people with disabilities;
- Detail groundbreaking initiatives to enhance health care provider accessibility and cultural competency, involving community-based organizations (CBOs) serving people with disabilities
- Consider linkages between health care accessibility work and initiatives to build business acumen among CBOs serving people with disabilities

Introduction to Accessible Health Care for People with Disabilities

**Daniel Davis, Health Policy Analyst
Administration for Community Living
Center for Policy and Evaluation,
Office of Policy Analysis and Development
E-mail: Daniel.Davis@acl.hhs.gov**

Inequitable Access to Care for People with Disabilities

- Despite passage of the Rehabilitation Act of 1973 and the Americans with Disabilities Act in 1990, as well as subsequent statutes and regulations, and ongoing enforcement initiatives, many health care settings and services are still not fully accessible to individuals with disabilities.
- Only a small share of providers have medical accessible medical diagnostic equipment:
 - 2010 study of primary care offices in California found only 3.6% had an accessible weight scale, and only 8.4% had height-adjustable tables. The 2017 follow-up study showed only a modest increase to 10.9% with an accessible weight scale and 19.1% with height adjustable tables.
 - A 2014 study of 256 specialty providers asked if they would accept a referral of an obese female patient who used a wheelchair and required transfer assistance:
 - 22% of specialty provider offices could not accommodate her. Of these, 18% also could not help the her transfer onto an exam table, preventing access to an appropriate physical exam;
 - The subspecialty of gynecology had the highest rate of practices inaccessible to people with disabilities (44%).

What is Accessible Medical Diagnostic Equipment?

- ***What is Accessible Medical Diagnostic Equipment?*** Medical Diagnostic Equipment includes tables, chairs and diagnostic imaging equipment used for medical diagnosis and treatment purposes, as well as weight scales.
 - Accessible Medical Diagnostic Equipment means Medical Diagnostic Equipment designed pursuant to the US Access Board's voluntary standards to accommodate the needs of people with disabilities and older adults with mobility limitations. Note that barrier-free access to the medical offices/ facilities in which this equipment is utilized is necessary for Medical Diagnostic Equipment to be truly accessible.
- US Access Board, *Standards for Accessible Medical Diagnostic Equipment*, 36 CFR Part 1195 <https://www.access-board.gov/guidelines-and-standards/health-care/about-this-rulemaking/final-standards>

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Highlights of the Accessible MDE Standards

- Set pursuant to Section 510 of Rehabilitation Act by Access Board in consultation with Food and Drug Administration
- Published in *Federal Register* at 36 CFR Part 1195 (1/9/17)
- Functions as voluntary industry standards unless adopted by federal agencies, or state and local jurisdictions
- To date, no Federal rulemaking to include scoping or binding standards under the ADA. We understand Massachusetts has incorporated it into its MassHealth standards.
- Compromise around low transfer height for MDE. Range of 17 to 19 inches with 5 year sunset. Research will be conducted in the interim to determine appropriate permanent standard.
- See <https://www.access-board.gov/guidelines-and-standards/health-care/about-this-rulemaking/final-standards> and full text of the standard.

Benefits of Accessible Medical Diagnostic Equipment

In January 2017, the U.S. Access Board finalized [voluntary standards for Accessible Medical Diagnostic Equipment](#). These standards promise considerable benefits for providers and patients alike, including:

- Reducing disparities in access to preventive health care for people with disabilities and older adults who have limited mobility compared to people without disabilities;
- Providing opportunities to dramatically reduce workplace injuries, liability, and attrition by curtailing the need for nurses and nursing assistants to physically transfer patients to and from inaccessible examination equipment with a cost-effective alternative;
- Addressing the needs of the 13% and growing share of the US population with mobility disabilities.

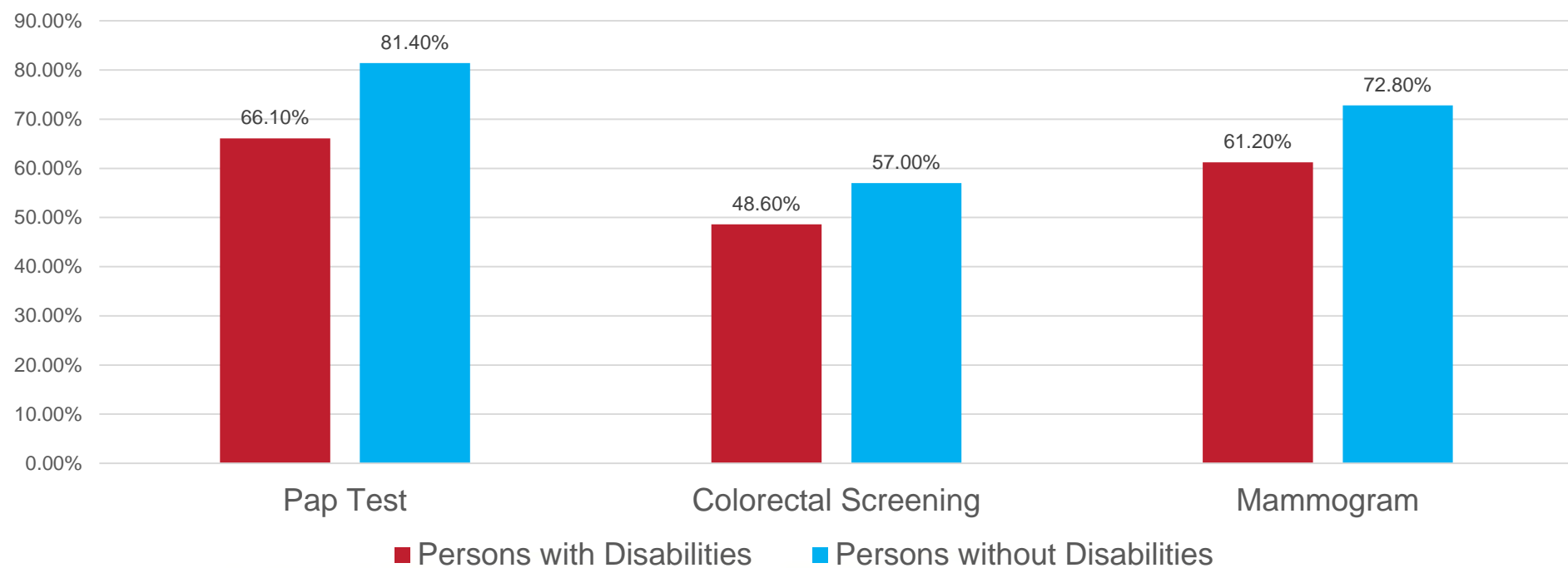
Disability and Health Disparities

- Individuals with disabilities are **more likely** to:
 - Experience worse health outcomes
 - Experience difficulties or delays in receiving necessary health care
 - Have limited knowledge and access to sexual health information
 - Have high blood pressure
 - Have problems getting appointment with doctor's office as soon as needed
 - Have problems with accessibility of doctor's office or clinic

- Individuals with disabilities are **less likely** to receive:
- Comprehensive preventive care, including health screening tests, weight measurement, physical exams
 - Recommended care
 - Routine dental cleaning
 - X-rays

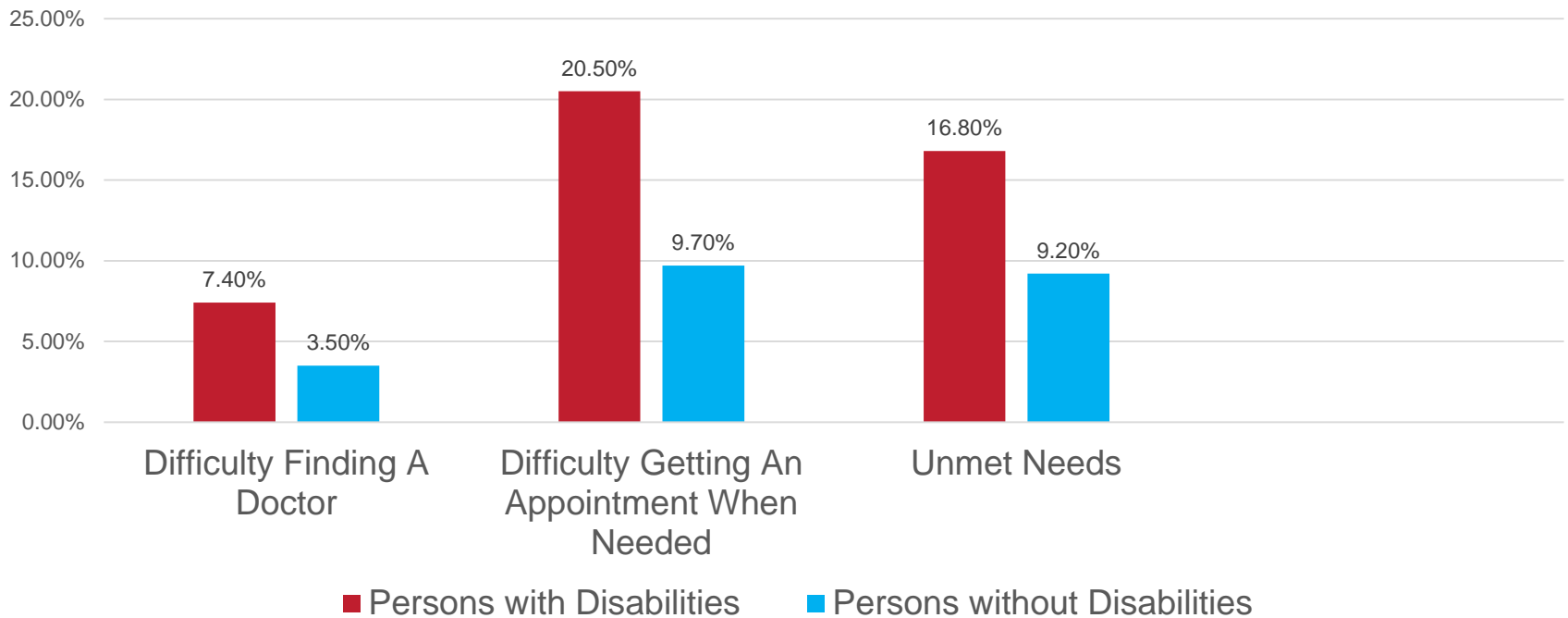
Disability and Health Disparities

Disparities in Preventative Health Screenings for People with Disabilities



Disability and Health Disparities

Barriers to Health Care Accessibility



Disability and Health Disparities

- Further research shows individuals with a disability who encounter structural barriers are 2.5 times more likely to experience delayed or not to receive necessary medical care than people without a disability.
- The growing body of research identifying disability-specific barriers as contributing to a pattern of barriers to access to care has contributed to an emerging consensus, still largely not reflected in public policy, that disability is, in fact, a health disparity population.
 - **Key Study:** Gloria L. Krahn, Deborah Klein Walker, Rosaly Correa-De-Araujo, “Persons With Disabilities as an Unrecognized Health Disparity Population”, *American Journal of Public Health* 105, no. S2 (April 1, 2015): pp. S198-S206.
- Better preventive care through increased use of accessible MDE results in earlier detection of life-threatening conditions, better prognoses, quality of life and health outcomes. These improvements, in turn, make health-care more cost-effective.

ACL's Business Acumen Work

**Presentation by Joseph Lugo,
Administration for Community Living
Email Joseph.Lugo@acl.hhs.gov**

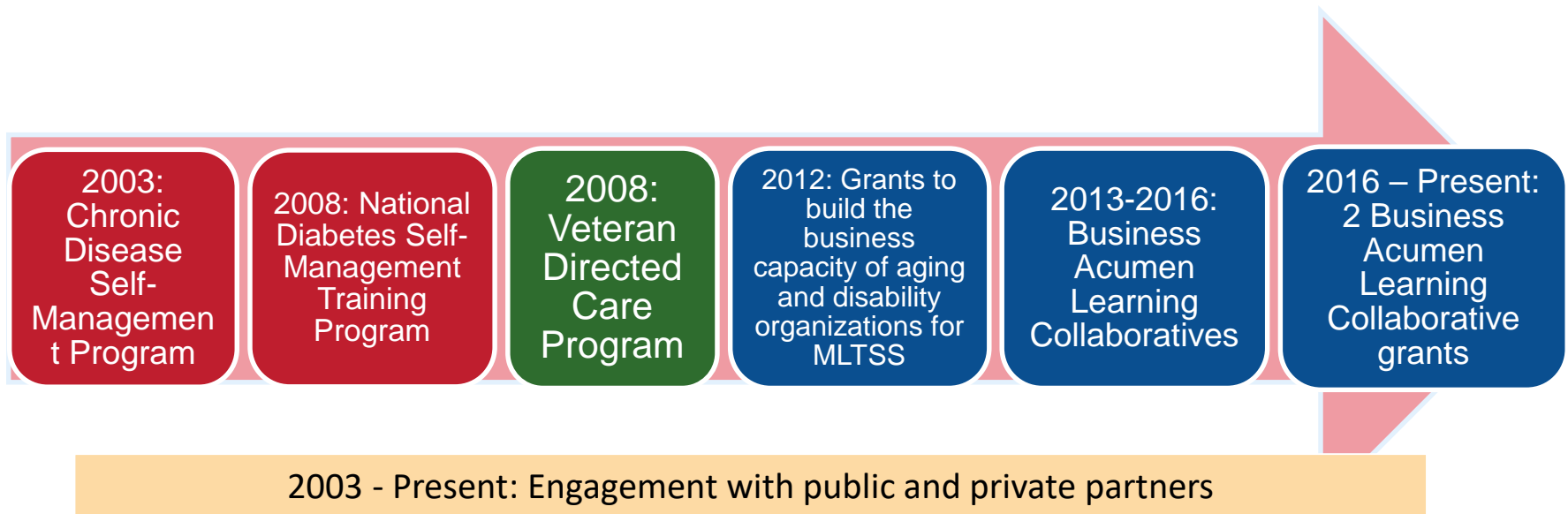


BLOCKBUSTER

®

NETFLIX

Strengthening the Aging and Disability Network “Business Acumen”



ACL Business Acumen

1

Pre-Contract
Activities

2

Contract
Review
(Pricing, Negotiation)

TA
Framework

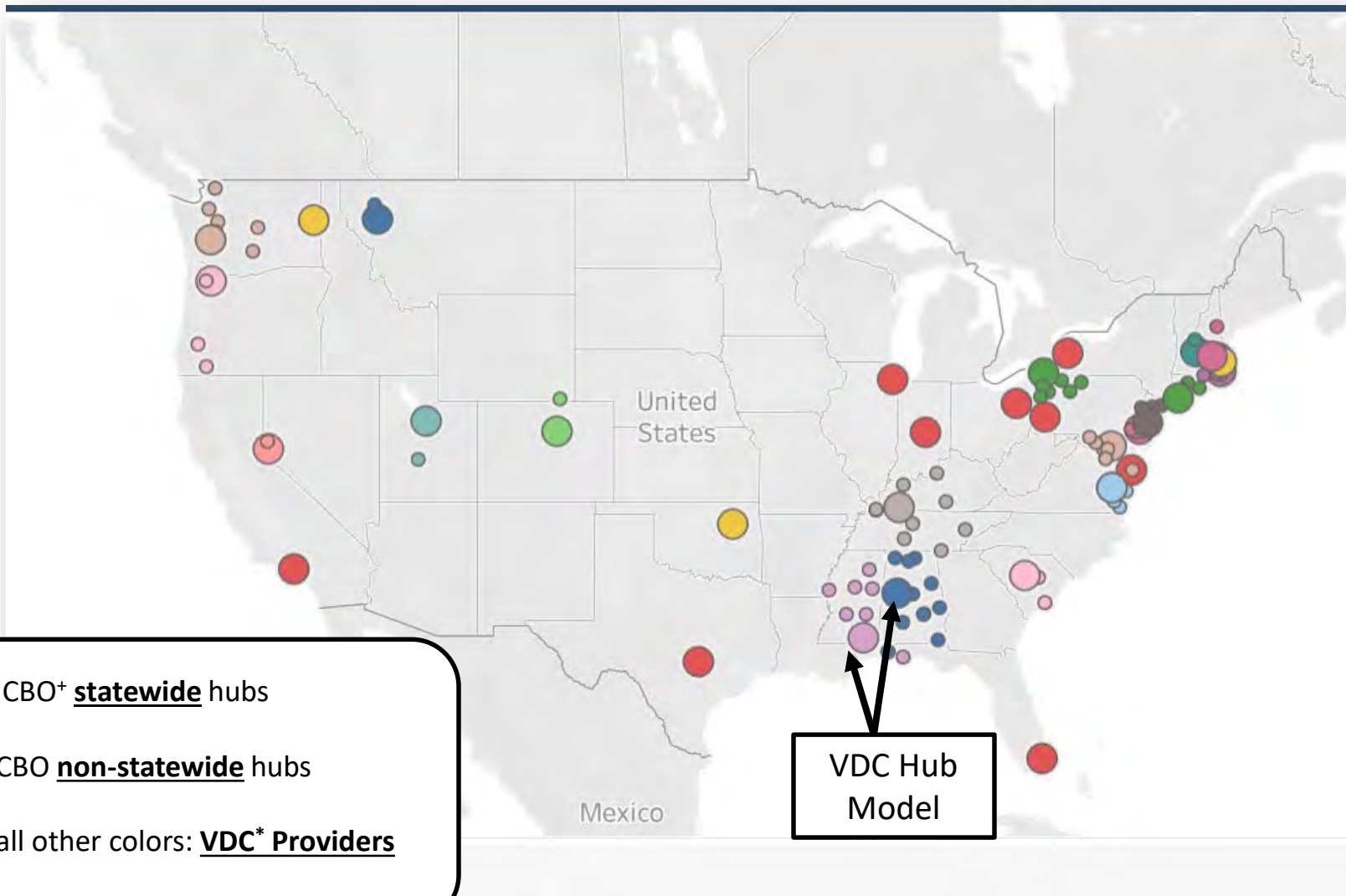
3

Pre-
Implementation
Activities
(Post-Contract Award)

4

Contract
Implementation &
Monitoring
*(Continuous Quality
Improvement)*

National Network Development



+ CBO = Community Based Organization
* VDC = Veteran Directed Care Program

Maturity Model – Mapping Strengths

- 5 in CT
- 5 core services for persons with disabilities:
 - Information & referral
 - Independent Living Skills Training
 - Peer Counseling
 - Individual & Systems Advocacy
 - Facilitate transitions out of institutions or youth to secondary education

• <http://ctsilc.org/independent-living-centers/>

CENTERS FOR INDEPENDENT LIVING MAKE COMMUNITY LIVING POSSIBLE

WHAT IS COMMUNITY LIVING?

People with disabilities and older adults have the same opportunities as everyone else to:

- ✓ Choose for themselves where to live
- ✓ Earn a living
- ✓ Lead the lives they want
- ✓ Make decisions about their lives

WHY COMMUNITY LIVING?

- 🏠 People prefer it
- 💰 It usually costs less
- ⚖️ It's a legal right
- 👥 Everyone benefits when everyone can contribute

HOW DO INDEPENDENT LIVING PROGRAMS HELP?



For more info, go to ACL.Gov or call us at (202) 401-4634. twitter.com/aclgov facebook.com/aclgov

Using Margin to Drive Mission



Disparities in Healthcare for People with Disabilities



Bonnielin Swenor, PhD, MPH

Associate Professor

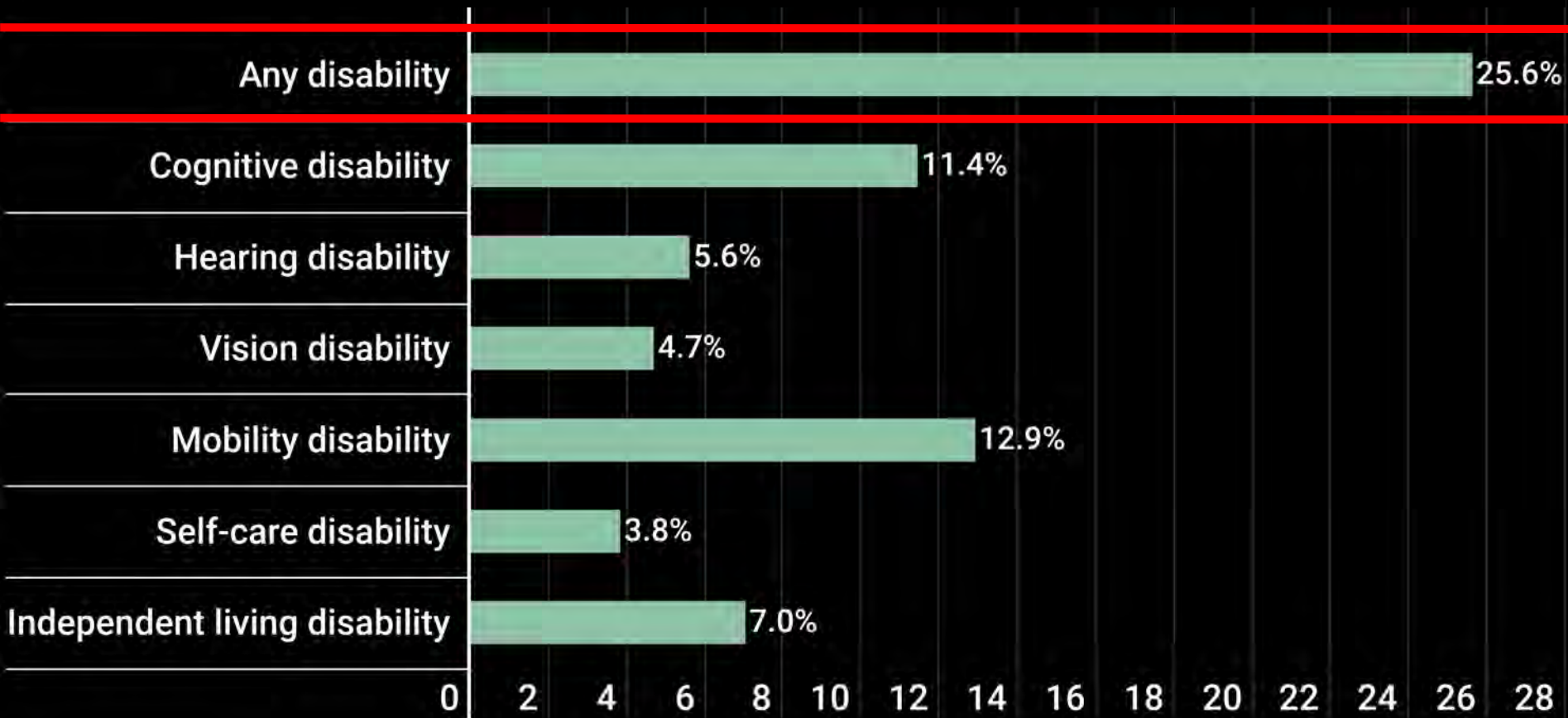
The Wilmer Eye Institute | Johns Hopkins School of Medicine

Department of Epidemiology | Johns Hopkins Bloomberg School of Public Health

Johns Hopkins Center on Aging and Health

@BonnieSwenorPhD

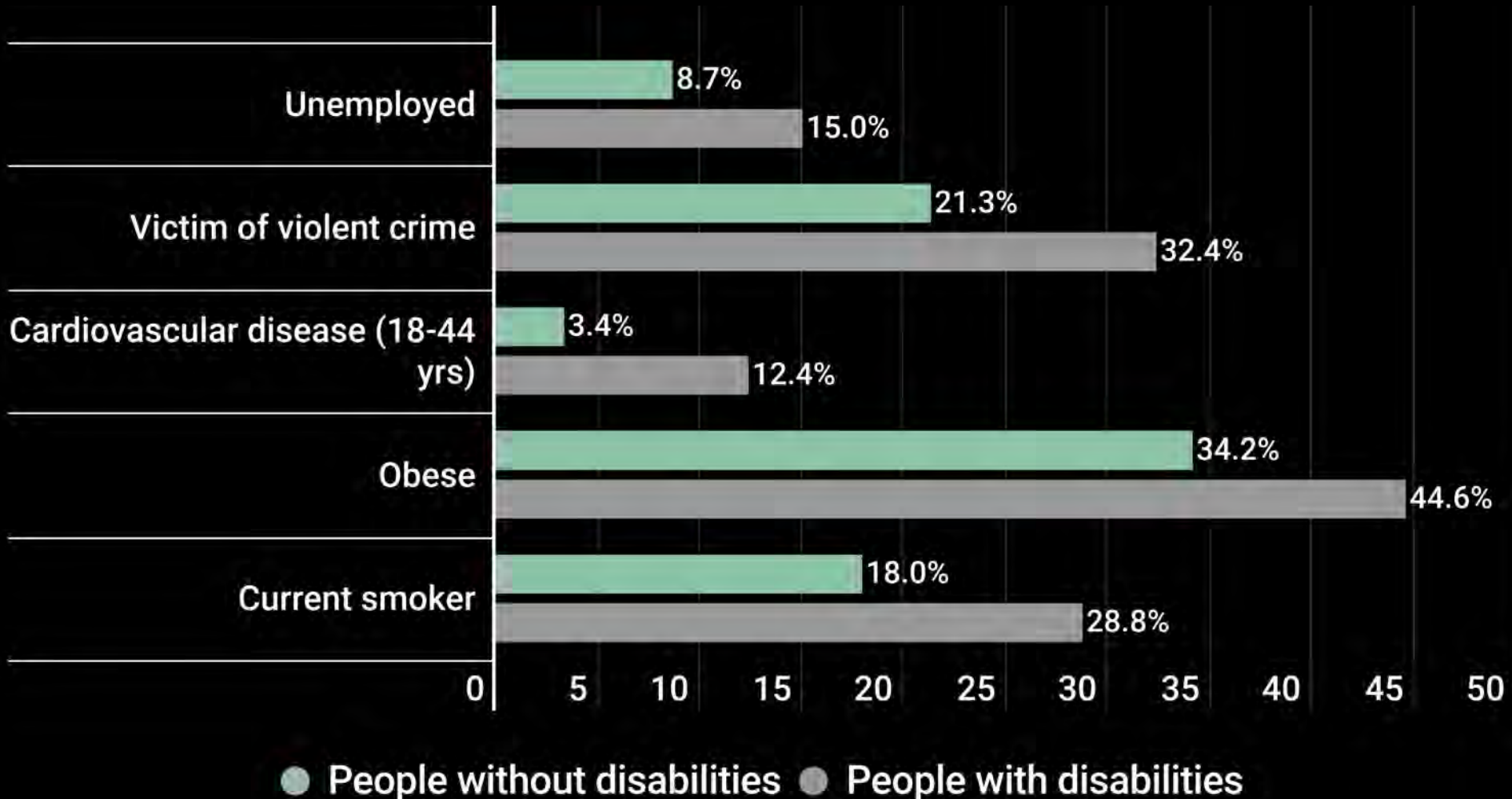
Disability is common in the U.S.



● American Adults 18 yrs or older (BRFSS Data)

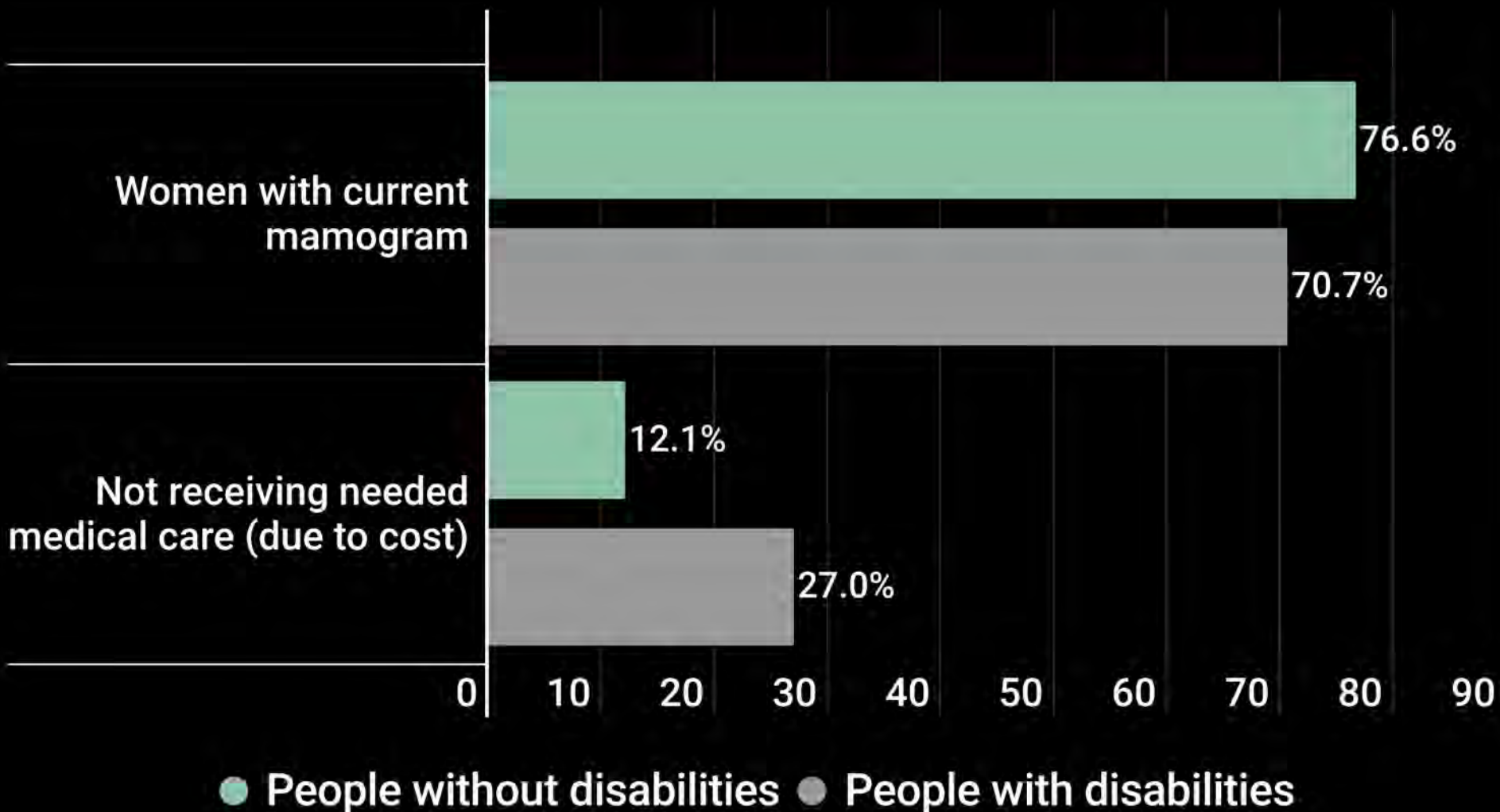
CDC. Disability and Health Data System (DHDS) Data [online]. [accessed Aug 25, 2019]. URL: <https://dhds.cdc.gov>.

Health Disparities Exist for People with Disabilities



Krahn et al. Persons with disabilities as an unrecognized health disparity population. AJPH. 2015.

HealthCARE Disparities Exist for People with Disabilities



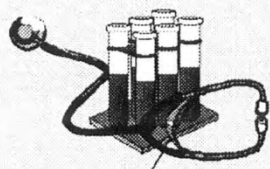
WHY?

Patient Input
(Subject to ambiguity
and misunderstanding)



Medical History
Patient Preferences

Data



Physical Examination
Diagnostic Test Results

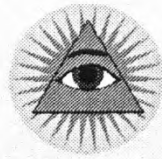
Social, Economic and Cultural Influences



Financial Incentives
Institutional Design
Legal Environment
Cultural Influences

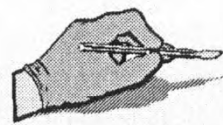


Interpretation



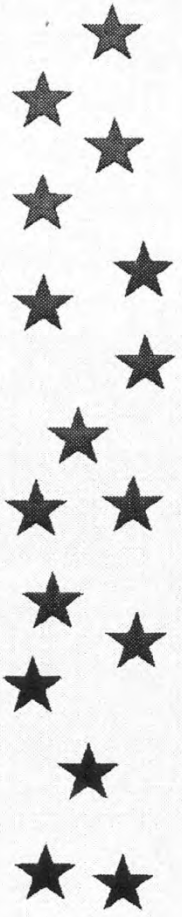
Subjectivity of
perception
Multiple diagnostic
alternatives

Intervention



Uncertainty with
respect to efficacy
Multiple treatment
alternatives

Racially
Disparate
Clinical
Decisions



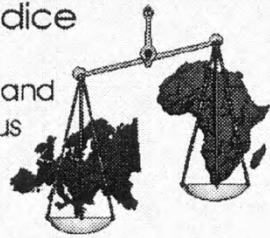
Stereotyping

Prejudice

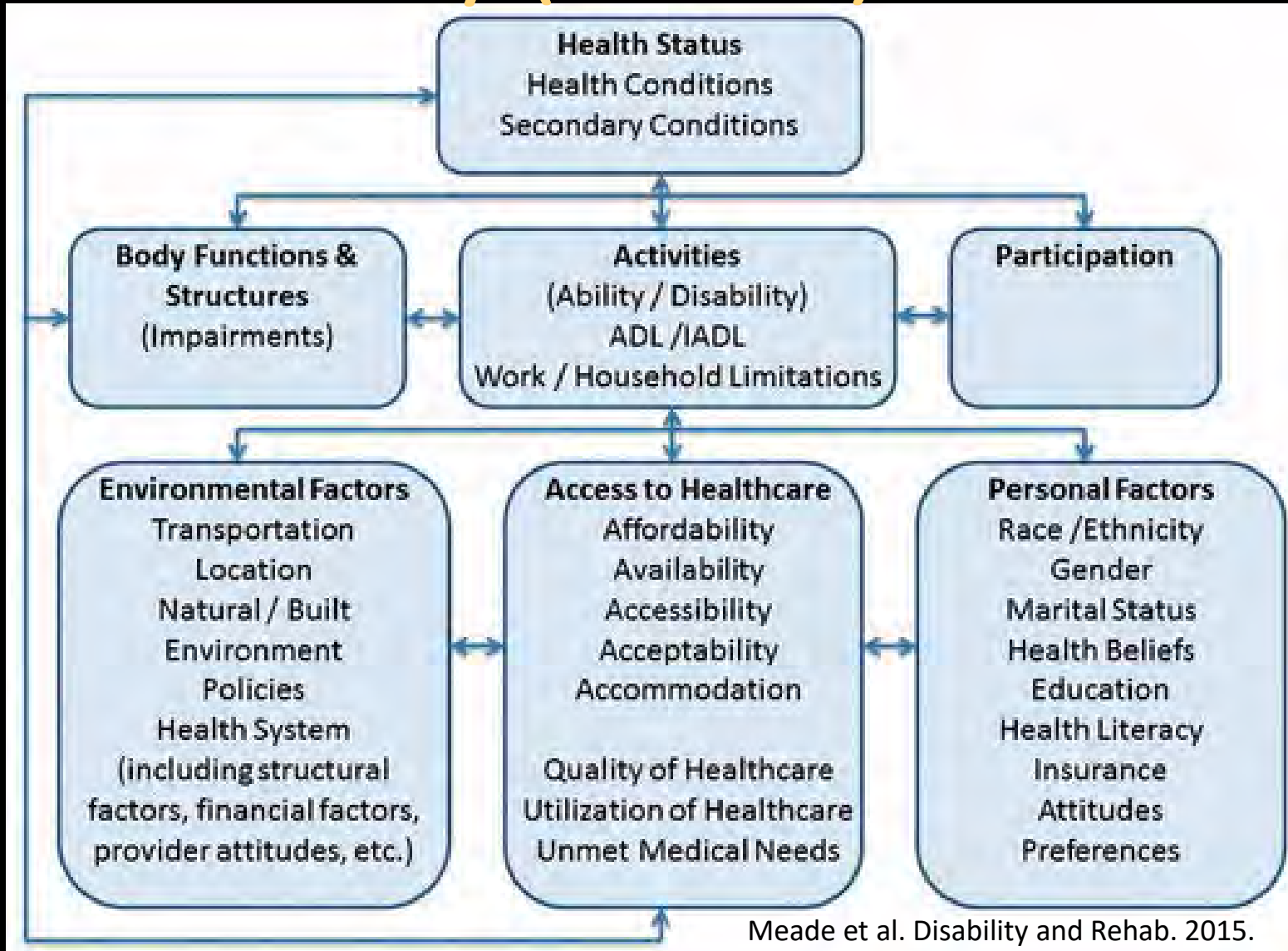
Conscious and
unconscious



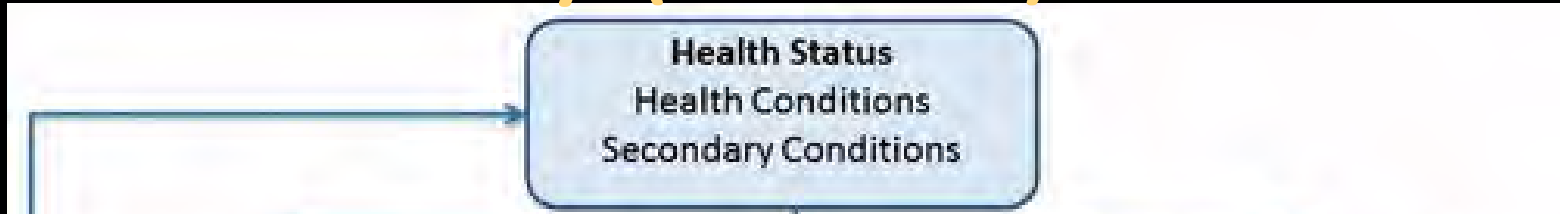
Conscious and
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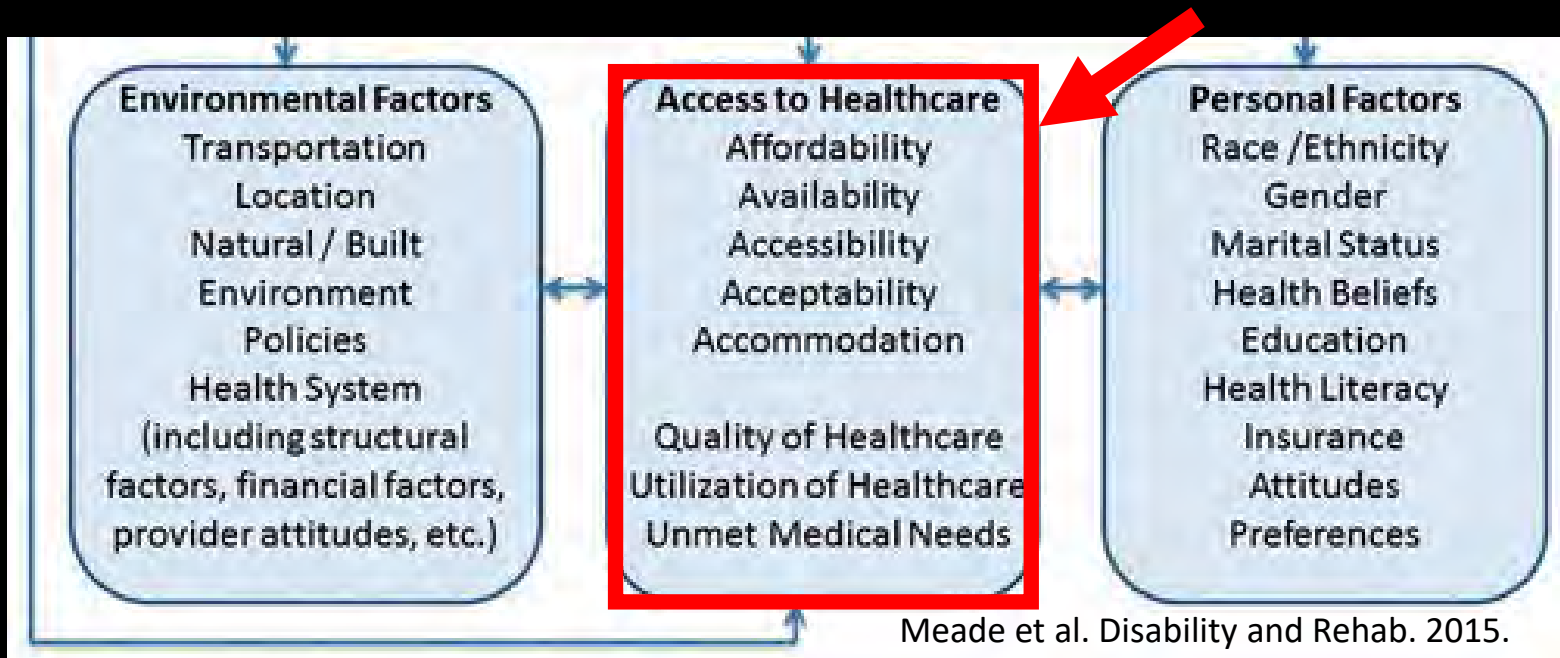
Model of Healthcare Disparities and Disability (MHDD)



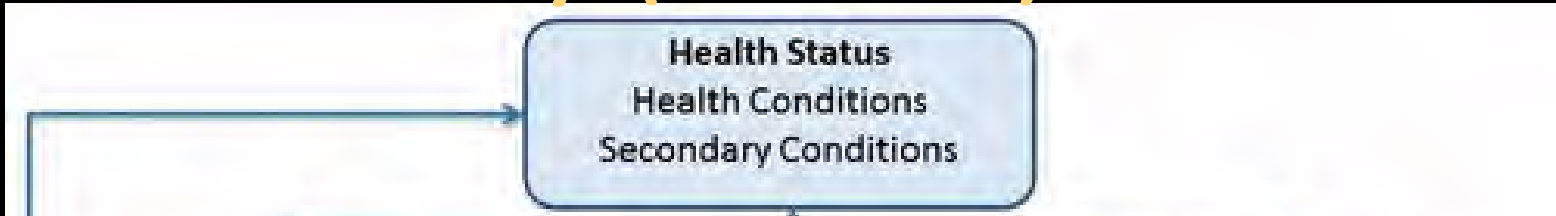
Model of Healthcare Disparities and Disability (MHDD)



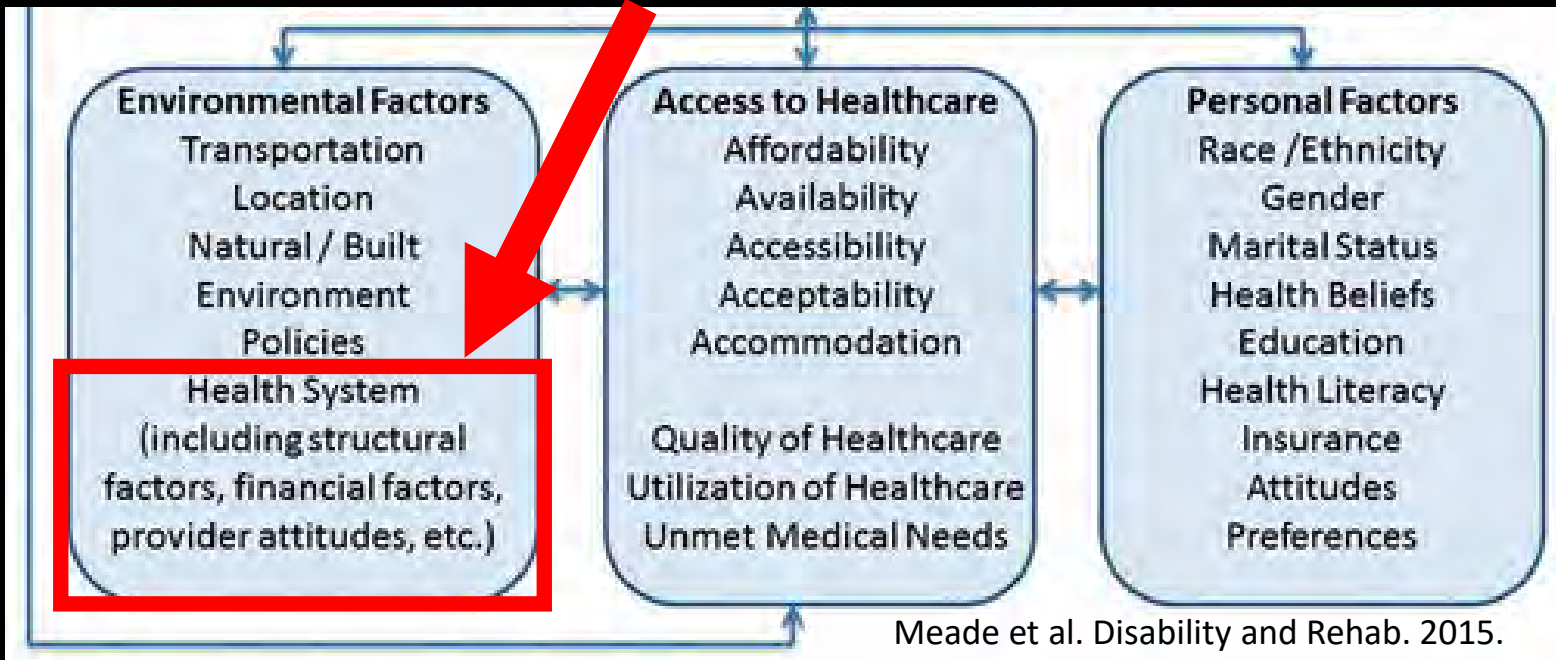
Access matters!



Model of Healthcare Disparities and Disability (MHDD)



So does the system



WHAT
CAN WE
DO?

Addressing Healthcare Disparities for People with Disabilities

• Access

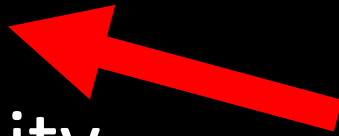
- Affordability
- Accessibility
- Acceptability
- Accommodation

• System-level

- Cultural Competence and Attitudes

Addressing Healthcare Disparities for People with Disabilities

• Access

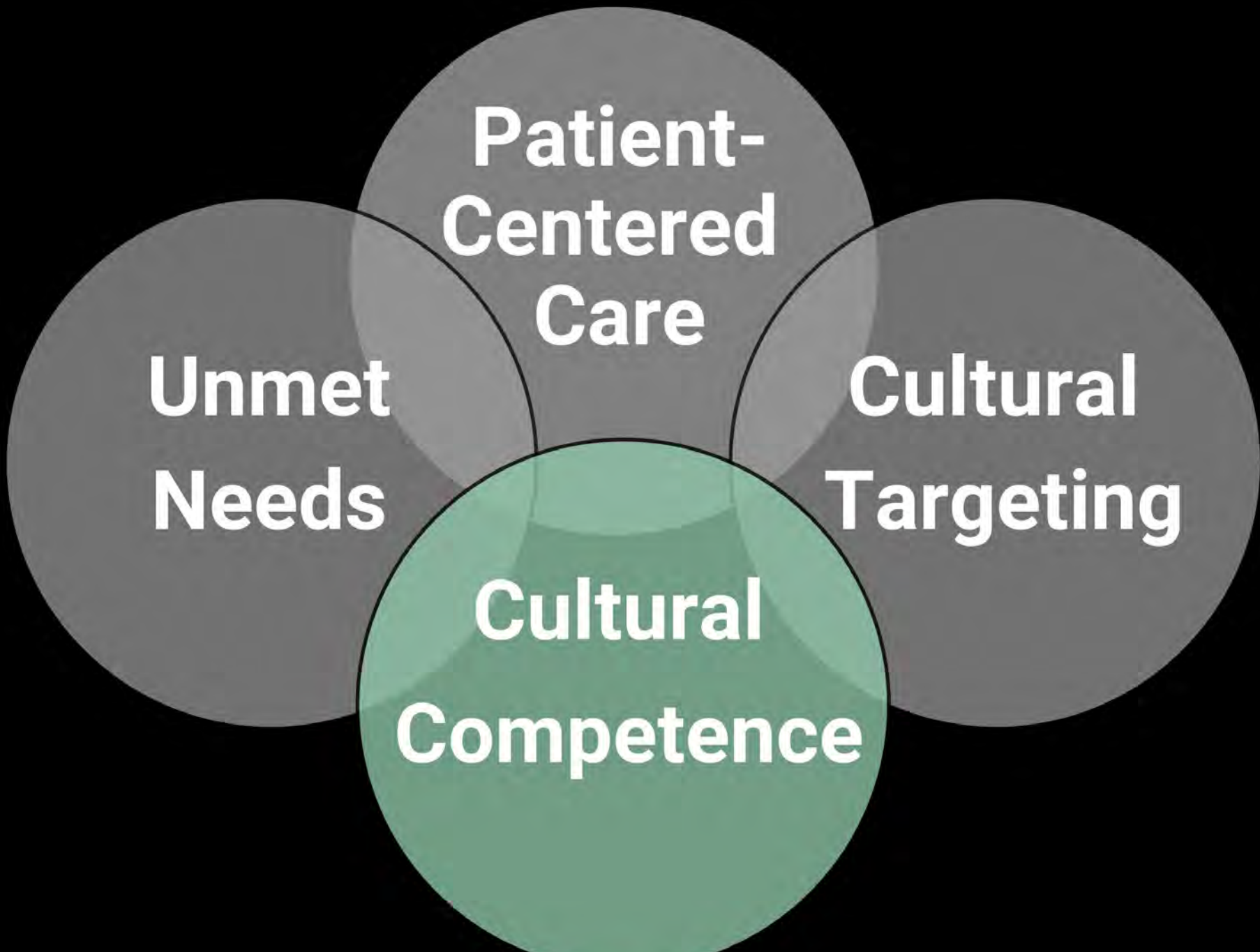


- Affordability
- Accessibility
- Acceptability
- Accommodation

• System-level



- Cultural Competence and Attitudes



**Patient-
Centered
Care**

**Unmet
Needs**

**Cultural
Targeting**

**Cultural
Competence**

Cultural Competence: A Medical Education Requirement

- U.S. Liaison Committee on Medical Education began requiring “cultural competence” in 2000



Cultural Competence: A Medical Education Requirement

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“Ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients.”

Why disability
cultural
competence
matters

Disability cultural competence
impacts healthcare interactions

Disability cultural competence impacts healthcare interactions

- Communication

- Ask about communication preferences
- Use person-first language, or mirror language patient uses
- Avoid outdated terms (i.e. “handicapped”)

Disability cultural competence impacts healthcare interactions

- Communication

- Ask about communication preferences
- Use person-first language, or mirror language patient uses
- Avoid outdated terms (i.e. “handicapped”)

- Knowledge & Attitudes

- Be aware of and avoid common societal stigmatized views of disability
- Be aware of and address challenges to healthcare access and utilization

Original Article

Exploring issues relating to disability cultural competence among practicing physicians

Nicole Agaronnik ^a, Eric G. Campbell, Ph.D ^b, Julie Ressalam, MPH, CHES ^b,
Lisa I. Iezzoni, MD, MSc ^{a, c, *}

^a *Mongan Institute Health Policy Center, Massachusetts General Hospital, United States*

^b *Center for Bioethics and Humanities, University of Colorado School of Medicine, United States*

^c *Department of Medicine, Harvard Medical School, United States*

Qualitative interviews with 20 physicians to assess disability cultural competence

How Physicians Defined Disability

“... disability is where they are completely dependent on somebody, like a caregiver”

“... someone who requires extra help or special accommodation”

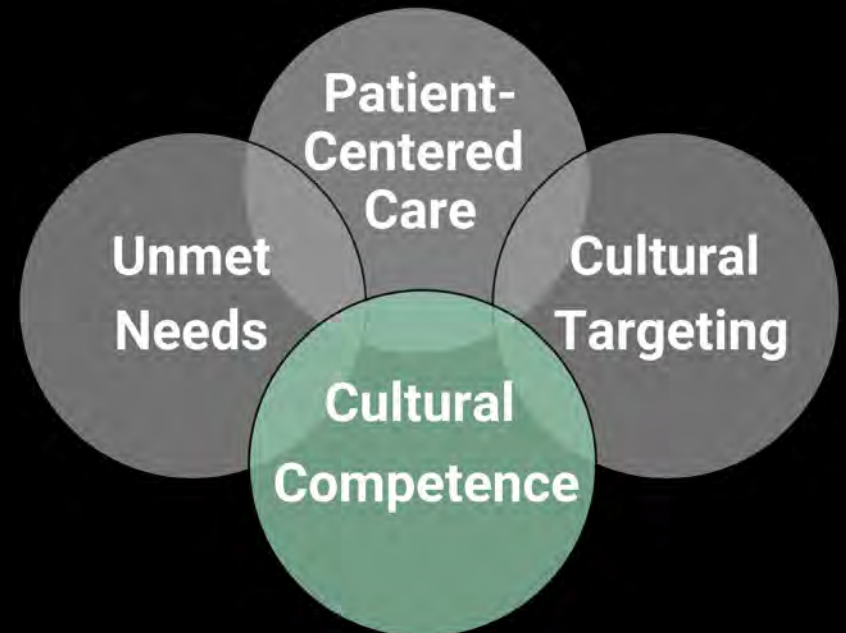
“... someone who has either a physical or mental handicap that impairs their ability to do what they want to do ...”

“someone has pain or has a limited range of motion in their extremities. That's why they cannot work or function as normal.”

Language used to describe disability

1. “Normal” and “Abnormal”
2. “Handicap”
3. “Suffering from”
4. “Wheelchair-bound” and other outdated terms
5. Language that is not “person-first”

More work is needed



The National Curriculum Initiative in Developmental Medicine (NCIDM)

- Partnership between:
 - American Academy of Developmental Medicine and Dentistry (AADMD)
 - Special Olympics International (SOI)
 - CDC
- Enhance curriculum to addressing gaps in medical education to serve patients with intellectual/developmental disabilities (IDD)

Personal Perspective



Disability Inclusion — Moving Beyond Mission Statements

Bonnielin Swenor, Ph.D., M.P.H., and Lisa M. Meeks, Ph.D.

Dr. L. graduated summa cum laude from an Ivy League medical school, but her dream of becoming a physician-scientist

was challenged when she faced the costs of the software (\$2,000) and of covering her clinical duties overnight. Dr. L. was forced to leave academic medicine in favor

of a small private consulting firm. This has been given to the challenges faced by faculty members with disabilities.

One problem is the lack of

We need more doctors and researchers with disabilities

looking at a computer screen and an adjusted work schedule to permit 8 hours of sleep per night, which reduced her migraines and

force diversity. A recent Association of American Medical Colleges (AAMC) report addressed strategies for removing barriers for

that reports on the representation of people with disabilities in science. According to its 2019 report, 10% of employed scientists and engineers reported having a disability; more than half (55.7%)



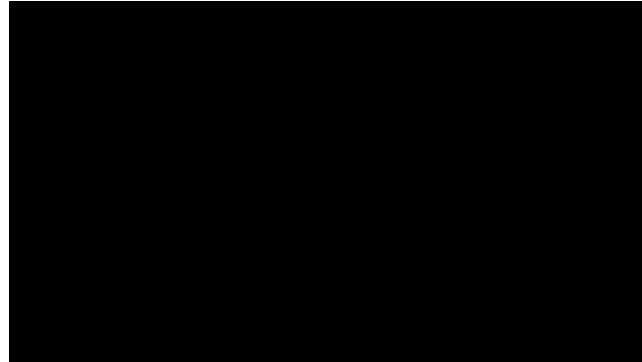
The NEW ENGLAND
JOURNAL of MEDICINE

Thank You



Disability-Friendly Healthcare in Colorado

Video Presentation by Patricia Yeager,
Independence Center, Colorado Springs Colorado



Centene Corporation and the National Council on Independent Living Address Gaps in Disability Access – An Award Winning Idea

An Overview of the Centene and NCIL Provider
Accessibility Initiative (PAI)

What is the Goal of the Provider Accessibility Initiative?

- Provide **equal access** to quality health care and services that are **physically and programmatically accessible**
- for our **members with disabilities** and their **companions** with disabilities
- by **increasing the percentage** of Centene's providers that **meet minimum** federal and state **disability access standards**.

Why are We Focusing on Provider Disability Access?

- It's the **right thing to do**
- Medicaid and Medicare members with disabilities **receive less preventative care** than those with no disability
 - <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Issue-Brief-Physical-AccessibilityBrief.pdf>
- It's a **federal requirement**
- **People with disabilities say we should**
 - Centene National Disability Advisory Council
 - Local Health Plan Member Advisory Councils (CA, FL, KS, MI, OH, PA, and TX)

How are We Accomplishing Our Goal?

1. **Improve the accuracy, completeness, and transparency of provider self-reported disability access data in Provider Directories so that members with disabilities have the most accurate, accessible, and up-to-date information possible related to a provider's disability access by:**
 - a. **Integrating standard, corporate disability access requirements** in provider on-boarding, cultural competency training, credentialing, contracting, etc.; and
 - a. **Conducting Accessibility Site Reviews (ASRs)** on specialty and ancillary providers with specified volumes of business over 12-month period.

How are We Accomplishing Our Goal?

- 2. Allowing providers to apply for a grant from the Centene National Barrier Removal Fund (BRF) that includes:**
 - a. Funding** to remove disability access barriers; and
 - b. Technical assistance** from the **National Council on Independent Living (NCIL)**, **local Centers for Independent Living (CILs)**, and **local health plans.**

National Barrier Removal Fund

- **Partnership with NCIL**

- **Funding available in 6 pilot states:**
 - **Illinois, Texas, and Ohio (2018)**
 - **Kansas, Florida, and New Mexico (2019)**

- **In 3 main areas of disability access:**
 - **Building Modifications**
 - **Diagnostic Equipment**
 - **Programmatic Access**

Provider Accessibility Initiative

2018 & 2019 Outcomes To Date

Project Outputs (2018 & 2019)

- **144 health care providers** across IL, TX, OH, KS, FL, and NM **received over \$1,000,000 in grants** from the Centene Barrier Removal Fund.
- Grantees range in **size, location** (urban and rural), and **specialty** (e.g. primary care, OB/GYN, mental health, addiction recovery, dentistry, podiatry, urology) and **include both physical and programmatic access improvements.**
- **123,000** of Centene's members with disabilities (and their companions with disabilities) **have improved access to health care**, along with the countless other people with disabilities seen by those providers who are not Centene members.

Project Outputs (2018 & 2019)

- Over **2,600 onsite Accessibility Site Reviews (ASRs)** conducted across 7 states (California, Illinois, Texas, Ohio, Kansas, Florida, and New Mexico) by health plan staff and **31 different CILs**.
- In 2018 and 2019, NCIL received **255 Barrier Removal Fund (BRF) applications** across 6 states (Illinois, Texas, Ohio, Kansas, Florida, and New Mexico), and **provided over 150 hours of technical assistance** to applicants and grantees.
- Six locally based Barrier Removal Fund committees that included local members with disabilities, directors from local Centers on Independent Living, and providers, **reviewed and scored 176 of the 255 applications**.

Project Outputs (2018 & 2019)

- **60 Accessible Exam Tables**
(1 accessible OB/GYN table, 2 accessible podiatry exam chair, 1 accessible dentist chair)
- **19 Accessible Scales**
- **56 Automatic Door Openers**
- **10 Renovations to Parking Lot**
- **15 Restroom Improvements**
(Faucet paddle handles, ADA toilet, handrails, etc.)
- **10 Entrance Improvements**
- **9 Interior Building Improvements** (Vinyl flooring, widening of doorways less than 32' wide, waiting room chairs without side arms, portable air filter, portable blood pressure machine, Hoyer lift)
- **11 Ramps**
- **45 Programmatic Access Improvements** (details in later slide)
- **12 wheelchairs**

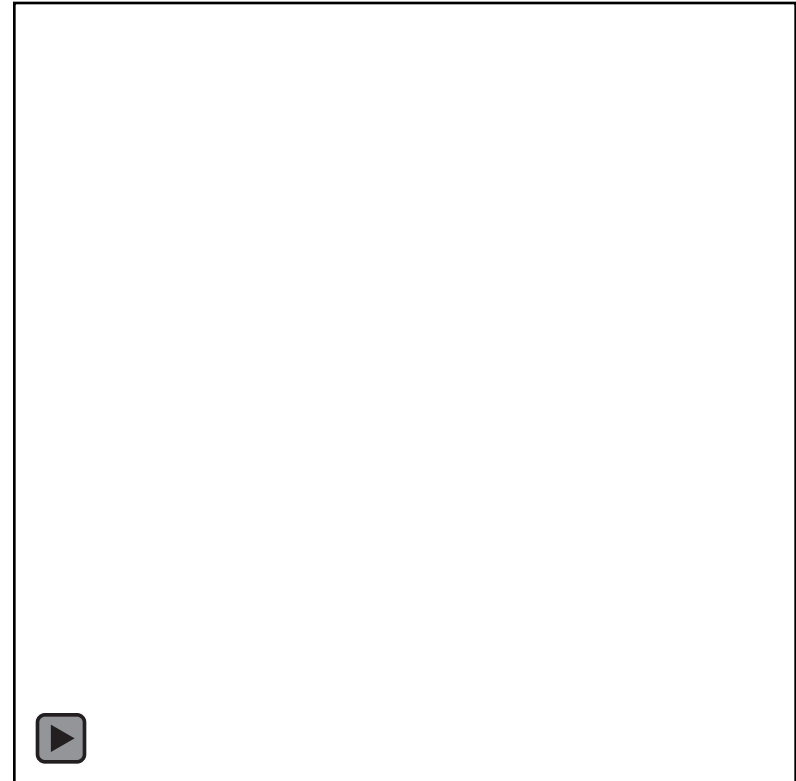
2018 Outcomes



Rock Island County Council on Addictions



2018 Outcomes



Roll-on scale

The UpScale M430. Combined accessible exam table and scale.

- Penne Jaster,
Nurse Practitioner
at Life Choices
Medical Clinic

2018 & 2019 Outcomes: Programmatic Access

Noise Cancelling
Headphones

Digital
Annunciator for
Elevator

Assistive
Listening
Devices

Braille Signage &
Materials

Sound Proofing
Walls

TV/DVD Sensory
Accommodations

Weighted Stuffed
Animals

Natural Lighting

Weighted
Blankets

Circadian
Lighting

Video Remote
Interpreting (rural
location, 1 ASL
interpreter)

National Awards



2019 CMS Health
Equity Award

Centene ranked #7



Next Steps



Implementation in 3 additional states every year for the next 5 years



Track member-level health outcomes

What's Next in Health Care Accessibility?

- **QUALITY MEASURE DEVELOPMENT**
- **DEMONSTRATING EFFICACY AND VALUE OF ACCESSIBLE MEDICAL DIAGNOSTIC EQUIPMENT**
- **EXPANDING CLINICIAN TRAINING TO ENHANCE CULTURAL COMPETENCY AND EXPERTISE SERVING PEOPLE WITH DISABILITIES**

Learn More: ACL

[X-Rays Meet the ADA: Making the Case for Accessible Health Care](#) blog and fact sheet available at:

<https://acl.gov/news-and-events/acl-blog/x-rays-meet-ada-making-case-accessible-health-care>

Learn More: CMS Office of Minority Health

- *Getting the Care You Need: A Guide for Individuals with Disabilities* <https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/Getting-the-Care-You-Need.pdf>
- *Navigating Health Care with a Disability: Our Stories, a Focus on People with Disabilities:* <https://youtu.be/VgbPFV0i3vA>
- *Navigating Health Care with a Disability: Our Stories, a Focus on the Provider:* https://youtu.be/_aydK RTPplg
- *Modernizing Health Care to Improve Physical Accessibility: Resources Inventory:* <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/OMH-Modernizing-Health-Care-Physical-Accessibility.pdf>

Learn More: Other Federal Agencies

National Network of ADA Centers

1-800-949-4232 (free TA on ADA) Website: www.adata.org

Centers for Disease Control - Disability & Access to Health Care

<https://www.cdc.gov/features/disabilities-health-care-access/>

US Department of Justice: for ADA technical assistance see

www.ada.gov or call ADA Information Line at 800-514-0301 (voice) or 800-514-0383 (TTY)

Independent Living Research Utilization (ILRU)

<https://www.ilru.org/topics/health-and-wellness>

National Council on Disability (NCD)

<https://ncd.gov/policy/healthcare>

Thank you. We will now take questions for panelists.