

Healthcare Accessibility Resource Roadmap



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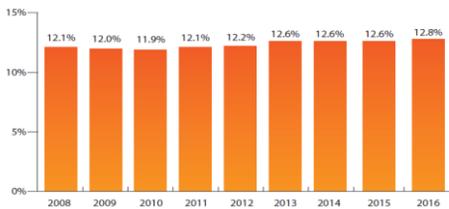


Presentation Goals

1. Raise awareness of statistics, research findings, and common access issues supporting the need to continue increasing health care accessibility.
2. Improve understanding of:
 - a. existing information and training available to states, health plans and providers, and other stakeholders to improve accessibility for health care recipients and
 - b. location and access of resources and training to build capacity for increasing health care accessibility.
3. Discuss roadmap of resources and solicit ideas about additional information and training needs.



Percentage of People in the U.S. with Disabilities, 2008-2016



Data Source: 2008-2016 American Community Survey, American FactFinder, Table B1810
Kraus, L., Lauer, E., Coleman, R., and Houtenville, A. (2018). 2017 Disability Statistics Annual Report. Durham, NH: University of New Hampshire. Available from <http://disabilitycompendium.org/sites/default/files/2018-04/2017AnnualReport060618.pdf>



Disability, Health, and Health Care Disparities - Healthy People 2020

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

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Why? Complex, Intersecting Barriers Contribute to Disparities

- Poverty
- Prejudice and stereotypes
- Lack of provider training and cultural literacy
- Physical and programmatic inaccessibility
- Inadequate research
- ADA monitoring, implementation and enforcement

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Access to Healthcare: What Does the ADA Require?

Delivery of services in a way that ensures that all people have an equal opportunity to achieve the full benefit of a program or service (Title II or III)

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Access Research

- ADA architectural requirements are by and large increasing accessibility for outpatient primary care healthcare facilities
- Programmatic accessibility (scales, tables, mammography equipment, policy modifications such as extended exam time, aux. aids and services) lags far behind

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Access Research

Preliminary results indicate that many of these individuals experienced physical, programmatic, attitudinal, and communication barriers to health care.

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Access Research

Individuals with disabilities:

- had difficulties entering and/or moving around in health care facilities,
- had difficulties with, or were unable to use, medical diagnostic equipment, exam tables, or exam chairs in their health care appointments,
- experienced negative assumptions by health care providers, and
- had difficulties with, or did not receive, interpreter services.

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Access to Healthcare: What Does the ADA Require?

Equitable access to care and services includes:

- physical accessibility of buildings and facilities
- accessible equipment
- effective communication (for sensory disabilities)
- modification in policies, practices, and procedures

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Barrier-Free Health Care Initiative (DOJ)

A partnership of the Department of Justice Civil Rights Division and U.S. Attorney’s offices across the nation

- o Target enforcement efforts on a critical area for individuals with disabilities
- o Launched on the 22nd anniversary of the ADA in July 2012

<https://www.ada.gov/usao-agreements.htm>

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Barrier-Free Health Care Initiative (DOJ)

To date, there are 56 settlements listed on their website covering:

- o effective communication for people who are deaf or have hearing loss
- o physical access to medical care for people with mobility disabilities (architectural and diagnostic equipment), and
- o equal access to treatment for people who have HIV/AIDS.

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Physical Accessibility of Facilities

If parking is available

PROBLEM



SOLUTION





Physical Accessibility of the Office

Inaccessible medical buildings, offices, restrooms

PROBLEMS



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Physical Accessibility of the Office

Inaccessible medical buildings, offices, restrooms

SOLUTIONS



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Accessible Equipment

Lack of accessible exam equipment such as exam tables

PROBLEM



SOLUTION



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Accessible Equipment

Inaccessible equipment such as weight scales

PROBLEM



SOLUTIONS



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Physical Accessibility and Accessible Equipment Resources

- ADA Standards for Accessible Design (DOJ)
<https://www.ada.gov/regs2010/2010ADASTandards/2010ADASTandards.pdf>
- Access to Medical Care For Individuals With Mobility Disabilities (DOJ)
https://www.ada.gov/medcare_mobility_ta/medcare_ta.htm

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Physical Accessibility and Accessible Equipment Resources

- Pacific ADA Center’s Healthcare and the ADA page <https://www.adapacific.org/healthcare#physical-accessibility>
 - Access to Medical Care for Individuals With Mobility Disabilities 2010 - U.S. Department of Justice (DOJ)
 - Accessible Medical Examination Tables and Chairs 2014 - ADA National Network
 - Accessible Medical Diagnostic Equipment 2016 - ADA National Network

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Physical Accessibility and Accessible Equipment Resources

- Pacific ADA Center’s Healthcare and the ADA page <https://www.adapacific.org/healthcare#physical-accessibility>
 - Accessible Parking - ADA National Network
 - ADA Checklist For Existing Facilities - New England ADA Center
 - ADA Standards for Accessible Design - U.S. Department of Justice (DOJ)
 - Increasing the Physical Accessibility of Health Care Facilities - Centers for Medicaid & Medicare Services (CMS)

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Effective Communication

- Communicating effectively using the right tools for people with barriers to seeing, hearing, thinking, remembering, learning, and understanding
 - Braille
 - Large print
 - Digital text
 - Audio



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Effective Communication

American Sign Language is

- o a visual-gestural language used by millions of Americans of all ages
- o a rich and complete language that has a different grammatical structure than the English language



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Effective Communication Resources

- ADA National Network
 - o <https://adata.org/factsheet/communication>
- DOJ
 - o Communicating with People Who Are Deaf or Hard of Hearing in Hospital Settings <https://www.ada.gov/hospcombr.htm>
 - o Web accessibility <https://www.adapacific.org/assets/documents/usdoj-accessibility-of-state-and-local-government-websites.pdf>

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Effective Communication Resources

- National Association for the Deaf
 - o Questions and Answers for Health Care Providers <https://www.nad.org/resources/health-care-and-mental-health-services/health-care-providers/questions-and-answers-for-health-care-providers/>
- DHHS
 - o Guidance and Resources for Electronic Information Technology: Ensuring Equal Access To All Health Services And Benefits Provided Through Electronic Means <https://www.hhs.gov/sites/default/files/ocr-guidance-electronic-information-technology.pdf?language=es>

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Modification in Policies and Procedures Resources

- Reasonable modifications
 - The ADA National Network Disability Law Handbook
<https://adata.org/publication/disability-law-handbook>
 - State and local regulations 35.130(7) from DOJ
https://www.ada.gov/regs2010/titleII_2010/titleII_2010_regulations.htm#a35130
 - Public accommodations regulations 36.302 from DOJ
https://www.ada.gov/regs2010/titleIII_2010/titleIII_2010_regulations.htm#a302

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Modification in Policies, Practices, and Procedures Resources

- Service animals
 - Understanding How to Accommodate Service Animals in Health Care Facilities
 - <https://www.adapacific.org/assets/documents/service-animals-in-health-care-facilities-u.s.-department-of-health-and-human-services.pdf> (DHHS)
 - <https://adata.org/factsheet/service-animals> (ADANN)
 - <https://www.adapacific.org/assets/documents/usdoj-service-animal-faq.pdf> (DOI)

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Development of Policies and Practices

Development of staff training

- Disability competency and customer service
- Knowledge of accommodation/modification request process
- Auxiliary Aids and Services for effective communication
- Documentation of needs, etc. in the patient record
- Knowledge of community resources, such as ASL interpreter agencies
- Knowledge of legal requirements

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ADANN Healthcare Resources

- Healthcare and the ADA webinar series at www.adapresentations.org
- Healthcare and the ADA factsheets available at www.adata.org (search for Healthcare)
- Regional ADA Center websites with links to state and federal resources (e.g., www.adapacific.org/healthcare)
- Regional TA via 800-949-4232 or email
- Training from regional ADA Centers

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About the Medicare-Medicaid Coordination Office

The Federal Coordinated Health Care Office (Medicare-Medicaid Coordination Office or MMCO)

- serves persons who are enrolled in both Medicare and Medicaid, also known as dually eligible individuals,
- brings together Medicare and Medicaid to more effectively integrate benefits, and
- improves coordination between the federal government and states to enhance access to quality services for individuals enrolled in both programs.

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MMCO's Goals

Goals include:

- providing dually eligible individuals full access to the benefits to which they are entitled under the Medicare and Medicaid programs,
- simplifying processes for dually eligible individuals to access the items and services to which they are entitled under the Medicare and Medicaid programs, and
- improving the quality of performance of providers of services and suppliers under the Medicare and Medicaid programs.

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State Pathways to Integrated Care

State Pathways to Integrated Care: Exploring Options for Medicare-Medicaid Integration

To help states explore their options for Medicare-Medicaid integration, ICRC created State Pathways to Integrated Care. This tool shares steps that states can take to advance integration, beginning with relatively simple administrative actions and moving to more advanced activities involving delivery system changes.

STATE PATHWAYS TO INTEGRATED CARE

The tool provides key considerations and resources related to:

- Understanding Your Dually Eligible Beneficiaries
- Assessing Environmental Factors and Opportunities to Integrate Care
- Addressing Foundational Issues in Integrating Care
- Exploring Integrated Care Options
 - Using Capitated Managed Care Models
 - Managed Long-Term Services and Supports
 - Dual Eligible Special Needs Plan (D-SNMP) Contracting
 - Advanced D-SNMP Contracting Options
 - Programs of All Inclusive Care for the Elderly (PACE)
 - Using Managed Fee-for-Service Models



States can use this tool to explore their options and chart their own path toward integration. ICRC is available to help to states interested in advancing Medicare-Medicaid integration for their

Available from <https://www.integratedcareresourcecenter.com/content/state-pathways-integrated-care-exploring-options-medicare-medicaid-integration/overlay-context/content/using-value-based-purchasing-vbp-arrangements-improve-coordination-and-quality-medicare-0>

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Resources for Integrated Care

Available from <https://www.resourcesforintegratedcare.com/>

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Resources for Integrated Care

Resources for Integrated Care (RIC) supports health plans and providers in their efforts to deliver more integrated, coordinated health care services to dually eligible individuals and will:

- enlist the ADANN's support in reviewing DCC resources and tools,
- continue to develop and host DCC webinars, and
- create a new tool in collaboration with the ADANN to help healthcare facilities identify and prioritize DCC improvement opportunities.

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MMCO and the ADANN

MMCO and the ADANN are continuing their collaboration through:

- participating in regular conference calls and meetings,
- working with common resources, and
- exploring additional opportunities.

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Contact Information

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