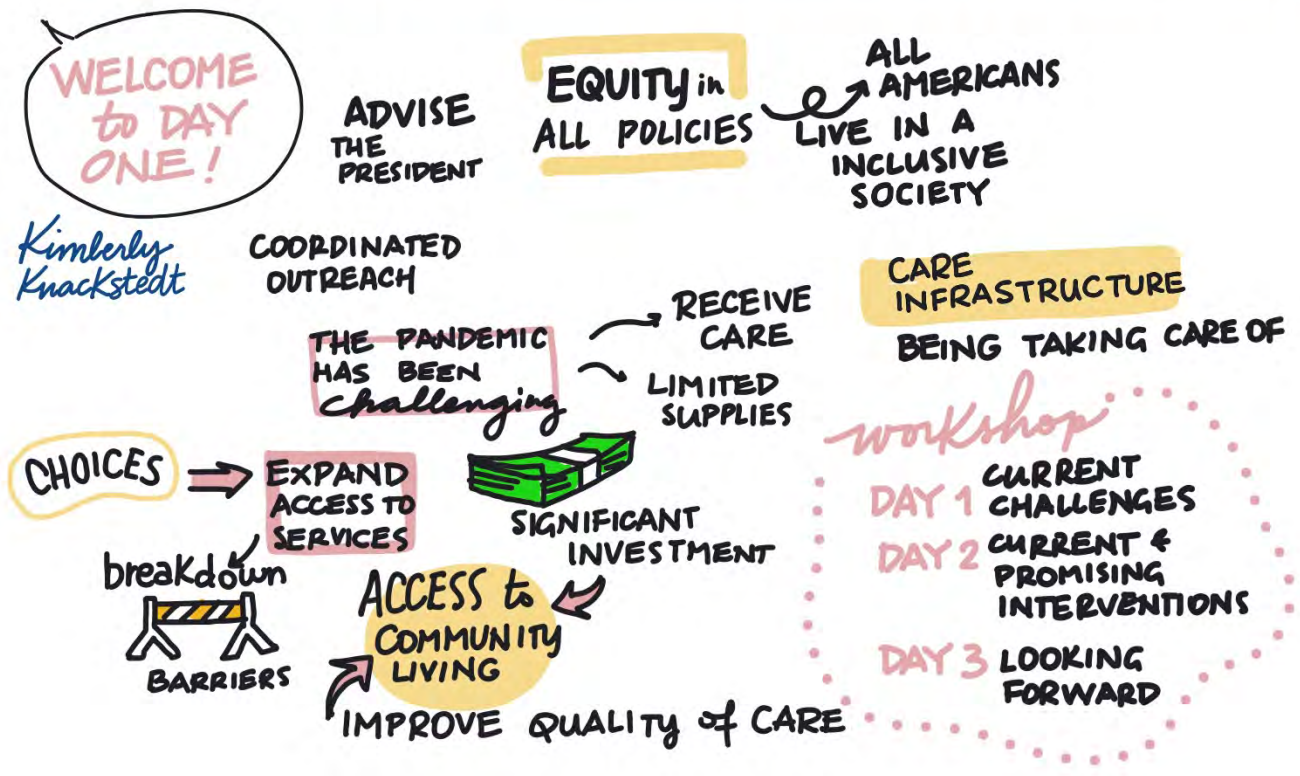


Optimizing Care Systems For People with Intellectual and Developmental Disabilities

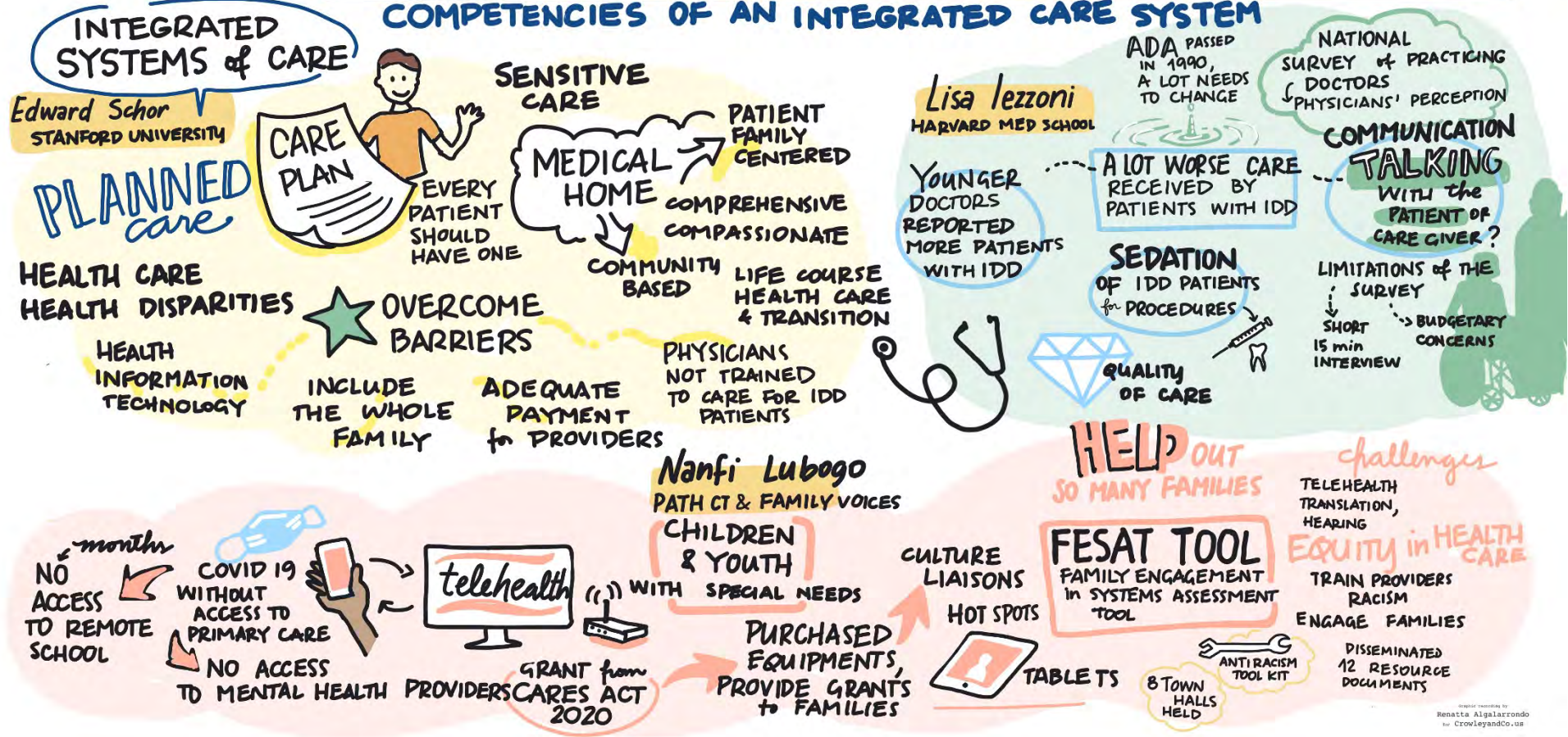


Optimizing Care Systems

For People with Intellectual and Developmental Disabilities

Day 1

COMPETENCIES OF AN INTEGRATED CARE SYSTEM



Optimizing Care Systems

For People with Intellectual and Developmental Disabilities

Day 1

Q&A + DISCUSSION

COMPETENCIES OF AN INTEGRATED CARE SYSTEM

★ LEARN from PEDIATRICIANS → SPEND MORE TIME WITH PATIENTS → MORE ATTENTION → CARE FOR A BIGGER VARIETY OF PATIENTS

ADULT vs. CHILD CARE
TRANSITION IS DIFFICULT

COLLABORATION & COMMUNICATION TO PREPARE THEM BETTER



COMMUNITY-BASED SERVICES COST MONEY
CARE GIVERS ARE THE PARENTS

LINKAGE WITH ORGANIZATIONS and SUPPORT SERVICES

BIAS → ENCOURAGE PHYSICIANS TO SPEND MORE TIME WITH PEOPLE WITH ID



OUR CULTURE: PARENTS TAKE CARE OF CHILDREN
HOW TO CARE FOR ADULT CHILDREN WITH IDD

EDUCATE THE NEXT GENERATION OF PHYSICIANS
EDUCATE and UNDERSTAND THE COMPLEXITIES of RACE and MINORITIES
ACCESS TO CARE

WE NEED MORE CARE FOR CAREGIVERS

WE NEED BETTER TRAINING of PCP PROVIDERS

Optimizing Care Systems

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Day 1

CHALLENGES IN WORKFORCE STRENGTH AND PREPAREDNESS

Matt Holder

AMERICAN ACADEMY OF DEVELOPMENTAL MEDICINE AND DENTISTRY

CHALLENGES CLINICIANS FACE IN PROVIDING CARE

IMPROPER REIMBURSEMENT MECHANISMS

ONLY 25% OVERUTILIZATION & POLYPHARMACY

Physicians SPECIALTY DRIVEN
\$6 MANY GENETIC SYNDROMES

ACCESS DO NOT GUARANTEE QUALITY

Plan for THE LEVEL OF COMPLEXITY

PATIENT COMPLEXITY
INADEQUATE PROFESSIONAL KNOWLEDGE
NO OFFICE MODIFICATIONS & NO TRAINING
INCREASE OF LIFE EXPECTANCY of PATIENTS WITH IDD

BEHAVIOR COMPLAINT
BEHAVIORS INCREASE
PROBLEM WORSENS

DIAGNOSTIC OVERSHADOWING

MEDICATE BEHAVIORS



BEHAVIORS DECREASE

DSP MULTI-DISCIPLINARY SKILLS
25% HIGH SCHOOL DIPLOMA

HHA ≠ DSP
PCA
CNA
DSPs ARE A LOT MORE THAN THAT

75% BEYOND HIGH SCHOOL DIPLOMA
BURNOUT 50%
ANXIETY 47%
SLEEP DIFFICULTIES 38%
PHYSICAL HEALTH 18%
SUICIDAL 4%

>13 MILLION DSPs in THE US
WE NEEDED 18.2 MILLION before the PANDEMIC

LOW QUALITY SERVICES & POOR OUTCOMES

Susan Havercamp
OHIO STATE UNIVERSITY

HEALTHCARE PROVIDERS ARE UNPREPARED & UNCOMFORTABLE

PEOPLE WITH DISABILITIES CAN'T GET BASIC HEALTHCARE. SO THEY GET SICK. AND DIE.

NEED for TRAINING

UNDERESTIMATE CAPABILITIES

we believe that DISABILITY CONTENT SHOULD BE REQUIRED for ACCREDITATION of ALL HEALTH CARE TRAINING PROGRAMS

OVERLOOK CULTURAL, ECONOMIC, SOCIAL BACKGROUNDS
OVERLOOK HEALTH ISSUES

SPEAK TO THE PATIENT
NOT ONLY CARE GIVERS

AGREE ON WHAT NEEDS TO BE TAUGHT

CONSENSUS

GUIDELINES PRINCIPLES

6 CORE COMPETENCIES

MITIGATION

INCLUDE PEOPLE WITH DISABILITIES IN THE TRAINING
CREATES AWARENESS and MITIGATE BIAS

CULTURAL AND SYSTEMIC ISSUES

ENCOURAGE INNOVATION in our field

WE NEED TO UPLIFT and TRAIN THAT WORKFORCE

POLICIES / CREATE NEW ONES



RIGHT PAYMENT and REIMBURSEMENT

REQUIRE TRAINING

BUILD CAREER

Amy Hewitt
UNIVERSITY OF MINNESOTA

COMMUNITY LIVING

WHAT IS AN INSTITUTION?

NOT FOR DIRECT SUPPORT PROFESSIONALS (DSP)

PEOPLE with IDD
QUALITY OF LIFE HAS BEEN IMPROVED IN THE PAST 30 YRS.

THIS WORKFORCE HAS LOW WAGES, UNAFFORDABLE BENEFITS, LACK OF CAREER ADVANCEMENTS CHALLENGES

LOW QUALITY SERVICES & POOR OUTCOMES

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Michael Monson
ALTARUM INSTITUTE

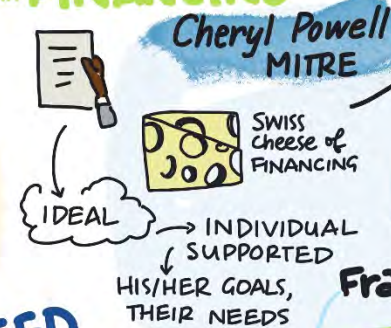


What can we do?

- ★ RESTRUCTURES FOR IDD
- ★ CREATE MORE INTEGRATED ENTITIES
- ★ CAPTURE APPROPRIATE DATA

IT TAKES LONGER FOR PATIENTS WITH IDD TO INFORM PAYMENTS TO PROVIDERS

CHALLENGES in FINANCING AND PAYMENT



NEED...

GREATER EMPHASIS ON TRANSITION from HOME TO COMMUNITY LIVING

CHOICE and AUTONOMY in FURTHER MEASURE

DAY and EMPLOYMENT SERVICES RIPE

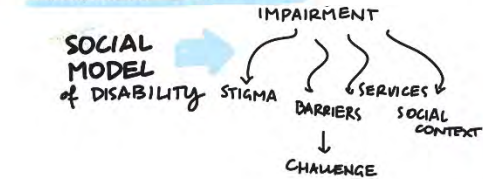
GREATER **HOLD PROVIDERS ACCOUNTABLE**



Ari Ne'emán
HARVARD UNIVERSITY

MEDICAL MODEL of DISABILITY

IMPAIRMENT → CHALLENGE



RISKS' ADJUSTMENTS

NO PROPER EXPERTISE

NO VALUE PROVIDED

FINANCIAL INCENTIVES to ACHIEVE QUALITY

EXAMPLE: NEW YORK FIDA-IDD QUALITY MEASURES

outcome-based measures

SERVICE PLANS

PROPORTION ENROLLEES

- UNPREPARED HEALTH CARE SYSTEM OFTEN CAUSE HARM
- FIX THE FINANCE SYSTEM & MOTIVATE PROVIDERS
- PROFIT STEERED TOWARD GOALS and ACCOUNTABILITY
- THINK ABOUT PEOPLE'S HOUSTIC NEEDS

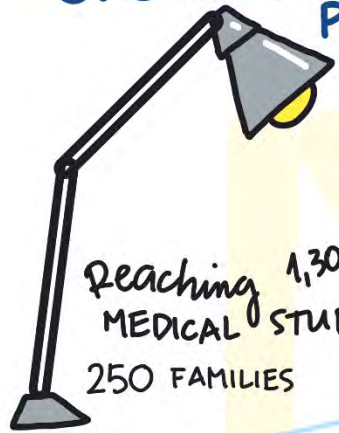


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Optimizing Care Systems Day 1

For People with Intellectual and Developmental Disabilities

SPOTLIGHT PRESENTATION MAURA SULLIVAN



OPERATION HOUSE CALL

Reaching 1,300+
MEDICAL STUDENTS
250 FAMILIES

→ GROWS CONFIDENCE and INTEREST in future DOCTORS

STUDENTS PAIRED UP WITH FAMILIES AND WRITING ABOUT THE EXPERIENCE

EXPOSURE LEADS TO LESS BIAS

WITH FOUNDATION GRANT
↓
NATIONAL DISSEMINATION of WEBSITE TRAINING by END of 2021

PANELS of INDIVIDUALS and FAMILIES

COMMUNICATION and TRUST
MONITORING BIAS and DIAGNOSTIC OVERSHADOWING
INTERSECTIONALITY and CULTURALLY COMPETENT CARE
ACCOMMODATIONS and TIPS

change the culture

↓ PEOPLE IN NEED ABOVE ALL

OPPORTUNITIES
★ HEALTH EQUITY MOVEMENT
★ ADA COMPLIANCE
★ FAMILIES MAKE GREAT TEACHERS