

Highlights from Resources for Integrated Care Webinar: Promoting Disability-Competent Care during COVID-19

Overview

On April 22, 2021, Resources for Integrated Care (RIC), a collaboration between the Lewin Group and the Centers for Medicare and Medicaid Services' (CMS) Medicare-Medicaid Coordination Office (MMCO), held a webinar to discuss strategies for promoting disability-competent care to better address the needs of disabled dually-eligible beneficiaries during the COVID-19 pandemic. Guest speakers discussed the Disability-Competent Care (DCC) model, unique challenges faced by persons with disabilities, and best practices developed by health plans during the COVID-19 pandemic. A brief Q&A session was held immediately following speakers' presentations. Guest speakers included Chris Duff, a disability practice and policy consultant; Jose Hernandez, an individual with quadriplegia and a member of the United Spinal Association; Gabriel Uribe, director of community health at the Inland Empire Health Plan (IEHP); Anna Edwards, clinical director of care management at IEHP, and; Stephanie Rasmussen, director and vice president of long-term services and supports for Centene's Sunflower Health Plan (SHP). Resources from this event, including speaker slides and a full recording of the webinar, can be found online at [RIC's website](#).

Presentations

Chris Duff reviewed the DCC model, a holistic care model developed by RIC and a team of other government and health care industry stakeholders. He explained the DCC model is a participant-centered model of care that engages an interdisciplinary team of caregivers to deliver the best possible care to disabled individuals with complex care needs. The model aims to coordinate care with a whole-person approach, considering patients' physical, clinical, emotional, social, intellectual, and spiritual needs. The DCC model also emphasizes maintaining independence for individuals with disabilities while also addressing any medical and institutional biases.

Mr. Duff explained the seven pillars of the DCC model, and argued these pillars can serve as an effective basis for health plans developing models of care to serve their beneficiaries with disabilities. These pillars, included below, can help facilitate better care outcomes and better participant inclusion.

1. Understanding disability-competent care and disabilities;
2. Participant engagement;
3. Addressing barriers to access;
4. Timely, team-based primary care;
5. Care coordination;
6. Long-term services and supports, and;
7. Integrating behavioral health.

Jose Hernandez discussed unique challenges faced by persons with disabilities during the COVID-19 pandemic. He noted that many existing systemic challenges, such as the ongoing shortage of home care workers, were exacerbated by COVID-19. He also noted that new challenges, like the lack of supply of personal protective equipment (PPE), added additional barriers for disabled beneficiaries attempting to access care. Mr. Hernandez said that a number of other barriers to care, including a lack of COVID-19 information available in multiple languages, difficulty obtaining appointments for in-person health services, lack of access to technology for virtual appointments, and transportation issues made access to healthcare especially difficult for persons with disabilities.

Moving forward, **Mr. Hernandez** said health plans and other healthcare stakeholders need to focus on COVID-19 vaccination challenges faced by individuals with disabilities. To address these challenges, Mr. Hernandez said health plans should focus on providing education regarding the importance of being vaccinated and the availability of appointments, assistance booking appointments for vaccinations, transportation to vaccine sites, and information regarding the quality of the vaccines and their potential side effects. To ensure equity, Mr. Hernandez said health plans should also make an effort to provide information in multiple languages.

Gabriel Uribe and **Anna Edwards** discussed IEHP's efforts to deliver disability-competent care during the pandemic. They said IEHP is targeting the social determinants of health (SDOH) as a way to improve whole-person care, and described their newly-implemented program to address food insecurity among their members. They noted that strong community partnerships were a crucial component of this program.

Mr. Uribe and **Ms. Edwards** also described IEHP's member outreach strategies, noting that IEHP pursued a variety of innovative approaches to maintain better contact with their members, including call campaigns to high-risk members, post-hospitalization follow-up calls, greeting card campaigns for members in Skilled Nursing Facilities (SNFs), "cheer parades" outside SNFs, and virtual classes through IEHP's Community Resource Centers. These outreach efforts, said Mr. Uribe and Ms. Edwards, were crucial for encouraging COVID-19 vaccination and informing members about vaccination opportunities.

They said supporting caregivers was a top priority for IEHP during the pandemic and they described a number of strategies implemented by IEHP to provide support, including training team members on "caring for the caregiver," screening caregivers for caregiver burnout, providing resources for stressed caregivers, providing in-home and out-of-home respite for the caregiver, and more (see slides 26-27 of RIC's [presentation](#)).

Mr. Uribe and **Ms. Edwards** then discussed addressing social isolation, another key priority of IEHP during the pandemic. Through a partnership with La Sierra University's Social Work program, IEHP developed a program to provide seniors and persons with disabilities with access to social activities in virtual environments. IEHP provided laptops to individuals staying in local independent living centers and SNFs and facilitated virtual engagement events including reading clubs, Zoom calls, Netflix watch parties, and faith-based events. They also described a new pilot program for introducing technological intervention to address loneliness among dually-eligible members, high-risk members with depression or anxiety, and other high-risk Medi-Cal populations.

To conclude, **Mr. Uribe** and **Ms. Edwards** identified four considerations/strategies to pass on to other health plans:

1. Explore innovative interventions;
2. Partner with the community to address social issues, such as hunger, to foster trust and develop relationships that lead to care opportunities;
3. Use data to identify disparities, and;
4. Build a culture of enthusiasm within your organization and among partners.

Stephanie Rasmussen discussed disability-competent care from the perspective of Sunflower Health Plan, a Centene subsidiary in Kansas. Ms. Rasmussen described some of the unique challenges they faced during the pandemic, including lack of multi-language and concise educational material, a shortage of PPE and sanitizing supplies, technological challenges with the implementation of telehealth services, and limited ability to deliver in-person care. To overcome these challenges, SHP held bi-weekly virtual meetings with LTSS member advocates, provider associations, and other stakeholders to foster collaboration, and described strategic partnerships SHP formed with community organizations and Aging and Disability Resource Centers to deliver PPE and provide technology, food, and supplies to home- and community-based services (HCBS) providers and those residing in SNFs.

Ms. Rasmussen summarized SHP's overall most effective strategies, including:

- Multi-media COVID-19 education covering a variety of COVID-19-related topics;
- Emergency backup services coupled with targeted patient outreach;
- Flexible options for intellectual/developmental disability services, including alternative schedules and use of telehealth;
- Changes to HCBS, including paying previously unpaid family caregivers and implementation of telehealth in HCBS;
- Implementing remote care coordination visits, and;
- Improving vaccine access through education, bringing vaccines to nursing facilities, and pursuing other innovative approaches.

In closing, **Ms. Rasmussen** highlighted effective strategies for health plans supporting dually-eligible individuals with a disability. Many of these considerations reflected lessons learned from the strategies SHP pursued during the pandemic, including:

- Facilitate regular communication with regulators and stakeholders to determine ongoing barriers faced by duals and individuals with disabilities;
- Offer easy-to-understand educational materials in a variety of media and languages;
- Develop strategic partnerships to acquire and distribute necessary supplies;
- Work with state and federal regulators to ensure that necessary changes to covered benefits can be made on a temporary basis to meet relevant needs, or establish pilot projects to cover these needs;
- Partner with providers to make the COVID-19 vaccine easily available for members;
- Have resources in place to implement quick changes to covered benefits, and to facilitate ongoing communication and meet urgent needs, and;
- Have a willingness to think outside the box.

Q&A

During the Q&A session, guest speakers discussed promoting preventive care, improving vaccine uptake, and emergency care planning for disabled dually-eligible beneficiaries.

Mr. Uribe and **Ms. Edwards** noted IEHP's approach to promoting "well care" and preventative care among dually eligible individuals and persons with disabilities. Mr. Uribe said IEHP is also exploring new technological tools for providing preventive care and maintaining strong member engagement.

Mr. Hernandez and **Ms. Rasmussen** discussed improving vaccine uptake. Mr. Hernandez argued that one way to improve vaccine uptake is to facilitate peer-to-peer conversations with vaccine-hesitant individuals, since trusted peers can be effective in disseminating information and informing vaccine-hesitant individuals about what side effects to expect. Ms. Rasmussen added that enabling easy access to vaccines would also be effective.

Ms. Rasmussen, **Ms. Edwards**, and **Mr. Uribe** offered strategies for effective emergency care planning for persons with disabilities. Proactive approaches and careful planning are crucial components of effective emergency planning, the group said. Ms. Edwards stressed the importance of implementing technological tools, like geo-mapping, to shorten response times and plan proactively. Mr. Uribe suggested developing apps and resources to handle emergency response in a data-driven way, and leveraging authorities granted under Financial Alignment Initiative demonstrations to establish new benefits for immediate caregiving services for beneficiaries.

RIC will continue to collect and compile insights on caring for dually eligible individuals and persons with disabilities. New information and webinars published by RIC can be found on their [website](#).