# Centers for Medicare & Medicaid Services: Efforts to Increase Health Care Access and Quality of Care for People with Disabilities

*CMS Office of Minority Health*

*Medicare-Medicaid Coordination Office*

*October 2020*

*"Working to Achieve Health Equity"*

## Agenda

- About CMS Office of Minority Health (OMH)
- CMS OMH Approach to Achieve Health Equity
- CMS OMH Health Equity Work for People with Disabilities
- About Medicare-Medicaid Coordination Office (MMCO)
- Disability-Competent Care Overview
- Health Care Workforce Support for Providing Disability-Competent Care

# CMS Office of Minority Health: Health Equity for People with Disabilities

## Karen Gentile, LCSW-C, JD

- Leads the portfolio in CMS Office of Minority Health (OMH) that addresses health equity for people with disabilities.
- Leads the development of disability technical assistance materials.
- Provides disability health equity technical assistance throughout CMS.
- Chairs a federal workgroup that addresses health care accessibility for people with disabilities.
- Licensed clinical social worker and attorney with over 25 years of professional experience in both disciplines.

## Offices of Minority Health at HHS

More info: minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=7

## CMS OMH Office of Minority Health

### Mission

To ensure that the voices and the needs of the populations we represent (racial and ethnic minorities, sexual and gender minorities, rural populations, and people with disabilities) are present as the Agency is developing, implementing, and evaluating its programs and policies.

### Vision

All CMS beneficiaries have achieved their highest level of health, and disparities in health care quality and access have been eliminated.

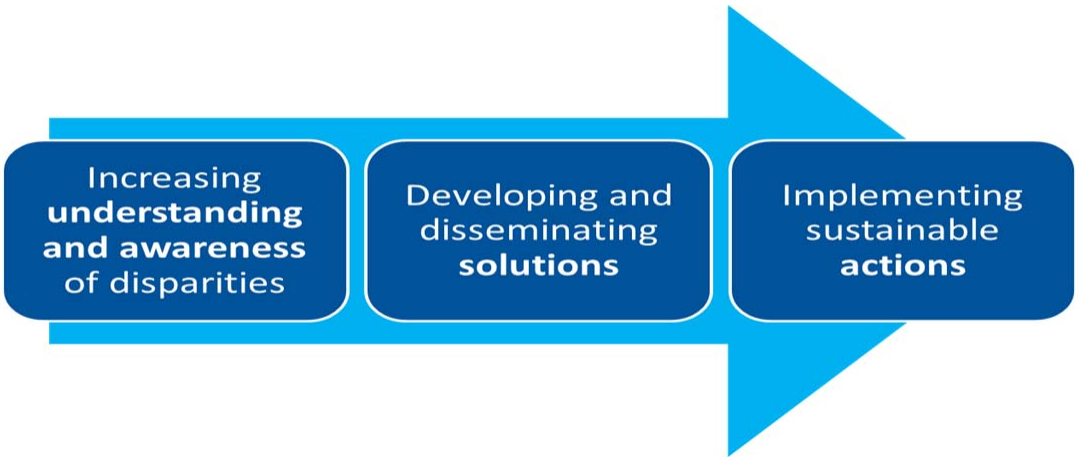
# Social Determinants of Health

**What are Social Determinants of Health?**
Social Determinants of Health (SDOH) are defined by the World Health Organization and the Centers for Disease Control and Prevention as "the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power, and resources at global, national and local levels."

**Why are SDOH important?**
SDOH are important because they impact patient health in unique ways. It's estimated that between 70-90% of health is determined by SDOH. This doesn't mean that the clinical encounter doesn't matter – but instead, that health and health outcomes are influenced by the context of a person's place and space in society.

Citation: who.int/social_determinants/sdh_definition

# CMS OMH Health Equity Framework




Citation: cms.gov/About-CMS/Agency-Information/OMH/OMH_Dwnld-CMS_EquityPlanforMedicare_090615.pdf

# Planning for Equity

**Priority 1:** Expand the Collection, Reporting, and Analysis of **Standardized Data**

**Priority 2**: Evaluate **Disparities Impacts** and Integrate Equity Solutions Across CMS Programs

**Priority 3**: Develop and Disseminate **Promising Approaches** to Reduce Health Disparities

**Priority 4**: Increase the Ability of the **Health Care Workforce** to Meet the Needs of Vulnerable Populations

**Priority 5**: Improve **Communication & Language Access** for Individuals with LEP & Persons with Disabilities

**Priority 6**: Increase **Physical Accessibility** of Health Care Facilities

More info: cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/equity-plan

# Increasing Understanding and Awareness of Disparities for People with Disabilities

# Incorporating HHS Disability Data Standards into Health Care Data Collection

- In 2011, ASPE released the HHS Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status, mandating all population-level surveys administered or sponsored by HHS include items covering these topics.
- Data standards included a 6-item disability minimum data set.
  1. Are you deaf or do you have serious difficulty hearing? Yes/No
  2. Are you blind or do you have serious difficulty seeing, even when wearing glasses? Yes/No
  3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old or older) Yes/No
  4. Do you have serious difficulty walking or climbing stairs? (5 years old or older) Yes/No
  5. Do you have difficulty dressing or bathing? (5 years old or older) Yes/No
  6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older) Yes/No

# CMS OMH Disability Analysis

Characteristics of Medicare Beneficiaries With Intellectual or Developmental Disabilities

Abstract

Characteristics of Medicare Beneficiaries with Intellectual or Developmental Disabilities – *Intellectual and Developmental Disabilities* Journal (Oct 2019)

Data Highlight: How Does Disability Affect Access to Health Care for Dual Eligible Beneficiaries? (Jul 2019)

# CMS OMH Disability Analysis

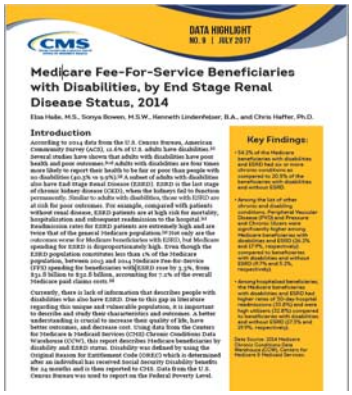
CMS
DATA HIGHLIGHT
NO. 8 | JULY 2017

**Does Disability Affect Receipt of Preventive Care Services among Older Medicare Beneficiaries?**

Christopher D. Ward, M.A., Kevin T. Koenig, M.P.P., Jennifer C. Hasche, M.S., Sai Loganathan, Ph.D., M.P.A., and Paul Guerino, M.S.

Introduction

Key Findings: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DATA HIGHLIGHT
NO. 9 | JULY 2017

**Medicare Fee-For-Service Beneficiaries with Disabilities, by End Stage Renal Disease Status, 2014**

Elsa Hale, M.S., Sonya Bowen, M.S.W., Kenneth Lindenfeiser, B.A., and Chris Heffer, Ph.D.

Introduction

Key Findings:

Does Disability Affect Receipt of Preventive Care Services Among Older Medicare Beneficiaries? (Jul 2017)

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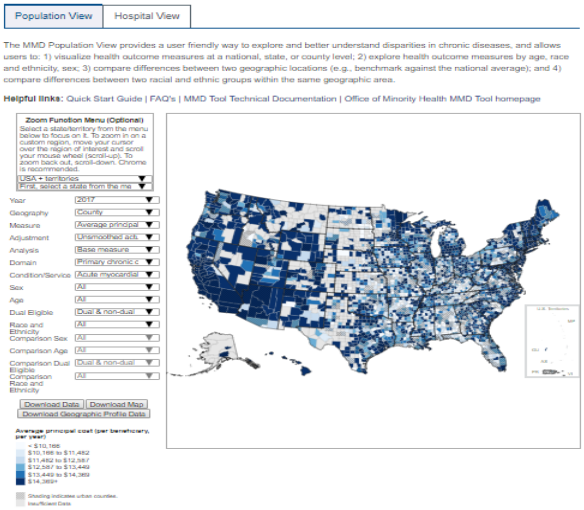
# Mapping Medicare Disparities Tool




- Launched in March 2016 by CMS OMH, recently updated with 2018 data
- Interactive map that allows users to identify areas of disparities between subgroups of Medicare beneficiaries (e.g., racial and ethnic groups) in chronic disease prevalence, health outcomes, spending, and utilization.
- Includes 30 Chronic or Potentially Disabling Conditions
- Medicare Fee-for-Service data (FFS)
- Public use downloadable data and maps

More info: data.cms.gov/mapping-medicare-disparities

# Developing and Disseminating Solutions

## CMS Collaboration Example: Payment for Extended Visits

The 2018 Medicare physician fee schedule offers new provider billing codes for prolonged preventive services:

- Beginning January 1, 2018, practitioners have been able to bill for prolonged preventive services through Healthcare Common Procedure Coding System (HCPCS) G-codes (G0513 and G0514).
- These codes can be billed with eligible Medicare-covered preventive services in 30-minute increments for services that extend beyond the typical time assumed for the services.

# Continuous Engagement with Stakeholders and Partners

- CMS OMH continuously engages with stakeholders to inform the work. Important stakeholders include:
  - People with Disabilities
  - Disability-serving organizations
  - Providers and health systems
- Gaps in resources are often identified through engagement with stakeholders. Our products are then developed using evidence-based information and best practices. Our products are reviewed before public release and after.
- CMS OMH uses a variety of stakeholder communication methods, such as listening sessions and stakeholder calls.
- CMS maintains inter-departmental federal partnerships to break down silos and foster collaboration.

# CMS OMH Webpage: COVID-19 Resources on Vulnerable Populations

- Federal resources
  - For Providers
  - For Consumers
- Some resources available in other languages

More info: [cms.gov/About-CMS/Agency-Information/OMH/resource-center/COVID-19-Resources](cms.gov/About-CMS/Agency-Information/OMH/resource-center/COVID-19-Resources)

# Coronavirus and Your Health Coverage: Get the Basics

This resource talks about how to protect yourself and your family. It also provides an overview on updates from Medicare, the Marketplace, and other information for consumers looking for information on health coverage and staying healthy during the COVID-19 pandemic

More info: cms.gov/files/document/c2c-covid-overview.pdf

# Stay Safe: Get the Care You Need, at Home

*Stay Safe: Getting the Care You Need, at Home* focuses on how people can stay healthy within their home

This resource gives an overview of telehealth, managing ongoing health conditions, prescriptions, and other tips

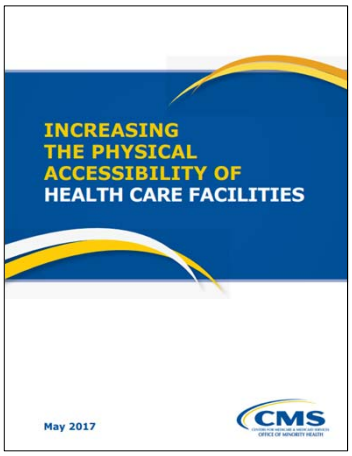
More info: cms.gov/files/document/c2c-covid-care-home.pdf

# Provider Resources on Accessibility

## Provider Resource – Physical Accessibility

Issue Brief: Increasing Physical Accessibility of Health Care Facilities

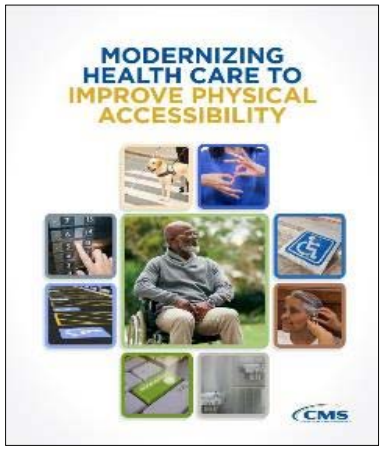
- Impact of physical accessibility on health outcomes with people with disabilities.
- Laws and regulations to promote accessibility
- Examples of federal and state-level efforts to increase accessibility



# Provider Resource – Physical Accessibility

Modernizing Health Care to Improve Physical Accessibility: Resource Inventory

- Standards and guidance on physical accessibility
- Assessment tools
- Tips and resources to support improvements

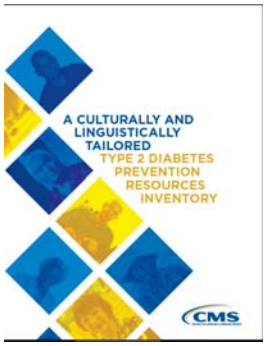



# Other Relevant Provider Resources

# Provider Resources - Diabetes

Diabetes Management: Directory of Provider Resources

Aims to equip primary care teams with tools to manage diabetes and also ensure patients with more complex needs are appropriately referred to specialists



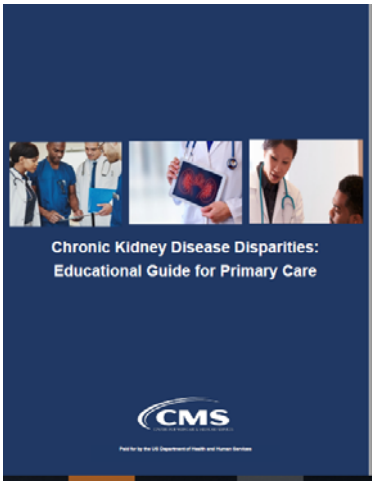

A Culturally and Linguistically Tailored Type 2 Diabetes Prevention Resources Inventory

Features a catalog of evidence-based approaches to diabetes prevention tailored for vulnerable populations

# Provider Resource – Chronic Kidney Disease

Chronic Kidney Disease Disparities: Educational Guide for Primary Care

- Approaches to Identifying Chronic Kidney Disease
- Approaches to Treatment and Monitoring of CKD Progression
- Approaches to Centering Care on the Patient



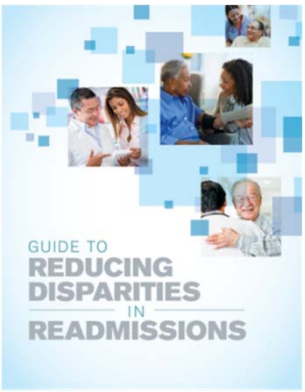
# Provider Resource – Reducing Disparities in Readmissions

Guide to Reducing Disparities in Readmissions

Hospitals have requested additional guidance on how to implement both system-wide redesign as well as specific efforts on preventing readmissions among minority populations.

The goals of the guide are to provide:

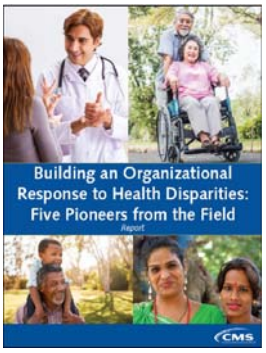
- An overview of key issues related to disparities in readmissions
- A set of activities that can help hospital leaders address readmissions in this population
- Strategies aimed at reducing readmissions in diverse populations




# Provider Resources – Language and Communication Access

Guide on developing a Language Access Plan (LAP)

Identifies ways that providers can assess their programs and develop language access plans to ensure persons with limited English proficiency have meaningful access to their programs.



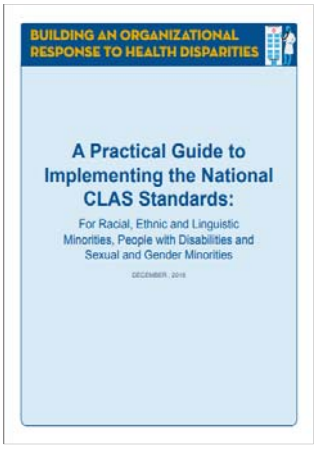

Building an Organizational Response to Health Disparities: Five Pioneers from the Field

Case studies with five private-sector health care organizations to understand how they identify and address health disparities in the communities they serve.

# Provider Resource – National CLAS Standards

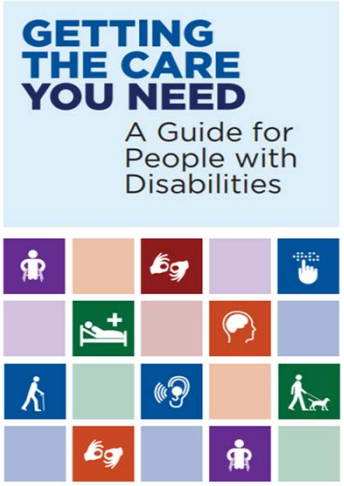
A Practical Guide to Implementing the National CLAS Standards

- CLAS stands for Culturally and Linguistically Appropriate Services.
- This guide is to enable organizations to implement the National CLAS Standards and improve health equity.
- It provides practical tools and examples of CLAS, in addition to efforts to implement the National CLAS Standards that can be adapted for use by health care organizations.




# Consumer Resources

# Consumer Resource – For People with Disabilities




Getting the Care you Need: A Guide for People with Disabilities

- Information on rights
- How to work with a provider to get the care you need
- Contact information to file a complaint
- Checklists to prepare before, during and after appointments

Available in Spanish, Mandarin, Arabic, Vietnamese, Korean, and Russian.

To request physical braille copy, contact healthequityTA@cms.hhs.gov.

# Consumer and Provider Disability Videos

Two Video Vignettes:

*Navigating Health Care with a Disability: Our Stories, A Focus on the Provider*

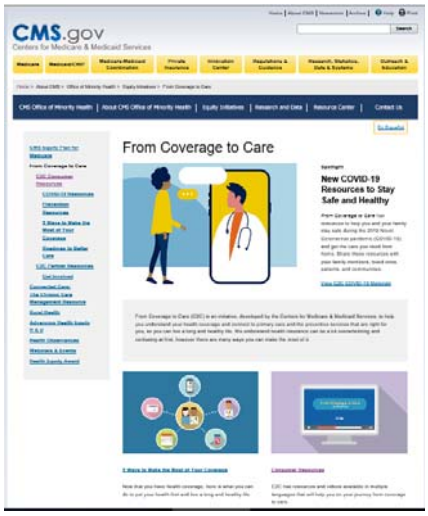
*Navigating Health Care with a Disability: Our Stories, A Focus on People with Disabilities*

# Consumer Resources – From Coverage to Care

**From Coverage to Care (C2C)**

- CMS initiative to help consumers understand their health coverage and connect to primary care and the preventive services that are right for them.
- Variety of consumer resources that could be useful to people with disabilities accessing care.

More info: [cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/from-coverage-to-care](cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/from-coverage-to-care)




# Implementing Sustainable Actions

# Health Equity Technical Assistance

**Disparities Impact Statement:** Learn how to identify, prioritize, and take action on health disparities. Personalized technical assistance focused on strengthening your quality improvement program through a series of consultations from subject matter experts

More info: [HealthEquityTA@cms.hhs.gov](mailto:HealthEquityTA@cms.hhs.gov)

# For More Information: go.cms.gov/omh

# Medicare-Medicaid Coordination Office: Promoting Access to Seamless, High Quality Care for People Dually Enrolled in Medicare & Medicaid

**Sonya Bowen, MSW**
Health Care Analyst
Medicare-Medicaid Coordination Office
Centers for Medicare & Medicaid Services

## About the Medicare-Medicaid Coordination Office

- The Federal Coordinated Health Care Office (Medicare-Medicaid Coordination Office or MMCO)
  - serves people who are dually enrolled in both Medicare and Medicaid, also known as dual eligible individuals or Medicare-Medicaid enrollees,
  - works across federal agencies, states, and stakeholders to align and coordinate benefits between the two programs effectively and efficiently, and
  - partners with states to develop new care models and improve the way Medicare-Medicaid enrollees receive health care.
- MMCO goal is to make sure Medicare-Medicaid enrollees have full access to seamless, high quality health care and to make the system as cost effective as possible.

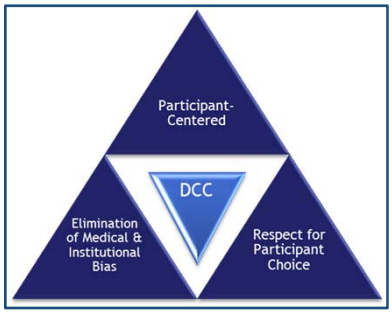
## Disability-Competent Care (DCC)

Disability-Competent Care is a participant-centered model:

- Delivered by an interdisciplinary care team (IDT) focused on achieving and supporting the individual's maximum function
- Intended to maintain health, wellness, and life in the community as the participant chooses
- Recognizing and treating each individual as an individual, not a diagnosis or condition
- Structured to respond to the participant's physical and clinical needs while considering his or her emotional, social, intellectual, and spiritual needs

# Disability-Competent Care (DCC)

The DCC Model is comprised of three core values:




1. **Participant-centered**

   Participant's choices, preferences, and goals provide a foundation for his or her individualized plan of care.

2. **Respect for participant choice and dignity of risk**

   Inherent in participant-centered planning of care goals and needs is the concept of the dignity of risk, which honors and respects the participant's choices even if they are inconsistent with healthcare recommendations.

3. **Elimination of medical and institutional bias**

   Medical and institutional bias often impedes providers from addressing the whole individual, including his or her unique abilities, limitations, and preferences for social and community participation.

# DCC Pillars

The DCC pillars are comprised of seven functional areas. Each pillar can stand alone, and together, they form the model's foundational structure.

# Disability-Competent Care Resources: DCCAT

Disability-Competent Care Self-Assessment Tool (DCCAT)

- Designed to assist health plans and health systems in evaluating their ability to meet the needs of adults with disabilities or functional limitations
- Used by health plans and health systems to help them identify strategic opportunities for improving their disability competency
- Available to download as a PDF file, with an Excel scoring sheet (DCCAT Evaluation Results Form)
- Offers User Guide (PDF) to provide step-by-step tutorial on using the tool and interpreting results

Available from: https://www.resourcesforintegratedcare.com/physical_disability/dcc/tools/self_assessment

# Disability-Competent Care Resources: DCC-START

Disability-Competent Care Self-paced Training Assessment Review Tool (DCC-START)

- Intended to assist health plans, health systems, and health care provider organizations in strengthening their efforts to provide integrated, coordinated care to their members with disabilities
- Assesses organization's DCC training materials and identifies opportunities for enhancement
- Complements the Disability-Competent Care Self-Assessment Tool (DCCAT) used by health plans and organizations to evaluate their DCC capabilities

Available from: https://www.resourcesforintegratedcare.com/disabilitycompetentcare/tools/2017/dcc_start

## Disability-Competent Care: Preparing the Health Care Workforce

- **"A call to action: Preparing a disability-competent health care workforce"**
  - New commentary developed through partnership between RIC and the Ohio Disability and Health Program and recently published in the Disability and Health Journal.
  - Describes gaps in health education and continuing education curricula, document barriers to progress, and demonstrate how the DCC model and The Ohio State's Disability Competencies Project offer a clear roadmap to effect systemic change in the health care workforce.

Available from: https://doi.org/10.1016/j.dhjo.2020.100941

## My Health, My Life Toolkit

- Toolkit for individuals with intellectual and developmental disabilities (I/DD), their family member(s) or guardian(s) and their provider support team to:
  - Improve communication when entering and leaving the hospital or care setting; and
  - Build or strengthen relationships between medical providers and the individual and their family member(s) or guardian(s).

Available from:
https://www.resourcesforintegratedcare.com/IDD/Care_Integration/Toolkit/My_Health_My_Life
(in both English and Spanish)

## Supporting Better Communication for Better Care

- Using a person-centered approach is essential for health plans and providers when communicating with and about the individuals they serve.
  - Person-Centered Language Tip Sheet available from https://www.resourcesforintegratedcare.com/sites/default/files/Using_Person_Centered_Language_Tip_Sheet.pdf
  - Person-Centered Language At a Glance printable reference available from https://www.resourcesforintegratedcare.com/sites/default/files/Using_Person_Centered_Language_Graphic.pdf

## Additional RIC Resources

- Resources for Integrated Care (RIC) includes technical assistance for providers serving Medicare-Medicaid enrollees available from: https://resourcesforintegratedcare.com/
- DCC resources, including webinars, self-assessment tools, first-person stories, and tip sheets available from: https://www.resourcesforintegratedcare.com/concepts/disability-competent-care
- Provider resources on understanding health and support needs of people with I/DD and improving coordination of offered services and supports, available from: https://www.resourcesforintegratedcare.com/concepts/intellectual-developmental-disabilities

## Stay Connected to RIC

- Follow RIC by e-mail and on social media
  - Sign up for the Listserv: https://www.resourcesforintegratedcare.com/email-updates
  - Follow RIC on twitter: @Integrate_Care
  - Reach out with suggestions and feedback: RIC@Lewin.com

## Q&A with Panelists

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