



People with Developmental and
other Complex Disabilities


A Medically Underserved Population

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*Of all the forms of
inequality, injustice in
healthcare is the most
shocking and inhuman.*

-- Martin Luther King, Jr.

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Setting the Stage

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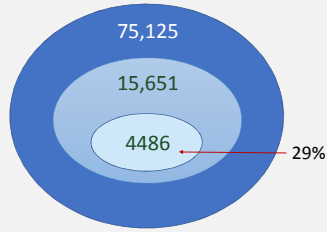
Who we're talking about

Definition of a "developmental disability" in determining clinical eligibility for services:

IQ of 70 or below
Or

An Autism Spectrum Disorder
AND

significant deficits in adaptive functioning + onset before age 18



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What we're talking about

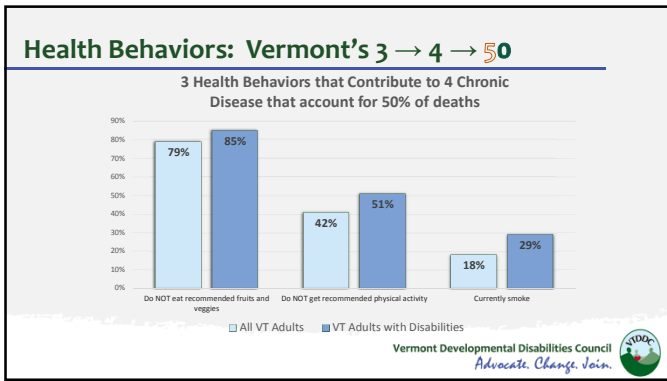
Health disparity

- Describes differences at the population level
- The difference is thought to reflect one group's relative socio-economic disadvantage.
- Many ways to rate a group's health status



What does the data tell us?

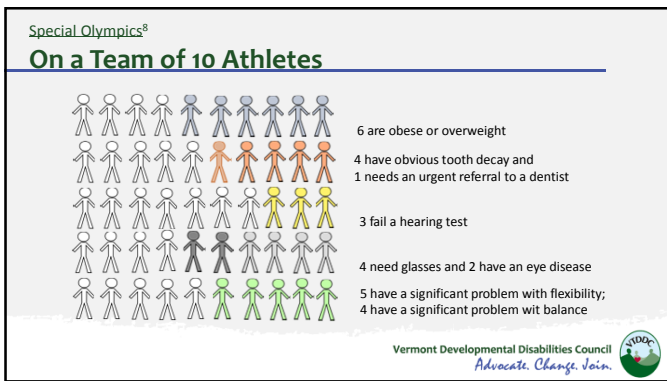
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Chronic Conditions: Vermont's 3 → 4 → 50

Chronic Disease Diagnosis	All VT Adults	All VT Adults with Disabilities
Lung Disease (Asthma/COPD)	15%	28%
Diabetes & Pre-Diabetes	13%	25%
Cardiovascular Disease	7%	16%
Cancer	7%	12%

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Chronic Conditions, cont.

- Adults with disabilities are 4x more likely to report poor health status than adults without disabilities;
- Adults with disabilities are at a 2.5x greater risk for developing chronic diseases;
- 71% of adults over 40 with intellectual disabilities have at least 2 chronic diseases;



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Developmental Disabilities



- Adults with intellectual disabilities are 6x more likely to be hospitalized than their peers.
- The risk of developing mental illness or suicidal tendencies is 3x higher in adults with intellectual disabilities compared to adults without disabilities
- Persons with cognitive disabilities had the highest unadjusted rate of violent victimization from 2009 to 2012: 63.3/thousand or 3x the rate for US citizens without disabilities

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VT HSA	Cohort 1	Cohort 2	Total
Barre	.57	1.80	.99
Bennington	1.95	1.22	1.52
Brattleboro	.53	1.00	.79
Burlington	.60	.78	.66
Middlebury	.39	2.29	1.26
Morrisville	.67	.62	.65
Newport	.38	1.45	.79
Randolph	.56	.56	.56
Rutland	.77	1.51	1.10
Springfield	.87	1.54	1.21
St. Albans	1.13	1.41	1.26
St. Johnsbury	.81	.92	.86
White River Jct.	.61	1.11	.84
Total	.74	1.27	.96

Medicaid Claims for ED visits, 2014


Cohort 1
 People with HCBS
 N= 2719

Cohort 2
 People w/out HCBS
 N= 1906

Average Vermonter used ED .48 x/year


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Utilization Patterns



- ED use by Cohort 1, 38.8% non-emergent
ED use by Cohort 2, 44.0% non-emergent
- Frequent Fliers – top ten users of ED in 2014
 - Cohort 1 – 734 visits
 - Cohort 2 – 715 visits
- High cost individuals, top 24 in 2014, Cohort 2
 - Average age 29.5, range is 22- 50 years
 - Total cost is \$3,283,086


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Total Cost to Medicaid

	HCBS DS Group \$/capita	TCM/Bridge Group \$/capita	Diagnosis group \$/capita
Total Medicaid	\$64,460	\$22,490	\$26,594
Total “non-specialized” Medicaid	\$ 4,922	\$ 7,510	\$ 7,669

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Why do adults with disabilities experience health disparities?




The Inclusive Healthcare Partnership Project

Partnership between VTDDC & GMSA
Funded through the VHCIP
May, 2014 to December, 2014



The Inclusive Healthcare Partnership Project

<p>Four themes</p> <ul style="list-style-type: none"> • Medical Education & Provider Training • Transition from Pediatric Care to Adult-Focused Medicine • Care Models • Health & Wellness 	<p>What subjects told us</p> <ul style="list-style-type: none"> • Disability is still taught as a "pediatric issue" • Individuals are not well prepared to be adult patients • Care does not meet the needs of people with disabilities • Poor access & lack of encouragement
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Patrick's Story

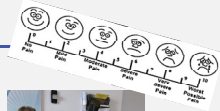
- Lives in Lamoille County
- Avid skier
- Runs a small business

Placeholder for video



Recommendation:

The Vermont Health Department will assess accessibility of health care settings, including accessibility of medical equipment in diagnostic and treatment settings, and promote **physical and cognitive accommodations** for adults with intellectual and developmental disabilities.



What would this look like?

- Aligned with US Access Board standards per the Affordable Care Act and the Americans with Disabilities Act.
- Improves patient & provider safety
- Empowers adults with I/DD to be more independent in managing their health.
- Could start with FQHCs.
- Funding sources – hospital community benefit dollars; Medicaid investment funds.



Recommendation:

Vermont's healthcare system will provide annual pre-appointment nursing checks to certain adults with I/DD.



- ❖ Evidence-based strategy
 - Randomized Control Trial (2014)⁵
 - Literature Review (2014)⁶
- ❖ 3-5 health issues identified per visit
- ❖ Impact does not diminish over time (2008)⁷
- ❖ Cost effective (2009)⁹

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Conclusion

*Thank you for the good work that you do.
Questions?*

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