Addressing the Needs of People with Intellectual Disabilities:

A Population Health Management Approach

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The National Need

Most of the 4.5 million people in US diagnosed with intellectual/developmental disabilities can live independently with few or no supports.

Woods serves a subset of people who have multiple severe conditions, including mental health disorders, and will require care coordination throughout their lifespan.

This complex population is left out of public health planning and often not distinguishable in national health data sets, yet they are frequent consumers of expensive care such as unnecessary ER visits for behavioral or psychiatric crises.

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Industry Trends in HealthCare

- According to the Centers for Medicaid and Medicare Services (CMS), in 2016 health care spending reached $3.3 trillion[1]
- Approximately 8% of the population has IDD – and 2% of the population has severe IDD[2]
- One-third of Medicaid/Medicare expenditures goes to support people with IDD
  - Health care and Long-Term Supports and Services
  - Residential, home and community-based services
  - Personal care and home health care
  - Nursing care facilities

1. https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nhe-fact-sheet.html

2. Braddock, D.L., Hemp, R.E., Tanis, E.S., Wu, J. & Haffer, L. (2017). The State of the States in Intellectual and Developmental Disabilities: 2017. Boulder, CO: University of Colorado, Coleman Institute for Cognitive Disabilities, Department of Psychiatry

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Barriers to Health Care

People with intellectual and developmental disabilities (I/DD) experience health disparities, often have complex medical needs and require more time in office visits than the general population[3,4].

BARRIERS TO ACCESS

- Many providers do not take Medicaid because reimbursement rates are low
- Provider visits may take more time
- Providers may not be equipped to address communication and/or behavioral challenges
- Exam rooms may not have adequate physical layout

HEALTH DISPARITIES

- Shorter life expectancy
- Higher rates of co-occurring conditions, sensory impairment
- Higher rates of epilepsy, gastrointestinal and psychiatric disorders
- May experience undiagnosed chronic diseases
- High rates of ER utilization, especially for psychiatric reasons, among people with autism spectrum disorder
- Lower rates of immunizations

3. Anderson, L. L., Humphries, K., McDermott, S., Marks, B., Sisirak, J., & Larson, S. (2013). The state of the science of health and wellness for adults with intellectual and developmental disabilities. *Intellectual and developmental disabilities*, *51*(5), 385-398.
4. Krahn, G. L., & Fox, M. H. (2014). Health disparities of adults with intellectual disabilities: what do we know? What do we do?. *Journal of Applied Research in Intellectual Disabilities*, *27*(5), 431-446.

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Population Health Management at Woods

Woods is organized around the principles of population health management and addresses the social determinants of health through a comprehensive continuum and system of care that connects **prevention**, **wellness**, **education**, **behavioral health, and social services** with coordinated and integrated healthcare delivery.

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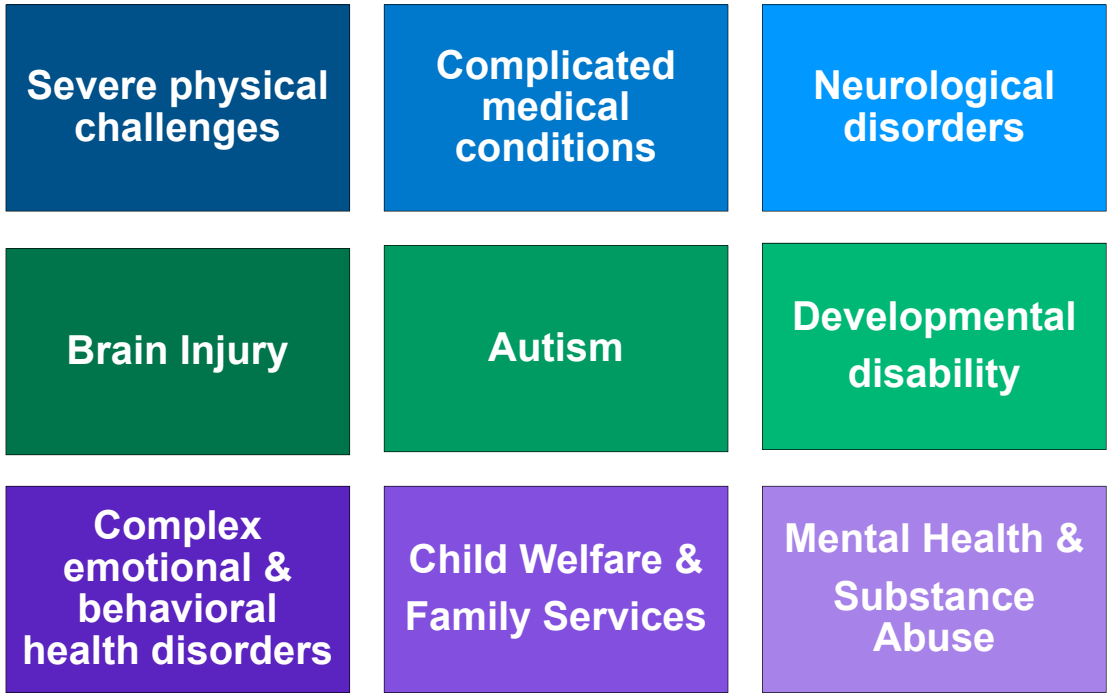
Woods Services is a nonprofit population health and advocacy organization providing innovative, comprehensive and integrated health, education, housing, workforce, behavioral health and case management services for people with complex medical, genetic and behavioral health challenges.

- Locations in Pennsylvania and New Jersey
- Serving **18,000+** children, adolescents, and adults
- Referrals from **175** school districts and **23** States
- Annual gross revenue of **$330** million
- **6,000** employees

Serving People with Life-Long Complex Needs



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Woods' Continuum of Services

- Onsite and in-community Healthcare and Dental Care
- Occupational, Physical and Speech Therapies
- Psychology, Psychiatry, Group Therapy
- Community Housing
- Residential Treatment
- Vocational Training and Job Supports
- Special Education in 6 Schools
- Before and After School Programs
- Day Habilitation and Community Inclusion
- Transition and Independent Life Services
- Drug & Alcohol Treatment
- Foster care
- Applied Behavior Analysis
- Assistive Technology
- Trauma-informed care
- Early Intervention for Infants and Toddlers
- Intensive In-Home Services for Youth with Autism
- Youth Mentoring
- Mental Health Partial Care Programs
- Research and Innovation to Advance the Field
- Social Enterprises

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Healthcare Alignment & Value-Based Care

Value-based care vs. fee-for service

- The window to the tipping point for the value-based system transformation is 3 to 4 years[5].
- The key to success in that system will be “integration” via consumer/client care coordination between primary care, wellness maintenance, behavioral health, home care services, and community supports.
- The demand for “deep end” specialty providers (like Woods) will be for “acute stabilization” that facilitates return to the community.
- The “competitive advantage” will go to the health plans and their partner provider organizations with the best performance in these areas.

5. https://www.openminds.com/market-intelligence/executive-briefings/whats-window-value-based-care

Creating Value-Based Care Savings

- Support the patients, manage their care, provide preventive care
- Reduce ER visits, specialty visits, and avoidable hospital admissions
- Improve self-management
- Point-of-Care services
- Utilization of high-value services
- Increased prescription adherence
- Reliable, quality 24/7 coverage (Nursing Support)

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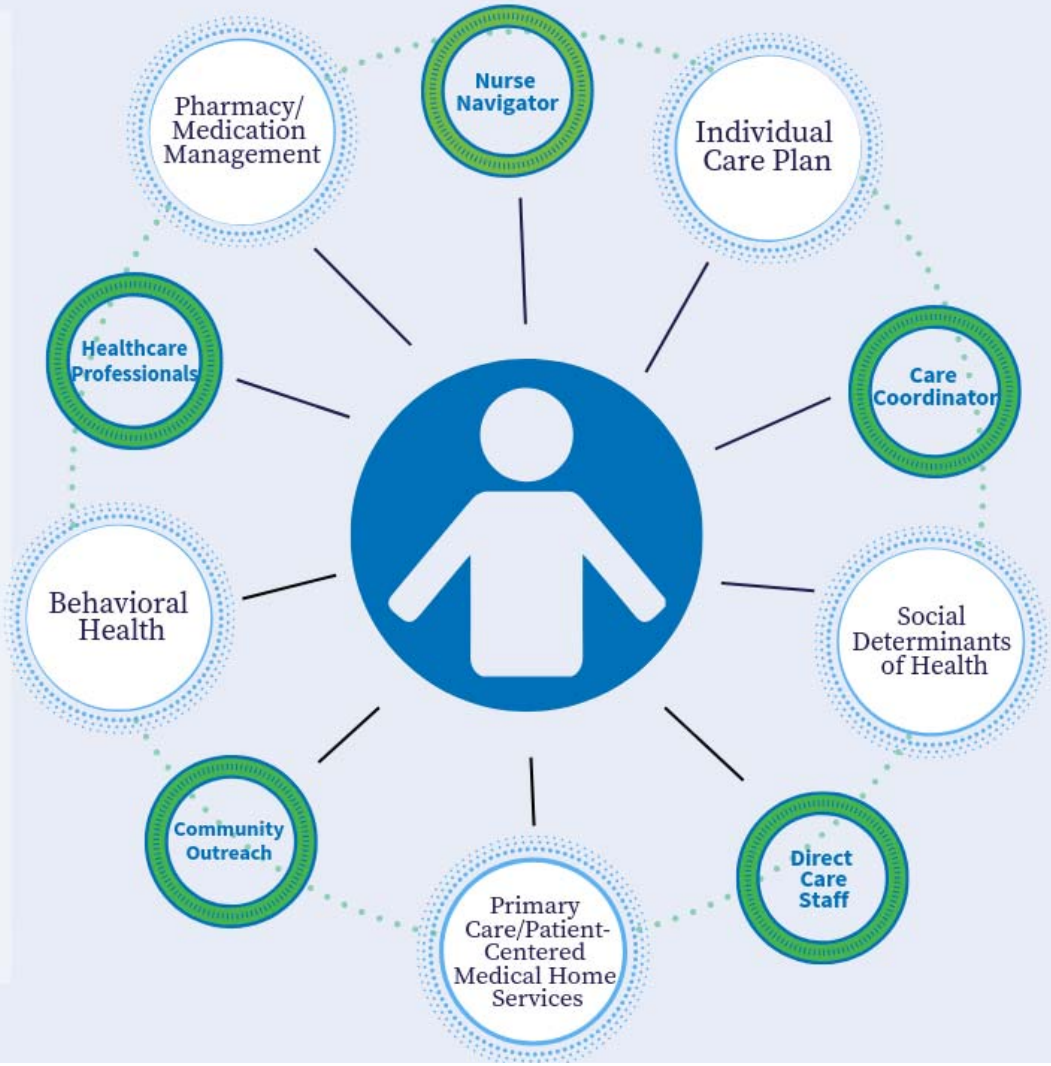
Care for the Whole Person

Addressing the whole person, the social determinants of health, and his or her physical and behavioral health is essential for positive health outcomes and cost-effective care.

Combining mental health services/ expertise with primary care can reduce costs, increase the quality of care, and, ultimately, save lives.



Key to Woods Success:
Integrated Services and Coordinated Care

- Through Keystone First, PA's largest Medicaid managed care health plan, Woods launched the first **Patient-Centered Medical Home** (PCMH) for people with intellectual and developmental disabilities and acquired brain injuries.
- PCMH provides comprehensive care management, coordination, and follow-up over an individual's lifetime. Patients play active roles in their health care. Providers coordinate all aspects of preventive, acute, and chronic needs of patients using the best available evidence and appropriate technology.

Keystone First

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The Medical Center at Woods

- Available to persons served and Woods employees.
- Provides integrated primary health care, neurology, optometry/ophthalmology, podiatry, radiology, and psychiatry.
- Uses an Electronic Medical Record (EMR) to facilitate communication (with the Woods interdisciplinary team and external service providers) and support quality assurance and continuous quality improvement efforts, including outcome evaluation.
- Partnerships with Jefferson, Penn and PCOM to provide training for future clinical providers and BCBA interns, and collaboration with Jefferson College of Population Health to create a Population Health Management Organization certification.

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Need for Systems Change

- Establishment of a consortium of large developmental disability providers in PA and NJ, which is exploring business relationships with Medicaid MCOs
- Collective deep expertise in providing population health services to people with IDD
- Bring together all critical systems through care coordination:
  - Health care,
  - Behavioral health care,
  - Pharmacy/medication management,
  - Long-Term Supports and Services/Home and Community-Based Services
- Ensure access to and coordination of services through a comprehensive network

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Policy Recommendations

- Recognition that serving this population requires a population health approach.
- Create a federal special population designation so that high intensity services can be targeted and coordinated.
- If managed within a PCMH, opportunity for improved health outcomes and overall cost savings. Advocate for a rate that covers a team approach to primary and specialty care, and higher reimbursement rates to cover the cost of intensive services and care coordination.
- Funding to support growing expertise in the field.
- Seek waiver exceptions for group settings, as appropriate, for the individuals served.

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Other Recommendations

- Create certification and education standards for direct support staff who serve complex population with disabilities (care coordinators, direct care staff, nurses and all care professionals) to promote retention and create a professional career pathway
- Certification for providers as a Population Health Management Organization
- Develop specialized training for clinical care providers (e.g., residencies for medical students and other health care providers) so they are better able to serve this population
- Document lessons learned through professional publications and conferences
- Promote a team-based approach that uses population health management tenets

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