

Foundations of the Disability-Competent Care Model

Focusing on the seven pillars of care and participant engagement and access





Disclaimer

This training involves an open and honest discussion of topics related to collaboration and mutual respect in our work environment. It aims to enhance our understanding of these issues and improve our team dynamics and relationships. The content is not designed to attribute blame to any individuals or groups.

If you have any concerns or questions regarding the material or discussions, please reach out to your manager or the designated point of contact. Your feedback is valued and essential for fostering a supportive learning environment.

Introduction

Welcome to the **Foundations of Disability – Competent Care Model** training! This training introduces WellSense employees to the Disability-Competent Care (DCC) model, focusing on delivering respectful, high-quality care to individuals with disabilities. It covers the common healthcare challenges faced by people with disabilities and explains how the DCC model's seven pillars help overcome these barriers.

By the end of this course, participants will be equipped with the knowledge and skills needed to support individuals with disabilities effectively, ensuring their unique needs and preferences are central to their care.

Learning objectives

- Define the Disability-Competent Care (DCC) model and its key goals.
- Recognize the daily challenges and common barriers to healthcare faced by individuals living with disabilities.
- List and describe the seven pillars of the DCC model.
- Provide examples for how each pillar supports high-quality care for individuals living with disabilities.
- Demonstrate how the DCC model can lead to improved health outcomes by fostering participant-centered, coordinated, and accessible care.

Note: Course completion will be tracked with a course attestation. Attestation is required to receive credit for taking the course.

What is considered a disability?

Defining a disability

World Health Organization definition



Disability is a condition that limits activities and participation.

Expanded understanding



Individuals with disabilities are a diverse group with unique characteristics and needs.

The Disability Competent Care model emphasizes understanding each participant's personal experience, clinical condition, and functional limitations as a unique experience so that the focus can be on the person's goals, preferences, and needs.

Types of disabilities



Mobility
13.7% of adults



Cognition
10.8% of adults



Self-care
3.7% of adults



Hearing
5.9% of adults



Independent Living
6.8% of adults



Vision
4.6% of adults

Living with a disability

People with disabilities are more likely to

- Report fair or poor health (40% vs 10%)
- Have higher rates of chronic conditions
- Experience barriers to preventive care
- Face healthcare access challenges

Cost considerations

- Healthcare costs for people with disabilities are 4 times higher than those without
- Many face additional out-of-pocket expenses for accommodations

Approx 61 million US adults
(26%) live with a disability

85% of people with
disabilities require support
services

Disabilities increase
with age: 40% of
adults 65+ have at
least one disability

1 in 4 Americans lives
with a disability
impacting major life
activities

Challenges of living with a disability

Physical barriers

- Mobility issues include inaccessible buildings, lack of transportation, and limited adaptive equipment.
- Sensory disabilities such as communication and information access challenges.

Cognitive and learning challenges

- Intellectual/developmental disabilities may exhibit themselves in struggles with decision-making, learning, and memory.
- Learning disabilities such as dyslexia may present difficulties in education and workplace environments.

Mental health and emotional well-being

- Emotional challenges include stress, anxiety, and depression from stigma, isolation, or managing a disability.
- Increased complexity of managing mental health issues compounds physical limitations.
- Limited access to transportation, education, and technology, reducing participation in society.

Additional challenges of living with a disability

Mental health disparities

- Higher risk for mental health issues due to the social stigma and difficulties associated with disabilities.

Increased health risks

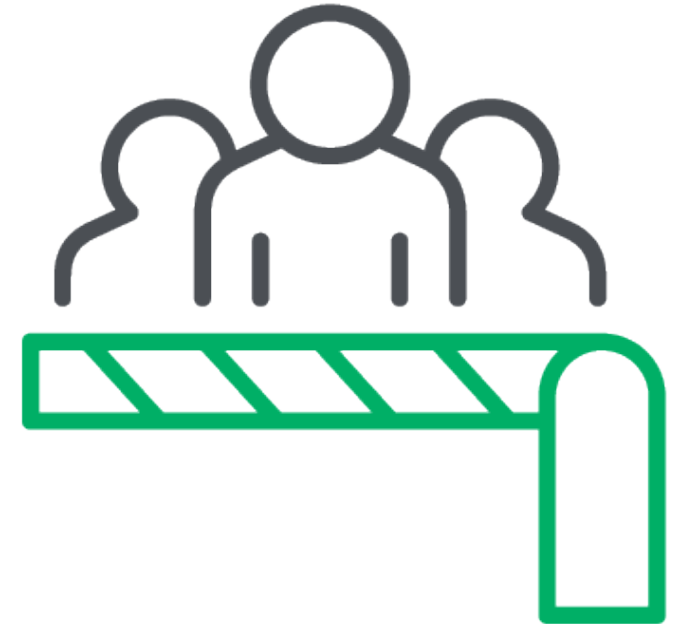
- Aging disabilities include worsening mobility, chronic pain, and cognitive decline making healthcare navigation harder.

Employment and social barriers

- Significant employment barriers include discrimination, lack of accommodations, and underemployment or unemployment.
- Physical barriers and lack of support networks affecting overall well-being can result in social isolation.

System challenges and barriers

- Integration of medical and non-medical supports
- Connection to community resources and services
- Physical accessibility of healthcare facilities
- Communication accessibility (interpreters, materials in alternative formats)
- Programmatic accessibility of services
- Non-Integrated approach to managing multiple health conditions
- Lack of Coordination between primary care, specialists, and support services



What is person-centered care?

The Disability Competency Care model helps work on these challenges, daily life enhancements, and barriers by focusing the model on person-centered care.



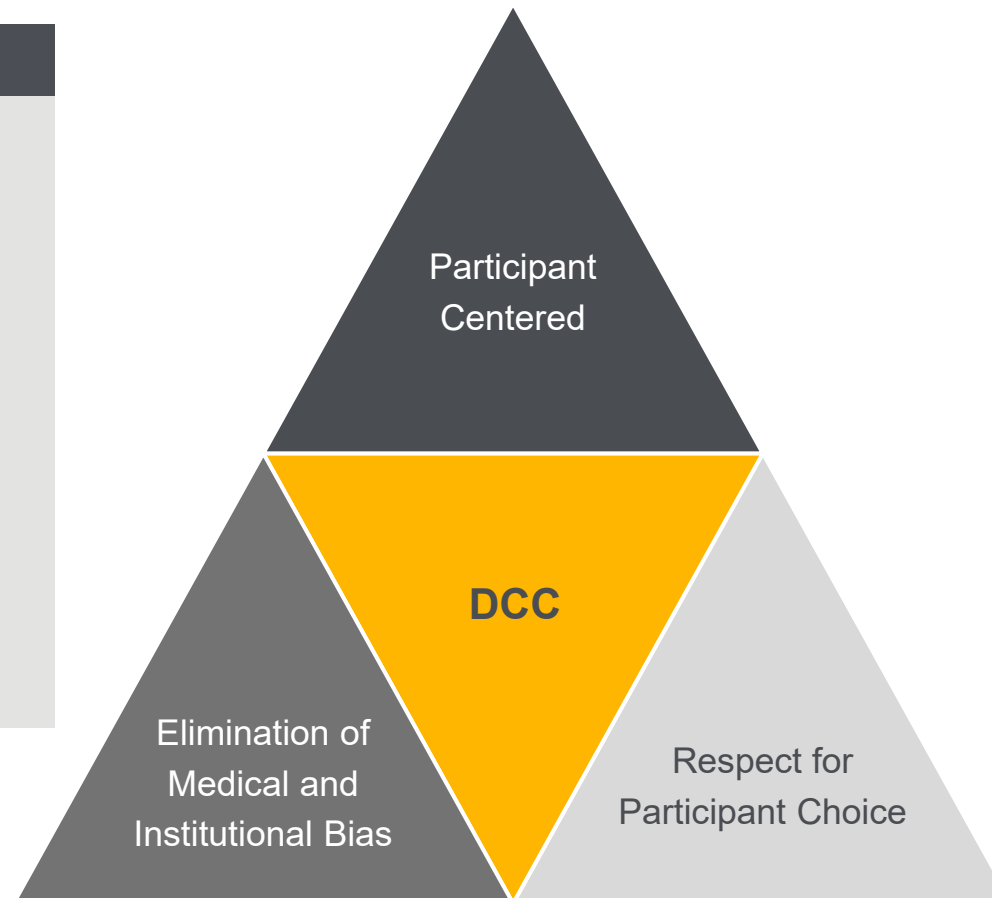
Introduction to Disability- Competent Care (DCC) model

What is the Disability Competent Care (DCC) model?

The **DCC** meets the unique needs of individuals with disabilities through participant-centered care, emphasizing self-direction, health, wellness, and community life.

Core Values

- Participant-centered approach and whole person care
- Respect for participant choice, needs, and autonomy
- Elimination of medical and institutional bias
- Biases may include unique disabilities, limitations, and preferences for social and community participation



Goals

- Improve healthcare access and outcomes
- Reduce health disparities
- Promote independence and dignity
- Ensure quality, comprehensive care
- Support community integration
- Enhance overall quality of life

The seven pillars of the DCC model



Understanding
the DDC Model
and Disabilities



Participant
engagement



Access



Primary care



Care
coordination



Long-Term
Services and
Support (LTSS)



Behavioral
health

The pillars represent a model of care designed to treat the whole person, beyond the diagnosis or condition.



Understanding the DCC model and disabilities

Key elements

- Education on a wide range of disabilities (physical, intellectual, developmental).
- Awareness of how disabilities affect daily life and care needs.
- Training on communication strategies and sensitivity to disability-related issues.

Strategies

- Ongoing training for healthcare providers about different types of disabilities and the DCC model.
- Using disability-informed assessments to tailor care to individual needs.
- Implementing educational programs to reduce unconscious bias toward people with disabilities.



Participant engagement

Key elements

- Shared decision-making between participants and providers.
- Ensuring participants are informed and involved in their care plans.
- Respect for participants' preferences, values, and goals.

Strategies

- Develop individualized care plans through collaborative discussions with participants.
- Use communication aids, such as visual tools, and assistive technology, to enhance understanding.
- Encourage participant feedback and incorporate it into care plan adjustments.



Access

Key elements

- Accessibility in facilities, equipment, and services.
- Availability of assistive devices, transportation, and communication options (e.g., sign language interpreters).
- Timely access to care and services without unnecessary delays.

Strategies

- Ensure physical spaces are ADA-compliant and universally designed.
- Offer telehealth services or home-based care for individuals with mobility issues.
- Provide transportation assistance for medical appointments.
- Develop partnerships with accessible community resources (e.g., transportation services, accessible gyms).



Primary care

Key elements

- Accessible, preventive care tailored to individuals with disabilities.
- Holistic approach to managing chronic conditions and preventing secondary health complications.
- Emphasis on long-term wellness and prevention.

Strategies

- Use comprehensive assessments for disability-related needs (e.g., mobility, communication).
- Develop preventive care plans, including regular screenings and health checks.
- Integrate care management tools to track and monitor chronic conditions.
- Provide ongoing education for participants and caregivers about preventive health measures specific to their disability.



Care coordination

Key elements

- Seamless communication and coordination between different healthcare providers and services.
- Continuity of care during transitions between healthcare settings (e.g., hospital to home).
- A central care manager or coordinator who oversees and integrates services.

Strategies

- Assign care coordinators who are a single point of contact for participants.
- Utilize electronic health records (EHRs) accessible to all care team members.
- Create multidisciplinary teams that include medical, behavioral, and social care providers.
- Conduct regular care team meetings to review participant progress and adjust care plans.



Long-Term Services and Support (LTSS)

Key elements

- Access to services that assist with daily living, such as personal care, meal preparation, and medication management.
- Support for independent living in the home and community.
- Continuous care for long-term and chronic conditions.

Strategies

- Provide personal care assistants (PCAs) or in-home care services to support daily living activities.
- Ensure access to community-based services like adult day programs or respite care.
- Work with participants to identify long-term goals for independent living and create support plans to achieve them.
- Utilize technology (e.g., medication reminders, smart home devices) to enhance independent living.
- Integrate family members and caregivers into care planning and delivery when appropriate.



Behavioral health

Key elements

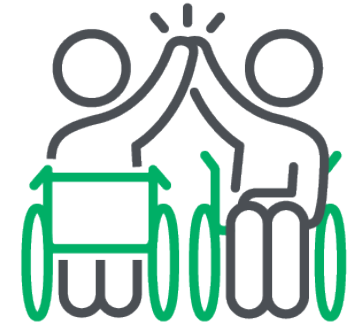
- Focus on mental and emotional well-being in addition to physical health.
- Integration of mental health and substance use services with overall care.
- Recognition of the mental health impact of disability-related stressors.

Strategies

- Provide access to behavioral health specialists, including counselors, psychiatrists, and peer support groups.
- Regularly screen for mental health conditions as part of routine primary care.
- Utilize trauma-informed care approaches to recognize and address emotional and psychological trauma.
- Develop peer support programs where individuals with disabilities can connect and share experiences.
- Create holistic care plans that incorporate both behavioral and physical health goals.
- Ensure that behavioral health services are delivered in accessible formats (e.g., teletherapy, in-home counseling).

**How does the DCC
model impact people
living with disabilities?**

The impact of the DCC Model on people living with disabilities **on the person**



Promotes Person-Centered Care

- **What:** This approach places the individual at the center of care, ensuring that their preferences, needs, and goals drive the care plan.
- **Why:** Recognizes and respects each person's unique experiences and circumstances, avoiding a one-size-fits-all approach.
- **Impact:** Empowers people with disabilities to make informed decisions about their care, resulting in greater satisfaction and autonomy.

Fosters independence and autonomy

- **What:** Promotes independence for people with disabilities.
- **Why:** Involves individuals in their care decisions, supporting their ability to manage their health and maintain control over their lives.
- **Impact:** This approach encourages independent living, boosting confidence and a sense of agency. It reduces reliance on institutional care, allowing individuals to live within the community and engage in daily life on their terms.

Provides tailored support for managing chronic conditions

- **What:** Chronic conditions are proactively managed, focusing on preventing complications and maintaining overall health.
- **Why:** Many individuals with disabilities experience chronic health conditions alongside their disability.
- **Impact:** Effective management of chronic conditions helps prevent hospitalizations, reduces the need for emergency care, and improves long-term health, leading to better quality of life and more stable health outcomes.

The impact of the DCC Model on people living with disabilities **access and inclusivity**



Improves access to comprehensive services

- **What:** Ensures that people with disabilities can access the full spectrum of services they need, including medical care, behavioral health support, social services, and community resources.
- **Why:** This holistic approach address the whole person, rather than just focusing on their disability.
- **Impact:** By providing access to comprehensive services, the DCC model helps individuals manage their physical health and other important aspects of their well-being, such as mental health, social inclusion, and independent living. This can improve overall health outcomes and quality of life.

Enhances accessibility and inclusivity

- **What:** It ensures that care settings, services, and communication are designed to be accessible to people with various disabilities.
- **Why:** Ensuring that services are inclusive means that individuals can fully participate in their care and engage with providers in a way that respects their abilities and needs.
- **Impact:** People with disabilities experience fewer barriers when accessing care and support services, allowing for more opportunities and connections to their providers and communities.

Supporting social inclusion and community integration

- **What:** Provides access to social services, employment, education, and recreational opportunities.
- **Why:** Encourages community-based support and integration of people with disabilities into their communities.
- **Impact:** Promotes social inclusion, allowing individuals to engage in community activities, build social networks, and enhance emotional well-being. This approach also reduces isolation.

The impact of the DCC Model on people living with disabilities **participant engagement**



Encourages participant engagement and empowerment

- **What:** Involves shared decision-making, where individuals work with their care teams to determine their treatment options and overall care strategy.
- **Why:** Participant engagement is critical. People living with disabilities are treated as active partners in their care, rather than passive recipients. This involves shared decision-making, where individuals work with their care teams to determine their treatment options and overall care strategy.
- **Impact:** People with disabilities feel more empowered to advocate for their needs and are more likely to engage actively in their care plans. This can lead to better adherence to treatments, improved health outcomes, and a greater sense of ownership over their care journey.

The impact of the DCC Model on people living with disabilities **equity and coordination of care**



Addresses health disparities and equity

- **What:** Acknowledges and addresses the health disparities often faced by people with disabilities, including unequal access to healthcare, social services, and support.
- **Why:** The model seeks to reduce these disparities.
- **Impact:** People with disabilities are more likely to receive equitable care that meets their needs and eliminates barriers that contribute to poorer health outcomes. This helps close gaps in care and ensures that individuals with disabilities receive the same quality of care as others.

Improves coordination of care

- **What:** Emphasizes care coordination, ensuring that all providers work together to deliver seamless and integrated services.
- **Why:** Many people living with disabilities require care from multiple providers and services, which can be complex and difficult to manage. The DCC model coordinates care across healthcare, social services, mental health providers, and community support systems.
- **Impact:** Coordinated care reduces the burden on individuals and their families to navigate fragmented care systems.

Understanding participant engagement and access in the DCC model

Participant engagement in the DCC model

What does participant engagement mean?



Person-centered approach

- **Person:** Individuals with disabilities are central to decisions about their care.
- **Provider:** Care is tailored to the individual's unique needs, preferences, and circumstances.



Shared decision-making

- **Person:** Work alongside healthcare providers, caregivers, and other support services to make informed decisions about treatment options, services, and the overall direction of their care.
- **Provider:** Ensure participants understand their options and potential outcomes so they can make the best decisions for themselves.



Empowerment and autonomy

- **Person:** Lead discussions about their health goals, lifestyle preferences, and the type of support they want or need.
- **Provider:** Recognize that individuals with disabilities should have control over their own lives and care.

Participant engagement in the DCC model

What does participant engagement mean?



Building trust and communication

- **Person:** Communicate evolving needs and preferences.
- **Provider:** Be trained in accessible communication methods, such as using plain language, assistive technologies, or alternative formats to ensure all participants can fully engage in the care process.
 - Create an environment where individuals feel comfortable discussing their needs, voicing concerns, and asking questions.
 - Ensure that care remains aligned with the participant's evolving needs and preferences, making the care experience more responsive and adaptable.



Collaboration with family and caregivers

- **Person:** Collaboration with family members, caregivers, or legal guardians who may play a significant role in the individual's care.
- **Provider:** Use team-based approach to ensure that the participant's support network is aligned with their care goals.

Participant engagement in the DCC model

What does participant engagement mean?



Improved health outcomes

- When participants are actively engaged in their care, they are more likely to adhere to treatment plans, follow through with recommendations, and participate in preventive measures, all of which can lead to better health outcomes.



Enhanced quality of life

- Participant engagement fosters a sense of control and dignity for individuals with disabilities, which can significantly enhance their quality of life. It ensures that care is respectful, aligned with the person's goals, and delivered in a way that supports their independence.



Increased satisfaction with care

- Engaging participants in the care process improves satisfaction, as individuals feel heard, respected, and valued. They are more likely to trust their care providers and feel confident in the services they receive.



Reduces disparities

- Active engagement helps address and reduce disparities in care by ensuring that services are inclusive, accessible, and culturally competent. Individuals from diverse backgrounds and with various disabilities are more likely to receive equitable care when their voices are actively included in decision-making.

Provider access in the DCC model

Key components of access



Legal compliance

- Providers must comply with laws such as the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, which mandate accessibility and prohibit discrimination in healthcare settings.



Patient satisfaction and retention

- Providing accessible care improves patient satisfaction and helps build trust. Patients with disabilities are more likely to continue care with providers who respect their needs, improving retention rates.



Improved care delivery

- When care environments are accessible, providers can offer more effective and efficient care. For example, accessible exam rooms and medical equipment allow for more accurate assessments and treatments.



Expanded patient base

- By ensuring accessibility, providers can serve a broader population, including individuals with disabilities, expanding their patient base and potentially increasing revenue.



Ethical responsibility

- Healthcare providers have a moral duty to offer compassionate, comprehensive care to all individuals, including those with disabilities. A compliant care model reflects a provider's commitment to health equity and ethical practice.

Attestation

Thank you for completing the Foundations of Disability – Competent Care Model training!

To complete the required attestation that confirms you completed this course, [click here](#)

