



ADDRESSING ATTITUDINAL BARRIERS TO

DISABILITY COMPETENT CARE

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DISABILITY COMPETENT CARE MODEL: The Centers for Medicare and Medicaid Services (CMS) recognizes that clinicians have a moral and legal imperative, codified in the Americans with Disabilities Act, to provide quality care to individuals with disabilities. However, people with disabilities (PWD) report unequal access to and uptake of health care. Recent research suggests that physicians' attitudes may drive some of this inequity. To help bridge this gap, Resources for Integrated Care (RIC) developed the Disability Competent Care (DCC) Model, targeting providers serving individuals dually eligible for Medicare and Medicaid. The DCC Model and its associated resources offer a comprehensive framework addressing whole-person care for PWD. It is organized into three core values of care: (1) Participant centeredness, (2) Elimination of medical and institutional bias, and (3) Respect for participant choice.

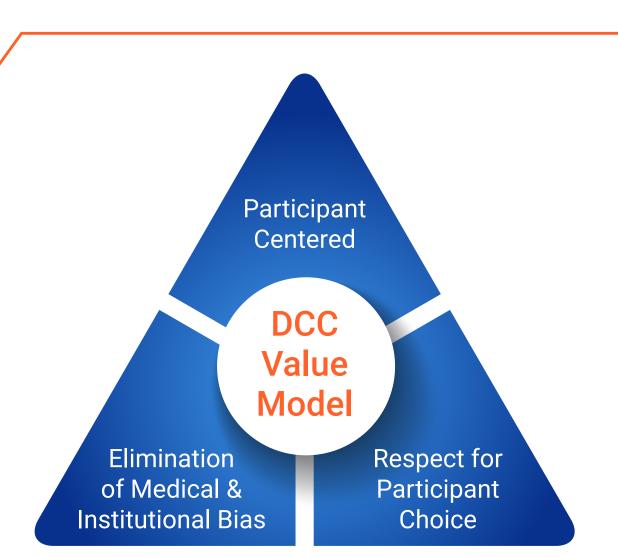


Ensuring that participant choices, preferences, and goals form the foundation of individualized care plans.



All of the physical changes and challenges were hard to adjust to, but not as hard as the loss of my independence. I could no longer run my business, make a good living.... The accident also took away my privacy, my autonomy, and financial security for me and my sons. [Guided by Calvin's words, his care team prioritized transitioning from a nursing home and into an accessible, and affordable, private apartment.]

- Calvin



DCC CORE VALUE: ELIMINATION OF MEDICAL AND INSTITUTIONAL BIAS:

These biases can impede provider efforts to address the whole individual—including their unique abilities, limitations, and preferences. Data from literature review:

Less than half of physician survey respondents reported being very confident in their ability to provide equal quality care to PWD.

Only 57% of physicians strongly agreed with the statement that "I welcome patients with disability into my practice."

While 32% of PWD report unfair treatment in health care settings, a 2020 physician survey found that only 18% felt strongly that the health care system often treats PWD "unfairly." This seeming discrepancy highlights an opportunity for providers to better understand the lived experiences of PWD.

Negative consequences can span a range of outcomes, including preventable health conditions like urinary tract infections or bacterial pneumonia. It can also lead to inadequate reproductive care for women with disabilities (e.g., failure to perform pap smears, foregone counseling resulting from false assumptions of abstinence). Those PWD who reported unfair treatment exhibited an increased likelihood of delaying or not receiving needed care.

RIC'S DCC RESOURCES



Visit the RIC website to learn more about the DCC Model and to access additional resources, including the DCC Self-Assessment Tool, webinars, and first-person narratives.

DCC CORE VALUE: RESPECT FOR PARTICIPANT CHOICE:

Honoring participant choices, even if inconsistent with provider recommendations or caregiver preferences.



I've lived with my mom since the [car accident and subsequent brain] injury...I have a lot of frustration due to her constant worrying about my safety.... My care coordinator and nurse social worker helped me to realize that I could have more control of my life... Working with rehabilitation therapists has given me more independence and allowed me to be less reliant on my mother...and feel much less isolated.

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Funded by the CMS Medicare-Medicaid Coordination Office, Resources for Integrated Care offers technical assistance to plans and providers caring for individuals dually eligible for Medicare and Medicaid.

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