THE CHALLENGES OF HEALTH CARE FOR PEOPLE WITH DISABILITIES

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Reinventing Quality
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Issues in American health care

- Cost
- Quality of services
- Security of benefits
- Insurer/intermediary/provider/consumer relationships
- Responsibility for medical management
- Improving health behaviors

Demographic effects

- Age (by 2010 women 86, men 76)
- Ethnic diversity
- Education level
- Income disparity effects
- Types of consumers
  - Empowered versus ”worried” versus excluded

Growth rate in health care spending

- 1960 – 1990 11% of GDP
- 1990's 6.75%
- 2002+ 5.5%

Determinants of health

- Access to care 10%
- Genetics 20%
- Environment 20%
- Health behaviors 50%

- Source: CDC

Shifting burden of disease

- 1900
- Infectious diseases (pneumonia, TB, diarrhea)
- Cardiovascular disease
- Liver disease
- Injuries
- Cancer

- 1999
- Heart disease
- Cancer
- Stroke
- Chronic lung disease
- Injury
- Pneumonia
- Diabetes

Current underlying causes of morbidity and mortality

- Tobacco
- Poor diet
- Lack of exercise
- Alcohol
- Infectious agents
- Pollutants
- Firearms

The old models of approaching health care may no longer work.

Health care spending

- Public sector
- 1960-1990 13.3%
- 1991-1996 9%
- 1997+ >9%

- Private sector
- 1960-1990 10.5%
- 1991-1996 5.5%
- 1997+ <5%

- Data from HCFA

Medicaid and Medical Assistance

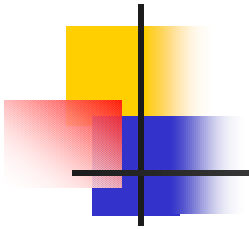
- What can it do?
  - Varies from state to state
  - Provide basic access to acute and chronic health care
  - May provide access to disease management and enhanced health services
  - Waiver-funded access to specialized supports

Medicaid and Medical Assistance

- What are it's limitations?
  - Financial limitations based on taxpayers' willingness to fund (MA is ~30% of state budgets)
  - Prudent use of available funds
  - Must balance the needs of many different populations
  - Original design was a safety net program not universal health care
  - States must comply with Federal requirements (e.g. can't combine disability waivers, need for cost neutrality)

Health care delivery system

- What are the limitations?
  - System under great stress with variable models of practice
  - Medical liability
  - Financing not logical
  - Unrealistic expectations
  - Health care professionals



If your call your travel agent for a flight to Denver, they look it up in the computer. If you call your doctor with symptoms they are expected to remember what to do.

Health needs for everyone

- Preventive care
  - Mammography
  - Immunizations
  - BP checks
- Wellness promotion
  - Diet
  - Exercise
- Management of disease

Additional needs of population of people with disabilities

- Disability related health problems
- Additional loss of function related to chronic disease
- Earlier onset of chronic disease because of functional impairments (e.g. exercise)
- More complex/prolonged treatment of illness related to functional limitations

An ounce of prevention is worth a pound of cure.

Disparities in health screenings

- More doctor visits less screening
- BP, cholesterol, diet
- Cancer screening: mammography, PAP smears, breast exams, testicular exams

More of some and less of others

- More:
  - Flu shots
  - Diet history and eating habits
- Less:
  - Tetanus immunization
  - Tobacco and alcohol use (people with mobility limitations more likely to smoke)
  - History of contraceptive use

Other evidence of inequity

- Lower life expectancy (not explained by disability)
- Lower quality of life (including perception of health)
- Lower access to some care
- Decreased involvement with own care (relation to patient safety)

COMPARISON OF HEALTH (DD vs GP)

- Report good or excellent health 42% vs 67%
- Report poor or fair health 24.5% vs 9.8%
- Use Medicaid 45.6% vs 8.8%
- Use of psychotropic medication 10.5% vs 2.4%

WORK CHARACTERISTICS (DD vs GP)

- Employed 26.2% vs 65.6%
- Looking for work 2.7% vs 4.5%
- Not looking 69.3% vs 31.7%
- Supported employment 3.6% vs .03%
- Sheltered workshop 9.2% vs .04%

PA VERSUS US

- PCP 100%
- Mental health services 51%

- PCP 60%
- Mental health services 16.3%

Barriers to good health care

- Communication
- Cultural including stigma of certain populations
- Language
- Access (health insurance, qualified providers, geographic, physical)
- Interface between supports services, education, and health care

What can MA do?

- Specialized disease management (e.g.Florida, PA)
- Formulary (appropriate med use e.g. Michigan)
- Rural health initiatives (e.g. West Virginia)
- Managed care (e.g.PA)
- Behavioral health (e.g. PennMAPS)

What can we do?

- Teach people how to be good consumers (health is related to consumer involvement)
- Address poor health behaviors
- Work with health care provider and support service provider to develop communication strategies
- Not create duplication, but create connections
- Use the resources that are available

INCREASED LONGEVITY IN PEOPLE WITH DISABILITIES

- Down Syndrome (Braddock et.al. 1999)

- 1920 Life expectancy of 9 years
- 1960 Life expectancy of 31 years
- 1990 Life expectancy of 56 years