



Western
University
OF HEALTH SCIENCES

Harris Family Center
for Disability and
Health Policy

E-INFOACCESS4ALL

Harris Center for Disability and Health Policy, Western University

Project Funded by California Health Care Foundation, LA Care Health Plan, Molina Health Care, Health Net, and IEHP

Thank you for the support from Funders and State Agency Partners



State Agencies:

- Department of Health Care Services (DHCS)
- Department of Managed Health Care (DMHC)

CONSULTANT TEAM

- Brenda Premo, Director, Harris Center for Disability and Health Policy, Western University
- June Isaacson Kailes, Associate Director, Harris Center for Disability and Health Policy, Western University
- Bobbie Wunsch, Founder and Partner, Pacific Health Consulting Group
- Laura Hogan, Pacific Health Consulting Group

PURPOSE and GOALS OF THE PROJECT

The goal of **E-INFO ACCESS4ALL** Task Force is to develop a statewide -centralized database that will have the capability to allow members with disabilities to receive timely accurate medical facility accessibility information which will allow them to pursue equitable healthcare.

MEMBERS OF THE TASK FORCE

- Let's introduce ourselves

- NAME
- ORGANIZATION

Physical Accessibility Review Survey (PARS) History

OBJECTIVES

1. Learn the progress made to reduce access barriers
2. Be aware of accessibility assessment process
3. Learn PARS barriers & needs

1996 DHCS REQUIREMENTS

Health plans to use required Facility and Medical Record Review Tool for Primary Care Provider (PCP) office sites.

Tool had several elements to evaluate site accessibility under the physical facility section.

1999 IEHP AND HFCDHP DEVELOPED ACCESSIBILITY ASSESSMENT TOOL

Provides more information to assess provider site
accessibility

Quality Program Nurses (QPN) performed the Site and
Medical Record Review and added accessibility
assessment

1999-2006 IEHP IMPLEMENTED THE FIRST PARS:

Taskforce developed a Physical Assessment Review Survey (PARS) tool

Summary of accessibility outcome rating system:

- ✓ B = Basic Accessibility
- ✓ L = Limited Accessibility
- ✓ R = Requires Assistance

IEHP COMMUNICATION OF PARS OUTCOME

- PCP received a letter
- Results published in IEHP provider directory
- No Corrective Action Plan (CAP) required from the providers
- A PARS was conducted once
- PARS results kept in hard copy only

2002 DHCS UPDATES FSR TOOL

New PCP DHCS Facility Site Review/Medical Record Review (FSR/MRR), hereafter known as **full scope FSR tool** developed

- Contains 7 accessibility criteria

Corrective actions are required for deficiencies in elements of this tool

2005-2006 FIRST PARS TOOL SHARED WITH HEALTH NET AND LA CARE

- Tool enhancement was a collaborative
- New PARS tool implemented in 2006

2006: NEW PARS TOOL IMPLEMENTED AND TRAININGS CONDUCTED

IEHP, Health Net, LA Care and HFCDHP and conducted PARS tool training

- Mentored reviews were required until the review staff achieved the competency to independently conduct the survey
- Subsequent new 6-hour training sessions are provided for new reviewers and when any updates are made to the tool(s)



TRAINING INCLUDED:

Who is this population

- Disparities

Applying disability competencies - scenarios

Review of access & accommodation issues

- Attitudes
- Communication
- Physical
- Equipment

Opportunities for strengthening processes

QUALITY SERVICES FOR PERSONS WITH DISABILITIES AND ACTIVITY

1. Defines “disability”
2. Americans with Disabilities Act of 1990 - how it impacts health care services
3. How health care worker's attitudes & beliefs may affect quality health care
4. Physical, communication, and medical equipment trying to obtain health care.

DISABILITY TYPES:

Developmental disabilities

- Develop disability before age 18 – i.e. cerebral palsy, Downs Syndrome

Injuries (auto crashes, falls, diving, war)

- Brain Injury
- Spinal cord injury

Chronic Conditions (can become disabling)

- Diabetes
- arthritis,
- Other conditions



2010-2011 ACCESSIBILITY STUDY AND REVISION OF PARS TOOL

2010 a published study conducted by Syracuse and DREDF using PARS data from 5 health plans (n=2400 providers) demonstrated

HFCDHP lead the way to develop standards

- Access Board developed in consultation with the Food and Drug Administration,
- Addressed independent access to, and use of, equipment by people with disabilities to the maximum extent possible

2011 PARS EVOLUTION CONTINUES

DHCS mandated all health plans implement PARS for PCPs, high volume specialists and ancillary providers

Improvement needed for accessibility assessments

The new tool consisted of 86 criteria, accessibility levels, definitions and specific key indicators

This tool was submitted to and approved by DHCS

2012-2013 PARS ACTIVITY MOVES FORWARD

HFCDHP (June Kailes) was appointed to the Access Board's Medical Diagnostic Equipment Advisory Committee who completed their work and final report on December 6, 2013

The PARS assessment worked well for PCPs and later for high-volume specialists

TOOL BARRIERS IDENTIFIED

Ancillary and Community Based Adult Services (CBAS) needed separate tool

Collaboratively workgroup developed, tested and submitted 2 new tools to DHCS

2013 DHCS approved Ancillary PARS tool & CBAS tool DHCS required its use by all health plans

BARRIERS (cont'd)

Hospitals were to be included in the PARS process

Health plans agreed meaningful hospital information was needed

Appropriate hospital tool needs to be developed (still pending)

SOFTWARE BARRIERS

Health Plans identified software compatibility problems which significantly interfered with the sharing of PARS data

Sharing of survey data is critical to the process and to prevent duplication of surveys and provider site interruptions

DHCS requires accessibility assessment to be included in health plans' provider directories and websites

PARS outcomes are to be available to members in a consistent and understandable format among all health plans and facilities

Education and Training for PARS

2015 TRAINING FOR ALL HEALTH PLANS AND DHCS

HFCDHP, IEHP, Health Net and LA Care health plans' Master Trainers conducted all health plan 6-hour trainings:

- Ancillary Services PARS
- CBAS PARS
- PCP PARS

PARS Tools are required per DHCS Policy Letters 12-006 and 15-023

**NOTE: trainings continue to be conducted for all new staff responsible to complete any PARS. It is and has been acceptable that non-RN staff are permitted to conduct PARS after completing the training.*

LEARNING ABOUT PHYSICAL AND EQUIPMENT ACCESS

- **Parking**
- **Routes**
- **Offices**
- **Restrooms**
- **Equipment**
 - Exam / diagnostic





EXAM ROOM ACCESS



Moving PARS Activity and Processes Forward

2016 MORE IMPROVEMENT PLANS BEGAN

HFCDHP initiated meetings with DHCS to develop a proposal to create a single portal, statewide centralized database that captures all the **PARS** data that can be accessed by all plans, as well as members, member services, care coordinators and case managers.

2016 The Access Board (September 14) approved final rule on Medical Diagnostic Equipment for submission to the Office of Management and Budget.

DRIVERS

- Federal & State Civil Rights Laws
- State Contracts
- Affordable Care Act
- CMS Regulations
- Legal Actions
- Improve Performance/ Quality Metrics
- What else???

DRIVERS



Content of CMS Regs & its compliance obligations are NOT
NEW

What's new is that CMS has reinforced need to comply with
well-established Federal civil rights laws

IDENTIFY NEW TYPES OF PROVIDERS

Develop additional criteria for PARS tools for additional Provider types/sites:

- Skilled Nursing Facilities (SNF)
- Behavioral Health Sites including sites located in residences
- Congregate Housings
- Long Term Care (LTC)
- Dialysis Centers
- Urgent Care Facilities

2017 NEXT STEPS

Develop 2 taskforce workgroups to include:

- Health plans
- HFCDHP
- Regulatory agencies
- Advocates
- Representatives from health care provider constituencies
- IT department
- Hospital associations
- Other identified stakeholders

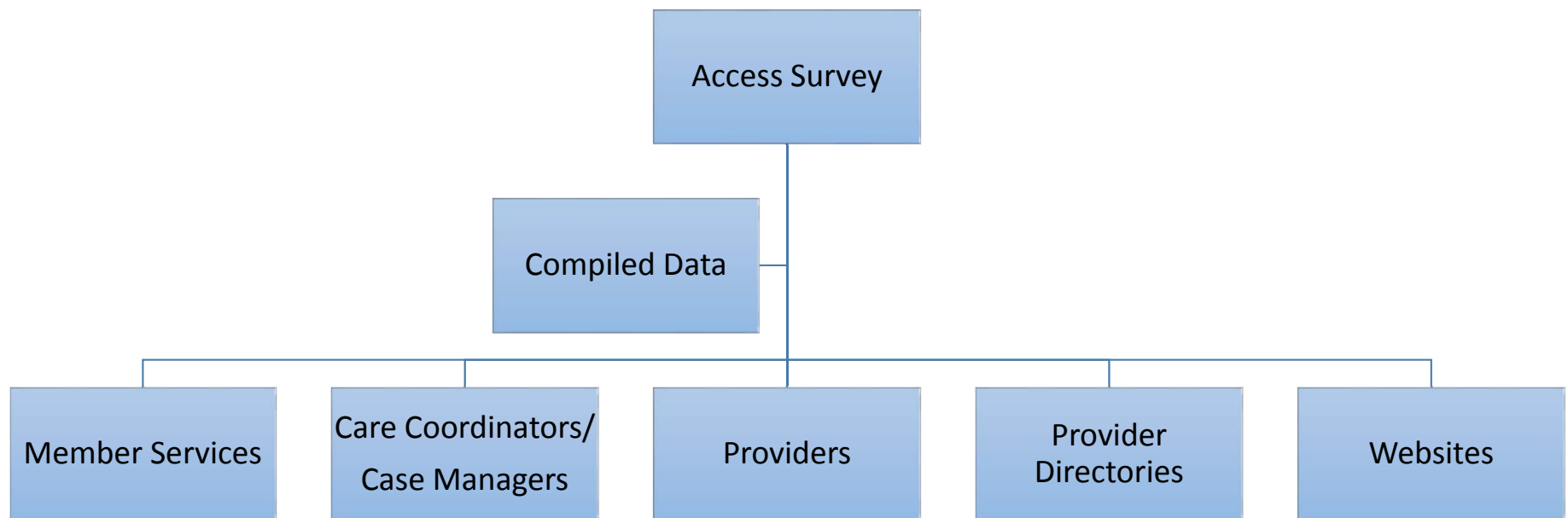
2017 NEXT STEPS (cont'd)

- Define goals of each workgroup
- Develop timelines for project goals completion
- Define specific needs to develop the software to provide consistency for sharing accessibility outcomes
- Develop data sharing process
- Define this project's benefit for providers, members and stakeholders

WHO USES THE PARS DATA OUTCOMES AND WEBSITE

- Case Managers
- Care Coordinators
- Member Advocate
- Social Worker
- Health Plans
- Members
- Hospitals
- Provider sites
- Regulatory agencies

Flow of the information:



Senate Bill 137

SENATE BILL 137

Uniform Provider Directory Standards

SB 137 is under the jurisdiction of the California Department of Insurance

The standards are minimum standards, and unless otherwise noted, apply to all provider directories

Provider directories may include information that exceeds the data elements discussed in these standards

SENATE BILL 137

Insurers are encouraged, but not required, to include the following in provider directories:

(A) A link to the provider's office website, or the facility's website, if available; and

(B) A statement describing whether the provider's office/facility has accommodations for persons with physical disabilities, including offices, exam rooms, and equipment

E-INFO ACCESS4ALL - OBJECTIVES

SB 137

- Create an easy to understand list of physically accessible features available through the **Uniform Provider Directory**, Health Plans, IPA's, DHCS, DMHC and community organizations serving people with disabilities and is accessible through the internet for everyone.

E-INFO ACCESS4ALL - OBJECTIVES

SB 137

- Develop information for HHS Departments, community programs for people with disabilities, medical providers and advocates on how to educate people with disabilities to find and use the access information

Timelines and Milestones

TIMELINES AND MILESTONES

June 1, 2017

The E-INFO ACCESS4ALL Task Force will develop standard language, symbols and descriptions to describe basic and limited levels of accessibility and accessibility indicators for primary care providers (PCPs), high volume specialist, ancillary services, and CBAS facilities recommendations for DMHC and DHCS to be used by all California health plan.

TIMELINES AND MILESTONES

October 30, 2017

Develop standards and data elements for software and a portal for use by all Health Plans, DHCS and DMHC to ensure transfer of consistency and access by members with disabilities.

TIMELINES AND MILESTONES

January 2018

Identify cost of development of the accessible software and portal and Draft essential RFA components

WORKGROUPS

E-INFO ACCESS4ALL - OBJECTIVES

SB 137

- Create an easy to understand list of physically accessible features available through the **Uniform Provider Directory**, Health Plans, IPA's, DHCS, DMHC and community organizations serving people with disabilities and is accessible through the internet for everyone.

DESCRIPTION OF WORKGROUPS

Workgroup #1

Definitions and Symbols will focus on development of recommendations for DHCS and DMHC to recommend for SB 137 a single set of definitions and symbols to describe physical access of primary care providers, specialists, and ancillary care offices for provider staff, health plan staff, advocates, and patients with disabilities.

PHYSICAL ACCESSIBILITY REVIEW SURVEY PARS

- Recommend one single set of descriptions, symbols, and definitions which after review and approval will be included within the Uniform Provider Directory
- Review and recommend a proposed format
- Submit the committee recommendations to the Department of Managed Health Care and the Department of Health Care Services by June 1, 2017

SOFTWARE DEVELOPMENT

Workgroup #2

1. Software Priorities for FSR elements, data, reporting, and accessibility will focus on recommendations to DHCS and DMHC for the development of features required to provide a single software and portal for data from the FSR/PARS to be uploaded and shared between health plans, DHCS and DMHC primary care providers, advocates, and patients.
2. Develop recommended RFA minimum requirements.
3. Provide recommendations on key elements which should be included in the software.

WORKGROUP MEETINGS - NOW

- Workgroups will meet by telephone from 2:00 – 4:00pm
- Pick the workgroup you'll like to work on NOW

- Workgroups will meet now for 30 minutes to
 - Meet members
 - Decide on meeting times and options
 - Discuss agenda for first meeting

- Quick report back to full group afterwards

NEXT STEPS

**ANY FEEDBACK ON HOW TO
IMPROVE OUR MEETINGS?**