# The Achievable Health Center: Journey to A Developmental Health Home

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## Disclosures: Alicia Bazzano, MD, PhD

- I have no financial relationships to disclose.



## A Priority for Families

*High quality healthcare for people with developmental disabilities has been difficult to obtain*



## Disparities in Healthcare

- Difficulty finding, getting to and paying for health care
- High rates of chronic conditions: obesity, diabetes, hypertension, heart disease & mental health problems
- Low rates of preventive screenings: immunizations, cancer screenings, dental
- Four to six times the preventable mortality as the general population[1,2]

1 Dupont A, Mortenson PB. Avoidable death in a cohort of severely mentally retarded. In: Fraser WI, editor. Key issues in mental retardation research. London: Routledge; 1990. p. 45-63.
2 Havercamp SM, Scandlin D, Roth M. Health disparities among adults with developmental disabilities, adults with other disabilities, and adults not reporting disability in North Carolina. Public Health Reports 2004; 119: 418-26.

## Disparities in Healthcare

- Barriers to patient-and family-centered healthcare include:
  - Shortage of providers
  - Lack of understanding and accommodation
  - Economic disparities and low reimbursement
  - Lack of care coordination across convoluted and fragmented systems

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## The Achievable Clinic

THE STORY

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## The Achievable Foundation

- Small non-profit founded **in 1996 by families of children with developmental disabilities** to offer safety net supports to families who could not afford crucial services or even basic necessities
- Achievable has served over **10,000** individuals with developmental disabilities and their families

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## The Achievable Clinic

- By creating our own community health center – The Achievable Clinic – we would improve our ability to provide patient- and family-centered healthcare to underserved individuals and families with developmental disabilities tailored to their unique needs.
- The Achievable Clinic would thereby reduce health disparities and increase access to health care for this population

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## AC: Founded by Parents and Partners

- The Achievable Clinic was built utilizing a community-based approach with input from families, physicians, regional center, leaders in healthcare and developmental disabilities, direct support/service agencies, insurance plans

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## AC: Funded by Parents and Partners

- First funded by donations, foundation grants (Special Hope)
- In-kind support
- Awarded HRSA Planning Grant
- Concurrently, awarded health plan grant (L.A. Care)
- Decision to apply for FQHC status for sustainability

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## AC: Sustainability as a Federally Qualified Health Center

- FQHCs are designed to (1) serve an underserved area or population (2) provide comprehensive primary care services, (3) have an ongoing quality assurance program, and (4) have a governing board of directors that reflect the community and patients served
- FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits, and provide care to all, regardless of ability to pay

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## Achievable supporters

- Cedars-Sinai Health
- Blue Shield of California
- HRSA Healthy Tomorrows Partnership for Children Program
- JL Foundation
- L.A. Care Health Plan
- Material World Charitable Foundation
- Rosalind and Arthur Gilbert Foundation
- S. Mark Taper Foundation
- Special Hope Foundation
- The Baxter International Foundation
- The John Gogian Family Foundation
- WM Keck Foundation

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## The Achievable Clinic: Video

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## Developmental Health Home: Innovation in Health Care for IDD

- Patient and Family Centered Medical Home
- Developmentally-appropriate care
- Comprehensive care (physical/mental health & wellness)
- Compassionate, accessible physicians and staff with expertise in developmental disabilities
- Intensive care coordination services

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## Key Model Components: Prior to Visit

- Think like a patient/family from beginning to end
- Caring, developmentally-appropriate patient interaction protocols


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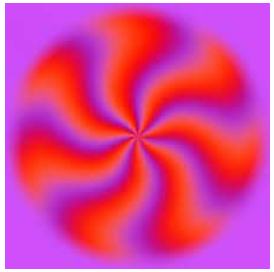
## Key Model Components: Sensory Accommodation

- Recognizing differences in processing and responding to sensory input
- Sensory-friendly space
- Parent & OT designed
- Visual
- Auditory
- Tactile



## Key Model Components: Behavioral Accommodation

- Understand strengths and challenges before the visit
  - Systematic Desensitization
- Friendly equipment & setting
  - Vitals, measurements, vaccines, blood draws, invasive exams

From the Interactive Textbook on Clinical Symptom Research, http://painconsortium.nih.gov/symptomresearch/chapter_11/sec7/cgms7pg2.htm. Accessed June 1, 2014.

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## Key Model Components: Communication

- Reduced waiting times
  - Accommodations: calling families when appointments are delayed
- Increased visit times with communication supports
  - Ipads, Apps, Spanish
- Housed in the same building as our local regional center, special needs dentist, Family Resource Center, and Office of Client's Rights

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## Key Model Components: Communication

- Who is the "family"?

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## Key Model Components: People and Processes

- Physicians with a heart
- Gathering & Sharing information
- Processes that consider developmental disabilities

Forgo the white coat!

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# Key Model Components: Coordination

- Developmental Care Coordination
  - NOT just referrals coordinator
  - Peer-to-peer support
  - Involved in all aspects of care and experience
  - Focus on each family's needs and values
  - Referrals to all kinds of community resources
  - Member of quality improvement team

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# Achievable Clinic Staffing

- 2 pediatricians: 0.7 FTE
- 2 family physicians: 1.7 FTE
- 1 neurologist: half day/wk
- 1 psychiatrist: half day/wk
- 2 Developmental Care Coordinators
- 2 Medical Assistants
- 1 LVN/Certified Enrollment Specialist
- Volunteers assist with greeting/orientation, front desk
- Contracting: IM/endo 1 day/mo
- OT, PT, Speech through Regional Center

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# Achievable Clinic Patients

From 10/1/13-12/31/14:

- 1237 visits
- 526 patients
- 66% with developmental disabilities

- New patient encounters: 65% moderate to high complexity
- All encounters: 41% moderate to high complexity
  - 78% of those with developmental disabilities
- Multiple dx, Require >45 minute encounter

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# Achievable Clinic Patients

| Demographic Characteristic | Percent |
|---|---|
| Gender | |
| Male | 57 |
| Female | 43 |
| Age | |
| 0-4 years | 6 |
| 5-12 years | 11 |
| 13-19 years | 11 |
| 20-44 years | 46 |
| 45-64 years | 23 |
| 65 years and older | 3 |
| Ethnicity | |
| Caucasian | 30 |
| Latino | 23 |
| African-American | 23 |
| Asian-Pacific Islander | 8 |
| Other/multi | 3 |
| Unknown | 13 |

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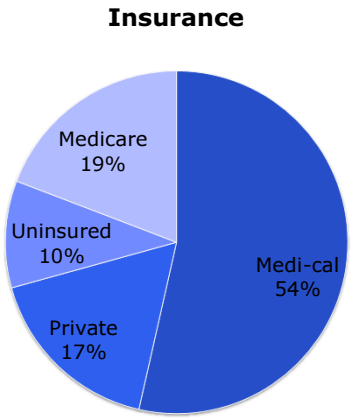
# Achievable Clinic Patients

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# Achievable Clinic Outcomes

- Quality indicators
  - Primary preventive care indicators
    - Immunizations
    - BMI/nutrition/physical activity screening/counseling
    - Tobacco screening/counseling
    - Cancer screening (colorectal, cervical, breast)
    - Dental screening and prophylaxis
  - Secondary preventive care indicators
    - Hypertension control
    - Asthma control
    - Diabetes control
    - Heart disease optimized therapy

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# Achievable Clinic Outcomes

- Quality indicators
  - Mental health care indicators
    - Depression screenings in >12 years
    - Mental health screenings for children 0-5 years
  - Developmental health care indicators
    - Developmental screenings, evaluations and referrals, 0-5 years

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# Achievable Clinic: Patient Experience Outcomes


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# Key Current Challenges

- Recruitment and Training of New Staff
- Budgetary constraints
- Introducing the model to others
  - Insurers
  - Regional Centers
- Developing new protocols
  - "Standardizing" individual's and family's care
  - EHR: friend or foe
- Outcome data collection
  - Collecting meaningful outcomes
  - Hospitalizations/ED visits

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# Key Successes

- First of its kind FQHC
  - Inclusive of entire community
  - Focus on developmental disabilities
  - Financially sustainable
- New developmental health home model
- Teamwork across and within systems: Regional Center, School District, Pharmacy, Durable Medical Equipment, Therapists, Mental Health, Family Resource Centers

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# Lessons Learned

- ❑ Compliance requirements are significant and require a very capable operational and clinical team
- ❑ Need to understand the shifting dynamics of the health care marketplace and how state/federal programs work with the clinic
- ❑ Staffing to ensure the best team for clients is difficult in a very competitive market with many options available to a limited pool of clinical candidates
- ❑ Developing the right systems of care, billing, insurance partnerships, electronic records all require time and resources that are greater than many initially may estimate

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# Achievable Clinic Growth

- Next phases of model
  - Peer mentor support
  - Pediatric resident (beginning this month), FM resident
  - Psychology residents with supervisor (summer start)
  - Integration of mindfulness, yoga, PT, OT, speech, parenting groups, lifestyle change program
  - Psycho-education and health education
  - Enhancing IT, patient portal, and QM
- Connection with specialty care
  - Dementia clinic, cardiac clinic
- Connection with hospital care
- Incorporating patients/families further into inclusive policymaking
- Certified PCMH

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## Summary

- Through The Achievable Clinic, we aim to increase access to high quality, patient and family-centered care for individuals with developmental disabilities and their families in Los Angeles County, and, ultimately reduce health disparities and improve health of our patients
- Achievable also seeks to provide a model that can be successfully replicated throughout the State and beyond to improve the lives of all individuals with developmental disabilities and their families

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Please contact us for additional information:

**The Achievable Foundation**

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Websites: www.achievable.org and www.achievableclinic.org

You may also send an email to me at aliciab@achievable.org anytime!


## Building the Clinic: Timeline

- 2011
  - HRSA Health Center Planning Grant--developed a strategic plan to become a Section 330 compliant health center
- 2012
  - Held focus groups with patients and families to include their input as stakeholders from the beginning
  - Began providing mental health services and renovating a clinical space that met ADA and State licensure requirements and integrated physical and mental health services

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## Building the Clinic: Timeline

- 2013
  - Renovated, expanded, and opened clinic space
  - Raised over $2 Million for Capital Campaign
  - Hired key personnel and staff, including developmental care coordinator
  - Expanded Board to become a 51%+ patient-led group
  - Developed a quality improvement program
  - Implemented an electronic health record system

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## Building the Clinic: Timeline

- 2013
  - Obtained CA Title 22 community clinic licensure
  - Received Federally Qualified Health Center (FQHC) certification
    - Awarded a FQHC new access point grant

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## Building the Clinic: Timeline

- 2014
  - Increased staffing to include second pediatrician and full-time family physician as well as LVN/CEC, second patient care coordinator
  - Welcomed new full time CEO
  - Began quality improvement measurement and PDSA cycles
  - Completed contracting and credentialing with all physicians

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## Building the Clinic: Timeline

- 2015
  - Recruiting outreach and enrollment specialist, LCSW and mid-level clinician
  - Welcomed new CMO/Family Physician
  - Completed first UDS reporting of all quality indicators for FQHC status

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## What is a Federally Qualified Health Center (FQHC)?

- FQHCs are designed to (1) serve an underserved area or population (2) provide comprehensive primary care services, (3) have an ongoing quality assurance program, and (4) have a governing board of directors that reflect the community and patients served
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## Clinic Sustainability

- Designation as a Federally Qualified Health Center resulting in enhanced reimbursement rates
- Key family and community partnerships that facilitate development of model and infrastructure

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## Why a Specialized Clinic?

- Able to spend time, adapt environment, include trained support staff and infrastructure specific to developmental disabilities
- Complexity of need: multiple health and behavioral challenges
- Attracts those with heart and expertise for developmental disabilities
- Key family and community partnerships that facilitate development of model and infrastructure

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