DSP and Doctor Partnership: Preparing People with IDD for a Successful Doctor Visit

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Disclosure

I have no relationships with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients





- 1. Discuss the role of DSP
- 2. List barriers to accessing healthcare
- 3. Introduce resources for improving the participation of people with IDD in their health
- 4. Understand relevant healthcare literature



The DSP (Direct Support Professional) Poem by Buck Hensley

Who? Who? Who shall hear my call?To serve my people I see as great.But the world sees as small.Who will lead them from the shadows into the light of day.Who will help them pave their own way.

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The poem was printed by the Direct Support Professional Association of Tennessee in their October 2008 newsletter. LV Chapter of the DCWA Blog: The Direct Support Professional Poem (dcwalyaa blogspot.com)

What is a DSP?

Direct Support Professionals (DSP):

people who work directly with people with disabilities to help support them in activities of daily living. Staff in developmental sector agencies are typically called DSPs.

Intellectual and Developmental Disabilities (IDD): conditions that are usually present at birth or at a young age and that affect the trajectory of the individual's physical, intellectual, and/or emotional development.

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DSP Duties: "The calling often times seems difficult"

15 Competency areas:

- Participant Empowerment
- Communication
- Assessment
- Community and Service Networking
- Facilitation of Services
- Community Living Skills & Supports
- Education, Training & Self-Development

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Advocacy

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- Vocational, Educational, & Career Support
- Crisis Prevention and Intervention
- Organizational Participation
- Documentation
- Buidling and Maintaining Friendships and Relationships
- Provide Person Centered
 Supports
- Supporting Health and Wellness





People with ID remain one of the most medically underserved groups in the world and still face significant health disparities, not directly caused by their disability.

• ID does not equal poor health

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- Diagnostic overshadowing health symptoms attributed to disability
- Die earlier Women 16-20 years earlier, men 13 years earlier

https://inclusivehealth.specialolympics.org/resources/background/health-disparities-for-people-with-id

The Bad News



People with disabilities have

Higher than average

- Rates of chronic conditions
- Difficulties in accessing care
- Rates of hospitalizations
- Rates of preventable medical problems

Lower than average

- Formal education
- Use of health care system for preventive care

Preventable mortality rate 4 times higher than the general population

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Health Care Transition

Maximize lifelong functioning and potential through the provision of high quality, developmentally appropriate health care services that continue uninterrupted as the individual moves from adolescence to adulthood.

A Consensus Statement on Health Care Transitions for Young Adults With ROWAN UNIVERSITY Special Health Care Needs. Pediatrics. 2002 Dec;110: 1304-6 School of Osteopathic Medicine

Barriers to Health Care

Architectural
Medical equipment
Communication
Economic
Social policy
Attitudinal
Inadequate provider knowledge

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Barriers to Health Care

Medical equipment □Social policy



Inadequate provider knowledge



Bridging the Gaps: DSP and Doctor



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1. Identify a primary care provider

- 2. Educate care providers on transition skills
- 3. Create a portable medical summary
- 4. Transition plan by age 14
- 5. Age appropriate preventive care
- 6. Continuous health insurance coverage



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Know Your Diagnosis

FACES REDEFINING THE ART OF MEDICAL EDUCATION

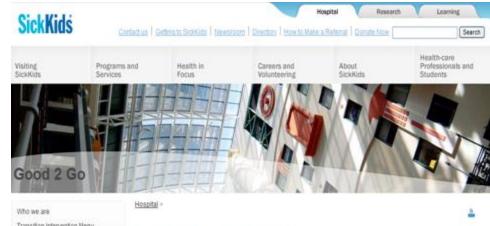
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My Health Passport

Autism



Transition Intervention Menu

Research activities

Resources

Events & Announcements

Good 2 Go Transition Program

Young people leave SickVids by the time they are 18. Many have been coming as long as they can remember. Some have spent more time at the Hospital than they have in school, or even in their own homes. These teens have many similar experiences, but also come from a multitude of cultures and family constellations. The transition from paediatric care, with it's own distinct culture and ways of doing things, into the adult health-care system can be a challenge for teens and their families.

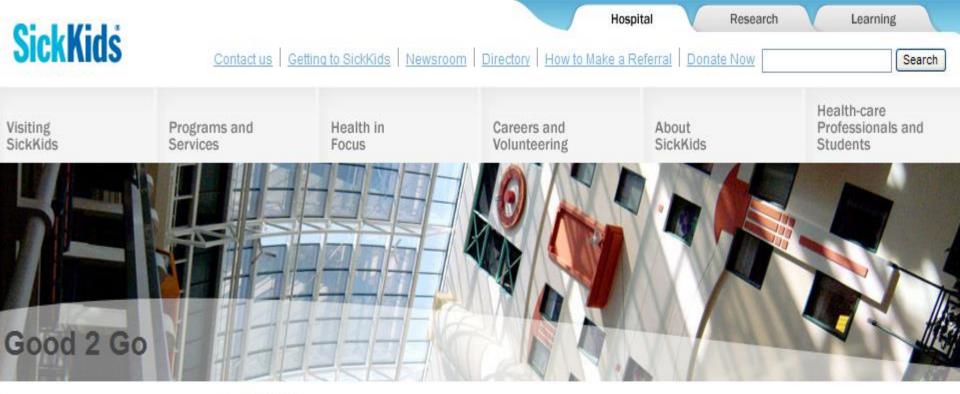


Our goal is to prepare all youth with chronic health conditions to leave SickKids by the age of 18 years with the necessary skills and knowledge to advocate for themselves (or through others), maintain health-

https://www.sickkids.on.ca/myhealthpassport/

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Who we are

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Hospital >

Good 2 Go Transition Program

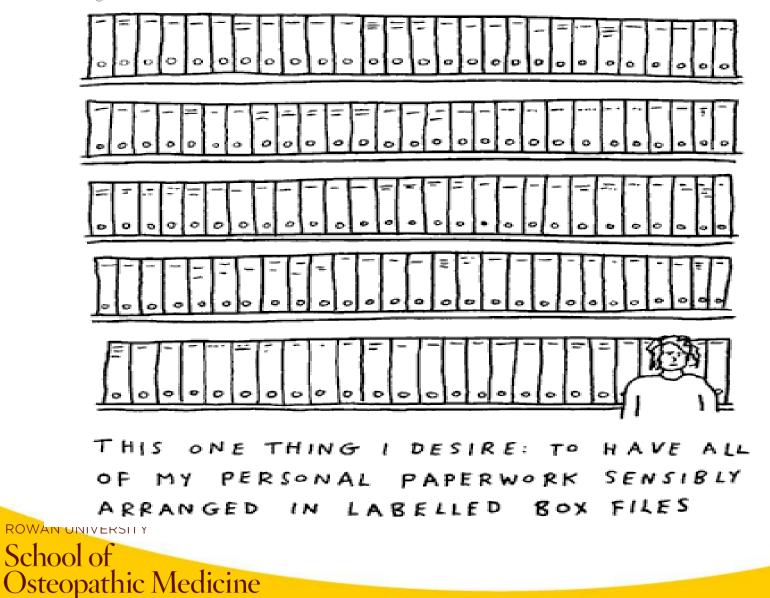
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weblogcartoons.com

Use the Portable Medical Summary as an Educational Tool

- Assists patient in understanding their medical history
- Helps patient take more active role in care planning
- Provides opportunity for primary providers to review new guidelines



Healthy Transitions - NY

✓ Learn ✓ See ✓ Do Skills for Moving from Pediatric to Adult Health Care Scheduling an Appointment Getting Health Insurance Deciding About Guardianship Speaking up at the Doctor's Office Understanding Your Disability

Managing Medications

Setting Health Goals

Keeping a Health Summary

Looking into Service Coordination

Finding Community Resources

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Healthytransitionsny.org

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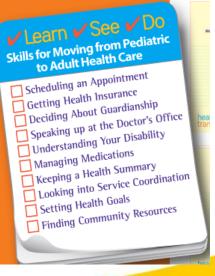
See One, Do One, Teach One

Learn – Information about the skill

• See – Videos that demonstrate the skill

Do – Tools for developing the sk

Healthytransitionsny.org



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Henry Verde Parts Institute Control Co

Developmental Disabilities Primary Care Program





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Tool and Tips for Health Care Visits

- About My Health
- My Health Care Visit
- Preparing for Future Emergencies: A Checklist
- Videos





Why Encourage Self Management?

Patient-centered self-management with support improves health and physical functions outcomes as well as patient satisfaction regarding care

Self-management education of patients and families reduces the number of hospitalizations, emergency and unscheduled visits, and missed work and school days *(Gibson 2004)*.

Patient education alone is not sufficient to promote health behavior (Norris 2006, Haby 2004, Bartholomew 1991)



Supported Decision Making

- Allows a person with disabilities self-determination and self-direction over their own life
- Empowers individuals to make all their own choices with the advice and support of trusted individuals
- Reduces opportunities for abuse by
 - Empowering the individual to speak out and report abuse
 - Advisors providing checks and balances on each other



Supported Decision Making

People with greater self-determination are:

- Healthier
- More independent
- More well-adjusted
- Better able to recognize and resist abuse

(Khemka, Hickson, & Reynolds, 2005; O'Connor & Vallerand, 1994; Wehmeyer & Schwartz, 1998).



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The Future is Bright



"But the reward will be great at the end of it all"

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Thank You



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More Resources

- The National Alliance for Direct Support Professionals (NADSP) is a national non-profit whose mission is to elevate the status of direct support professionals by improving practice standards; promoting system reform; and advancing their knowledge, skills and values.
- Journal Articles for Direct Support
 <u>Professionals</u>

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Rowan Integrated Special Needs (RISN) Center provides South Jersey with its first special needs primary care facility with embedded behavioral health focused on care-coordination of integral services for the special needs population.

To schedule an appointment: 855-932-7476 (RISN)

Email: <u>risn@rowan.edu</u>

Learn more about RISN Center at https://centers.rowanmedicine.com/risn



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Why do you wear a mask? Were you burned by acid, or something like that?



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