

# Preventive Screening and Preventive Health Care Utilization Patterns of Individuals with Disabilities Supported by Home and Community Based Waiver Services in Kansas



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## Background

- Despite evidence-based knowledge of health disparities between individuals with disabilities and those without disabilities, public health programs infrequently offer preventive care interventions for people with disabilities.
- Public health education and outreach about preventive cancer screening and disease management do not address the unique learning needs of people with disabilities.
- Although the Americans with Disabilities Act (ADA) was implemented nearly 20 years ago, substantial barriers to physical access continue to preclude people with disabilities from receiving the preventive care that they need.
- Numerous other social and environmental barriers preclude individuals with disabilities from receiving clinical preventive care.
- *While research has documented the health disparities, little research has documented the utilization patterns of preventive screenings and preventive care among individuals with disabilities.*



## Learning Objectives

- Describe the need for preventive screening health care programs for people with physical disabilities.
- Describe the utilization patterns of preventive health screenings and services among individuals with physical disabilities.
- Describe suggested methods for improving the use of preventive screenings and health services.

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## Methods

Retrospective study comparing (grossly) data from FY 2007 (7/2006-6/2007) Kansas Medicaid claims to 2006 MEPS full year consolidated file

### Sample Populations

- Kansas Medicaid Home and Community-Based Services (HCBS) waiver Recipients with Physical Disabilities
  - All Kansas Medicaid beneficiaries supported by the Home and Community Based Services waiver who were continuously enrolled ( $\geq 11$  months)
  - (N=7195)
- MEPS 2006 full year consolidated
  - Weighted nationally representative sample of individuals with physical disabilities who received Medicaid and were insured all year, and individuals with no disability (with any or no health insurance).
  - (Physical disabilities:  $n = 3921$ , weighted  $n = 5,534,730$ )
  - (No disability:  $n = 16,215$ , weighted  $n = 157,547,266$ )

### Measures

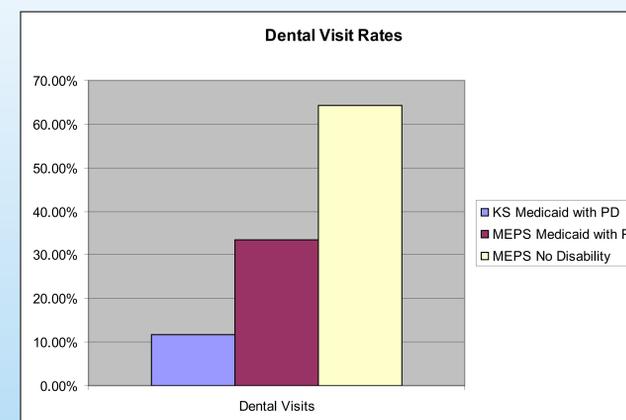
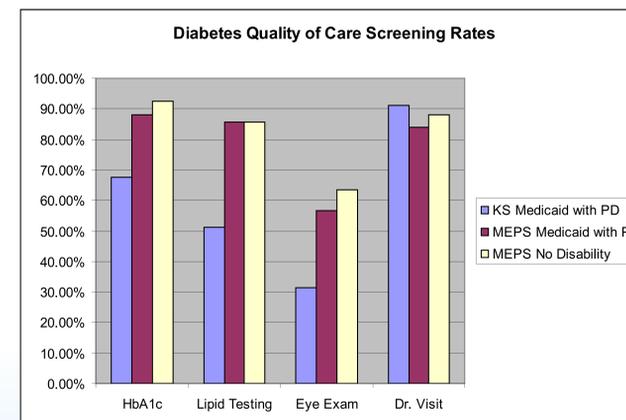
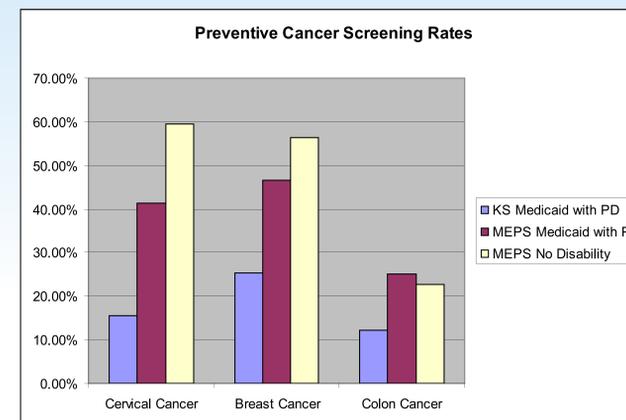
- Preventive Cancer Screening
  - Cervical Cancer Screening (women  $\geq 18$  years old)
  - Breast Cancer Screening (women  $\geq 40$  years old)
  - Colorectal Screening (men and women  $\geq 50$  years old)
- Disease Management and Prevention
  - Diabetes
    - HbA1c
    - Eye Exam
    - Lipid Profile
    - Primary Care Visit
  - Dental care

### Analysis

- For Kansas Sample:
  - Screened Medicaid administrative claims data for procedure codes (July 2006-June 2007)
- For National Sample
  - Analyzed MEPS survey data from 2006 full year consolidated file



## Results



## How To Improve Preventive Screenings And Health Services

- Ensure greater **accessibility** to screening facilities, including:
  - Height-adjustable examination tables
  - Adequately padded stirrups for pelvic exams
  - Mammogram machines that adjust for height
  - General physical access of screening facility (e.g., parking lot, entrance, door widths, bathrooms, etc.)
- Create affordable, accessible and reliable **transportation**.
- Educate physicians the importance of preventive care for people with disabilities.
  - Remind patients of importance of need for preventive cancer screenings.
  - Practice appropriate disability etiquette
  - Schedule follow-up appointment to review test results with patients
  - Discuss importance of nutrition and exercise in preventing cancer
- Educate radiology technicians how to accommodate special needs during mammograms, such as movement and balance disorders
- Educate people with disabilities about the need for and importance of preventive screenings and disease management.

## Conclusion and Implications

- Research has documented that many social and environmental barriers preclude people with disabilities from obtaining the preventive screenings and care they should receive.
- Nationally, individuals with physical disabilities have substantially lower rates for preventive screenings and care than the general population; those supported by Kansas Medicaid fare markedly worse than national comparators.
- Given the research showing the benefits of guideline-based preventive cancer screening, diabetes management and dental care, states should examine receipt of such clinical preventive care among individuals with physical disabilities and implement appropriate program and funding policies to address disparities.
- Analysis of Kansas Home and Community-Based Services waiver recipients with physical disabilities demonstrates substantial gaps in quality care opportunities for this population. Kansas Medicaid and the state public health department must design policy and program interventions that target this group to enhance preventive cancer screenings, routine diabetes testing and management, and dental care.
- Lack of clinical preventive care for cancer, diabetes, and dentistry likely results in later diagnosis, a greater number of hospitalizations, higher costs, and poorer quality of life for people with physical disabilities.

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