

# PROJECT ECHO Knowledge Network

## **RUTGERS CANCER INSTITUTE OF NEW JERSEY & NORTH JERSEY HEALTH COLLABORATIVE PROJECT ECHO:** *Addressing Barriers to Healthcare & Preventive Cancer Screenings in Individuals with Developmental & Intellectual Disabilities (IDD)*

### Scenario Briefing Form

Coordination of Complex Care, Catherine Thompson, APN

**ECHO ID:**

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#### Key Questions for Discussion

(Note to the presenter: Please focus on the key question relating to the most significant challenge faced by your consumers/patients/providers related to barriers to healthcare and cancer screenings for individuals with IDD.)

<b>Scenario/Examples</b>	<p>Care Coordination is an established intervention delivered by a multi-disciplinary team to improve health outcomes for vulnerable populations. The predominant population targeted has been historically the frail, socially isolated elderly with multiple co-morbid medical conditions.</p> <ul style="list-style-type: none"><li>• How can the interventions be used to improve health outcomes for individuals with IDD?</li><li>• How does care coordination need to evolve to meet the unique needs of individuals with IDD?</li></ul>
<b>Key Stakeholders</b>	Individuals with IDD Caregivers of individuals with IDD Professional support services for individuals with IDD Health care providers Insurance providers
<b>Local-Related Issues:</b>	Lack of reliable network of providers

<b>(Local access, processes, staffing, etc.)</b>	Plurality of health care systems in NJ Myth that individuals with IDD can't self-advocate Misconception about sexual activity in the IDD population Misunderstandings about the complexity of obesity in IDD
<b>National-Related Issues</b>	Need for more education on the needs of the IDD population Need for more research on disease presentation in the IDD population Appropriate screening tools should be covered by insurance
<b>Governance Issues: (Funding, Structures, Processes, etc.)</b>	Current healthcare delivery model, particularly for the IDD population is challenging and less than ideal for improving health outcomes. Reimbursement in the "fee for service" healthcare contributes to polypharmacy, overtesting, and lack of collaboration
<b>Other Relevant Information:</b>	

## Outcomes

In this section, include the anticipated outcomes that would occur if changes are made as a result of interventions made. What might happen without this intervention?

Interventions used by care coordination teams can be applied to the DD population and improve outcomes, particularly:

- Improving compliance with patient behaviors such as weight loss & tobacco use
- Increasing compliance with cancer screenings

- Facilitating transitions of care to prevent medication errors and address potential complications of hospitalization.
- Communicating among the medical team to reduce redundancy in testing, expediate a diagnosis, collaborate on appropriate interventions

## Reflections and Points for Discussion:

How does care coordination need to evolve to meet the unique needs of individuals with DD?

- Cancer screening guidelines
- Obesity counseling
- Polypharmacy
- Complexities of diagnosing



- **It is intended the above text will be prompts only visible to presenter when completing electronic case presentation.**