

HEALTH CARE THAT MEETS THE NEEDS OF
INDIVIDUALS BOTH WITH AND WITHOUT
COMPLEX MEDICAL NEEDS IN A COMMUNITY
SETTING. WHAT'S NOT TO LIKE?

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IDENTIFYING THAT THIS IS A JOURNEY

- **Dr. Adams took the time to interview, listen, learn about existing programs and doing the research to come up with a solid plan for the future.**
 - **Understanding that CMS will not allow separate non-integrated settings for any services under Medicaid thus striving for a system that offers inclusion in to community health networks and not setting up “separate centers” for individuals with D.D.**
 - **Recognizing that providing health supports, disease management and acute care to individuals with D.D requires additional skills and education on the part of health workers in all areas of medicine and rehabilitation.**
 - **Acknowledging that individuals with D.D. will benefit from a wellness model and disease prevention approach just like the rest of us but will need this implemented in a way that best meets their needs and their families and care givers.**
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AREAS OF AGREEMENT

- **Partners in health NOT managers of health.**
- **Need for dental services, the option described will offer choice to the individual and family and offer dental practitioner access to strategies that have proven effective in providing care persons with D.D.**
- **“A strong, competent healthcare infrastructure will support health promotion and maintenance , disease management, and acute care diagnosis and treatment.” (I believe further identification and replication of existing programs that provide supports and services to those individuals who have high medical and care needs in community settings with positive outcomes for the individuals should be completed and a “round table to bring these teams together and come up with a way to disseminate their knowledge is important. This would be in addition to the survey participants described in the proposal.**
- **Include community physicians in the survey and community hospitals.**
- **Expanding the role of the nurse and the tiered system of identifying those who require this level of care. Regional nurse coordinators to assure the care is being provided according to best practice and in a person centered manner.**

AGREEMENT WITH QUESTIONS

The “temporary establishment of health centers.” Though I understand the need to assure access while establishing new expertise in communities, I am concerned on the continuation of an “institutional bias” in the provision of care. How ill we convert to a integrated system and when will do this?

I do agree individuals should only receive the interventions they require and not a forced set of interventions based on provider requirements by licensing or other overseers to meet their definition of an appropriate program. Making this happen will be a paradigm shift for many providers and auditors.

Regional programming as a focal point of best practice makes sense to me but services and supports must be available to the individual when needed and by service providers the individual chooses.



EDUCATION...EDUCATION

Great section but let's start in high school. Many DSP's only have a high school education.

Her definition of an interdisciplinary model with the individual and their families is excellent and is consistent with the philosophy of "Circles of Supports" to support individuals in community settings of their choice.

Technology section is great.



NURSING SUPPORT THAT HAS WORKED.

Normalizing health services in the community.

We met with the Director of Medicine, Nursing, Case Management and the Hospital Administrator and created a “model” of care for individuals with DD coming to Sentara. Our nurses will accompany the individuals in to the medical setting they are using and support them and the hospital staff. This affords excellent care in a calming way for the patient and education and modeling for the hospital staff.

Providing clinical education, guidance and supervision to the individual, their families and staff.

Our nurse educator also provides direct care in the homes and apartments. The nurses write excellent protocols and provide education on every shift to staff, they then monitor their progress in providing the support and offer guidance. They are available for questions.

They also designed a class called “physical care and intervention fro medically fragile adults”. All of our staff are medication trained and g-tube trained. We also train in the administration of Epi-pens and Diastat.



WE SUPPORT THE STRENGTHENING OF THE COMMUNITY SYSTEM

We support integrated approaches to health supports with DD health champions in all disciplines.

Supports will be provided in the communities where individuals live.

Telemedicine is a must so every Virginian can have the right care when they need it provided by a caring professional that has the support of a DD specialist.

Regional Medical Case Managers are important but case loads must be manageable.

In programs that support individuals with intensive medical needs ,nurses must be imbedded in the program to provide oversight, education and guidance to staff.

