

# Arc of Pennsylvania

**2024 Disability Health Action Summit**

**March 6, 2024**

**General Session -- 10:15 – 11:15am**

**Woods System of Care**

**Tine Hansen-Turton, President and CEO**

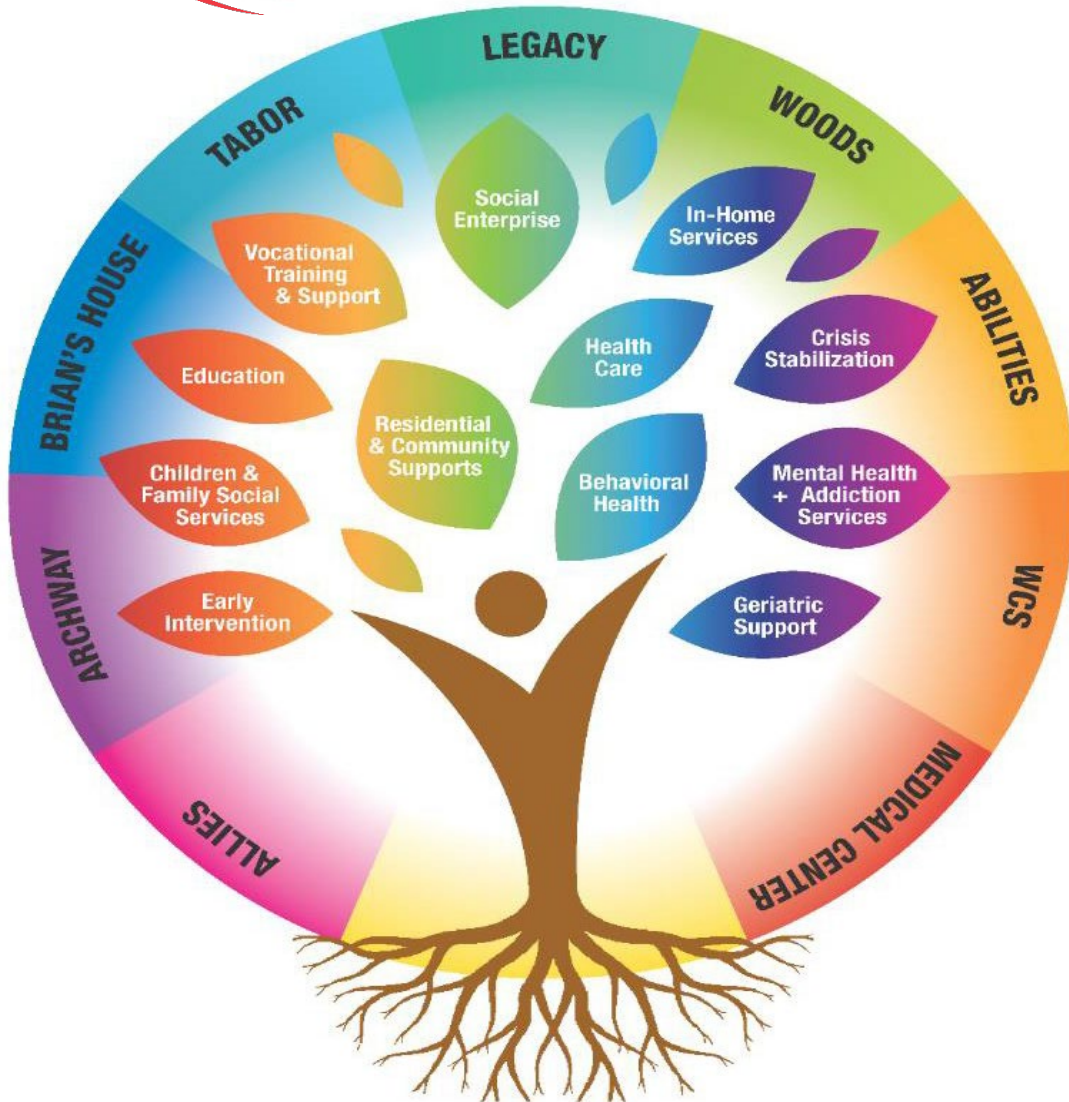
**[tine@woods.org](mailto:tine@woods.org)**



# Goals For Our Presentation

- Give an overview of the Woods System of Care and our integrated care model, with a special focus on oral healthcare
- Why we have formed a System of Care
- Background on health disparities and inequities for people with disabilities
- Health systems and how they are changing
- Health equity and the need to work together to improve systems and services

# Woods System of Care



Woods Services is a population health management organization that through its network of providers in PA and NJ provides life cycle care to meet the lifelong needs of children and adults with intellectual disabilities and autism (ID/A), acquired brain injuries and /or mental health challenges who may also have complex medical and genetic conditions.

- Locations in Pennsylvania and New Jersey through Woods and eleven+ affiliates
- Serving **32,000+** children, adolescents, and adults
- Referrals from **175** school districts and **23** States
- **7,000** employees in the Woods Network



# Woods System of Care



# Who We Serve

**Intellectual Disability / Autism**

**Children, adolescents, adults, and aging adults**

**Homeless or At Risk of Homelessness**

**Adults**

**Behavioral Health**

**Children, adolescents, adults, and aging adults**

**Complex and Co-Occurring Health Conditions**

**Children, adolescents, adults, and aging adults**

**Child-welfare System**

**Children, adolescents, and families**

**Neuro-typical Children**



# Comprehensive Service Array

## Education

- Seven Special Education Schools
- Before and After School Care
- Pre-vocational Training
- Vocational Training

## Residential

- Supervised Independent Living
- Foster Care / Lifesharing
- Statewide Adoption & Permanency Network
- Community Group Homes
- Transitional and Long-Term Care
- Children's Residential Treatment
- Respite Care
- Intensive Residential Supports

## Behavioral Health

- Early Intervention
- Outpatient
- Mobile Crisis Response
- Drug and Alcohol Treatment
- Medication Assisted Treatment
- Certified Community Behavioral Health Clinics
- Crisis Intervention

## Adult Day

- Community Participation Services
- Adult Day Habilitation
- Supported Employment
- Vocational Services
- Adult Partial Care

## Integrated Healthcare

- Medical
  - Primary and Urgent Care
- Dental
- Telehealth
- Mental Health
- Specialty and Allied Health
- Outpatient and Inpatient

## Social Services

- Intensive Family Support Services
- Homeless Outreach Services
- Integrated Case Management Services
- Justice Involved Services
- Employee Assistance Program
- Adoption
- Mentoring



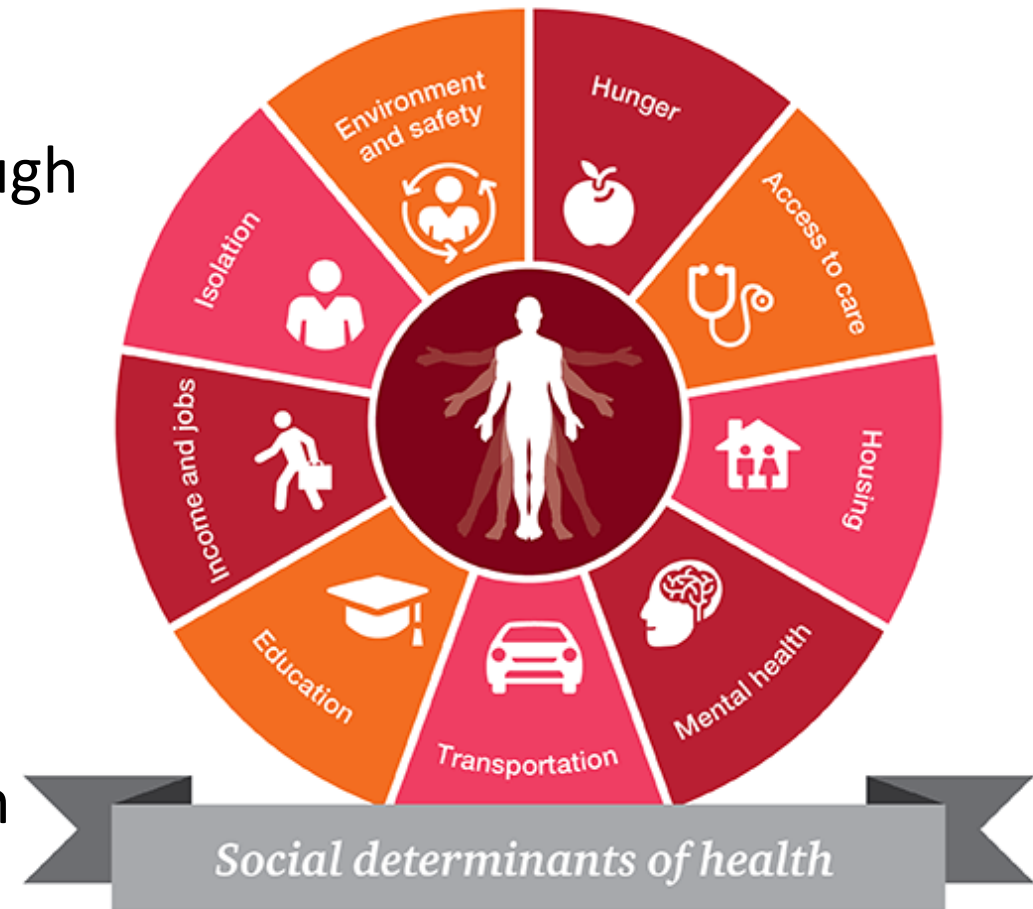
# Our Values



# We are Dedicated to Population Health

Woods is organized around the principles of population health management and addresses the social determinants of health through a comprehensive continuum and system of care that connects **prevention, wellness, education, behavioral health, and social services with coordinated and integrated healthcare delivery.**

Addressing the whole person, including physical and behavioral health, is essential for positive health outcomes and cost-effective care. Combining mental health services/expertise with primary care, specialty care and allied health can reduce costs, increase quality of care, and, ultimately, save lives.





# Why We Have Formed a System of Care

- 61 million people in the U.S. live with a disability
- More than 7 million live with an intellectual disability
- Rates of autism diagnosis are increasing each year
- Number of older adults – and adults over 60 with ID/A increasing



# Why We Have Formed a System of Care



## What is Health Equity?

Everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty and discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.



# Why We Have Formed a System of Care

## Building Health Equity

- We need to build a true system of care in the absence of a cohesive system for people with ID/A and complex needs
- We need to address major health disparities for people with complex needs and co-occurring conditions





# Why We Have Formed a System of Care

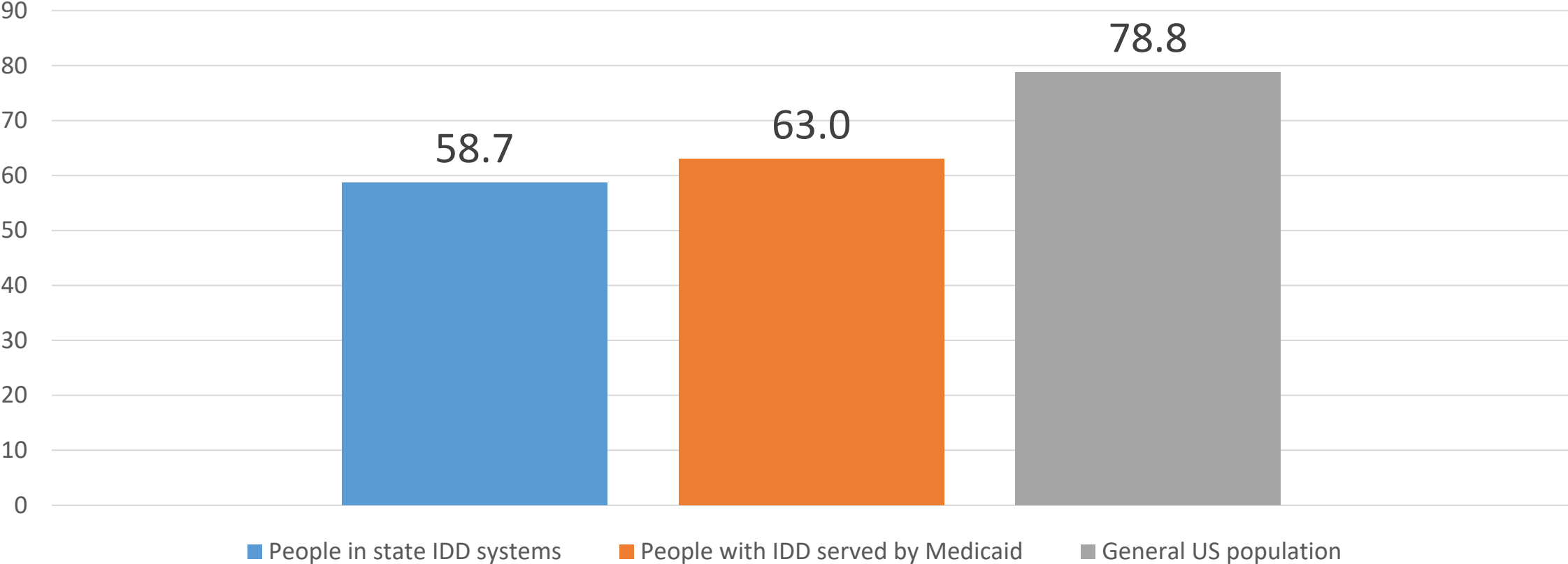


## Background and context:

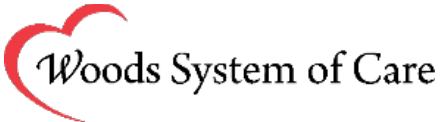
- Health disparities for complex populations are significant
- Disparities in costs of care
- Where Medicaid dollars go
- Changing systems that administer services for complex populations – increasing move towards managed care for people with ID/A

# Health Disparities

## PEOPLE WITH IDD DIE 15.8 YEARS YOUNGER – AT BEST

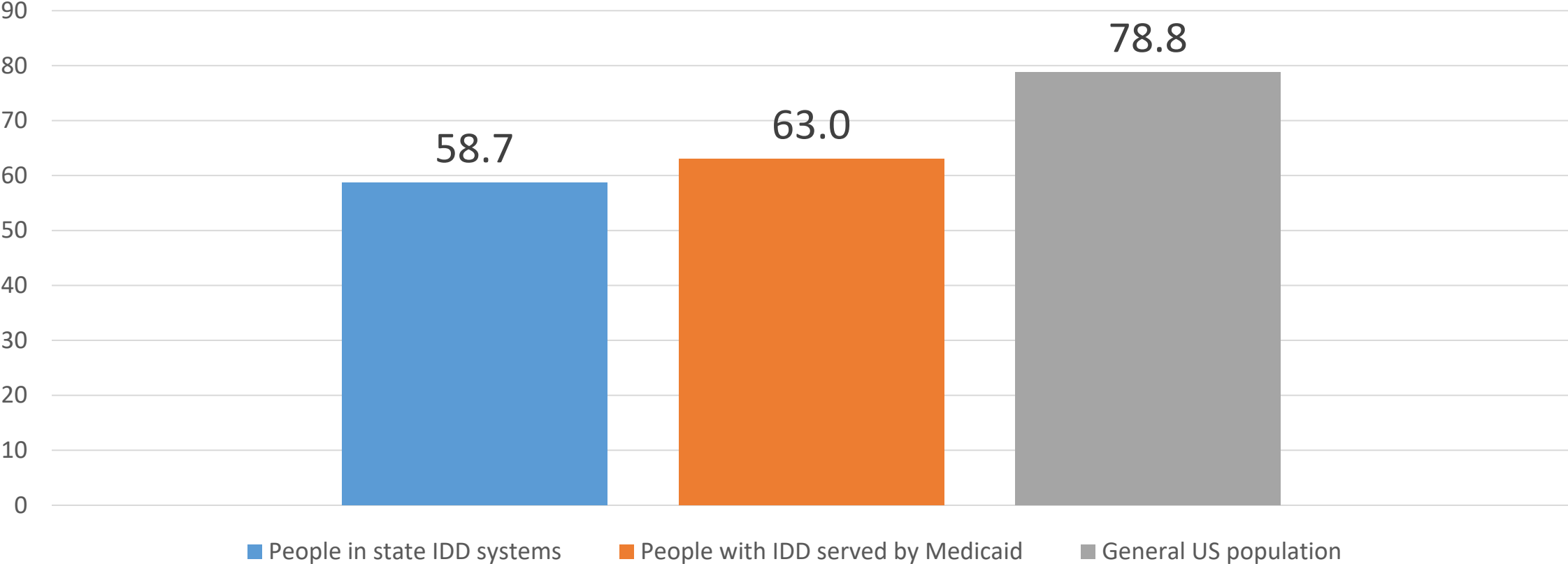


Source: Lauer E, McCallion P. Mortality of People with Intellectual and Developmental Disabilities from Select US State Disability Service Systems and Medical Claims Data. J Appl Res Intellect Disabil. 2015 Sep;28(5):394-405. Murphy SL, Xu J, Kochanek KD, Curtin SC, Arias E. Deaths: Final Data for 2015. CDC National Vital Statistics Reports, Vol. 66, No. 6, November 27, 2017.  
-Health Management Associates

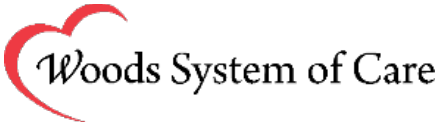


# Health Disparities

## PEOPLE WITH IDD REPORT WORSE HEALTH THAN THE GENERAL POPULATION



Source: Lauer E, McCallion P. Mortality of People with Intellectual and Developmental Disabilities from Select US State Disability Service Systems and Medical Claims Data. J Appl Res Intellect Disabil. 2015 Sep;28(5):394-405. Murphy SL, Xu J, Kochanek KD, Curtin SC, Arias E. Deaths: Final Data for 2015. CDC National Vital Statistics Reports, Vol. 66, No. 6, November 27, 2017.  
-Health Management Associates





# Health Disparities

**People with serious  
Mental Illness die  
25 years younger than  
the general population.**

Source: National Association of State Mental Health Program Directors Council. (2006). Morbidity and Mortality in People with Serious Mental Illness. Alexandria, VA: Parks, J., et al.

# Where Medicaid Systems Are Going

## SYSTEMS SHIFT FOR MOST COMPLEX POPULATIONS

Medicaid agencies are now turning their attention to more complex populations, mainly LTSS users, people with SMI/SUD and people with IDD

Spending associated with these populations is roughly \$250 billion of the remaining \$280 billion

The natural path is to apply the same template for reform, i.e., to redirect this spending through health plans

# Who Are the Most Complex?

- Three primary populations:
  - People with IDD and Autism
  - People with Serious Mental Illness (SMI) and Substance Use Disorder (SUD)
  - Older adults and people with disabilities
- States are moving these populations and the associated spending to managed care
- As they do this, they are demanding integrated networks with high levels of coordination and advanced supporting technology
- This means we need to be innovative and ensure services are available – through a true System of Care

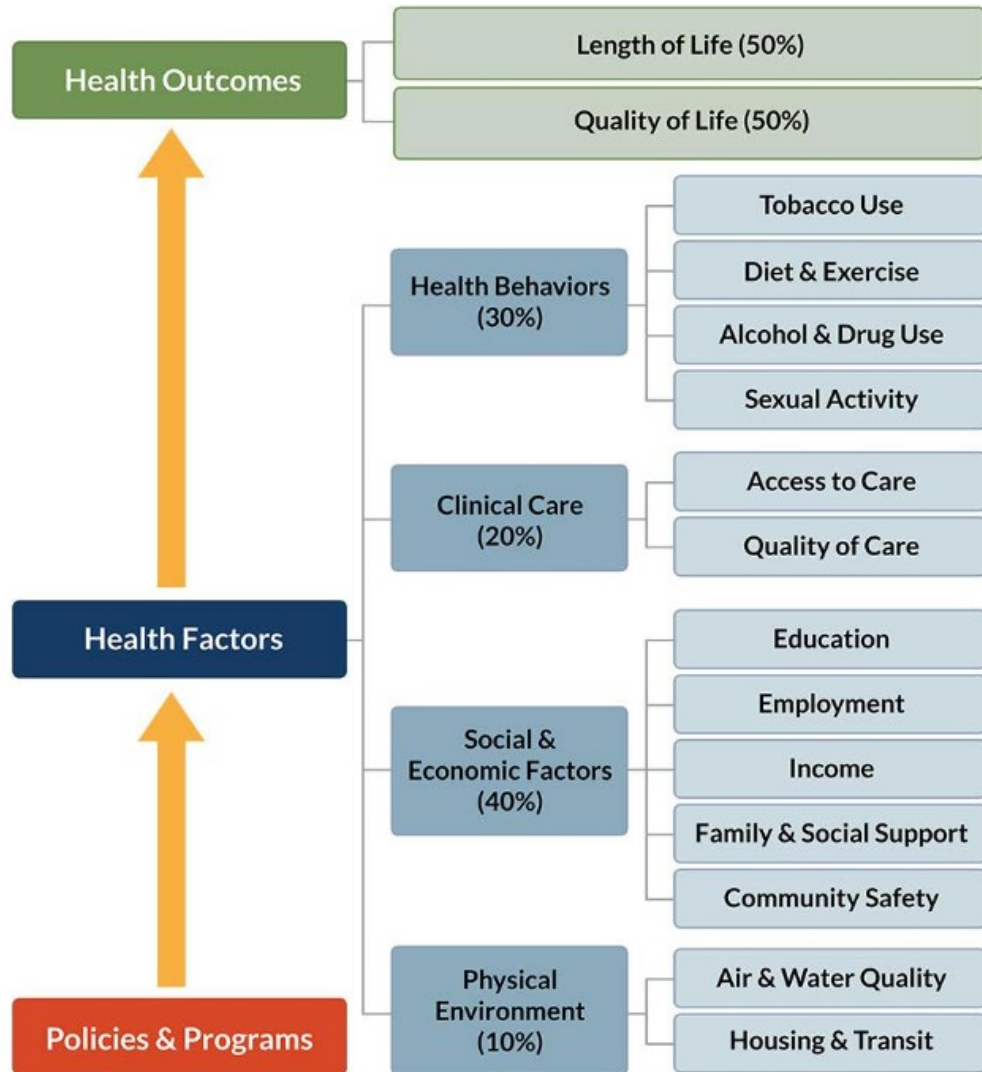


# How States Are Focusing on Integration

## **Putting it all together: States perceive they need integrated service delivery systems that are capable of:**

- Addressing the needs of the most complex Medicaid members with significant conditions, including I/DA
- Assuming responsibility for care across all services, including medical, behavioral health, and Long-Term Services and Supports (LTSS)
- Assuming accountability for quality-of-life outcomes across all domains

# What Does Integration Get Us?



County Health Rankings model © 2016 UWPHI

- Medical care accounts for 20% of impact on health outcomes
- Social Determinants of Health (health-related behaviors, socioeconomic and environmental factors) account for 80% of impact on health

# How Do We Compare With Other Countries?



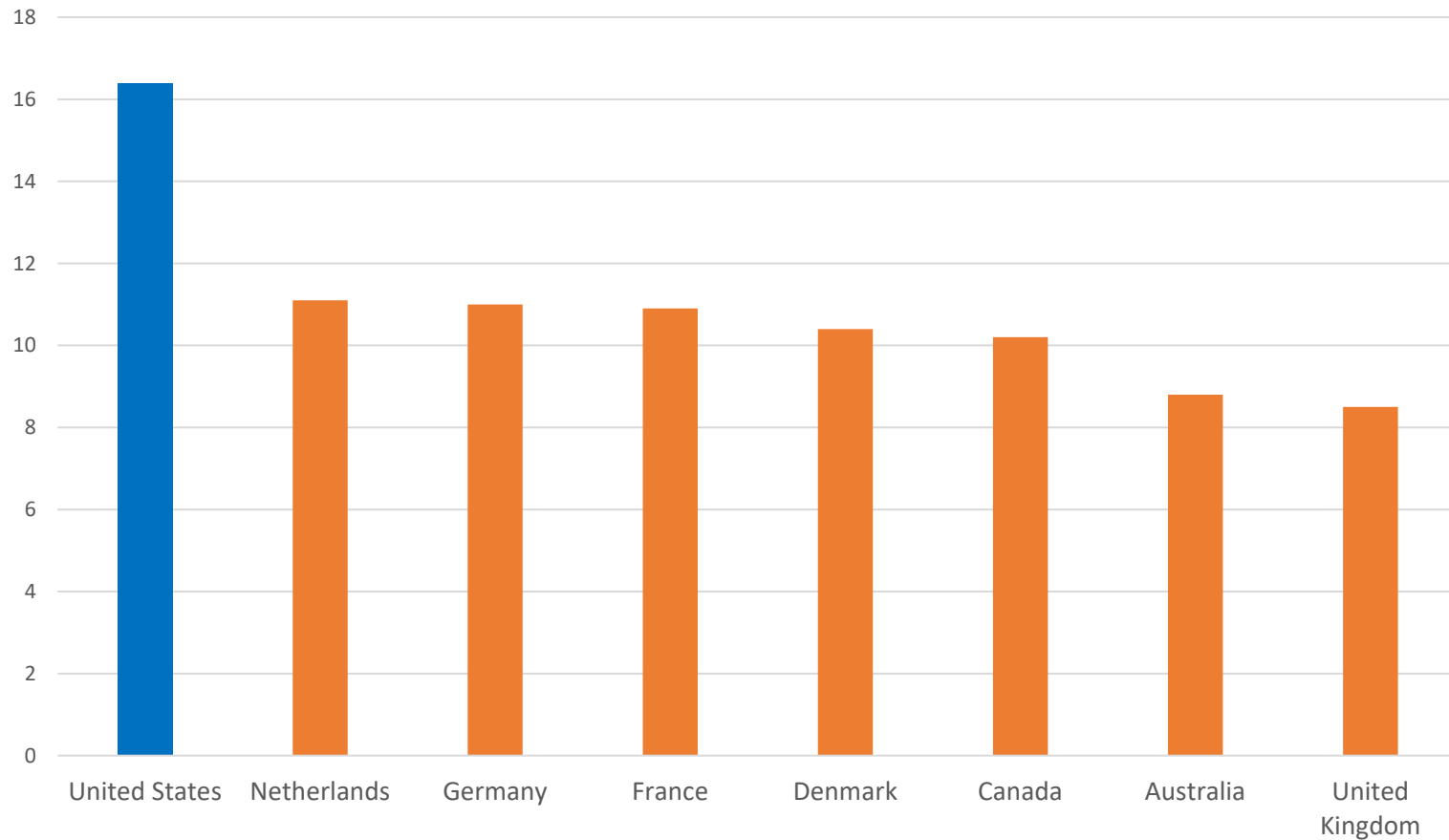
**Where is funding directed?**

**What are the health outcomes?**



# How Do We Compare With Other Countries?

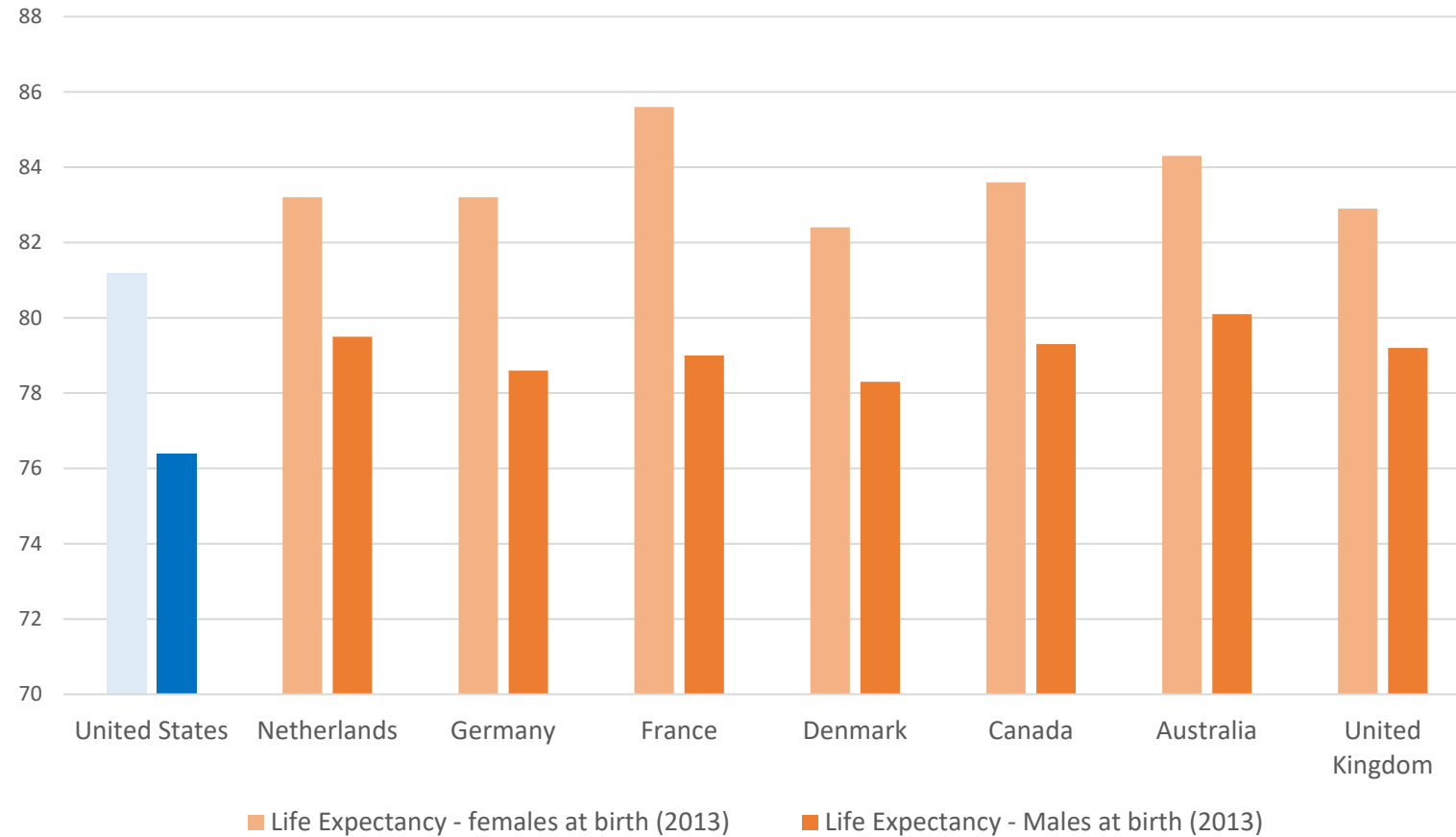
## WE ARE SPENDING MORE ON HEALTHCARE AS A PERCENTAGE OF GDP



Source: stats.oecd.org with thanks to Elizabeth H. Bradley and Lauren A. Taylor

# How Do We Compare With Other Countries?

## WE HAVE LOWER LIFE EXPECTANCY



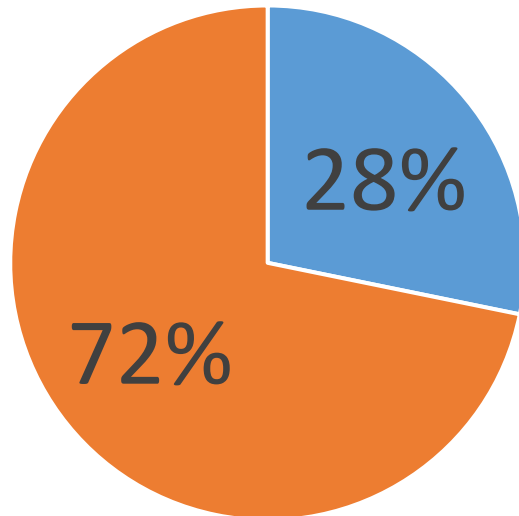
Source: stats.oecd.org with thanks to Elizabeth H. Bradley and Lauren A. Taylor

# How Do We Compare With Other Countries?

## HOW HEALTH AND HUMAN SERVICES MONEY IS SPENT

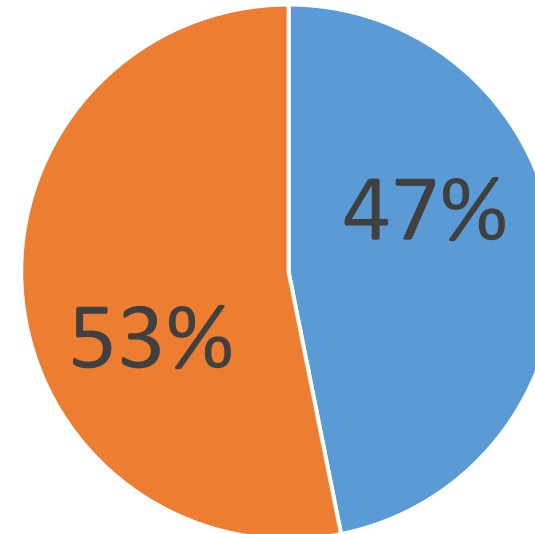
Non-US OECD\* countries spending:

- Healthcare spending
- Human Services Spending



The US spending:

- Healthcare spending
- Human Services Spending



Source: stats.oecd.org with thanks to Elizabeth H. Bradley and Lauren A. Taylor

\* Organization for Economic Co-Operation and Development

# Value of Investment in Social Services

## Social service integration:

18% reduction in emergency department visits among members  
80% enrollment of members into primary care medical homes

## Housing First:

\$9,000 per person per year to nearly \$30,000 per person per year

## Housing and social service integration:

55% decrease in total monthly Medicaid costs for every \$1 spent compared to year prior, \$2 savings the following year, and \$6 savings in subsequent years

## Nutritional Assistance:

Every \$25 increase in home-delivered meals per older adult would be associated with a 1% decline in nursing home admissions

## Asthma:

For every \$1 invested, \$1.33 was saved

Source: Taylor LA, Coyle CE, Ndumele E, Rogan E, Canavan M, Curry L, Bradley EH. (2015). Leveraging the social determinants of health: what works? Prepared for the Blue Cross Blue Shield of Massachusetts Foundation by the Yale Global Health Leadership Institute. Health Management Associates



# Our Approach Is Aligned With Federal CMS

## THE QUADRUPLE AIM



Source: Bodenheimer T and Sinsky C, From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. Ann Fam Med 2014;12:573-576  
-Health Management Associates.

# Woods Integrated Care Model

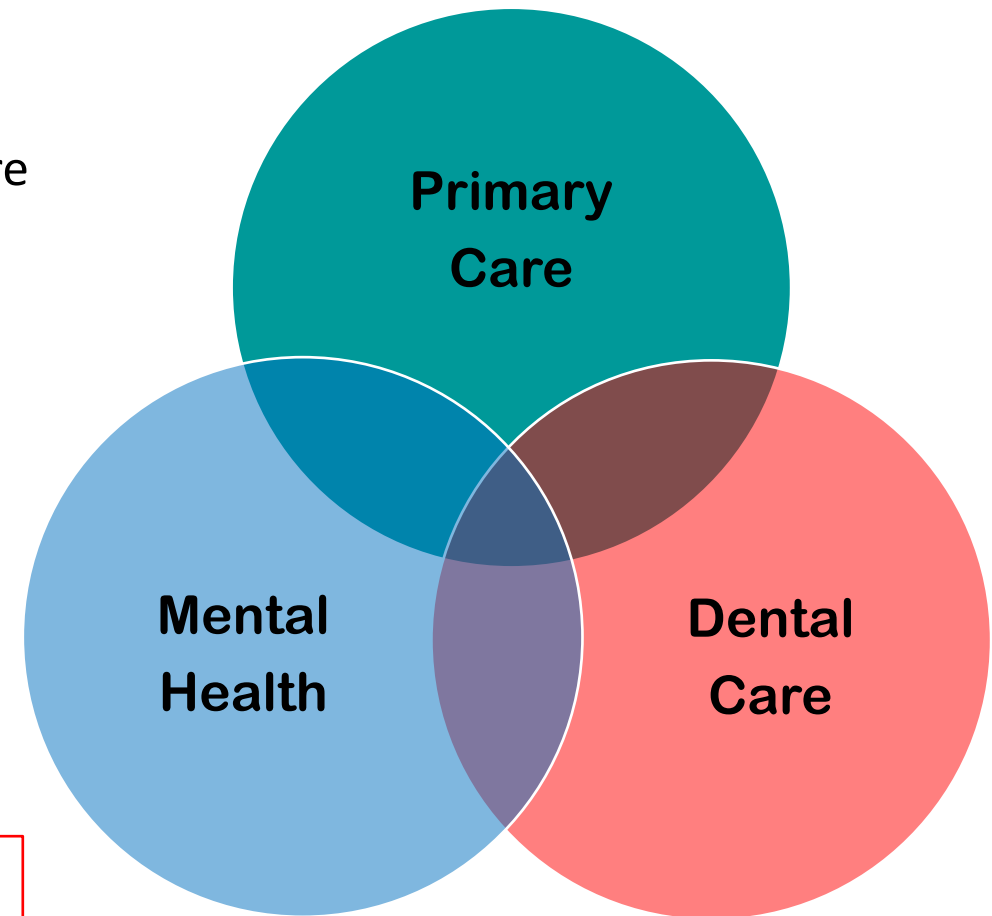
## The Medical Center at Woods Serves as the foundation for the Integrated Care Model



- Patient-Centered Medical Home approach
- Integrated Care includes Primary Care, Psychiatry, Specialty Care, Dental
- Care coordination across specialties, health systems, and transitions between levels of care
- Extensive partnerships with hospital and health systems that enhance services AND train the next generation of providers, including a partnership with Penn Dental Medicine

# Woods Healthcare: An Integrated Approach

- Providers working together
  - Primary Medical, Behavioral Health & Dental Care
- Patient-centered care
- Medication management
- Polypharmacy
- Nursing management
- Health system relationships/resources
- Open to the community



[www.woodshealthcare.org](http://www.woodshealthcare.org)

215-750-4004



# The Medical Center at Woods

## Allows for Replicable Integrated Care Model

- Structures vary by setting and context
- Partnerships with multiple hospitals and medical schools
- Training next generation of providers

Health System, Managed Care/Insurer and Academic Partnerships – PA and NJ



Keystone First



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Dental Medicine  
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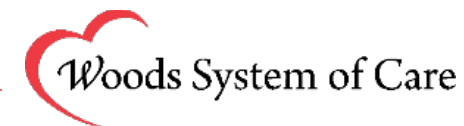
SALEM  
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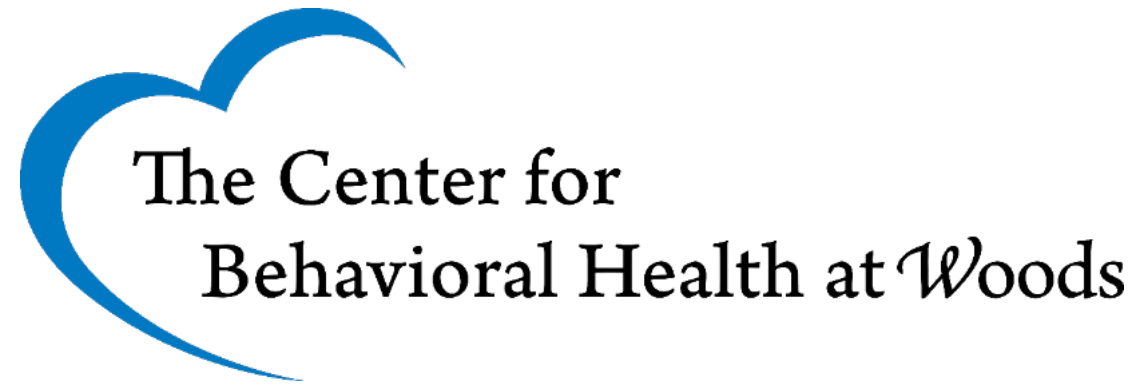
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DREXEL UNIVERSITY  
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Medicine







Outpatient mental health facility offering therapy and medication management to children, adolescents, and adults, ages 6 and over.

Psychological assessments and testing provided for individuals ages 12 months and over.

[www.woodshealthcare.org](http://www.woodshealthcare.org)

**215-750-4004**





Comprehensive, Primary Care & Urgent Care provider serving children, ages 6 years old and up, adolescents and adults.

Specialized compassionate services for individuals with Intellectual & Development Disabilities and Autism (IDD/A).

[www.woodshealthcare.org](http://www.woodshealthcare.org)

**215-750-4004**



The logo for Penn Dental Medicine at Woods features a large, stylized red heart shape on the left. To its right, the text "Penn Dental Medicine" is written in a black serif font, with "at Woods" in a black script font below it.

Penn Dental Medicine  
at Woods



Woods partnered with the University of Pennsylvania School of Dental Medicine, one of the leading dental schools in the United States.

Patients receive care and treatment from a staff specifically trained to provide dental care for people with disabilities.

[www.woodshealthcare.org](http://www.woodshealthcare.org)

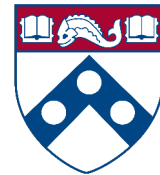
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# What Are We Doing to Address Oral Health Disparities?

Woods System of Care has established a joint venture with Penn Dental Medicine to achieve two goals to increase access to oral health care:

- Provide excellent oral health care for people with disabilities
- Train the next generation of dentists to be able to provide oral health care for people with special needs





# Impact of Health Conditions on Oral Health

- Cognitive problems affect ability to remember and follow directions for oral health care at home
- Behavior problems can complicate oral health care; for example, anxiety can create a barrier to accessing treatment
- Mobility problems may pose a barrier to self-care and accessing care at the dental office



# Common Oral Health Factors

- Trauma and injury to the mouth from falls or accidents may occur in people with seizure or other disorders
- Prescription drugs may cause conditions which make it harder to achieve and maintain oral health

# Partnership with Penn Dental Medicine

- Mission alignment and an amazing University Dean, Dr. Mark Wolff
- Penn Dental Medicine has a track record of prioritizing oral health care for people with disabilities – innovators in this area
- Established Personalized Care Suite at Penn Dental Medicine





# New Dental Clinic at Woods Services

## Penn Dental Medicine at Woods Mikey Faulkner Dental Center – at Medical Center at Woods:

- State-of-the-art facility with 5 operatories
- Digital panoramic imaging system
- EHR/EMR capabilities
- Hoover glide dental chairs
- Electric rear delivery dental systems
- Digital scanners, dental laboratory







# New Dental Clinic at Woods Services

## **Penn Dental Medicine at Woods Mikey Faulkner Dental Center – at Medical Center at Woods:**

- Clinical site for Advanced Education in General Dentistry Program
- Three Fellows rotate
- Clinic operates 3 days per week

# Preparing the Next Generation of Dentists

## **Penn Dental Medicine Advanced Education in General Dentistry program objectives that meet new dental education standards:**

- Teach AEGD Fellows to serve as primary care providers for oral health for people with medically complex and specialized health care needs
- Function effectively in interdisciplinary health care teams, collaborating with physicians, NPs, nurses, social workers, and behavioral health specialists to coordinate care
- Use principles of evidence-based and patient-centered care
- Engage with their community in a culturally relevant, sensitive manner

# Preparing the Next Generation of Dentists

## **Penn Dental Medicine one-year Advanced Education in General Dentistry program entails:**

- Combination of clinical and didactic coursework
- Clinical care rotations at ***Penn Dental Medicine at the Mikey Faulkner Dental Center***, Penn Dental Medicine and other community locations
- Since January 2023, AEGD residents have provided 5,454 oral health care procedures for people with disabilities

# Impact and Outcomes

## Since the launch of the new clinic last year:

- 1182 examinations
- 1988 adult and 60 child prophylaxis (cleanings)
- 1131 applications of topical fluoride
- 802 dental restorations
- 17 crowns (caps)
- 151 extractions
- 10 root canals
- 84 periodontal therapies
- 6 removable appliances
- 23 sedation cases



# Conclusions and Takeaways

## Some takeaways for today:

- Integration of care works and we have proven our model works
- We are aligned with the Arc of PA Disability Health Action Network efforts
- We are stronger when we partner together to increase access to care and improve quality of care
- We've written a Health Equity Policy Brief that is aligned with Arc of PA



# Conclusions and Takeaways

## Our Health Equity Policy Brief recommendations:

1. Support the HR 2417 – The HEADs Up Act
2. Support defining IDD and autism in national systems so that funding and program development can be targeted to needs
3. Fund pilots that are ID/A equity focused
4. Ensure individuals with ID/A are active participants in policy-making
5. Provide funding to train a healthcare workforce that will meet the needs of people with ID/A
6. Provide resources for law enforcement training and prevention of criminal justice involvement for people with ID/A

# Q & A

Contact:

Tine Hansen-Turton, President and CEO

[tine@woods.org](mailto:tine@woods.org)

215-801-3272

