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2014 Community Engagement and Research Symposium

Nov 7th, 8:00 AM

## A Nurse Practitioner Model for Delivering Primary and Coordinated Care to Adults with Disabilities -CLASS Inc., Lawrence, MA and Academic Partners, Brandeis University and University of Massachusetts Lowell

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Harris, Bob; Erickson, Marji Warfield; Accardi, Lisa; Abdallah, Lisa; Melillo, Karen Devereaux; and Lee, A. James, "A Nurse Practitioner Model for Delivering Primary and Coordinated Care to Adults with Disabilities - CLASS Inc., Lawrence, MA and Academic Partners, Brandeis University and University of Massachusetts Lowell" (2014). Community Engagement and Research Symposia. 5.

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## **Presenter Information**

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## Keywords

nurse practitioners, disabilities, adults with developmental and/or intellectual disabilities (I/DD), primary care

## Comments

Poster presented at the 2014 UMass Center for Clinical and Translational Science Community Engagement and Research Symposium, held on November 7, 2014 at the University of Massachusetts Medical School, Worcester, Mass.

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## Special Hope Planning Grant for CLASS Nurse Practitioner Model

# Background

The President of CLASS developed partnerships to pursue a planning grant to explore a Nurse Practitioner model:

- Senior Scientist Marji Warfield of Brandeis University's Heller School Drs. A. James Lee, Lisa Abdallah and Karen Devereaux Melillo of UMass Lowell's School of Nursing and the College of Health Sciences.
- The pursuit of this partnership was in response to healthcare challenges documented in research by Marji Warfield and observed healthcare concerns documented by Lisa Accardi, CLASS Director of Clinical Services.
- The UMass Lowell School of Nursing partnership is based on their goal to provide experiential learning for their Nurse Practitioner graduate program.
- The joint partnership secured a planning grant from the Special Hope Foundation.

# In Development

- Partnership with Healthcare Provider Organization
- Job description for qualified Nurse Practitioner to provide primary/urgent care for I/DD population
- Resolution of the Dual Eligibility project: MassHealth/Medicaid and Medicare
- Support of Massachusetts Department of Developmental Services, residential providers and families
- A budget/funding stream
- Grants to support start-up costs
- Securing needed number of participants



# <sup>2</sup> Observations

- Adults with developmental and/or intellectual disabilities (I/DD) are 2.5 times more likely to experience unmet health care needs than people without disabilities. - National Center on Birth Defects and Developmental Disabilities, Annual Report FY2012
- Adults with I/DD are more likely to develop chronic health conditions at younger ages than other adults because of biological factors related to syndromes and associated developmental disabilities, limited access to adequate health care, and lifestyle and environmental issues.
- Carolyn C. Tinglin, MSc, RN; Today's Geriatric Medicine, Vol. 6 No. 3 P. 22
- These adults experience higher rates of obesity, sedentary behaviors, and poor nutritional habits compared with the general population. - Carolyn C. Tinglin, MSc, RN; Today's Geriatric Medicine, Vol. 6 No. 3 P. 22
- Disabilities in the CLASS population range from autism spectrum disorder to cerebral palsy to Down syndrome, compounded by many secondary medical conditions including congenital defects, sensory impairment and seizure disorders.



The mission of CLASS is to support, promote and facilitate the inherent rights of individuals with disabilities to experience a life of opportunity for personal growth and active, meaningful engagement in their community.



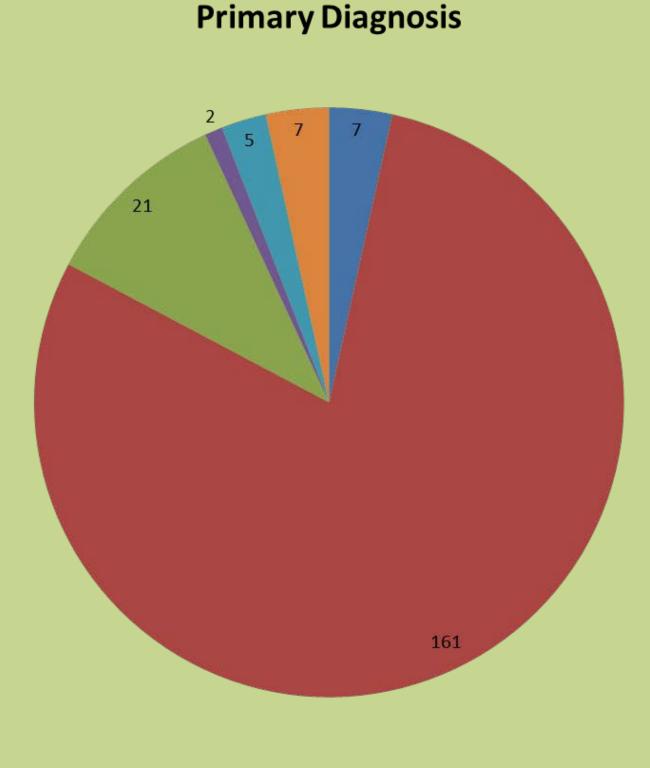
## Reasons for Project

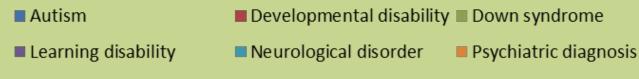
Adults with I/DD generally see primary care physicians less often in comparison with the general population. Many barriers contribute to this:

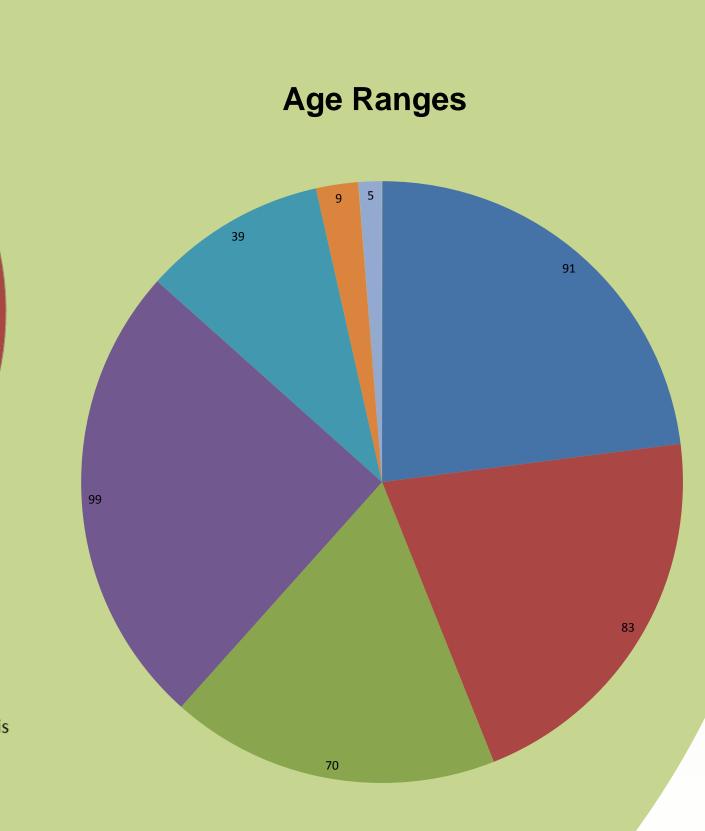
- Lack of access to primary care providers who are knowledgeable and experienced with the I/DD population;
- Behavioral issues negatively affecting an individual's cooperation for tests, injections, etc.;
- Communication issues that make interaction among the provider, caregiver and patient difficult;
- Shortage of time for providers to accommodate adults with I/DD who may have communication and behavioral difficulties that create challenges to patient assessment and treatment;
- Lack of coordination among healthcare teams and a coordination system;.
- Lack of regular healthcare screenings by trained clinicians and caregiver education can lead to illnesses that could go unrecognized until advanced stages;
- Lack of comprehensive research on this population including best practices and evidence-based care guidelines – this in turn limits the delivery of optimal care.
- There is not a centralized database that tracks hospitalization and emergency room usage. - Carolyn C. Tinglin, MSc, RN; Today's Geriatric Medicine, Vol. 6 No. 3 P. 22

The Nurse Practitioner will be a healthcare advocate, will recognize a health care risk and pursue necessary supports.









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