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Whole Person Care Means Whole System Care

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Abstract

The consequences of health inequity are widespread, affecting not only individuals with special needs but also burdening families and communities with emotional, financial, and social hardships. This perpetuates a cycle of disadvantage, hindering access to education, employment, and social inclusion. Achieving health equity necessitates societal commitment to compassion, justice, and human rights. By challenging norms, collaborating, and addressing underlying causes, progress toward inclusivity and better health for all is attainable.

Boundless, a provider of Intellectual and Developmental Disability (IDD) and Autism Spectrum Disorder (ASD) services, pioneers a whole-person care approach and braided funding model to address this issue. Collaborating across health and social service domains and overcoming siloed funding barriers, Boundless ensures seamless provision of services to individuals qualifying for multiple systems of care. This comprehensive approach also tackles the challenges of coordinating diverse funding streams and fostering a collaborative culture. The model's scalability hinges on tailored programming, employee satisfaction through professional growth, and preparation for future value-based payment models, ultimately striving for higher service quality.

Introduction

In a world that champions diversity and progress, it is disheartening to witness the persisting social problem of health inequity faced by people with intellectual disabilities, autism, mental health challenges, and other populations. Despite significant advancements in medical science and increased awareness about inclusivity, these marginalized groups continue to face barriers and obstacles in accessing proper healthcare, exacerbating their vulnerabilities and deepening the disparities they encounter.

The social problem of health inequity arises from a complex interplay of factors that can be traced back to deep-rooted societal attitudes, inadequate policies, and institutionalized discrimination. Stereotypes and misconceptions about individuals with special needs have long perpetuated stigmas, leading to their exclusion from mainstream healthcare services. This exclusion is often compounded by a lack of understanding and empathy among healthcare providers, resulting in misdiagnoses, delayed interventions, or even denial of treatment altogether.

Moreover, special populations face communication challenges and unique healthcare needs, which, if not addressed appropriately, can lead to adverse health outcomes. The absence of comprehensive and accessible healthcare services tailored to their specific requirements further contributes to the widening gap between their health status and that of the general population. The consequences of this health inequity are far-reaching. Not only do individuals with special needs suffer from preventable illnesses and avoidable complications, but their families and communities are also burdened with emotional, financial, and social challenges. The cycle of disadvantage continues, with limited access to education, employment opportunities, and social inclusion, further perpetuating their marginalization.

Ultimately, achieving health equity is not just a matter of healthcare reform; it is a societal commitment to upholding the values of compassion, justice, and human rights. By challenging the status quo, working collaboratively, and addressing the root causes of this social problem, we can pave the way toward a more inclusive, compassionate, and healthier world for all.
At Boundless, our whole-person care approach and braided funding model accomplish two objectives that support and strengthen an innovative approach to supporting individuals who are neurotypical. Two of the reasons health inequities exist for individuals with complex needs are a lack of collaboration across professional health and social service lines of care, as well as siloed funding streams that prevent access to all resources.

As a provider of IDD (Intellectual and Developmental Disability) (Intellectual and Developmental Disability) and ASD (autism spectrum disorder) services for over 40 years, it is uncommon for an agency like Boundless to access funding streams and services that cross over into primary care, behavioral health, aging, children service funding, and other service disciplines. As such, Boundless had to tackle the siloed funding streams deliberately and methodically to assure an individual who qualifies for multiple systems of care could receive most, if not all, those services seamlessly from Boundless.

The profound mission-driven choice Boundless made was recognizing the simple and doing the difficult. No one would argue that an individual with IDD or ASD could not also have chronic health conditions behavioral health challenges, and be an adolescent or an aging adult. In terms of Medicaid and public funding, whole-person care also means whole system care.

The difficulty lies in accessing the multiple systems of funding that sit behind a mountain of regulations, well-intentioned public employees, and only fleeting moments of tangential overlap or coordination across public agencies. If an organization is pursuing whole-person care, they must first tackle whole-system care—and that requires a level of excellence and a broad range of expertise that many professionals and health organizations are not accustomed to having. The goal is to create a seamless experience for the individual rather than a roller coaster ride of dips, turns, and twists while accessing services from different funding and resource streams. In one example of Boundless pursuing whole-person care by way of whole-system care, funding is accessed through four different government regulatory agencies using ten different billing codes in a single day for the services someone with IDD or ASD might require. The procedures and training required to support professionals doing this kind of work are extensive. Effectively budgeting this kind of model is also challenging and time-consuming.

As challenging as accessing siloed funding is, creating a culture of program collaboration can be just as difficult. Professionals are committed to their training, education, and philosophies of care. Setting up systems of care that are decentralized and require crossover from different subject matter experts is one approach to creating collaborative cultures. Critical to this success is assuring that professionals understand that being responsible is different than being accountable, and they are required to be both. Success or failure is measured against all members of the team. This is accomplished at Boundless by creating lines of service that tie together through person-centered, whole person planning. Singular accountabilities of professionals create accountability to the whole person, meaning one person completing their part is still interested in how all professionals and team members are faring.

A good example of cross-over service line collaboration is our day habilitation and vocational training programs for individuals with IDD. Team members from our Community Integration Department (CID) and Behavioral Health Department cross over to support the program environment daily. Staff members with specialized training and backgrounds provide a treatment intervention in a group setting as part of our Community Integration programming. Those staff with specialized behavioral health training provide a braided service, which in turn creates a braided funding stream for the program. Our Behavioral Health Department provides clinical support, oversight, and professional development plans for CID staff members and attends individual service plan meetings, providing clinical feedback and evaluation of services and progress. That is just one example that allows Boundless to provide more comprehensive and whole-person care for individuals, strengthen revenue through braided funding, and create a more sustainable program model.

The model is scalable for four reasons. For one, Boundless creates programming to meet the needs of individuals with complex needs and diagnoses. This means we can say “yes” to more individuals who are interested in choosing Boundless and engaging with a community integration program. By drawing down more funding streams, we can generate a reasonable funding model that supports good wages and benefits presently and year after year. Another reason is employee satisfaction. By providing a multi-disciplinary, comprehensive program, staff are given more opportunities for professional development, more avenues to draw from for program support, and a more stimulating program environment that relies on collaboration and sharing. Finally, in the long term, we believe our current braided service and funding model will prepare Boundless to more easily shift into new Medicaid service models that rely on value-based payment models such as an individual case rate or bundled payment approach. The emphasis on value and quality vs. service volume and outputs should result in higher quality of services.

At Boundless, our whole-person care and braided funding model exemplify the dedication required to achieve transformative outcomes. By embracing collaboration across disciplines and dismantling funding silos, we not only ensure seamless, individual-centered care but also create a culture of accountability and excellence. This scalable approach not only supports those with complex needs but also sets a precedent for higher quality and value-based healthcare models in the future.