

Enhancing Healthcare Access for Patients With Disabilities

Melanie R. Francis

Lehigh Valley Health Network, melanie.francis@lvhn.org

Michael Goodwin

Lehigh Valley Health Network, Michael.Goodwin@lvhn.org

Phillip Zegelbone

Lehigh Valley Health Network, Phillip.Zegelbone@lvhn.org

Christie Atchison

Lehigh Valley Health Network, Christie.Atchison@lvhn.org

Matthew Thau

Lehigh Valley Health Network, Matthew.Thau@lvhn.org

See next page for additional authors

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Authors

Melanie R. Francis; Michael Goodwin; Phillip Zegelbone; Christie Atchison; Matthew Thau; Norman McKoy BS; Jennifer Chevinsky; Judith Sabino MPH, CDP; and Sweetie Jain MD

Enhancing Healthcare Access for Patients With Disabilities

Melanie Francis, Mike Goodwin, Phil Zegelbone, Christie Atchison, Matthew Thau, Norman McKoy, Jennifer Chevinsky, Judith Sabino, MPH, CDP, Sweetie Jain, MD
Lehigh Valley Health Network, Allentown, Pennsylvania

INTRODUCTION

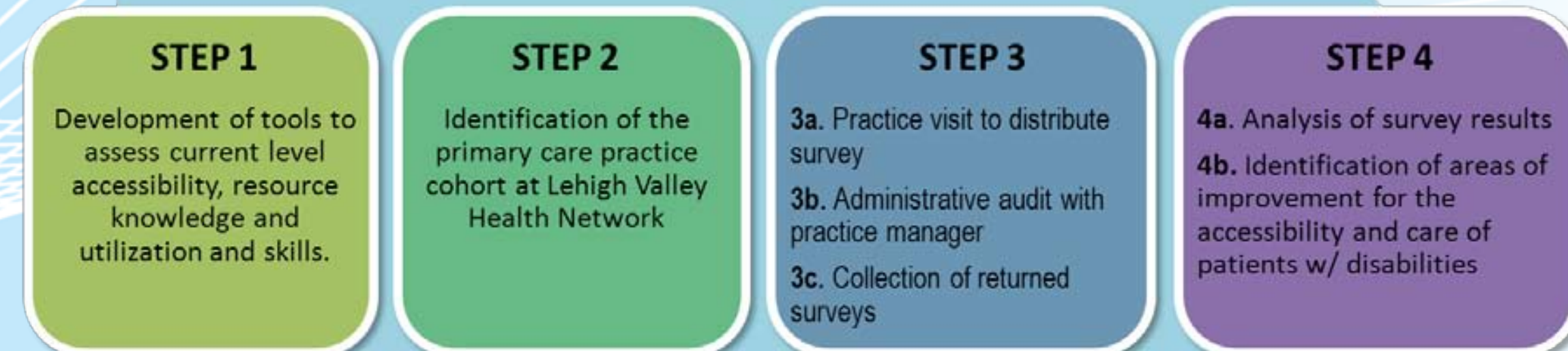
Patients with disabilities present unique and diverse healthcare needs. Access to care is often limited by structural limitations, communication barriers, comfort level, and resources within individual facilities. As the healthcare landscape shifts to emphasis on primary care, family and internal medicine offices offer the robust opportunity to model appropriate communication and facilities to this population.

We proposed to study the current physical barriers, available resources, and communication skills, as they relate to the care of patients with intellectual and physical disabilities in a cohort of primary care practices.

The study consists of two components:

- Internal audit of structural accessibility (administrative audit)
- Staff-reported survey of knowledge, comfort, and resources when accommodating patients with disabilities (practice member survey)

METHODS



Tool	Data	Data Collection
Practice Member Survey	<ul style="list-style-type: none"> • Facility accessibility • Community resource knowledge and utilization • Communication skillset 	Anonymous survey completed by willing practice member participants. All clinical and non-clinical staff, administration, and providers are eligible participants
Administrative Audit	<ul style="list-style-type: none"> • Facility accessibility • Practice resources 	Audit tool completed by practice manager and medical student member of research team.

ASSESSMENT OF HEALTHCARE ACCESS

Assessment of Healthcare Access for Patients with Disabilities *Survey for Healthcare Providers, Nurses, and Staff*

This 10 minute survey is part of a research study assessing healthcare access for patients with disabilities. This study is being conducted by Lehigh Valley Health Network, Department of Family Medicine and USF medical students. Your decision to complete this survey is voluntary. This survey is anonymous and confidential. If you have any questions or concerns about this survey, please contact XXX-XXX-XXXX. Please return this 2-sided survey in the self-sealing envelope to the sealed box located at the nurse's station by 6/1/2015.

Physical Readiness: Yes No Not Sure
Is the waiting room accessible to patients with mobility impairment?

Knowledge of Local Resources:
List 5 local resources (community, governmental, social organizations) you are aware of for patients with intellectual or physical disabilities. Indicate with an X whether you are familiar with the resource and/or have used the resource for support for patients with disabilities.

Communication Skills:
Please indicate with an X how often you use the following skills when talking with patients with intellectual or physical disabilities.



Assessment of Healthcare Access for Patients with Disabilities *Facilities and Resource Audit: Survey for Practice Managers and Students*

Communication - Does your practice provide: Yes No Not Sure
Printed information available in Braille?

The practice member survey measures the participant's perceptions of facility accessibility, knowledge and utilization of community resources, and communication skills.

This portion of the assessment evaluates the number of local community resources that serve persons with disabilities that a practice member can identify

The practice audit tool assesses actual facility accessibility through observation and collects data on practice resources for patients with disabilities.

Surveys are anonymous and confidential. No participant identifiers or information is collected or recorded. Surveys are coded to identify practice, but not participant. Site specific identified data is not reported in dissemination of research. Data is reported in aggregate.

A primary aim is to measure facility accessibility, community resource knowledge, primary communication skills of staff and practice resources. Through this assessment, it is hypothesized that gaps in accessibility, knowledge and skills will be identified.

RESULTS

Physical Readiness - Does your practice provide:	No	Yes
Sidewalk Curb Ramps - Existing?	0%	100%
Is the waiting room accessible to patients with mobility impairment?	0%	100%
Are bathrooms wheelchair accessible?	0%	100%
Are handrails present in bathrooms?	0%	100%
Are restroom accessories appropriate height for wheelchair?	0%	100%
Sidewalk Curb Ramps - Flush with gutter or street?	14%	85%
Are automatic door openers at an appropriate height?	14%	85%
Is there enough space in exam rooms for 180 degree turn in wheelchair?	14%	85%
Sidewalk Curb Ramps - visible? (clearly demarcated with signs)	42%	57%
Are there wheelchair accessible scales?	42%	57%
Are there staff trained in moving patients with disabilities?	57%	42%
Sidewalk Curb Ramps - Aligned with crosswalk?	71%	28%

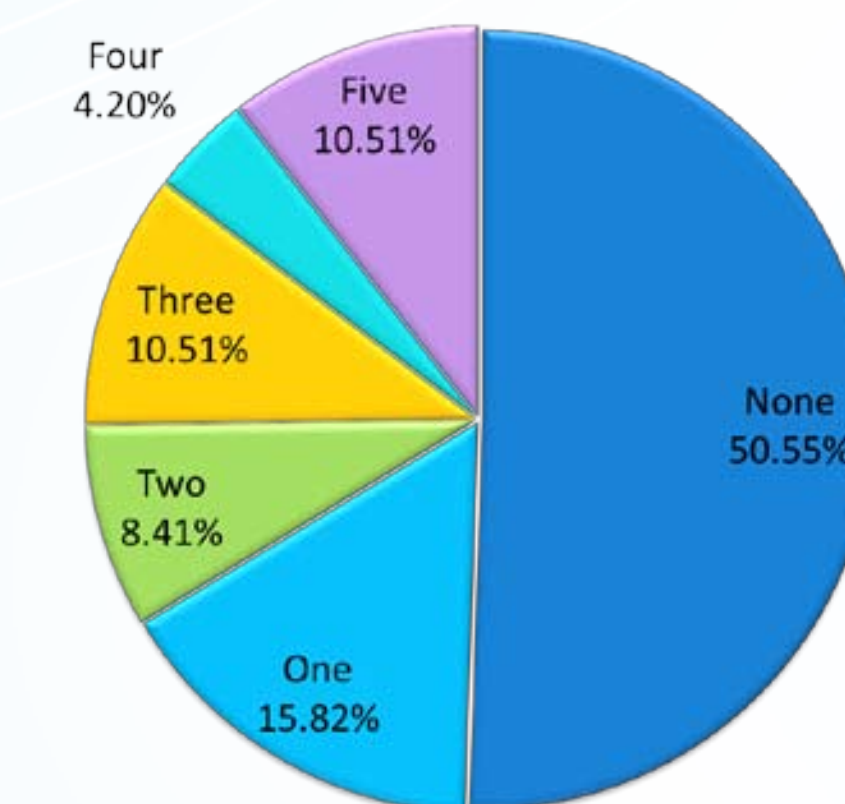


Figure 1. Practice Member Survey responses for Knowledge of Local Resources. Participants were asked to list local resources they were aware of for patients with disabilities. They were allowed to list up to five programs. This chart displays the percentage of participants who were able to identify between zero to five programs. Results are an aggregate of total responses.

Table 1. Administrative Audit performed by investigator and Practice Manager at seven practice sites. Results are aggregated and used to assess actual physical preparedness to accommodate patients with disabilities. Graph is stratified into 100% compliance (white), between 50-100% compliance (yellow) and less than 50% (red).

	Never	Rarely	Sometimes	Often	Always	Mean	SD
How often do you speak directly to the person with the disability rather than to the companion or sign language interpreter?	0.0%	13.0%	27.2%	31.5%	28.3%	3.75	1.012
How often do you position yourself to eye level with a person using a wheelchair or crutches?	4.3%	2.2%	20.7%	31.5%	41.3%	4.03	1.053
How often do you put patients in your practice into contact with local resources for disability services?	15.1%	33.7%	29.1%	22.1%	0.0%	2.58	1.000
How often do you provide information/pamphlets/brochures on resources for patients with disabilities?	17.4%	40.2%	20.7%	16.3%	5.4%	2.52	1.124
How often does your practice provide support and/or information on transportation services for patients with disabilities?	11.6%	15.1%	40.7%	26.7%	5.8%	3.00	1.063

Table 2. Practice Member Survey responses for communication readiness. Participants were given 5 options, ranging from "Never" to "Always" that emphasized communication preparedness when dealing with patients with disabilities. Results are an aggregate of total

	Practice 5				Practice 6				Practice 7			
	Audit Answer	Survey Yes %	Survey No %	Survey Not Sure %	Audit Answer	Survey Yes %	Survey No %	Survey Not Sure %	Audit Answer	Survey Yes %	Survey No %	Survey Not Sure %
Is the waiting room accessible to patients with mobility impairment?	Yes	100.0%	0.0%	0.0%	Yes	100.0%	0.0%	0.0%	Yes	37.5%	50.0%	12.5%
Are bathrooms wheelchair accessible?	Yes	100.0%	0.0%	0.0%	Yes	85.7%	0.0%	7.1%	Yes	81.3%	18.8%	0.0%
Is there enough space in exam rooms for 180 degree turn in wheelchair?	Yes	54.5%	18.2%	27.3%	Yes	42.9%	42.9%	14.3%	Yes	56.3%	18.8%	25.0%
Are there wheelchair accessible scales?	Yes	100.0%	0.0%	0.0%	Yes	42.9%	28.6%	21.4%	Yes	68.6%	12.5%	18.8%
Printed information available in Braille?	No	36.4%	18.2%	45.5%	No	14.3%	42.9%	35.7%	No	0.0%	62.5%	37.5%
Printed information available in large print?	No	18.2%	27.3%	45.5%	Not Sure	35.7%	42.9%	21.4%	Yes	31.3%	50.0%	18.8%
Patient information on cassette tape or cd?	No	0.0%	45.5%	54.5%	No	0.0%	42.9%	57.1%	No	0.0%	56.3%	43.8%
Sign language Interpreter Service (i.e. live, iPad)	Yes	36.4%	18.2%	45.5%	Yes	100.0%	0.0%	0.0%	Yes	93.8%	6.3%	0.0%
Longer encounter appointments to allow for extended communication for patients with intellectual or physical disability?	No	54.5%	9.1%	36.4%	Yes	28.6%	42.9%	28.6%	No	43.8%	43.8%	12.5%

Table 3. Observed physical preparedness compared to perceived preparedness of survey participants at three of seven clinical practice sites. Results are an aggregate of total responses. Disparity between the two can be used to show trends and potential opportunities to raise educational awareness.

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DISCUSSION

Twenty surveys were distributed to clinical, administrative, and clerical staff at seven primary care practices (N=140). Ninety-five anonymous staff surveys were collected, a response rate of 67.8%. The data was analyzed for trends in physical readiness, knowledge of available community resources, and communication practices when encountering patients with disabilities. Data was further stratified in order to compare actual physical readiness to perceived barriers among the practice sites. Variation between the two could suggest opportunities to raise awareness and education to improve quality and care.

Physical Readiness

The administrative audit assessed actual facility accessibility and available practice resources as observed by the practice manager and the investigator. The audit revealed that practice sites were generally physically prepared to accommodate patients with disabilities. The majority of practices answered "No" to two of twelve questions ("Are curb sidewalk ramps aligned with crosswalks?", and "is staff trained in moving patient with disabilities?"). A number of sites constructed after passage of the ADA likely contributes to the overall physical preparedness of practice sites. Educating staff on how to move patients with disabilities presents a cost effective and relatively simple way to improve care.

Knowledge of Resources

Approximately half of participants were unable to identify a local community resource that could provide assistance to patients with disabilities. Of those able to identify at least one resource, 53% had prior experience using the programs they listed. Further analysis of the data is expected to identify the local resources most commonly recognized, and will provide valuable information on ways to increase awareness of relevant community resources and improve utilization to improve quality and access of care for patients with disabilities.

Communication

Survey response to communication tools ranged from rarely to often, with only one category reaching the "often" threshold. We seek to educate these practices via training of the doctors, nurses, and staff. Specifically, we believe use of Patients with Disabilities as Teachers (PDAT) and "Patient Voices" video can provide significant improvements in raising confidence among staff and enhancing communication between staff members and patients with disabilities.

Limitations to the study include lack of demographic information on survey participants, small convenience sample, inherent subjectivity of the self-assessment, and lack of validated survey. Future directions are to improve the survey, expand the sample size, and educate the practices on opportunities to improve. We hope that general trends obtained from the survey will eventually help us to make recommendations to enhance quality and access to care at clinical sites across the Lehigh Valley Health Network.

CONCLUSION

The purpose of this pilot project was twofold:

- 1 Assess the state of physical readiness, communication skills, and knowledge of local resources at various primary care sites within the Lehigh Valley Health Network
- 2 Compare perception of available resources to the actual availability of resources at these clinical sites.

The practice audit tool showed that practice sites were generally physically prepared to accommodate patients with disabilities. However, survey responses indicate that there is room for staff knowledge and skill improvements in patient transfers, communication and awareness of local resources.

Contrasting physical preparedness to perceived limitations of practice sites through the staff survey revealed observations that could indicate a lack of communication or awareness of potential resources that could easily enhance access to care. Data gathered from this survey will be used for educational purposes at independent practices and for network-wide recommendation initiatives to improve access for patients with disabilities.