Enhancing Healthcare Access for Patients With Disabilities

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## 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, Sweety 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 challenges, and lack of knowledge of local resources, facilities, and community resources. As the healthcare landscape shifts to emphasize 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 related to providing care to patients with disabilities (practice member survey)**

### METHODS

- **Survey Design**
  - The survey was designed to be administered to all members of the primary care practice. The survey consisted of two sections: one for the administrative audit and one for the practice member survey.
  - The administrative audit section assessed the state of physical readiness, communication skills, and knowledge of local resources at various sites.
  - The practice member survey section evaluated the comfort and knowledge of local resources at these clinical sites.

### 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 through Lehigh Valley Health Network, Department of Family Medicine and USF medical students. This survey is anonymous and confidential. If you have any questions or concerns about this survey, please contact Dr. McKoy at McKoyN@hcr.lehighvalley.com.

**Physical Readiness**

- Is the waiting room accessible to patients with mobility impairment?
- Are bathrooms wheelchair accessible?
- Is the waiting room accessible to patients with mobility impairment?

**Knowledge of Local Resources**

- **Facilities and Resource Audit:** Survey for Practice Manager and Students
  - Knowledge of Resources
  - Access to facilities
  - Communication

**Communication**

- **Knowledge of Resources**
  - Local resources
  - Community resources

**RESULTS**

#### Table 1: Physical Readiness

<table>
<thead>
<tr>
<th>Practice</th>
<th>Playground</th>
<th>Sidewalk Curb Ramps - Aligned with crosswalk?</th>
<th>Sidewalk Curb Ramps - visible? (clearly demarcated with signs)</th>
<th>Sidewalk Curb Ramps - Flush with gutter or street?</th>
<th>Are automatic door openers at an appropriate height?</th>
<th>Are handrails present in bathrooms?</th>
<th>Are bathrooms wheelchair accessible?</th>
<th>Is the waiting room accessible to patients with mobility impairment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice 1</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Practice 2</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Practice 3</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Practice 4</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Practice 5</td>
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<td>Yes</td>
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<tr>
<td>Practice 6</td>
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<td>Yes</td>
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</table>

#### Table 2: Knowledge of Local Resources

<table>
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<th>Practice</th>
<th>Knowledge of Community Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice 1</td>
<td>Yes</td>
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<tr>
<td>Practice 2</td>
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<tr>
<td>Practice 3</td>
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<tr>
<td>Practice 4</td>
<td>Yes</td>
</tr>
<tr>
<td>Practice 5</td>
<td>Yes</td>
</tr>
<tr>
<td>Practice 6</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### Table 3: Communication

<table>
<thead>
<tr>
<th>Practice</th>
<th>Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice 1</td>
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<tr>
<td>Practice 2</td>
<td>Yes</td>
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<tr>
<td>Practice 3</td>
<td>Yes</td>
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<tr>
<td>Practice 4</td>
<td>Yes</td>
</tr>
<tr>
<td>Practice 5</td>
<td>Yes</td>
</tr>
<tr>
<td>Practice 6</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### 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%. The purpose of this pilot project was twofold: assess the state of physical readiness, knowledge of local 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 researcher. As expected, audit results showed that practice sites were generally physically prepared to accommodate patients with disabilities. The majority of practices answered “Yes” to two of fourteen questions (“Are sidewalk curb ramps aligned with crosswalk?”, and “Are staff trained in moving patient with disabilities?”). A number of sites constructed after passage of the ADA likely contributed to the overall physical preparedness of practice sites. Educating staff on how to service patients with disabilities presents a cost-effective and relatively simple way to improve care.

#### Knowledge of Resources

Approximately 90% of the participants were able to identify a local community resource that could provide assistance to patients with disabilities. Of those who were able to identify at least one resource, 53% had prior experience using the programs 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 made use of these practices and training of the doctors, nurses, and staff. Specifically, we believe there may be other contributing factors such as patient expectations and communication practices 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 and build 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 to:

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 perceptions of available resources to the actual availability of resources at those 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 preparations to perceived limitations of practice sites through the staff survey revealed observations that could be linked to a lack of communication of 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.