

# Preparing Physicians to Care for People with Disabilities: Core Competencies and the ADA

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## Ohio State University Nisonger Center

University Center for Excellence providing the highest quality interdisciplinary training, clinical care, and research to support the inclusion of people with developmental disabilities in all aspects of community life.



## Ohio Disability and Health Partnership

With CDC funding, improve the health and quality of life of Ohioans with disabilities.



## Objectives

*Learners will recognize:*

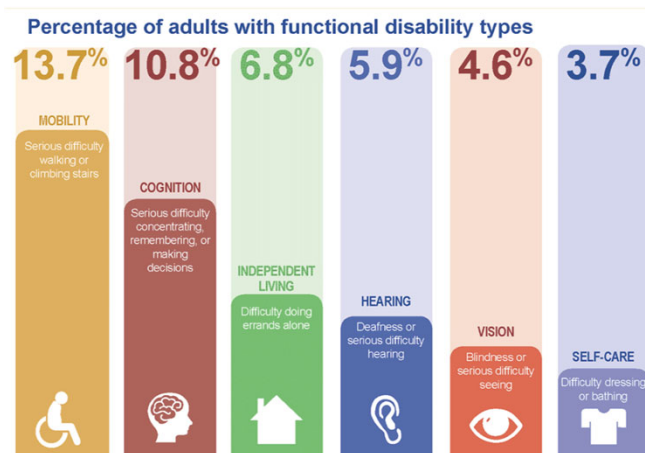
1. Although overall healthcare is improving, health inequities exist for disadvantaged groups, including Americans with disabilities.
2. The Americans with Disabilities Act requires health care entities to provide full and equal access for people with disabilities through reasonable accommodations, effective communication, and accessible facilities.

Improvements in population health and health equity depend on  
**training the health care workforce**  
to provide care across populations [1]

The World Health Organization defines disability as denoting impairments of body functions and structure, limitations in activity, and participation restrictions. [2]

### CDC Disability and Health Data System (2018)

**26%** of adults in the U.S. has a disability [3]



*At 26% of the population, people with disabilities represent the largest minority group in the country,*

*yet the health care system is not prepared to meet their needs*

## People with disabilities

- Overrepresented in health care system
  - health needs related to disabling condition
  - high rates of chronic health conditions [4]
- Despite the high need for health care, people with disabilities report barriers to quality care [5]

## World Report on Disability

### People with disabilities report

- poor access to healthcare compared to people without disabilities
- high rates of unmet healthcare needs
- dissatisfaction with the healthcare they receive [6]

- People with disabilities were more than **twice** as likely to report finding healthcare provider skills inadequate to meet their needs [6].

- People with disabilities were nearly **three** times more likely to report being denied care [6].

- People with disabilities were more than **four** times more likely to report being treated badly [6].

## Health care providers

- Report feeling uncomfortable and unprepared,
- significant training gaps contribute to health care disparities [7]

## Health Care Providers tend to

- Underestimate the **size and diversity** of the disability population
- **Underestimate the health, and quality of life** of people of disabilities
- Hold **inaccurate assumptions** about current/future functional status
- Overlook cultural, economic, **social determinants of health**
- **Overlook health issues** not having to do with the disability

Many Doctors Have Negative Perceptions of Patients with Disabilities- And That Impacts Quality of Care, Study Finds [14]

**For the disabled, a doctor's visit can be literally an obstacle course- and the laws can't help [16]**

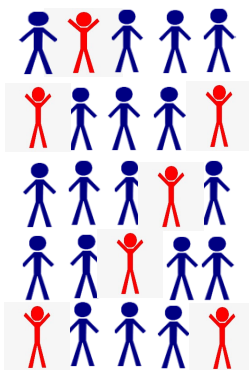
**Among 714 physicians... [14]**

- **82.4%** reported that people with significant disability have **worse quality of life**
- **Only 40.7%** percent were very **confident** about their ability to provide the same quality of care to patients with disability
- **Just 56.5%** strongly agreed that they **welcomed** patients with disability into their practices

Study Finds Many Doctors Unaware of Their Legal Duties to Treat People with Disabilities [15-16]



Because health care providers across all disciplines will likely encounter people with disabilities in their practice, it is important for every clinician to be comfortable and competent in treating this population. [5]



Physicians seeing **25** patients per day will treat about **7** patients with disabilities every day





## What are training barriers?

1. Inclusion of disability content has relied on the advocacy efforts of individual champions in health education [17]
2. Constraints on time and resources, competing priorities
  1. School accreditation requirements and professional licensure exams lack disability
  2. Lack of systemic organizing framework

## Lack of systemic organizing framework

- Innovative disability curricula have been developed, evaluated, and published [8-13]
- Learning objectives, curricular content, and evaluation measures were developed independently for each.
- Agreement on what to teach about disability remains has not been reached

## Milestones toward Disability- Competent Healthcare Workforce [18]

1. Collectively decide what health care providers need to understand about disability (core competencies)
2. Change training and licensure requirements to ensure students receive disability training
3. Develop evidence-based curricula
4. Develop robust protocols to evaluate disability competence
5. Evaluate the impact of disability training on the delivery of disability-competent care and the impact of competent care on patient health outcomes
6. Explore health care delivery models and incentive structures to promote disability competent care



## Competency-based education

- allows us to develop learning objectives based on the health needs of the community, people with disabilities.
- The first step is to explicitly map the specific health needs of people with disabilities to a set of competencies for the workforce in training [19]



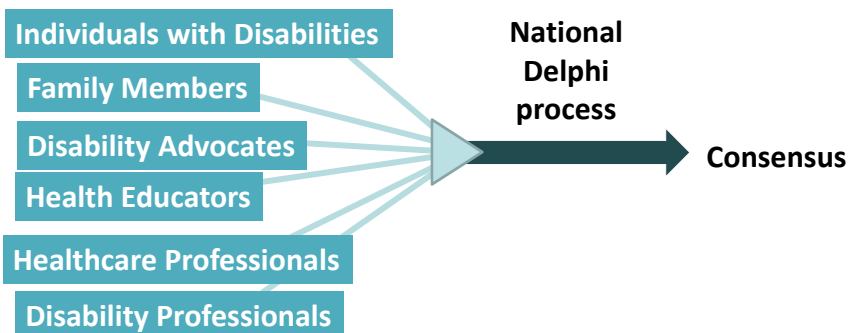
## Alliance for Disability in Health Care Education

1. Asked, *What do health care professionals need to understand about disability to provide quality care to patients with disabilities?"*
2. Competency = **desired knowledge, skills, and behaviors required to successfully perform the healthcare role.**
3. Drafted core competencies on disability

See Alliance website, [www.adhce.org](http://www.adhce.org)



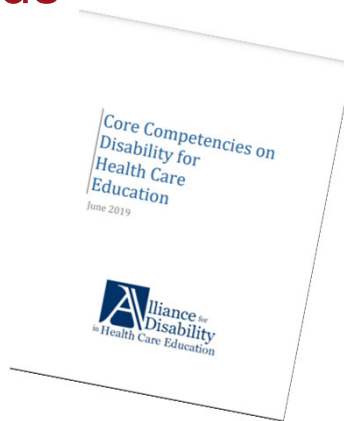
## The Ohio Disability and Health Partnership Sought Broader Input [20]



[go.osu.edu/disabilitycompetencies](http://go.osu.edu/disabilitycompetencies)



## Disability stakeholder consensus



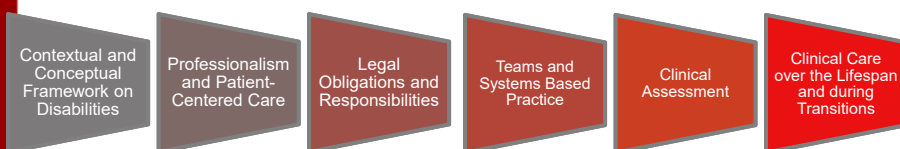
See

<https://go.osu.edu/corecompetenciesdisability-learnmore>



objectives

- The six core competencies define the standard for disability training to improve healthcare for people with disabilities [20]



## Contextual and Conceptual Framework of Disabilities



*Learners will acquire a conceptual framework of disability in the context of human diversity, the lifespan, wellness, injury and social and cultural environments.*



## Contextual and Conceptual Framework

- Describe the civil rights and independent living history of people with disabilities and their access to services. Understand how such history has both informed current thinking and improved access to care and equal rights for people with disabilities.
- Describe how social determinants of health directly impact people with disabilities (e.g., discrimination, employment, education, transportation, housing, poverty, access to healthcare).

## Professionalism and Patient-Centered Care



Learners will demonstrate mastery of general principles of professionalism, communication, respect for patients and recognize optimal health and quality of life from the patient's perspective



## Professionalism and patient-centered care

- Demonstrate communication strategies to best meet the needs of the patient. Seek out and implement appropriate resources, including interpreter services, to communicate effectively using clear language at an appropriate level of health literacy. Adjust schedule to allow extra time as needed.
- Discuss issues of trust, confidence, and confidentiality with patients who receive support with personal care during health care encounters related to their disability.

## Teams and Systems Based Practice



Learners will engage and collaborate with team members within and outside their own discipline to provide high quality, interprofessional team-based health care to people with *disabilities*

## Teams and systems based practice

- Demonstrate skills in teamwork including flexibility, adaptability, open communication, assertiveness, conflict management, referral, use of evidence-based practice to support decision-making and mutual goal-setting with patients with disabilities and other team members.

## Clinical Assessment



*Good clinical management requires that accurate and relevant information about the health and function of patients with disabilities is viewed in the context of the person's **life activities, goals, and interests.*** It is essential to consider a patient's disability as well and their language, race, ethnicity, sexual orientation, gender, gender identity and expression, health literacy and other cultural factors in clinical assessment.

## Clinical Assessment

- Respond competently to a patient's language, race, ethnicity, sexual orientation, gender, gender identify and expression, health literacy, and other cultural factors.
- Apply strategies or supports that could be used in a healthcare setting to accommodate patients with functional limitations



### Clinical Care over the Lifespan and during Transitions



*Patients with disabilities may require supports and accommodations to benefit fully from clinical intervention. Transitions across the lifespan may be similar yet differ in terms of opportunities, needed supports, or services for people with disabilities.*



## Clinical Care over the lifespan and during Transitions

- Tailor recommended supports and interventions to the patient's cultural beliefs and values, time, resources, and preferences. Be prepared to propose constructive solutions to possible conflicts between patient, caregivers, and other professionals about goals and treatments.
- Demonstrate skill in identifying, coordinating, referring, and advocating for access to community and health care resources needed to support treatment plan objectives.

## Legal Obligations and Responsibilities



Learners will **understand their legal requirements** for providing health care in a manner that is, at minimum, consistent with federal laws such as the Americans with Disabilities Act (ADA), Rehabilitation Act, and Affordable Care Act to meet the individual needs of people with disabilities.

***Accommodations are  
civil rights, not merely the  
right thing to do***

## Doctors think...

- **Myth** - A doctor who does not specialize in a patient's disability does not have to provide care to that person.
- **Myth** - Patients who want sign language translators can be expected to make those arrangements and pay for them
- **Myth** – The ADA is not my responsibility in private practice/ in leased space

The ADA requires that health care entities provide full and equal access to people with disabilities

This can be done through:

- **Reasonable Modifications** of Policies, Practices, and Procedures
- **Effective Communication.** Making communication, in all forms, easily understood
- **Accessible Facilities.** Ensuring physical accessibility

*Providers must ensure that communication with patients with hearing, vision, and speech disabilities are as effective as communication with other patients*

- Provide qualified sign language interpreter for patients who request this
- For a person with low vision, providing a qualified reader for written information and providing post- op discharge instructions and medication management in large print
- Digital accessibility is also required for effective communication



## Legal Obligations and Responsibilities

- Identify the **physical access requirements** (e.g., accessible exam table, mammography equipment, etc.) of the ADA, Rehabilitation Act, and related laws and policies that apply to health and the provision of health care.
- Ensure that **healthcare providers and support staff** members are trained to provide services that meet the needs of the patient with a disability (e.g., knowing how to appropriately transfer a patient with a mobility limitation to an exam table).



## Accommodation examples:

- When scheduling, ask all patients if they require any accommodations or assistance to fully participate in care. Note responses in chart.
- Granting an early appointment and allowing the patient to go directly to the exam room to avoid the waiting room
- Assisting a person with a mobility disability onto the exam table
- Sending intake paperwork to the patient in an accessible format to be completed independently before appointment
- Scheduling extra time for exams with patients whose disability requires it



## Students Value Disability Training Opportunities More Comfortable with Patients

*"I am more comfortable and less awkward when seeing patients with disabilities because I learned it doesn't have to be the focus of the encounter."*



## Students Recognize Personal Bias

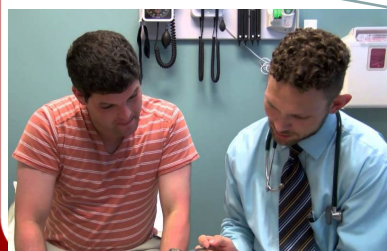
*"I think it is easy to make certain assumptions, consciously or subconsciously, about people with disabilities that can only really be dispelled by interacting with individuals with disabilities."*



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## Increased Understanding

*"The best takeaway that I had from the encounter was that people with disabilities want their medical concerns to be addressed in a direct and straightforward way just like any other patient."*



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## Nothing About Us Without Us



## Disability Resources for Health Care Providers

## Fact Sheets

- ADA National Network, Health Care and the Americans with Disabilities Act, <https://adata.org/factsheet/health-care-and-ada>
- Pacific ADA Center, Health Care and the ADA, <https://www.adapacific.org/healthcare>
- US Department of Justice, Access to Medical Care for Individuals with Mobility Disabilities, [https://www.ada.gov/medicare\\_mobility\\_ta/medicare\\_ta.htm](https://www.ada.gov/medicare_mobility_ta/medicare_ta.htm)
- U.S. Department of Justice, ADA Requirements: Effective Communication, <https://www.ada.gov/effective-comm.htm>



## Fact Sheets

- Centers for Disease Control and Prevention, Disability and Health Information for Health Care Providers, <https://www.cdc.gov/ncbddd/disabilityandhealth/hcp.html>
- American Foundation for the Blind, ADA Checklist: Ensuring Access to Services and Facilities by Patients who are blind, deaf-blind, or visually impaired, <https://www.afb.org/blindness-and-low-vision/your-rights/advocacy-resources/ada-checklist-health-care-facilities-and>
- American Medical Association, Access to care for patients with disabilities Strategies for ensuring a safe, accessible, and ADA compliant practice, <https://www.ama-assn.org/media/24926/download>





## Online Training

- State University of New York, Disability Integration Toolkit, <https://www.upstate.edu/pmr/education/toolkit/index.php>
- Ohio State University Nisonger Center, Disability Trainings for Healthcare Providers, <https://nisonger.osu.edu/education-training/ohio-disability-health-program/disability-healthcare-training/>
- American Foundation for the Blind, Serving the Needs of Individuals with Visual Impairments in the Healthcare Settings, <https://www.afb.org/research-and-initiatives/serving-needs-individuals-visual-impairments-healthcare-setting>
- Centers for Disease Control and Prevention, Mark's story, [https://www.youtube.com/watch?v=4D\\_wsryhBXY](https://www.youtube.com/watch?v=4D_wsryhBXY)

## We Must Include Disability Competencies in Professional Standards for Accreditation and Licensure



**Thank you!**



## References

We are grateful to Rick Guidotti and **PositiveExposure** for the beautiful photographs used in this presentation,  
<https://positiveexposure.org/>

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