Exam Strategies and Priorities for Patients with Physical and Cognitive Disabilities

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Objectives

At the end of this session, participants will be able to:

- Identify special needs and plan accommodations prior to the visit
- Determine and utilize successful examination approaches to obtain necessary clinical information from patients with cognitive, behavioral, and/or mobility challenges
- Identify common problems in patients with physical disabilities
- Document successful and unsuccessful examination approaches

What is an Effective Visit?

An effective visit:

- Meets the specific needs of the patient and family
- Uses patient, family, physician, and staff time wisely
- Obtains needed clinical information for physician and patient

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Quality Improvement Opportunity

- Identify Special Needs and Plan Accommodations Prior to the Visit
  - An effective visit requires planning
  - Planning makes the visit go more smoothly for ALL patients, but is particularly important for patients with disabilities
  - Identifying special needs prior to the visit allows staff to plan for and implement accommodations to help the visit run efficiently for the physician, patient, and family

Identifying Patients with Special Needs

- Identifying patients who may need accommodations is the first step
- Strategies include:
  - Notations that appear to scheduler
  - Review of portable medical summary
  - Phone questionnaire
  - Registry

Phone Questionnaire

- To be used when scheduling appointment
  - May be a series of questions or as simple as 1 question: “Will you need any accommodations or assistance during your visit?”

When scheduling the office visit, staff will ask about special needs as follows. Documentation of any identified needs on the chart and/or computer will help with continuity of care and follow-up.

Do you have any special needs that we should be aware of?

For example:

- Will you need extra time at this appointment to discuss your concerns?
- Will you need special accommodations in the waiting room or in the exam room? (For example, do you need to go directly to an exam room?)
- Would you like to meet with our Care Coordinator during this visit to discuss health insurance, coordination of benefits, or referrals for specialty care, therapies, or other services?

If your needs change between now and when you come into the office, please contact us to make arrangements that will help your visit be a more positive experience.

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Registry

- A patient registry is a system of accessible and clinically useful information for a patient population that uses an organized approach to collect and display information for purposes of identifying specific patient populations

Examples: Computerized database, list, spreadsheet, index card system, color-coded chart, or electronic medical record that incorporates registry capabilities

- Basically, a patient registry is a list of patients with common health characteristics, needs or concerns. You are already using registries in your practice if you:
  - Arrange the face sheets of patients with asthma in a binder
  - Keep a list of patients who need help getting on/off the table
  - Put stickers on charts of patients who require an annual influenza vaccination

Planning and Implementing Accommodations

Considerations:

- Does the patient need to be placed directly into an exam room?
- Does the patient use communication devices?
- Does the patient need an interpreter?
- Will the patient need to be placed in a particular room?
- Will the patient need assistance undressing/dressing?
- Will the patient need assistance using the restroom?
- Will the patient need assistance transferring to the exam table?

Scheduling Tips

- To make visits go more smoothly, schedule:
  - More time for patients with multiple or complex conditions, and for patients who take longer to get ready for the exam, communicate, understand follow-up instructions, etc.
  - A timeslot that is best for the individual, such as the first or last appointment of the day
  - Patients with the same physician and nurse for better care continuity
  - Shorter wait times and specify where the patient should wait

Examining Office Accessibility

- A patient-centered practice is accessible to those with physical and cognitive disabilities
- Use resources listed at the end of this presentation to help improve office accessibility
- **Tip**:
  - Stage a “walk through” of your office using wheelchairs and other durable medical equipment to experience the office’s accessibility from the patients’ perspective

Pre-visit Record Review

- Reviewing the chart prior to the visit allows time to:
  - Assemble needed consultation reports, laboratory results, and emergency records since the patient's prior visit
  - Arrange for the patient to complete laboratory tests or imaging procedures before the visit, as appropriate
  - Plan for needed accommodations that are documented in the chart
    - Ex: specific staff to help with transfers

Day of the Visit

- A team “huddle” is an effective approach to organize patient, physician, and staff schedules; gather laboratory and test results; arrange special accommodations; and discuss the challenges on the day’s schedule.
  - See article, Stewart, E. E. & Johnson, B. C. (2007) Huddles: increased efficiency in mere minutes a day. TransforMed.
- A health questionnaire can:
  - Help track tests, referrals, changes since the last visit
  - Help focus attention on patient concerns during the visit
  - For patients with behavioral or cognitive challenges, provide information on preferences, “triggers,” and calming strategies. This information can be transferred into the chart for future reference

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Examination Strategies for Patients with Cognitive Disabilities and/or Behavioral Challenges

More Alike Than Different

- Most patients experience some anxiety/concern around medical interactions
- Practices try to create comfortable environment for patients
  - Soothing colors, water cooler, magazines, attentiveness to privacy
- Patients with cognitive or behavioral difficulties may require extra considerations, but share same philosophy as all patients

Examination Strategies: General

- Walk with the patient and observe
- Consider alternatives to the exam room
- Adjust the visit length
  - Shorten for patients who want to “get out”- consider multiple short visits
  - Extend for patients who need time to adjust to surroundings or who take longer to communicate
- Keep exam focused

Examination Strategies: General

- Tailor explanations to the needs of the patient
- Do as much as possible with patient dressed and standing or sitting
- Use history time to observe
- Limit number of invasive, stressful or painful procedures/ interactions per visit
- Conduct the exam in an order that works for the patient, not necessarily your usual order

Examination Strategies: Patients Who are Anxious

- Rewards and distractions
  - Provide bubbles, pen light, toys, etc. to reinforce cooperation and distract from exam
  - Ask patient to sing a favorite song
- Demonstrations
  - Show before doing
  - Suggest at-home practice

Examination Strategies: Patients Who are Anxious or Non-Verbal

- Practice tips
  - Communication book
  - Review audio/visual presentation on going to the doctor: http://www.helpautismnow.com/going_to_the_doctor.html
  - Role-play the visit
- Same routine, same room
- Allow input about order of exam procedures

Examination Strategies: Patients With Autism

- Establish routine—try to use same room, same equipment, same order
- Focus the examination on what you <u>really</u> need to know
- Allow patient to be in a different position for the exam and to use self-settling tactics
- Practice, teach, and reinforce at every opportunity

Quality Improvement Opportunity

- Document Successful and Unsuccessful Examination Approaches for Patients with Cognitive Impairments and/or Behavioral Issues
  - Patients with history of resistant, self-defensive, or aggressive behavior can be difficult to examine
  - Documenting successful strategies and techniques
    - Helps the visit go more smoothly
    - Makes it more likely that physician can gather key information
  - Document triggers that cause distress
    - Helps avoid situations that interfere with the examination

Good Documentation

- Designate a place in the chart to document successful/unsuccessful exam strategies
- Flag the chart and review prior to each visit
- Update chart documentation after each visit
  - Document patient responses to steps of the visit
  - Watch for emerging patterns over time
- Remember: Good documentation benefits patient, family, staff, and you!

Examination Strategies for Patients with Mobility Disabilities

Examination Strategies: Patients with Mobility Disabilities

- Patient might be the expert!
- Ask:
  - How he prefers certain things done
  - If there are specific ways to help her move or transfer
  - If he needs help undressing, dressing, cleaning up
  - What positions are most comfortable
  - If she brought someone to assist her

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Height and Weight

- Length
  - Substitute arm span measurement, if possible
  - Take supine measurements of body segments and add together

- Weight
  - If you do not have a wheelchair scale:
    - Obtain weight information from the patient's subspecialist
    - Use a fat caliper and measure around the waist and hip as supplemental information
  - If you have a wheelchair scale:
    - Record empty wheelchair weight plus usual accessories
    - Remove variable weight at time of weigh-in
    - Weigh the patient in the wheelchair
    - Subtract the wheelchair and accessories weight

Common Issues and Tips: Spasticity

- Spasticity
  - Take blood pressure manually for patients with spastic movement; automated blood pressure machines may be unreliable
  - Increase in spasticity warrants full body investigation to identify cause as well as discussion of medication adherence and review of potential environmental triggers (agitation, stress)

Common Issues and Tips: Insensate Skin

- Patients with insensate skin:
  - Can have serious conditions that don't hurt, including pressure sores and fractures
  - Often do not report sores and underestimate their severity
  - Need to have insensate areas examined at every visit, but especially when there are concerns about fever, malaise, or increase in spasticity
- A bruised area at site of bony prominence may be developing pressure sore even if skin is unbroken

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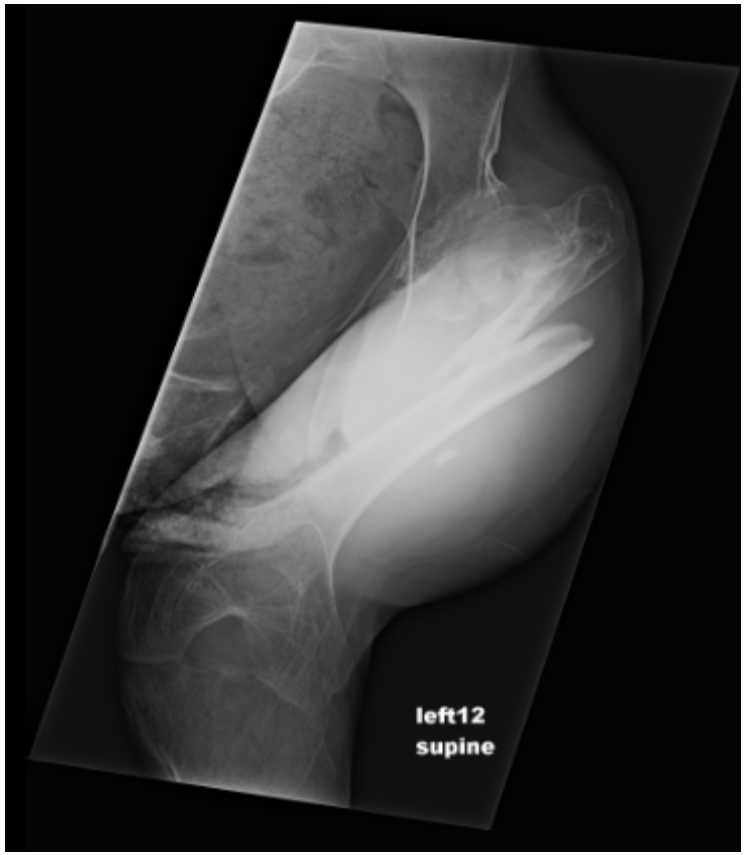
Common Issues and Tips: Fractures

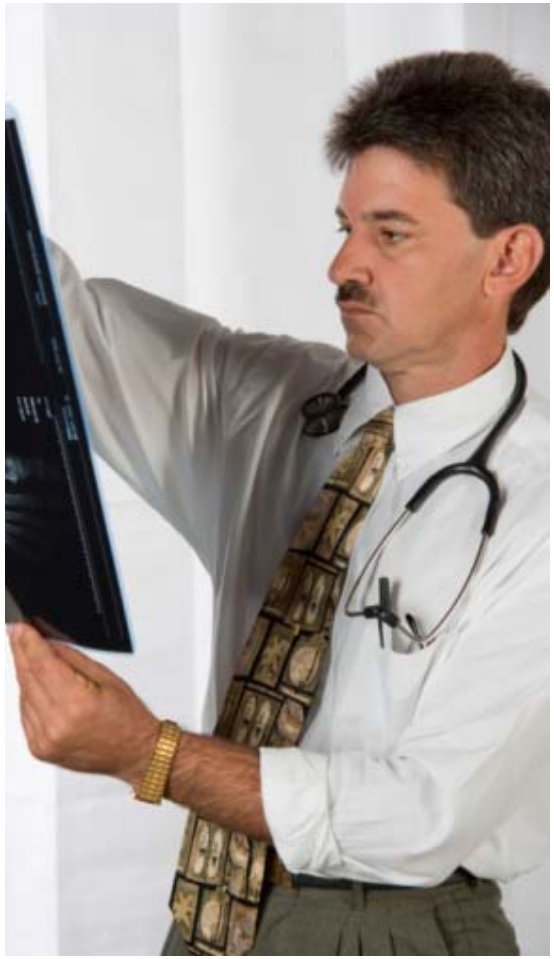
- Fractures can occur with minimal trauma
  - Often occur during transfers
  - Just above the knee is common location for wheelchair users
- People with spina bifida or spinal cord injuries who have fractures may present with:
  - Swelling
  - Increase in tone, if have tone
  - Sensation may range from pain to mild discomfort to feeling of pressure
- People with cerebral palsy who have fractures usually have severe pain and worsening spasticity



Common Issues and Tips: Respiratory

- Respiratory issues are common in patients with neuromuscular disease; good clinical guidelines available
- Lack of retractions and rales may be due to inability to increase effort or take deep breath; vital capacity measurements may be useful to follow deterioration
- Oxygen saturation may give a false sense of the patient's respiratory status since CO2 retention can occur with normal oxygenation
- People with weakness may not be strong enough to retract or use accessory muscles

Common Issues and Tips: Respiratory



- Fatigue, anxiety, mental status changes, tachycardia and/or tachypnea may indicate lung problem or even respiratory failure (Consider chest x-ray)
- Sleep apnea is concern for patients with muscle weakness; be creative and negotiate to get patient to wear CPAP machine
- Patients with respiratory issues due to muscle weakness should be followed by pulmonologist

Common Issues and Tips: Autonomic Dysreflexia

- **Autonomic Dysreflexia (going hyper)**
  - Uninhibited sympathetic response to painful stimulus or injury below the level of the injury
  - Affects persons with neurologic levels of T6 and above
  - Results in abnormally high blood pressure (15mm Hg above patient's baseline) with resulting headache, tachy or bradycardia, flushing and sweating above the level of injury, goosebumps and chills/fever
- Considered a medical emergency if untreated
  - Elevate head of bed to reduce risk of cerebral hemorrhage
  - Look for noxious stimuli (skin pressure, full bladder, rectal impaction, tight clothing)
  - If BP remains elevated, treat with sublingual nifedipine or nitroglycerine, or morphine sulfate. Monitor closely, transfer to urgent care for further evaluation. Manage symptomatic hypotension if occurs.
  - See Guidelines for treatment

Durable Medical Equipment

- Describes medical equipment used in home to improve quality of life
  - Examples: wheelchairs, lifts, walkers, hospital bed, bath chairs
- Can be rented or purchased
- May be covered by insurance, Medicaid or Medicare for medical needs (varies by state)
  - See http://www.medicareinteractive.org
  - Type “durable medical equipment” in the Search box
- Equipment and education resources:
  - Christopher and Dana Reeve Foundation
  - Wheelchair University

Durable Medical Equipment: Considerations

- Durable medical equipment should be ordered in conjunction with physiatrist or other rehab professional
- Safety using equipment and practicality of use (given patient's function and environment) are key selection criteria
- Be aware of potential injuries from equipment use
- Improper equipment can cause medical problems and reduce function
- New devices are typically covered every 5 years; if inappropriate device is ordered, patient may be stuck with it for a long time

Other Funding Sources for DME and Assistive Technology

- Home Modifications Funding Sources: http://www.disabilityrights.org/mod3.htm
- List of Assistive Technology Related Resources: http://www.dhs.state.il.us/page.aspx?item=32088
- Community Services Block Grant Program: http://www.commerce.state.il.us/dceo/Bureaus/Community_Development/Low+Income+Support/
- DHS/ Division of Rehabilitation Services can help to purchase equipment such as shower chairs, barrier-free lifts, vehicle lifts, and other equipment for their vocational and home services clients: http://www.dhs.state.il.us/page.aspx?item=29737

Quality Improvement Opportunity

- Designate and Train Staff Member(s) to Assist Patients with Mobility Limitations
  - Patients with mobility limitations may require assistance with dressing, transferring to an examination table and other equipment, using the restroom, and other activities
  - All support staff may need periodic training on how best to assist patients with mobility limitations, with emphasis on wheelchair assistance

Investigate Changes

- For patients with all types of disabilities, any change in physical, cognitive, or behavioral status should trigger an investigation of potential organic causes
  - Examples: sleepiness due to hypothyroidism or sleep apnea
  - Do not over-attribute symptoms to the disability
  - Many disabilities are not progressive
  - Follow Hictum's Dictum

Final Tips

- Wellness, screenings, and health promotion are just as, if not more important for this population
- Ask the patient what positions are most comfortable and ask if assistance is needed before giving it
- Speak directly to the patient
- Treat individuals with disabilities and their families with the same respect and dignity as others receive and listen to their needs
- Allow families to be present, but allow an opportunity to speak with the patient alone. It is important to screen for abuse and neglect in this population
- Do not over-attribute symptoms to the disability
- Ask the patient and family for feedback

Clinical Consultations

- If you are interested in a consultation, contact Dr. Miriam Kalichman at mkalich@uic.edu.

Handouts

- Visit planning
  - Phone questionnaire
  - Sample questions for health questionnaire

- Accessibility
  - U.S. Department of Health and Human Services Office for Civil Rights. (2010). Access to medical care for individuals with mobility disabilities.
  - Kailes, J. I. & MacDonald, C. (2008). Improving accessibility with limited resources. Center for Disability and the Health Professions, Accessible Health Care Series.
  - Mudrick, N. R. & Yee, S. (2007). Defining programmatic access to healthcare for people with disabilities. Disability Rights Education and Defense Fund.

Registry Resources

Websites

- AAP/MCHB Building Your Medical Home Toolkit
  - Step 2 of Section 3, Care Delivery Management, includes sample registry fields in spreadsheet format for 6 conditions
- AAP EQIPP Medical Home for Pediatric Primary Care
  - Knowing and Managing Your Patient Population provides guidance on building a registry; Registration fees apply

Articles and Guides

- Gliklich, R.E., & Dreyer, N.A., eds. (2010). *Registries for Evaluating Patient Outcomes: A User's Guide*. 2nd ed. AHRQ Publication No.10-EHC049. Rockville, MD: Agency for Healthcare Research and Quality
  - Detailed guide to creating, operating, and evaluating registries
- Ortiz, D. D. (2006). Using a simple patient registry to improve your chronic disease care. *Family Practice Management*, 13(4), 47-52.
  - Includes ready-made diabetes registry with sample conditional formatting to alert when service is overdue
- Oldham, J., & Maunder, M. (1999). Who are your patients? Patient information in practice planning and performance improvement. *Managed Care Quarterly,* 7(3), 35-44.
  - Includes guidance on creating a card file registry

DME Resources

- Medicare Interactive
- Christopher and Dana Reeve Foundation
- Wheelchair University
- Home Modifications Funding Sources
- List of Assistive Technology Related Resources
- Community Services Block Grant Program
- Division of Rehabilitation Services