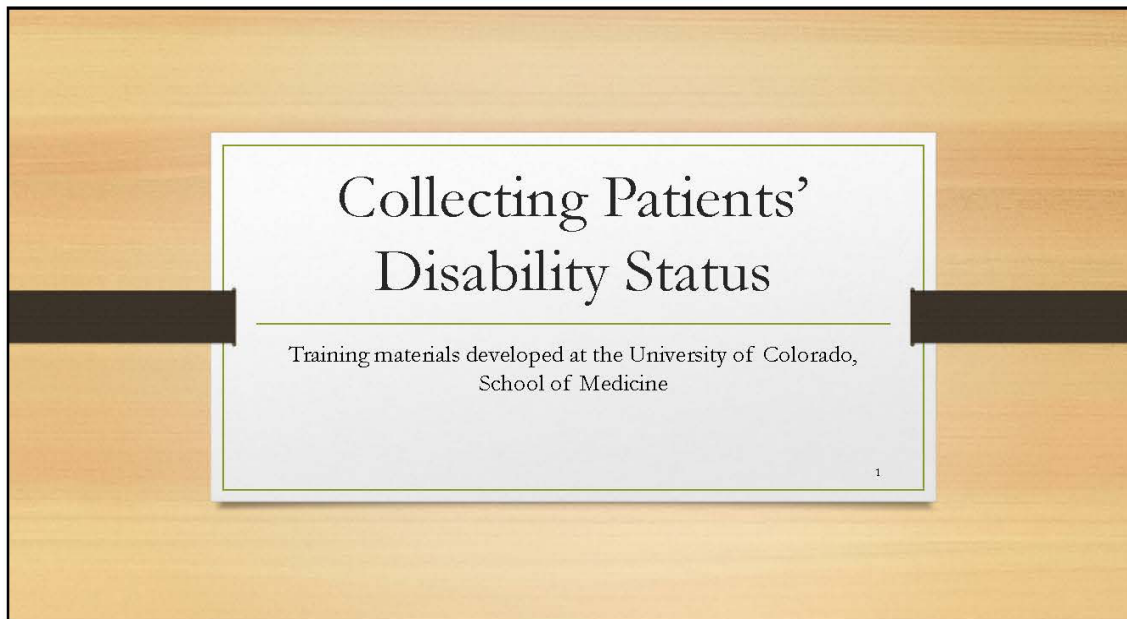


Appendix D: Collecting Disability Status Training Slide Deck & Table Tent



What is a disability?

- According to the American's with Disabilities Act (ADA), a person with a disability is an individual with a “**physical or mental impairment that substantially limits one or more major life activities**”.
 - Includes people who have an impairment but do not identify as disabled, but are regarded as having a disability (such as people who are Deaf who don't identify as having a disability).
- 1 in 5 people in the US lives with a disability, which includes physical, cognitive, hearing, visual, mental health, and communication disabilities
- Disabilities can be present from birth (e.g, cerebral palsy) or acquired later on in life (age-related hearing loss).

3

Why collect disability status?

To provide quality care to all patients

- The ADA requires healthcare organizations, hospitals, and clinics to provide disability accommodations so that patients with disabilities have equal access to healthcare services
- Despite this mandate, people with disabilities are at significant risk for **healthcare disparities**.
 - For example, patients with communication disabilities are 3x more likely to experience a preventable adverse medical event in the hospital as compared to patients without disabilities.
 - Women with physical disabilities are less likely to have preventative cancer screenings (e.g., mammograms and pap smears) due to inaccessible medical equipment
- To begin to provide equitable care, healthcare organizations need to consistently collect patients' disability status data.

4

Why collect disability status?

It's the law!

- The Joint Commission and Section 4302 of the Affordable Care Act state that HCOs need to document patients' disability status in order to...
 - generate data for HCOs to use to track quality of care delivered to patients with disabilities
 - identify patients who require healthcare accommodations, such as height-adjustable examination tables.

5

Example: Patient questions why disability status is being asked



6

We collect other demographic data, but not disability data

- Percent of hospitals that report collecting race and ethnicity data: **92%**
- Percent of hospitals that report collecting primary language data: **84%**
- HCOs **do not** systematically collect disability status.
 - Clinics may collect some information, such as use of a wheelchair, but these questions are often not inclusive of a range of disabilities and the data are not used to track or improve quality of care.
 - Using diagnosis codes is problematic as studies have found that providers infrequently and inconsistently use disability diagnosis codes.

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Why are the questions collected at registration?

- ALL of the healthcare team members need to be aware if a patient has a disability so that everyone from the person registering and scheduling the patient to the doctor to the phlebotomist can accommodate the patient
- These questions are self-reported and are not diagnosis code related
 - Patients are not required to disclose a disability if they don't want to
 - Please do not guess or assume that a patient has a disability

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Disability Questions

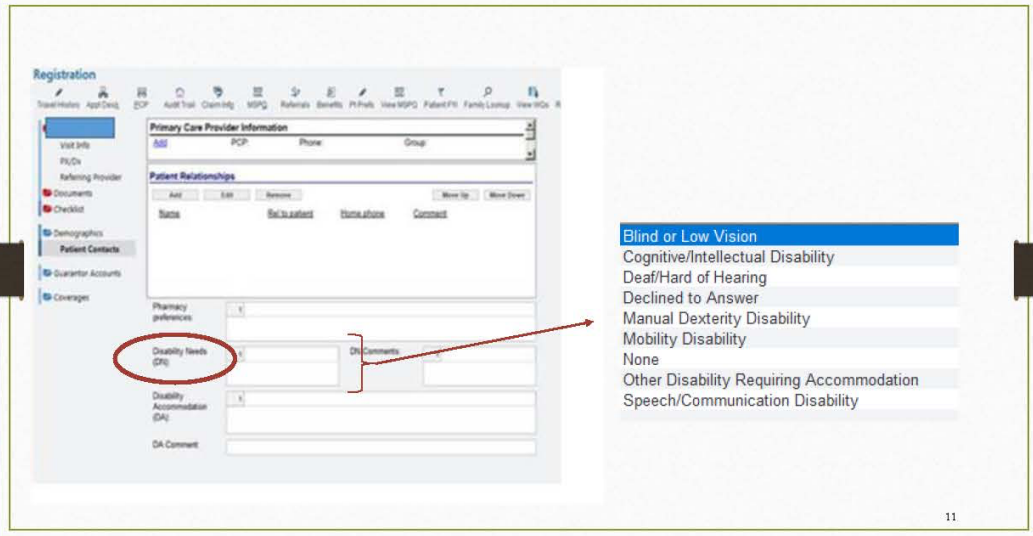


9

Script

- **Prompt:** “The next questions ask about whether or not you have a disability, in order to help us train our staff and figure out how to be most helpful to our patients.”
 1. Are you deaf or have serious difficulty hearing? (deaf/hard of hearing)
 2. Are you blind or do you have difficulty seeing, even when wearing glasses? (blind/visually impaired)
 3. Do you have serious difficulty walking or climbing stairs? (physical/mobility disability)
 4. Do you have difficulty remembering or concentrating? (cognitive disability)
 5. Do you have difficulty dressing or bathing? (manual dexterity disability)
 6. Using your usual language, do you have difficulty communicating (for example, understanding or being understood)? (communication disability)
 7. Due to a disability, do you need any additional assistance or accommodations during your visit? (other disability)

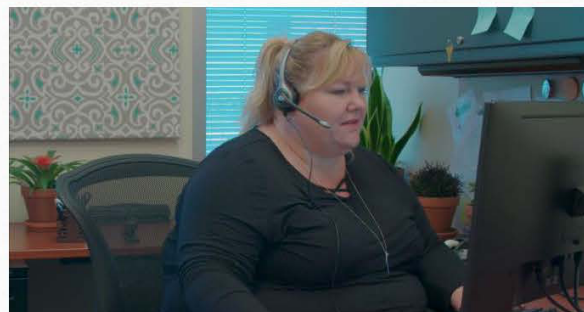
10



The screenshot shows a registration form with several sections: Primary Care Provider Information, Patient Relationships, Pharmacy preferences, Disability Needs (DN), Disability Accommodation (DA), and DA Comment. The 'Disability Needs (DN)' field is circled in red. A dropdown menu is open next to it, listing the following options: Blind or Low Vision, Cognitive/Intellectual Disability, Deaf/Hard of Hearing, Declined to Answer, Manual Dexterity Disability, Mobility Disability, None, Other Disability Requiring Accommodation, and Speech/Communication Disability. A red arrow points from the 'DN' field to the dropdown menu.

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Example: Patient requests a specific accommodation



How do patients feel about being asked to disclose their disability?

- **94% of patients** with and without disabilities reported **comfort** with disclosing their disability status
 - This is a higher percentage of patients who are comfortable disclosing race/ethnicity, which we routinely collect

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Example: Patient Refuses to Answer Question



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Disability Etiquette



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Disability Etiquette:

Use Person-First Language

Person-First Language = Refer to the person first, then the disability



Say:

“John is a person with autism”



Not:

“John is an autistic person”

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Disability Etiquette:

Use value-neutral language

Value-Neutral Language = Language that doesn't have negative connotations



Say:

“She uses a wheelchair”



Not:

- “She is wheelchair-bound”
- “She is confined to a wheelchair”

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Disability Etiquette:

Use value-neutral language

Value-Neutral Language = Language that doesn't have negative connotations; use neutral language

Never Say:

“handicapped”, “crippled”, “retarded”

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Example: Scheduler asks all 6 questions, patient reports having a disability



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Types of Disabilities and Accommodations



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Disability Accommodations

- You are not expected to know all of the possible disability accommodations
- The following slides will give you examples so you are aware of what accommodations might exist

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Deaf and Hard of Hearing



- 15% of Americans report a hearing disability
- Not all patients who are deaf use American Sign Language (ASL)



Common Accommodations:

- Qualified ASL interpreters
- Note takers
- Real-time captioning
- Written materials
- Assistive listening systems

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Blind or Visually Impaired



- Some patients are completely blind
- Others may have low vision



Common Accommodations:

- Large-print materials
- Qualified readers
- Taped texts
- Braille materials (limited)

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Physical/Mobility Disabilities



- Limits an individual's...
 - physical functioning
 - mobility
 - stamina
- Patients with physical disabilities **may or may not use an assistive device** (e.g., wheelchair, scooter, crutches)

Common Accommodations:

- Height adjustable exam tables
- Wheelchair accessible weight scale
- Exam room space to maneuver mobility device
- Additional time to travel between appointments
- Disability parking

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Manual Dexterity Disabilities



- **Manual dexterity** is defined as the coordination of small muscles to create movement, such as writing or buttoning



Common Accommodations:

- Help dressing or undressing
- Assistance or alternative format to fill out written forms

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Cognitive Disabilities

- Impaired intellectual or adaptive functioning, such as...
 - Difficulties with memory
 - Problem-solving
 - Reading
 - Attention
- Examples include:
 - Down's Syndrome
 - Alzheimer's Disease

Common Accommodations:

- Extra time during appointments
- Written summaries of appointments
- Assistance or alternative formats to fill out forms

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Communication Disabilities

- **10% of adults** report a speech, language, or voice disability
- People with communication disabilities can have difficulty understanding, speaking, reading or writing language
- Examples include:
 - Developmental delays that result in problems speaking
 - Stuttering
 - Voice disorders

Common Accommodations:

- Extra time to ask and answer questions
- Written summaries
- Communication boards

Note: Patients with CD often experience being hung up on due to difficulties speaking—don't hang up!

Note: Communication disabilities do NOT include people for whom English is not their first language

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Example: Patient has impaired communication



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Only if YES: "Thank you, now I'm going to ask you a few more questions about your needs."
1. Are you deaf or have serious difficulty hearing? (**deaf/hard of hearing**)
2. Are you blind or do you have difficulty seeing, even when wearing glasses? (**blind/visually impaired**)
3. Do you have serious difficulty walking or climbing stairs? (**mobility disability**)
4. Do you have difficulty remembering or concentrating? (**cognitive disability**)
5. Do you have difficulty dressing or bathing? (**manual dexterity disability**)
6. Using your usual language, do you have difficulty communicating (for example, understanding or being understood)? (**communication disability**)

IF NO, do not ask any additional disability questions and move to next section.

Prompt: "The next question asks about whether or not you have a disability, in order to help us train our staff and figure out how to be most helpful to our patients."
Screeners: "Due to a disability, do you need any additional assistance or accommodations during your visit?"

Why is this information being collected?

A: "We ask this question to all new patients at the clinic in order to learn more about our patient population and the accommodations that our patients with disabilities might need, such as large print documents for patients with visual impairment, or height-adjustable exam tables for patients with physical disabilities. This allows us to identify ways to best meet the needs of all of our patients."