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Accessibility of Primary Health Care Settings for People with Disabilities

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December, 2010

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Background: Data from Patients

Qualitative studies describe patient experiences of barriers with doctors and health care settings

- Physical barriers to care, inaccessibility of equipment
- Attitudes and stereotypes held by medical providers
- Lack of appropriate training or knowledge
- Programmatic and procedural barriers

ADA settlements by the U.S. Department of Justice document access problems and violations

- Failures of effective communication (62.4%)
- Inaccessible exterior, includes parking (10.2%)
- Inaccessible interior - exam rooms, restrooms (6.5%)

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Background: Data from Healthcare Providers

It has been difficult to obtain data from providers; thus it has been difficult to obtain a quantitative estimate of access barriers.

Self-administered surveys of providers

Grabois, Nosek, & Rossi (1999): n=62

McNeal, Carothers, & Premo (2002): n=501

Iezzoni & O'Day (2006): n ≈20

California Foundation for Independent Living Centers & Cohen (2006): n=10 (health plans)

On-site rating of provider by outside reviewer

Sanchez, et. al. (2000): n=40

Graham & Mann (2008): n=68

Research Questions

What is the extent of primary care office physical accessibility to patients with disabilities?

- In which areas are most offices fully accessible?
- What are the areas in which accessibility is most deficient?
- Are there variations by primary care specialty?
- Are there differences urban/non-urban?

What are the policy implications and applications of this access assessment?

Study Data and Data Collection Procedures

- ✓ Unit of observation: primary care provider physical facility
- ✓ Providers are with one of 5 health plans serving California Medicaid enrollees
- ✓ Data collected via on-site reviews, 2006-2010.

  (A review is conducted when the provider joins a plan, every three years thereafter)
- ✓ Instrument: 55 item add-on assessing disability access to required State of California Facility Site Review
- ✓ Total # of observations = 2389

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Counties of Health Plans in the Data Set

County	n	%
Los Angeles	1673	70.0
San Bernardino	170	7.1
San Diego	113	4.7
Riverside	108	4.5
Alameda	75	3.1
Fresno	62	2.6
Sacramento	55	2.3
Orange	30	1.3
Kern	29	1.2
Kings, Madera, Merced, Placer, Stanislaus, Tulare, Yolo, San Joaquin, Contra Costa	75	3.1
Total	2389	99.9

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Characteristics of the Providers & Sites

Urbanicity	%	
Urban	94.8%	(n=2265)
Non-urban	5.2%	(n=124)
Primary Care Specialty*	**%**	
General medicine	29.5%	(n=502)
Internal medicine	34.5%	(n=587)
Family practice	41.9%	(n=713)
Pediatrics	35.6%	(n=606)
Obstetrics &/or gynecology	5.2%	(n=88)

*Not all health plans were able to provide information on primary care specialties. Percentages based on total of 1700 providers with specialty data.

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ADA Seniors and Persons with Disabilities Facility Site Review Assessment Tool

Criterion Category	# of indicators	Examples of Indicators
Parking	5	Number accessible spaces, signage, van accessible spaces, curb cuts for drives, parking & drop-offs
Ramps - Exteriors	5	Landings are level, ramp length, ramp width, railings
Stairways – Exterior	2	Risers closed, handrails on both sides
Entrances to building	5	Doorway opening, clearances, handles or pulls, alternate accessible entrance, signage
Interior circulation	1	Floors on given story are level or connected by ramps, elevators, or lifts
Doors – (to office) interior	4	Opening & clearances, handles or pulls, force required to open
Ramps – Interior	3	Landings are level, ramp length, handrails

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ADA Seniors and Persons with Disabilities Facility Site Review Assessment Tool (cont.)

Criterion Category	# of indicators	Examples of Indicators
Stairways – interior w/no elevators	2	Closed risers, handrails both sides
Elevators	10	Location, maneuver space, buttons, signage, intercom, used without assistance, reach ranges
Restroom	11	Doors, handles & pulls, accessible & sufficient floor space (single or multi-user), grab bars, accessible toilet paper, faucets, & soap or other dispensers
Reception & waiting area	1	Aisle, tables, and waiting areas with sufficient floor space
Exam & Treatment areas	6	Accessible route, door openings, handles or pulls, floor space in examining rooms, height adjustable exam tables, accessible weight scale
Total	**55**	

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Access Categories for Analysis

Access Category	# of Criteria
1) Parking and Exterior Access	12
2) Building Entrances & Interior Public Areas	21
3) Interior of Provider's Office (waiting area, exam & restrooms)	20
4) Exam equipment (height adjustable exam tables, weight scales)	2

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Parking and Exterior Access to the Facility

12 Indicators

% Applicable Indicators

Meet Standard	%	Cum %
0 – 50%	6.3%	6.3%
51 – 89%	36.7%	43.0%
90 – 99%	4.2%	47.2%
100%	52.8%	100.0%

n=2384

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Highlights: Parking & Exterior Access

Areas of Greatest Access (% Yes)

- ✓ Required ratio of accessible parking spaces: 94.3%
- ✓ Curb cuts at drives, parking, and drop-offs: 96.9%
- ✓ Where ramps are present, meet standards for landings, length, and width: 96.4%-98.8%

Areas of Greatest Deficiency (% No)

- ✓ Presence or ratio of van accessible spaces: 34.8%
- ✓ Signage for accessible parking not visible: 15.7%
- ✓ Handrails on both sides of ramp >6 ft: 19.7%

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Building Entrances and Interior Public Areas

21 Indicators

% of Applicable Indicators

Meet Standard	%	Cum%
0 – 50%	2.9%	2.9%
51 – 89%	33.6%	36.5%
90 – 99%	7.2%	43.7%
100%	56.3%	100.0%

n=2345

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Highlights: Building Entrance and Interior Public Areas

Areas of Greatest Access (% Yes)

- ✓ Entrance door ≥32" clear opening: 98.5%
- ✓ If elevators, near major path of travel, usable when building occupied: 98.8%
- ✓ If ramps or stairs, meet standards for landings, length, width, and handrails: 88%-96%

Areas of Greatest Deficiency (% No)

- ✓ Signage on inaccessible entrances directing to accessible entrance: 40.1%
- ✓ Exterior door hardware: 17.5%
- ✓ If elevator, visible & audible door opening or closing & floor indicators: 30.7%
- ✓ Floor signage on both elevator door jambs: 22.1%

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Interior of Provider's Office

20 Indicators

% Applicable Indicators

Meet Standard	%	Cum %
0 – 50%	6.4%	6.4%
51 – 89%	40.5%	46.9%
90 – 99%	18.8%	65.7%
100%	34.3%	100.0%

N=2388

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Highlights: Interior of Provider's Office

Areas of Greatest Access (% Yes)

- ✓ Exam & treatment rooms on accessible route: 99.5%
- ✓ Door to physician office ≥32" clear opening: 96.9%
- ✓ Toilet paper dispensers are accessible: 98.1%

Areas of Greatest Deficiency (% No)

- ✓ Door hardware: office door 32.6%; restroom door 31.1%; exam room door 36.5%
- ✓ Door weight: 20.2%
- ✓ Restroom: space in single &/or multi-user stall 13.3%-16.6% across 4 indicators
- ✓ Restroom: space under sink 15.3%; faucet type 18.9%

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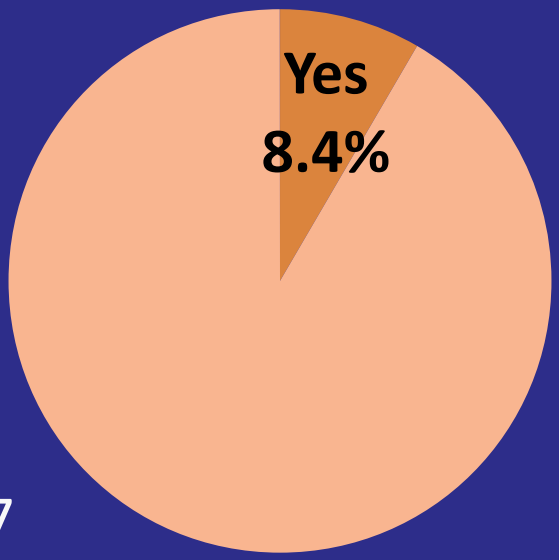
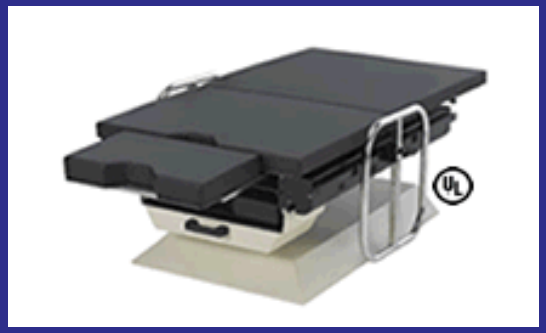
Examination Equipment

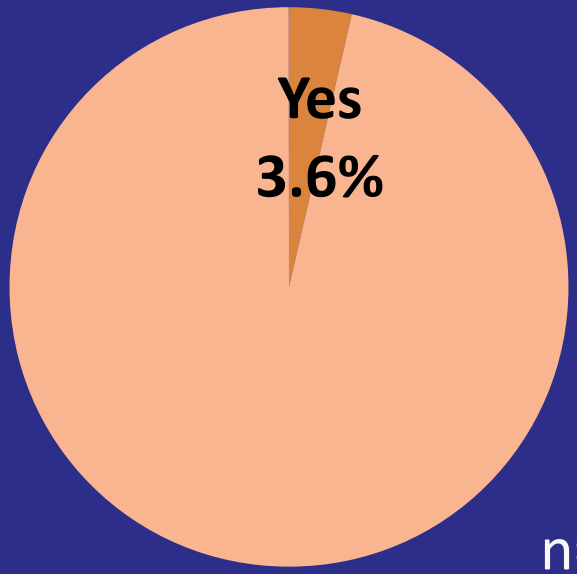
Height Adjustable Exam Table



n=2367



Accessible Weight Scale



n=2351

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Urban and Non-Urban Differences

Access Criterion	% Not in Compliance Urban	Non-Urban
Interior doors can be opened with force <5 lbs	*20.7%	10.2%
Restroom floor space allows 60" diameter circle or clear 56"X63"	17.0%	10.5%
Doors to exam & treatment rooms ≥32" clear opening width	*11.3%	5.6%
Exam room allows 180° turn, no door swings into turning space	*10.4%	2.4%
Height adjustable exam table	*92.2%	82.1%

* $p < .05$

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Access Among Primary Care Specialties

Primary Care Specialty	% exam floor space clear	% with Adjustable Exam Table	% with Accessible Scale
General Practice (n=502)	88.6%	8.4%	2.2%
Internal Medicine (n=587)	91.8%	12.1%	5.5%
Family Practice (n=712)	91.6%	11.9%	4.8%
Pediatrics (n=606)	91.7%	8.9%	5.8%
Obstetrics/Gynecology (n=88)	96.6%	18.4%	10.3%

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Summary: Access Strong and Weak

Indicators with high access compliance

- Parking spaces (except van accessible)
- Door widths
- Paths of travel
- Elevators, ramps, and stairs

Indicators with lowest access compliance

- Exam equipment
- Restrooms: Door handles and latches, faucets, grab bars
- Restrooms: Clear floor space at entry; toilet stall space for single or multi-user bathrooms
- Signage: Exterior; in elevators
- Doors (exterior & interior): Handle and latch operation; door weight

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Caveat

Data are restricted to elements of architecture and physical access, whereas information from patients and lawsuits indicate that there are significant problems in other areas.

- Effective communication
- Office procedures
- Disability cultural competence
- Medical staff attitudes
- Accessible equipment (beyond scales and exam tables)

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Conclusions and Implications

1) Many health care provider offices have physical barriers that can affect the quality of health services provided to patients with disabilities

2) These barriers not only affect the services provided, but may discourage others from engaging in medical services for prevention and wellness

3) This analysis shows that health plan site reviews are a feasible method for obtaining information on provider access characteristics

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