Body System: Patient-Based Care		
Session Topic: Physically Challenged Patients		
Educational Format		**Faculty Expertise Required**
REQUIRED	Interactive Lecture	Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required.
OPTIONAL	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. Please describe your interest and plan for teaching a PBL on your proposal form.

Professional Practice Gap	**Learning Objective(s) that will close the gap and meet the need**	**Outcome Being Measured**
• Patients with physical challenges frequently experience disparate health/healthcare. • Physicians are often not in compliance with accommodation requirements of the ADA for patients who are physically challenged. • Practices often lack knowledge accessible medical equipment that accommodates patients who are physically challenged. • Filing appropriate Medicare documentation to cover assistive technology devices. • Knowing when to prescribe powered vs. non-powered devices. • More efficiently managing the office visit through pre-visit questionnaires and better utilization of office staff.	1. Recognize some of the legal, social and cultural aspects of disability that may impact medical care. 2. Promote adaptive responses to stressful situations by the injured worker to promote function and return to work. 3. Identify essential documentation for discharge of physically challenged patients (e.g. Workers' Compensation, or CMS). 4. Establish a patient-centered approach for prescribing appropriate assistive technology devices, emphasizing functional independence.	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations.

• Assessment of patient's functional status. • Referral management. • Medical students and residents frequently lack training in communication skills with patients with disabilities.		

ACGME Core Competencies Addressed (select all that apply)

X	Medical Knowledge		Patient Care
X	Interpersonal and Communication Skills		Practice-Based Learning and Improvement
	Professionalism	X	Systems-Based Practice

Faculty Instructional Goals

Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art, science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.

- Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy & reference citations
- Facilitate learner engagement during the session
- Address related practice barriers to foster optimal patient management
- Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the References section below are a good place to start
  - Visit http://www.aafp.org/journals for additional resources
  - Visit http://familydoctor.org for patient education and resources
- Provide recommendations regarding legal, social and cultural aspects of disability that may impact medical care.
- Provide strategies and resources for promoting adaptive responses to stressful situations by the injured worker to promote function and return to work.
- Provide recommendations and resources for completing essential documentation for discharge of physically challenged patients (e.g. Workers' Compensation, or CMS).
- Provide strategies and resources for establishing a patient-centered approach for prescribing appropriate assistive technology devices, emphasizing functional independence.

Needs Assessment

The Centers for Disease Control and Prevention (CDC) reports that over 35 million adults, or 15% of the adult population, have physical functioning difficulty.[1] This data includes over 25 million, or 61.1%, of non-institutionalized adults 65 years and older. Physicians frequently prescribe assistive devices, as 10% of adults older than 65 years use canes and 4.6% use walkers.[2] Rates of disability increase with age. In 2013, in the population under 5 years old, less than 1.0% of the population had a disability. For the population ages 5-17, the rate was 5.4%. For

ages 18-64, the rate was 10.5%. For people age 65 and older, 36.6% had a disability.[3] Additionally, primary care physicians provide care for approximately one in four injured workers, or 750,000 of the 3 million who suffer a work-related injury annually.[4]

Data from a recent American Academy of Family Physicians (AAFP) CME Needs Assessment survey indicate that family physicians have statistically significant and meaningful gaps in the medical skill necessary to provide optimal care and management to patients who are physically challenged, including those who are in need of assistive devices (e.g. crutches, canes, wheelchair).[5] More specifically, CME outcomes data from 2011 AAFP Assembly: *Crutches, Walkers, Canes and Wheelchairs: Evidence-based Evaluation of Ambulatory Assistive Devices Including Power Mobility Devices,* and 2012 AAFP Assembly: *Assistive Walking Devices* sessions suggest that family physicians need additional education and training with regard to filing appropriate Medicare documentation to cover assistive technology devices; knowing when to prescribe powered vs. non-powered devices; more efficiently managing the office visit through pre-visit questionnaires and better utilization of office staff; assessment of patient's functional status; and referral management.[6,7] A review of the literature indicates that medical students and residents frequently lack training in communication skills necessary to provide optimal care of patients with disabilities.[8]

Some studies have identified barriers faced by physically challenged patients that limit their access to healthcare services, including physical examinations in their wheelchairs, skipping parts of the exam when a barrier is encountered, patients being asked to bring someone with them, or even being refused treatment due to an inaccessible clinic.[9] As these barriers are not in compliance with requirements of the Americans with Disabilities Act (ADA), physicians may need continuing medical education to provide them with strategies that will help them to be in ADA compliance and optimize the patient's experience. Additionally, several studies of people with disabilities have identified inaccessible medical equipment as a major barrier to health care services.[10] These studies suggest that practice administrators often lack knowledge of accessible medical equipment, thereby emphasizing the need for more education about the availability of accessible equipment but also about the importance of accessible equipment for their patients with disabilities and for physicians who provide them care.[10]

Physicians may improve their care of physically challenged by engaging in continuing medical education that provides practical integration of current evidence-based guidelines and recommendations into their standards of care, including, but not limited to the following:[2,4]

- Assistive devices can be prescribed to improve balance, reduce pain, and increase mobility and confidence.
- Because most patients obtain their assistive device without recommendations or instructions from a medical professional, assistive devices should be evaluated routinely for proper fit and use.
- When only one upper extremity is needed for balance or weight bearing, a cane is preferred. If both upper extremities are needed, crutches or a walker is more appropriate.
- The correct height of a cane or walker is at the level of the patient's wrist crease, as measured with the patient standing upright with arms relaxed at his or her sides. When holding the device at this height, the patient's elbow is naturally flexed at a 15- to 30-degree angle.

- Psychosocial factors should be assessed in the injured worker because they may significantly affect recovery.
- A detailed occupational history should be obtained when evaluating the injured worker.
- Patients with work-related injuries should be educated on their diagnosis, treatment, and prognosis.
- Prompt and appropriate return to work improves outcomes in work-related injuries.
- Opioids and other impairing medications should be used cautiously in injured workers because they may prolong recovery and prohibit return to work.

Physicians can improve patient satisfaction with the referral process by using readily available strategies and tools such as, improving internal office communication, engaging patients in scheduling, facilitating the appointment, tracking referral results, analyzing data for improvement opportunities, and gathering patient feedback.[11,12]

These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations. These recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented. As such, physicians require continuing medical education to assist them with making decisions about specific clinical considerations.

Resources: Evidence-Based Practice Recommendations/Guidelines/Performance Measures

- Geriatric assistive devices[2]
- Evaluation and management of the acutely injured worker[4]
- Adding health education specialists to your practice[13]
- Envisioning new roles for medical assistants: strategies from patient-centered medical homes[14]
- The benefits of using care coordinators in primary care: a case study[15]
- Engaging Patients in Collaborative Care Plans[16]
- The Use of Symptom Diaries in Outpatient Care[17]
- Health Coaching: Teaching Patients to Fish[18]
- Simple tools to increase patient satisfaction with the referral process[11]

References

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