Accessibility Strategies for People with Spinal Cord Injuries in Primary Care

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Objectives for today’s presentation

- Increase awareness of primary care context in Ontario
- Situate people with disabilities (esp. SCI) in context
- Explore barriers to effective utilization of primary care
- Discuss research initiatives & opportunities to optimize access to primary care for people with SCI
The primary care context

• How long ago was your last visit?
• Did you receive the care you were seeking?
• What did you observe about the setting, the service?
PRIMARY HEALTH CARE

... health services provided at the first point of contact with the health care system.

- Primary care is the element within primary health care that focuses on health promotion, illness and injury prevention and the diagnosis and treatment of illness and injury

(Health Canada, 2006)
Family physicians are...

- Community-based – see their patient ‘in situ’; aware of social context of patient
- A resource to a defined population – responsible for their health
- Skilled clinicians – generalist vs. segmentalist
- In a longitudinal relationship with patients – defined by the relationship, rather than by a body of knowledge
Why it is important to understand primary care / family physicians

• First place patients go when faced with a problem

• Family physicians devoted to overall health of patients, but can’t do it all; eager to collaborate to get the best for their patients

• Committed to a model of health as more than injury/illness; compatible assumptions about health & wellness
Top 6% of patients -- have multiple chronic conditions; need inter-disciplinary care; consume 33% resources of the practice

Middle 21% -- have 1 chronic condition; consume 31% resources

Lower 72% -- have mostly acute conditions; consume 36%

Kaiser Pyramid
What kinds of issues do people with disabilities bring to primary care?

- Health issues directly associated with the disability itself
- Typical complications of long-term disability
- Acute complaints & new health issues
- Issues that arise normally among age and sex cohort
- Prevention & health promotion
How people with disabilities use primary care

• Disabled adults (18-65) visit their family doctors 3x more often than non-disabled – ~ 6 visits /yr.

• Despite excess utilization, disabled adults report 3x as many unmet health care needs, especially the youngest and oldest age groups, and those with more chronic conditions and poorer health

• People with long-standing disabilities usually see multiple service providers, and evolve a complex rubric for seeking entry to the health care system
How people with disabilities use primary care

1. Tolerate inadequacies for sake of relationship
2. Become educators on disability
3. Become manager / coordinator of own care
4. Become researcher for doctor
5. Substitute institutional services, like ER, hospital
6. Use specialists for everything
Barriers encountered at six points

1. Finding a doctor
2. Getting an appointment
3. Receiving a reasonable standard of care
4. Getting into the practice
5. Receiving needed accommodations
6. Using the office, exam room, washroom
Four types of barriers

- Physical – stairs, doorways
- Systemic – policies, compensation
- Attitudinal – unwilling to accommodate
- Expertise – about disability, complications
Overcoming physical barriers

THE PRIMARY CARE ACCESS CHECKLIST

• Average score for accessibility in family practices in south-eastern Ontario was 72%; only 15% having adjustable exam tables; 20% totally inaccessible.

• 74% doctors say their practice is accessible; 40% of their patients agree

➤ Take the checklist to your family physician’s office / administrator
FAMILY HEALTH TEAMS

• Outreach to 200 FHTs & 25 NP-led clinics

• Approval to order adjustable exam beds/lifts; Ministry cost-shared 60:40

→ Follow up with your FHT to see if they have this equipment in ≥ 1 exam room
Overcoming attitudinal barriers

SURVEY OF PHYSICIAN EXPERIENCES

• Physicians less likely to examine patients if difficulties undressing, communication;
• Patients who need assistance were required to bring their own attendant;
• Physicians less attentive to sexual and reproductive issues;
• Routine preventive care often missed.

➔ Be sure FP’s aware of AODA Customer Service Standard
Overcoming attitudinal barriers

Interpreting AODA Customer Service Standard for primary care

- Consider disability when communicating with patient
- Allow assistive devices
- Allow service animals
- Welcome support personnel
- Let customer know when accessible services not available
- Invite customers to provide feedback
Overcoming attitudinal barriers

HEALTH CARE CONNECT

• Disabled patients have the same wait period / rate of success finding a family doctor.
• More challenging for HCC staff, because some practices are closed to certain types of patients.
• HCC staff very committed to linking for complex patients.

→ Work with HCC to find doctors for patients who do not have them.
Overcoming expertise barriers

SURVEY OF PHYSICIAN KNOWLEDGE

• Physicians rated their expertise in SCI at 2.9 / 5 (high end of “poor”)
• Felt least prepared to deal with:
  – when to refer and to whom
  – social/community supports available
  – issues of access and human rights
  – medication covered by provincial formulary
  – current literature on SCI
  – long term effects of SCI
  – treatments for common SCI issues.

➡️ Be a resource to family
CHART AUDIT OF QUALITY OF CARE FOR DISABLED PATIENTS

• Salary practices scored significantly better on compliance with clinical guidelines for: Urinary tract infection; Preventive care; Hypertension; Diabetes (not skin care)

→ Encourage patients to ask for enough time to get their issues dealt with; most practices offer longer appointments
Overcoming expertise barriers

SCOPING REVIEW ON SCI PRIMARY CARE LITERATURE

• need for regular follow-up by specialized teams;
• importance of annual comprehensive health exam
• unmet needs, esp information needs
• most common issues bowel, bladder, pain.

➔ Watch for it – CFP Fall 2012.
Point it out to FP
Overcoming expertise barriers

"ACTIONABLE NUGGETS"

- evidence-based, action-oriented information on special populations in primary care; 20 cards x 20 weeks with web-based back-up
- Significantly improved physician knowledge on SCI; earned 5 Mainpro C credits

distribution to ~50,000 primary care physicians in Canada via CMA
Recognizing Urinary Tract Infections in SCI Patients

**Actionable Nugget # 4:** Diagnosis of UTI in SCI requires three criteria: (1) significant bacteriuria; (2) pyuria; and (3) signs and symptoms.

**The Problem:**
Individuals with spinal cord injury (SCI) have an increased risk of developing urinary tract infections (UTIs). Many individuals with SCI have asymptomatic bacteriuria, but this does not constitute a UTI.

**Best Practice:**
1. Significant bacteriuria: ≥ 102 cfu/ml in those using intermittent catheterization
2. Significantly increased: ≥ 104 cfu/ml for clean-void specimens from catheter-free males with external condom collection
3. Significantly increased: ≥ 104 cfu/ml for spontaneous bladder management
4. Any detectable concentration in those using indwelling catheters
5. Pyuria: ≥ 50 WBC/hpf
6. Signs/Symptoms: One or more of (1) leukocytes in the urine; (2) discomfort or pain over the kidney or bladder, or during urination; (3) onset of urinary incontinence; (4) increased spasticity; (5) autonomic dysreflexia; (6) cloudy urine with increased odor; (7) malaise, lethargy, or sense of unease

**The Evidence:**
Signs and symptoms of UTI have poor sensitivity and specificity in detecting UTI with SCI because of sensory impairments. The quantitative criteria for significant bacteriuria in SCI have excellent sensitivity and specificity and underscore the need to consider type of bladder drainage when evaluating bacteriuria. Pyuria is generally present in persons with symptomatic UTI, and its absence indicates the absence of symptomatic UTI.


**Next Nugget:**
Pharmacological management of UTI
Overcoming expertise barriers

6 models for integrating rehab in primary care

1. Clinic
2. Self management
3. Case management
4. Shared care
5. Outreach
6. Community-based rehabilitation (CBR)

→ Explore ways of interacting directly with primary care providers
BRIEF TO SENATE COMMITTEE
on FEDERAL HEALTH ACCORD

One of our recommendations adopted by the review committee

“That accountability measures built into the Canada Health Transfer agreement ensure the needs of disabled persons are being adequately met.”

Embrace opportunities to be politically active – e.g., AODA Built Environment
Why is primary care so important for people with disabilities?

- Thinner margin of health
- Fewer opportunities for health maintenance
- Earlier onset of chronic diseases
- Disability may cause prolonged or complicated course
- Functional consequences of illness greater with disability
Thank you

... for this opportunity to share highlights of our research on disability & primary care.

For more information:

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