Accessibility of Primary Health Care Provider Settings for People with Disabilities: Information from Health Plan Audits

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The slides that follow present the first findings from analysis of the merged ADA SPD site review data from five California Health Plans. We expect to engage in further refinement of the analysis before formal publication.

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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?

Given current access characteristics, what should be the focus for future action?

Background: Data from Patients

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

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

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

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

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*	76	3.2
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	73	3.1
Total	2389	100.0

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.

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

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**	

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

Parking and Exterior Access to the Facility

12 Indicators

Meets Standard

No. of Indicators	%	Cum %
12	48.1%	48.1%
11	27.2%	75.3%
10	15.1%	90.4%
9	6.0%	96.4%
≤8	3.6%	100.0%

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%

Building Entrances and Interior Public Areas

21 Indicators

Meets Standard No. of Indicators	%	Cum%
21	33.3%	33.3%
20	26.5%	59.8%
19	13.6%	73.3%
18	17.8%	91.2%
≤17	8.8%	100.0%

Highlights: Building Entrances 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%

Interior of Provider's Office

20 Indicators

Meets Standard

No. of Indicators	%	Cum %
20	19.6%	19.6%
19	21.3%	40.9%
18	13.9%	54.8%
17	9.5%	64.3%
16	9.1%	73.4%
≤15	26.6%	100.0%

Note: 939 providers are rated Not Applicable on the indicator for bathroom stall size resulting in the exclusion of that item from the tabulation score for those providers.

Highlights: Interior of Provider's Office

Areas of Greatest Access (% Yes)

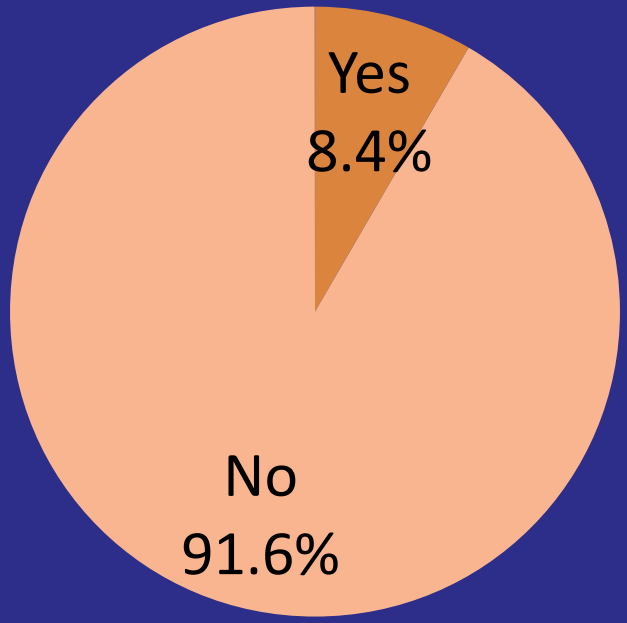
- ✓ Exam & treatment rooms on accessible route: 99.5%
- ✓ Door to physician office ≥32" clear opening: 96.9%
- ✓ Toilet paper dispensers are accessible: 98.1%

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%

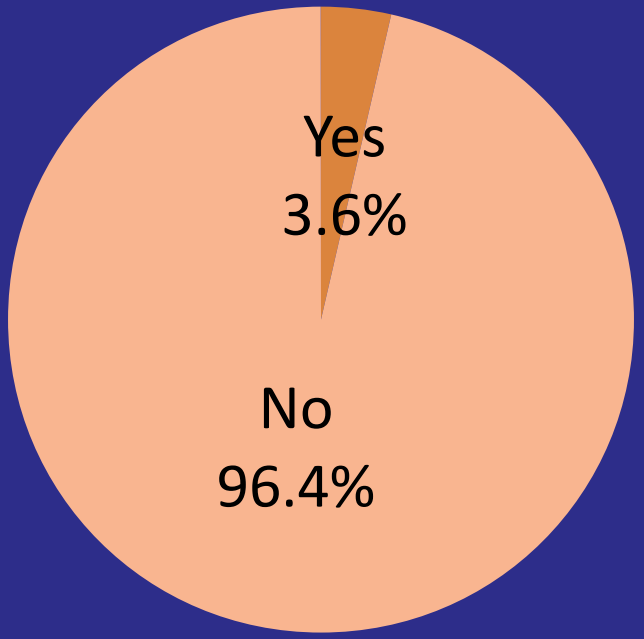
Examination Equipment

Height Adjustable Exam Table



n=2367

Accessible Weight Scale



n=2351

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%

* $p < .05$

Access Among Primary Care Specialties

Primary Care Specialty	% exam floor space clear	% with Adjustable Exam Table	% with Accessible Scale
General Medicine (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%

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

Action Priorities

1) Increase the presence of height adjustable exam tables and accessible weight scales. ACA authorizes the Access Board to develop standards for these and other equipment.
2) Increase attention given to interior office characteristics (restrooms, exam spaces, door handles, and signage)
3) While exterior access is generally good, parking signage and the number of van accessible spaces is problematic
4) Expand review criteria to include effective communication and care delivery procedures

Possible Mechanisms

1) This analysis shows that health plan site audits are a feasible method for obtaining provider access information that can inform action
2) Providers may be encouraged to increase access if their awareness of existing federal and state tax credits is increased
3) Create a one-stop source of medical access information aimed at providers