

Implicit bias toward people with disabilities has a detrimental impact not only on health, but quality of life as well

How can we promote ADA compliance and protect vulnerable populations seeking care and services in their homes and communities?



FEI Systems

Jason is seeing a new provider today because this office now accepts

Medicaid patients and it's much closer to his home. Navigating the short ramp to the back door of the private practice for his annual physical is not easy. You see, Jason has multiple sclerosis so his mother – who is his primary caregiver – accompanies him to his appointments. They are both grateful for the ramp, but its rickety construction makes them nervous.

Once inside and checked in, Jason is called back to have his vitals collected. When he can't stand on his own on the scale in the office, the nurse recommends his mom take him to a supermarket, zoo or cattle processing plant to be weighed on an industrial scale to get an accurate weight. It's uncomfortable, to say the least. And, it certainly doesn't help that she speaks only to his mom without once addressing Jason directly.

Stories like this were gathered during a series of video conferences with physicians across the country. The participating providers represent a variety of specialties and have all worked with patients with disabilities. The interviews were conducted pre-pandemic and the takeaways were compiled into a study that made national headlines in October 2022.

In story after story, the interviews uncovered that physicians are unknowingly discriminating against, and often underserving patients, because of inherent biases, lack of reasonable office accommodations or inadequate training in treating those with disabilities.

For the Medicaid agencies and care organizations tasked with managing the delivery of care and services to vulnerable populations, especially those with physical and developmental disabilities, ensuring access to quality care can be made even more difficult in the face of provider biases and inability to accommodate individuals with unique care needs. One way to protect program members from discrimination is to thoroughly vet providers enrolled in state Medicaid and/or managed care organization (MCO) programs, including with site visits to ensure needs of patients with disabilities can be met. Strict credentialing and background check procedures and protocols, as well as continued oversight of enrolled providers by following up on any potential reported grievances, can help limit instances of discrimination for program members.

These provider management activities can be difficult to conduct in today's healthcare environment, as programs rapidly expand to meet growing demands for services. Cumbersome processes make it difficult for agencies and care organizations to work through provider applications efficiently to enroll willing and qualified providers in their programs. Additionally, continued supervision can be challenging without the right tools to effectively monitor provider activity.

LEGAL PROTECTIONS DON'T ELIMINATE DISCRIMINATION AND BIAS

With the passage of the Americans with Disabilities Act in 1990, patients with disabilities should expect the following in government-run or private healthcare settings:

- Adjusted policies, practices and procedures to provide goods, services, facilities, privileges, advantages or accommodations.
- Communication in a way that is easy to understand.
- Physically accessible facilities.

Additionally, the Patient Protection and Affordable Care Act, which passed in 2010, ensures those with disabilities cannot be excluded from health programs or activities because they are receiving federal financial assistance.

Despite these legal assurances, difficulties remain. As the series of interviews outlined earlier found, many providers from small, rural practices feel overwhelmed by the requirements of the ADA. Many said they struggle to make the appropriate accommodations in their offices for patients with disabilities without extra help or compensation. Still, others expressed an outright unwillingness to try.

"You're only going to have a certain percentage of patients that are going to require [accommodations]—maybe 10 percent, 15 percent—so how much can you do?" noted one study participant.

But the accommodations necessary to be compliant with the ADA were only one part of the problem, according to the study. It's not just that providers do not have the resources to make the accommodations, the study found many simply do not want to provide them. Too often, according to the survey results, providers outright deny care to people with disabilities, or use their personal biases to justify why they are not recommending routine screenings or procedures.

The degree to which people with disabilities are treated differently than other patients – even unconsciously – by providers can depend on several considerations. According to a 2020 study from Rehabilitation Psychology, factors include age, gender, political affiliation and, most notably, having friends or family members with disabilities.



PROTECTING VULNERABLE COMMUNITIES

“Negative biases and inaccurate assumptions about the quality of life of a person with a disability are pervasive in U.S. society and can result in the devaluation and disparate treatment of people with disabilities, and in the medical context, these biases can have serious and even deadly consequences,” according to the National Council on Disability. According to the council, providers unknowingly may make the subjective determination that certain procedures or treatments are medically futile based on a patient’s disability, in that they see there would be limited or no improvement in quality of life.

“The lives of people with disabilities are equally valuable to those without disabilities, and healthcare decisions based on devaluing the lives of people with disabilities are discriminatory,” the council argues.

Biases and discrimination toward people with disabilities that contribute to inadequate healthcare provision can greatly impact health and well-being. According to the U.S. Centers for Disease Control and Prevention (CDC), lack of access to care contributes to many not having a primary care physician or routine appointments. Without preventative care, the health disparities those with disabilities may already be facing may be exacerbated. Additionally, they may see other chronic conditions worsen because of inadequate care.

As noted in these studies about the conscious or unconscious negative attitudes and treatment towards people with disabilities, more education and resources are needed to promote equitable care. While cultural competency has been part of provider training/education for some time, those with disabilities have not been viewed as a socially marginalized group in the same context.



BARRIERS TO HEALTHCARE GREATLY IMPACTS ADULTS WITH DISABILITIES

According to the CDC:

- One in three do not have a primary healthcare provider
- One in three have unmet healthcare needs due to financial hardship
- One in four have not had a routine check-up in the last year
- 40 percent are not able to get the care they need because it has not been approved by a health plan

A STREAMLINED PATH FOR PROVIDER OVERSIGHT

Provider screening and monitoring directly impact Medicaid program member safety and quality of care, and those who manage the delivery of health and human services to vulnerable populations can better protect program members with the help of the right technology solutions. A comprehensive provider management web-based portal helps state Medicaid agencies overseeing the care and services for disabled populations facilitate screenings and ongoing provider surveillance, track provider activities and monitor program participant outcomes.

FEI's Blue Compass suite of solutions for health and human services includes a provider management platform that serves as a comprehensive self-service web portal for provider needs from enrollment through maintenance, revalidation, reactivation/re-enrollment and termination. On the state agency side, the Blue Compass provider management module assists with oversight and surveillance activities, including flagging high-risk providers and scheduling site visits prior to finalizing individual provider or practice enrollment. Agency staff can track communications and adverse information as well as status of any investigations, grievances or appeals against providers. The solution also automates tracking and provides data visualization dashboards to increase program transparency.

The system was built to simplify provider application, intake and surveillance. With an easy-to-use, configurable, online portal, providers, state Medicaid agency staff and MCO partners can spend less time navigating traditionally complex processes and dedicate more time to caring for program members. The solution assists with screening, certification, credentialing, scheduling site visits, background checks and other determined validation processes. All these processes, requirements and workflows are tailored to the provider type and follow state and federal regulatory guidelines.

By integrating into existing state ecosystems, our solution decreases processing delays, increases efficiency and offers greater access to care for vulnerable program members. By using technology to its full potential, our state partners can protect the needs of program members and provide high-quality care for all.



If there are biases toward vulnerable populations, equitable healthcare will be out of reach. At FEI, we just can't accept that. As a company, we were founded on the belief that barrier-free care should be accessible to all, especially the aging and disabled, and we remain committed to employing innovative technology solutions that contribute to making that a reality.



NOTES AND REFERENCES

*Jason's story is not an actual depiction of any particular individual or account, but rather it is representative of the types of incidents described in the physician interviews conducted for the study.

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For more than 20 years, FEI Systems has provided innovative IT solutions that assist federal, state and local health and human services agencies in caring for the most vulnerable members of the communities they serve.

FEI's Blue Compass suite of solutions includes a host of modules designed to address common requirements while meeting the unique and complex needs of each of the agencies and organizations we serve. Our case management for long-term services and supports system, our behavioral health case management system and our provider management platform offer comprehensive tools for the cross-agency delivery of person-centered, coordinated health and human services.

The suite also includes ancillary sub-modules and function-specific features for:

- data collection and reporting
- incident management
- reimbursement and claims processing
- consent management
- assessment for treatment services
- electronic health record (outpatient)
- visit verification, billing and waiver eligibility

Our Blue Compass provider management solution is designed to simplify provider application, intake and surveillance, and we would be honored to partner with you in serving those you work tirelessly to protect.

To learn more or request a demo, visit feisystems.com