

Is an Appropriate Wheelchair Becoming out of Reach?

Feature Editor Introduction: Kristi L. Kirschner, MD

Never before has the world been more replete with technological aids for people with disabilities: high-performing prosthetics; accessible computer devices; environmental control units; wheelchairs that can recline, stand, and climb curbs; and laptop-sized ventilators to name just a few devices. Such tools can make the difference between people with physical disabilities living in their own homes, participating in their communities, and being engaged in the workforce versus being confined to an institution, or an inaccessible home and even to bed. Yet, just as Tantalus in Homer's *Odyssey* stood immersed chest high in water beneath a tree laden with ripe fruit, he could neither quench his hunger nor thirst. As he would reach up to grasp, or bend down to drink, the fruit and water would move just out of reach. So it is for many people with disabilities when they gaze at all the available technologies [1]. Tantalizing, but unattainable.

Nowhere is the situation more frustrating than in the domain of wheelchairs. Access to liberating mobility equipment is changing—and often not for the good. The Medicare Affordability Act (2003) and more recently The Patient Protection and Affordable Care Act [2], in an effort to save money, have instituted competitive bidding for Medicare wheelchair contracts. Rental equipment is now the rule rather than exception for wheelchairs covered under Medicare—a real problem when customization is needed. UsersFirst, a program of United Spinal Association, was created to advocate “for greater access to appropriate wheelchairs, mobility scooters and seating systems for people with disabilities” (www.usersfirst.org). This group is currently supporting an initiative, Save the Wheelchair campaign [3]. “This year advocates will call for, among other issues, passage of **HR 492/S. 948**, Ensuring Access to Quality Complex Rehabilitation Technology Act of 2013, a bill to establish a benefit to ensure that persons with spinal cord injuries and disorders have access to complex rehab technology.”

As history has demonstrated, many other health insurers will adopt and follow Medicare guidelines. A number of state Medicaid programs are also delegating their health insurance responsibilities to for-profit managed care companies, many of which have little experience with disability and durable medical equipment (DME). Narrow networks are the rule rather than the exception, and the expertise of those charged with approving or denying approvals of wheelchairs may be quite limited.

Not surprisingly, in addition to the obvious group of people who have the most at stake—namely, wheelchair users—other stakeholders are concerned as well. The Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) (www.resna.org) is questioning the wisdom of the new rules and regulations of the Centers for Medicare and Medicaid Services (CMS). RESNA, as the premier professional organization dedicated to promoting the health and well-being of people with disabilities through increasing access to technology solutions, is questioning the value of competitive bidding, capped rentals, and other policies adopted purportedly to save costs but in reality serving to narrow rather than expand choices for people in need of DME.

With this backdrop and the fact that Illinois is experiencing significant budget cuts to state Medicaid, about a year ago a group of concerned stakeholders in Chicago began to meet to discuss the looming crises in DME. Access to the timely provision of appropriate wheelchairs and needed repairs was at the top of the list of DME concerns. Several members of this group of concerned stakeholders have been involved in helping to create a not-for profit Medicaid health plan, the Community Care Alliance of Illinois (www.ccaillinois.com) and wanted to discuss the challenges of ensuring how the patient can continue to have access to such critical equipment in the midst of a transition to managed

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Disclosures outside this publication: consultancy, provide input to state of New Mexico concerning assistive technology; expert testimony, various law firms pertaining to lawsuits filed in regards to wheelchairs or seating (money to author); payment for development of educational presentations, ATG and NRRTS (money to author); travel/accommodations/meeting expenses unrelated to activities listed, International Seating Symposium

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care. The group reached out to the Small Business Program at DePaul University Masters in Business Administration for assistance in identifying solutions. The questions posed by the group were whether a new (ie, different) business model could preserve and enhance access to critical wheelchairs in the midst of cost cuts. For example, would a lend/lease system for high-end equipment help ensure access while addressing the budgetary crises in our state?

The issues with which we have been grappling are not unique to Chicago or Illinois, but are happening across the country. At heart, these issues are arguably civil rights and social justice issues [4]. At the end of the day, access and participation are contingent upon having not only an accessible environment but the right equipment to navigate in it.

This topic will be presented in 2 parts. Part I, presented in this issue, will be a commentary from Jessica Pedersen, an OT, Assistive Technology Professional (ATP), and RESNA-certified Seating and Mobility Specialist (SMS or the second tier of RESNA certification) as well as Denise Harmon, a seasoned ATP representing the perspective of the vendor. For the next column, part II will be viewpoints from DME users, a small business analyst, and a PM&R physician.

The questions that I have asked our commentators to address include the following:

1. What do you believe are “best practice” policies for obtaining the appropriate wheelchair? How are the current rules and regulations of various payers facilitating and preventing this from happening?
2. What are the practical barriers (service and reimbursement wise) to ensuring access to best practice evaluations and quality equipment?
3. What are some potential solutions to the looming crisis?
4. How can we ensure that the people who depend upon the equipment maintain access without undue burden while fraud and abuse is prevented?

As always, I welcome your comments regarding this column, or suggestions for future columns.

REFERENCES

1. Encyclopedia Britannica. Tantalus. Available at: <http://www.britannica.com/EBchecked/topic/582768/Tantalus>. Accessed March 25, 2014.
2. American Association of People with Disabilities. Health Reform and People with Disabilities. <http://www.aapd.com/resources/fact-sheets/health-reform-people-with-disabilities.html>. Accessed March 28, 2014.
3. UsersFirst. Save the wheelchair. www.usersfirst.org/save-the-wheelchair/. Accessed March 28, 2014.
4. Center on Human Rights for People with Disabilities. Real life stories. Available at: <http://www.disabilityaction.org/centre-on-human-rights/advocacy/real-life-stories/>

Commentary from Jessica Presperin Pedersen MBA, OTR/L, ATP/SMS:

As an OT with 35 years of experience, I have had a long-standing interest in the area of wheelchair mobility and seating.

The evolution of seating and positioning product choices and service delivery options have expanded multifold during my career. This expansion allows us to be in a position where individuals requiring mobility aides should be able to access experts who can determine mobility and seating needs and provide equipment conducive to the environments they need to access, allowing optimal participation. This equipment should be maintained and updated as needed.

RESNA published the Wheelchair Service Provision Guide, which provides recommendations for which professionals and steps are needed for successful outcomes in wheelchair and seating procurement. It can be downloaded at RESNA.org.

Process for Procuring a Wheelchair

RESNA outlines the steps to procurement. Basically they include the evaluation, equipment trial or simulation, equipment recommendation and justification, physician agreement and prescription, prior authorization if required by the third party payer, delivery and fitting of equipment, teaching and training in safety, simple maintenance, and use of equipment, follow-up for proper fit and usage, and necessary long-term upkeep and maintenance.

The evaluation will include an assessment of the patient's medical, physical, and functional needs related to using a wheelchair. This might include a brief medical history, past and future surgeries, cardiac and respiratory status, sensation and skin issues, range of motion and strength limitations related to sitting in and propelling a wheelchair, spinal and pelvic flexibility and tendencies, spasticity or tonal influence, balance in standing and sitting, ambulation abilities, transfers, wheelchair skills, home accessibility, transportation and equipment for driving if applicable, as well as activities of daily living (ADL) and instrumental activities of daily living (IADL) done in the wheelchair. Pressure mapping and other technology specific to wheelchairs, such as the use of a Smart Wheel to measure wheelchair propulsion, may be incorporated into the assessment process.

Professionals Involved in Wheelchair and Seating Procurement

RESNA strongly recommends a team evaluation that is client centered. The 2 professionals that should be involved throughout the procurement process are the seating therapist, usually an occupational or physical therapist, and a rehabilitation technology supplier who is the distributor of the recommended equipment. Both professionals should have continuing education in the area of wheelchairs and

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