

The California Kaiser Permanente Health System: Evolving to meet the needs of people with disabilities

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Abstract

This review documents the history of one large health system's approach to the enactment of the Americans with Disabilities Act, following the settlement of a lawsuit. This paper represents the various activities within the Kaiser Permanente health system from 2001 to the present that were conducted to improve access and remove architectural, attitudinal, and other barriers for people with disabilities, to educate and train providers concerning culturally competent care for people with disabilities, and to develop patient-centered best practices and models of care for people with disabilities. Health systems can improve care for people with disabilities through organized, multifaceted, and ongoing approaches to removal of barriers, provider education and training in culturally competent care, and establishment of patient-centered best practices and models of care. © 2010 Elsevier Inc. All rights reserved.

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While the Americans with Disabilities Act (ADA) was enacted in 1990, the regulations implementing Title III of the ADA, which prohibits discrimination on the basis of disability in places of public accommodation and commercial facilities (which include health care facilities), did not take effect until January 26, 1992. These regulations require that places of public accommodation make their facilities and services accessible to people with disabilities. Corrective action by health care institutions and systems in the United States has been incremental. In rehabilitation hospitals and clinics, efforts to remove architectural and other barriers to care have been largely shaped by the education of providers by people with disabilities served in these settings and took place over many decades. Before enactment of the ADA, rehabilitation hospitals and clinics were sometimes the only places that people with disabilities could expect to have care provided without the usual architectural barriers. Despite an increased awareness about the health care needs of people with disabilities, attitudinal and other barriers and disparities in care and care delivery persist. With this in mind, the Kaiser Permanente (KP) health system continues to strive to eliminate architectural

and other barriers to care and to promote culturally competent care to people with disabilities with a range of initiatives.

Kaiser Permanente's response to a lawsuit

On April 12, 2001, KP and Disability Rights Advocates (DRA), a nonprofit law center in Oakland, California, which represented several plaintiffs in a disability access lawsuit, jointly announced a collaborative and far-reaching agreement to dramatically improve health care delivery and accessibility for California KP members with disabilities.

The agreement, built on a partnership approach that KP took to resolve issues raised in the lawsuit, represented a novel and sweeping effort to comprehensively address accessibility at KP's facilities throughout California. DRA publicly acknowledged that KP, in agreeing to the settlement, had committed to take unprecedented steps to ensure that its facilities and services were accessible to people with disabilities. As it stated in press release issued at the time of the settlement: "Kaiser Permanente will become a model health care system with respect to how patients with disabilities are served. The settlement agreement establishes a blueprint for other HMOs and health care providers to follow so that they can provide better care to people with

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disabilities.” Consistent with the spirit of the agreement, KP made a renewed commitment to serving the needs of patients with disabilities in California.

The ADA Health Access Program

As the first step in implementing the settlement agreement, KP established the ADA Compliance-Health Access Program (ADAC-HAP) to ensure accessibility to health care facilities and services for KP members in California. ADAC-HAP supports KP’s mission to improve the health of its members and the communities served and is committed to (1) providing a health care environment free of discrimination toward members with disabilities; (2) developing health care systems that reflect the needs of the disabled community; (3) improving staff and provider awareness regarding the needs of people with disabilities; and (4) taking a leadership role in the provision of high-quality care for members with disabilities.

The ADAC-HAP priorities relate to improving 5 areas within the health system:

1. *Architectural Access*: ensuring physical structures comply with local, state, and federal accessibility regulations for people with disabilities and identifying and removing architectural barriers.
2. *Accessible Medical Equipment*: providing medical equipment, assistive devices, and improved technology for medical services caring for members with disabilities.
3. *Communication Access Solutions*: establishing equal access to KP health, medical, and instructional information for members with disabilities.
4. *Policies and Procedures*: establishing systems and protocols that improve access to quality of health care for people with disabilities.
5. *Training and Education*: ensuring that staff, nurses, and providers are aware of the systems, practices, and services available to provide equal access for members with disabilities.

Through the ADAC-HAP, KP completed a number of key initiatives and continues to work toward the completion of other projects. The program conducted statewide surveys of all its facilities to identify and remove architectural barriers. To address the problems that many people with disabilities face related to accessing certain exams and medical procedures, the health system reviewed the needs of people with disabilities and determined the appropriate equipment that would be needed to ensure that they would receive the appropriate level of care. In this review, certain medical equipment was researched, designed and purchased throughout the California facilities. The equipment included wheelchair scales, adjustable height examination tables, adjustable mammography, and other equipment. Policies

and procedures were reviewed and revised to ensure that there was no discrimination against people with disabilities or any aspects that would impede access to health care. Other initiatives included the provision of alternative formats for communication and assistive listening devices. Educational programs and tools were created to educate staff and providers on culturally competent care for individuals with disabilities.

Professional education and training

Education and training are major components of the initiatives undertaken by the health system. The KP National Diversity Department developed and distributed *The Provider Handbook on Culturally Competent Care of Individuals with Disabilities* [1], with the help of leaders and providers from the Kaiser Foundation Rehabilitation Center (KFRC) in Vallejo and elsewhere within the national KP health system, and also individuals from disability organizations, including the DRA, Disability Rights Education and Defense Fund (DREDF), and the World Institute on Disability (WID). The KP Provider Handbook has been widely circulated to health care providers and health systems in the United States and abroad through hardcopy and online versions.

Laminated pocket cards that provide key information for providers were developed in conjunction with KP Provider Handbook and in conjunction with annual conferences and distributed to facilities throughout the KP Program and also nationally and internationally. Topics include culturally competent care for people with disabilities; youth with disabilities; aging with a disability; sexuality, intimacy, and reproduction in people with disabilities and chronic health conditions; and promoting best practices in rehabilitation.

Every year the health system sponsors an annual symposium, organized by leaders from KFRC, with support from ADAC-HAP and The Permanente Medical Group Continuing Education Program. The program brings together national experts in physical medicine and rehabilitation, other rehabilitation fields and people with disabilities as experts. In 2009, the symposium focused on “Assistive Technology for Movement.” These conferences provide a venue for health care providers to engage with practice leaders and researchers who are at the forefront of innovation in rehabilitation and health care delivery, including culturally competent care, to people with disabilities. The audience is physicians and staff from within and outside the health system. DVDs of the Symposia are available from the Kaiser Permanente Multimedia Library [2].

The KP National Diversity Conference, the longest running conference in the history of the organization, has included people with disabilities and speakers on disability topics as presenters. The 32nd annual conference in 2009 included a session on “Patient-Centeredness: An Expanded Role for the Patient in Care Delivery,” which featured KP

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