BACKGROUND

- The Affordable Care Act mandates healthcare organizations document disability status to provide accommodations and identify potential disparities.
- A previous study explored research priorities for disability equity in healthcare, leading to documentation of disability status in the electronic health record (EHR) identified as the top priority.

RESEARCH OBJECTIVES

Among diverse health systems, we sought to:
1. Characterize the documentation process.
2. Identify challenges to and desired features of an effective process.

STUDY DESIGN

- Semi-structured interviews with health system representatives involved in documentation of disability status and accommodations.
- Research team conducted inductive, thematic analysis on interview transcripts.

POPULATION STUDIED

- Interviewees recruited from prior study on research priorities to address disability healthcare disparities.
- 15 interviews with health system representatives from across the country.
- Represented health systems ranging in size from 1 hospital to 40 hospitals + 900 clinics.

PRINCIPAL FINDINGS

Figure 1: Sites Varied in Terms of...

- Most collected some information but many were not using it to actually provide accommodations.
- Most commonly collected disabilities: hearing, vision, other communication needs (often collected with language needs/services).
- Challenges to documentation:
  - Lack of supportive leadership.
  - Lack of awareness of policies/legal requirements.
  - Potential discomfort.
  - Knowledge gaps and need for training.
  - Competing priorities and alert fatigue.
  - Burdensome collection and lack of workflow integration.
  - Inability to proactively address accommodation needs.

Figure 2: Desired Features

*acc=accommodation(s)

- Dedicated field for acc. using preset list.
- Patient portal for self-input.
- Alert when acc. requested.
- Method of documenting when acc. used.
- Yield/hard stop to ensure documentation.

CONCLUSIONS

Health systems struggle with:
- Lack of consistency in what, where, how, when, and by whom information on disability status and accommodations are collected in the EHR.
- How (or if) information is used to ensure accommodation needs are met.

IMPLICATIONS

- Guidelines for standardized EHR features could offer health systems consistency.
- Policies that encourage systematic, efficient processes may promote equitable, accessible, and patient-centered care to patients with disabilities.

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Table 1: Level of Process Development (n)

<table>
<thead>
<tr>
<th>Process Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systematic EHR documentation process</td>
<td>4</td>
</tr>
<tr>
<td>Routinely collects some information</td>
<td>6</td>
</tr>
<tr>
<td>Has EHR process but not routinely collected</td>
<td>2</td>
</tr>
<tr>
<td>No EHR process</td>
<td>3</td>
</tr>
</tbody>
</table>

All participants expressed the importance of documenting disability status and accommodation needs and were motivated to improve their processes:

“When we are talking about health care disparities, equity, social determinants, intersectionality, and all of that, we should include disability in the conversation. That’s something that we haven’t done, and we are hoping to do.” – Participant 10