Documentation of Disability Status and Accommodation Needs in the Electronic Health Record: A Qualitative Study

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BACKGROUND

- The Affordable Care Act mandates healthcare organizations document disability status to provide accommodations and identify potential disparities
- Previous study explored research priorities for disability equity in healthcare → 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
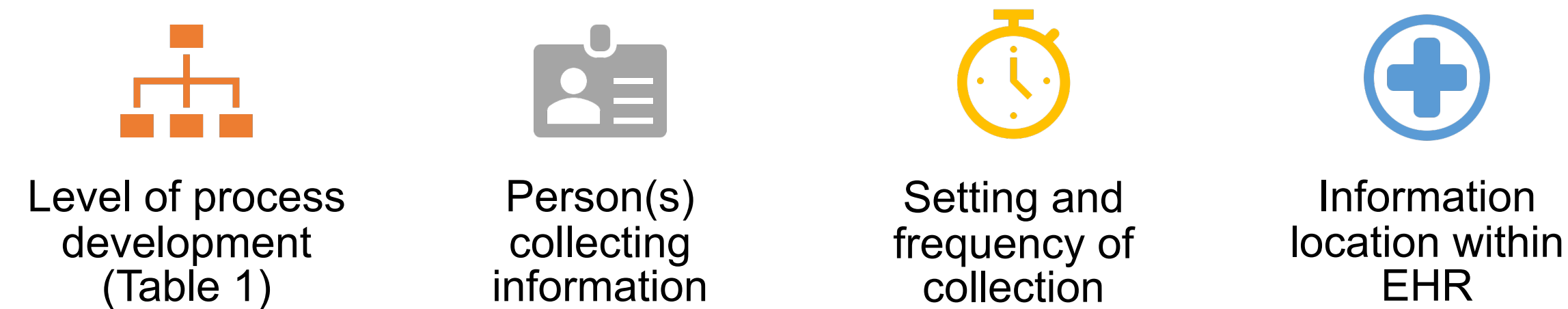
STUDY DESIGN

- 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
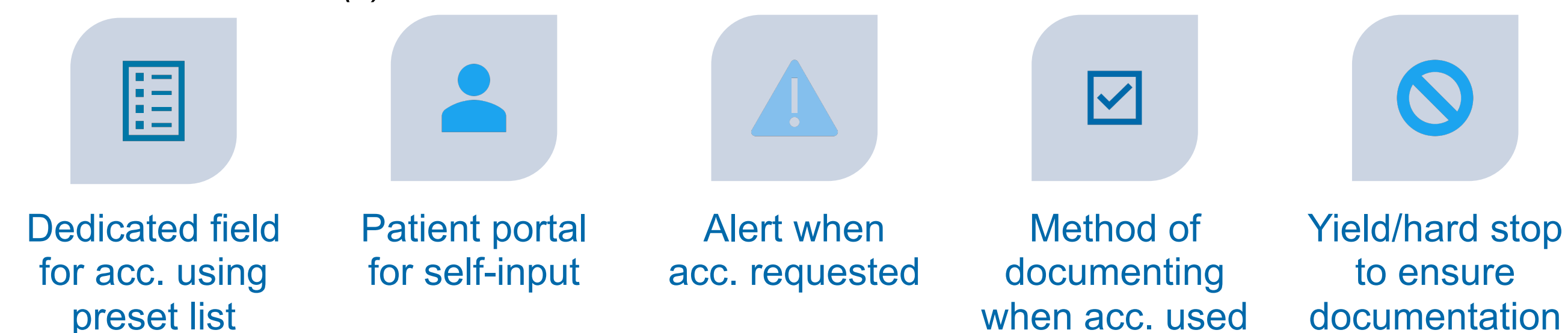- Represented health systems ranging in size from 1 hospital to 40 hospitals + 900 clinics

CONTACT INFORMATION

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PRINCIPAL FINDINGS

Figure 1: Sites Varied in Terms of…

| Level of process development (Table 1) | Person(s) collecting information | Setting and frequency of collection | Information location within EHR |

- 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 |

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, 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*

Table 1: Level of Process Development (n)

Systematic EHR documentation process	4
Routinely collects some information	6
Has EHR process but not routinely collected	2
No EHR process	3

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

ACKNOWLEDGEMENTS

DISABILITY EQUITY COLLABORATIVE