

The background features a dark blue gradient with faint, light blue circular patterns and a scale on the left side. The scale has markings from 140 to 260 in increments of 10. There are also several circular diagrams with arrows indicating clockwise or counter-clockwise directions.

# COMMUNICATION IN PRIMARY CARE

## FEATURING PATIENTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

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# FUNDING DISCLAIMER

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# OBJECTIVES

- Describe the biopsychosocial approach for disease management in primary care
- Utilize adaptive communication strategies in eliciting a history from a patient with an IDD
- Communicate effectively and respectfully with patients, families and other healthcare professionals from diverse backgrounds.
- Demonstrate shared decision making in disease prevention or management that combines an evidence-based and patient-centered approach.

# DEFINITIONS

- ***Biopsychosocial approach*** systematically considers biological, psychological, and social factors and their complex interactions in understanding health, illness, and health care delivery
- ***Developmental disabilities*** are a group of conditions due to a delay or impairment in cognitive ability, physical functioning, or both. ***Developmental disability*** is the broader, umbrella term and includes (but is not limited to) ***Intellectual disability***
- ***Intellectual disability*** is a condition characterized by significant limitations in both intellectual functioning and adaptive behavior that originates before the age of 22
- ***Adaptive communication*** requires the content and delivery of a message to be adjusted to appeal to or to be understood by a certain audience

# HEALTH EQUITY – AMERICANS WITH DISABILITIES ACT (ADA)

Capitol Crawl on March 13, 1990 where individuals with disabilities crawled up the steps of the capitol to encourage congress to pass the ADA

ADA: Our nation's first comprehensive civil rights law that protects individuals with disabilities and prohibits discrimination in employment, public services, transportation, and telecommunications. It also requires that healthcare providers provide people with disabilities full and equal access to their healthcare services and facilities.



## CASE

- During your family medicine clerkship you are instructed by your preceptor, who is a primary care physician, to do a history and physical on the patient in room 25. The preceptor shares that the patient is a 47yo man with cerebral palsy and he is typically accompanied by his 70yo mother. This visit is scheduled as an annual physical.
- Upon entering the room you introduce yourself and ask if there are any acute concerns today. The patient's mother, Harriet, looks tired, but reports that her son, Michael, is doing ok. Sitting upright in his custom wheelchair, Michael emphatically shakes his head in a "no" motion. Michael looks at his mom and you wait for more information, but Harriet just smiles and says, "We're mostly here because insurance requires a visit every 6 months for us to get our diapers, wipes, and other medical supplies."

## CASE CONTINUED

- You perform a quick exam, listening to Michael's heart and lungs while he sits in his wheelchair and excuse yourself from the room.
- You inform your preceptor, Dr. Peacock, that Michael's mom had no concerns and had scheduled the visit just so they could get refills on Michael's supplies.
- Dr. Peacock smiles and says, "That sounds like Harriet. What did Michael have to say?"
- You're surprised, while Michael vocalized while you were in the room, he did not attempt to answer questions other than shaking his head at the start of the visit.

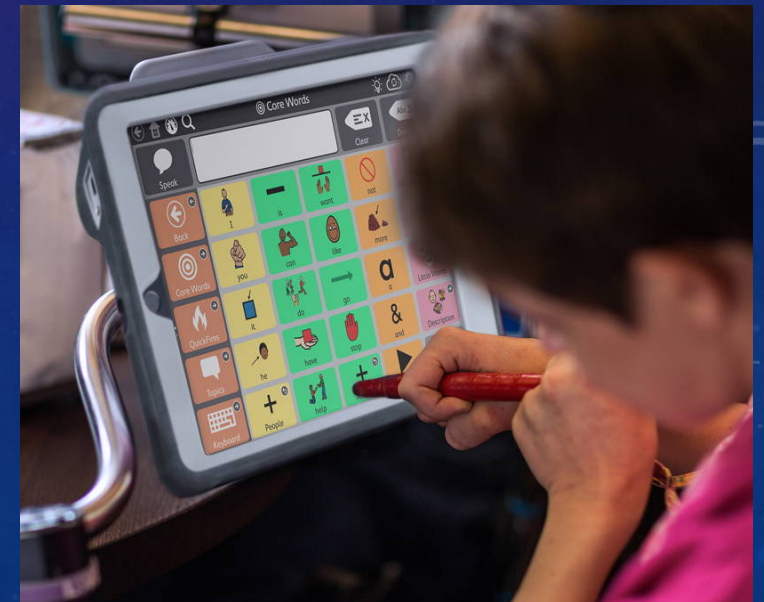
# BIOPSYCHOSOCIAL CONSIDERATIONS

- What biological factors are important in the health care assessment of a 47yo man?
  - Age appropriate cancer screenings to consider?
  - Physical exam for patient in wheelchair
- What psychological factors may be unique to this patient encounter?
  - Caregiver burn out
  - Longterm care planning
- What social factors could be affecting Michael's health?
  - Isolation



# ADAPTIVE COMMUNICATION CONSIDERATIONS

- Communicating with a nonverbal patient
  - Sign language
  - Interactive communication strategies
  - Communication device



# ADAPTIVE COMMUNICAITON CONSIDERATIONS

- Does Michael have a developmental disability?
- Does Michael have an intellectual disability?
  - Use developmentally appropriate language

# LET'S PRACTICE!

- You will be invited to join a breakout room in groups of 3-4
- Each group will role play an extended patient encounter to practice adaptive communication and shared decision making
- There will be 3 different rounds of role playing, every member of your group should take turns being the physician, the patient/caregiver, and the observer
  - If you are in a group of 4, 2 of you will act as physicians in 1 round, can approach as student + resident
- You should have received an email a few minutes ago. When you decide what roles you will be playing, open ONLY the document corresponding to that role for the particular round.
- Observer, please use the “Shared Decision-Making Rubric” to provide feedback to the person playing the physician in the round
- Each round should last approximately 3 minutes followed by 1 minute of feedback, you will receive notifications to your breakout rooms

# ACTIVITY WRAP UP

- Questions/Comments about that exercise?
- Examples of resources regarding developmental disabilities and healthcare
  - Patient/family advocacy websites (for example: National Down Syndrome Society, Autism Speaks, 22q Family Foundation)
  - Vanderbilt IDD toolkit for physicians: <https://iddtoolkit.vkcsites.org/>
  - NIH Rare Diseases <https://rarediseases.info.nih.gov/>

- Please do the post lecture survey that was included in the email you received for the activity! Or QR code here:



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Sign up for clinical elective in 3<sup>rd</sup> or 4<sup>th</sup> year:

MEMED 630 - Life with Intellectual and Developmental Disabilities