

# Doctors say offices not equipped for disabled

By **Deborah Kotz** | GLOBE STAFF

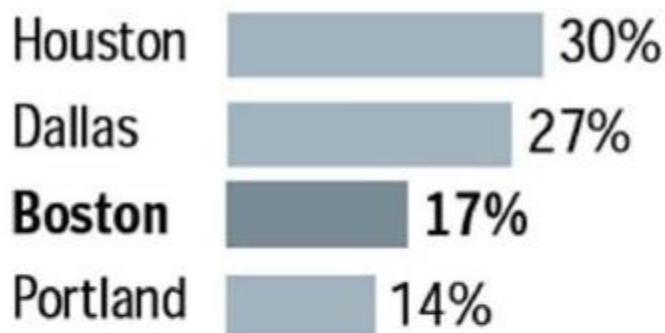
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More than one in six Boston doctors offices refused to schedule appointments for callers posing as disabled patients in wheelchairs, researchers at Baystate Medical Center reported Monday in a study of specialty practices that highlights obstacles to routine medical care.

Legal specialists say the practice violates a federal law requiring that people with disabilities have access to appropriate care.

## INACCESSIBLE PRACTICES

Doctor offices that refuse to schedule appointments for disabled patients in wheelchairs



SOURCE: Baystate Medical Center

GLOBE STAFF

Callers turned away by physicians in Boston and three other cities were mostly told the offices lacked an exam table that could be raised and lowered or a lift for transferring a patient out of their wheelchair. In some cases, practices were located in buildings inaccessible to people in wheelchairs.

Gynecologists in the four cities had the highest rate of inaccessible practices, with 44 percent informing patients that they needed to seek a specialist elsewhere. The findings were published in the *Annals of Internal Medicine*.

“Many doctors may not be aware that they need to see patients with disabilities,” said study leader Dr. Tara Lagu, an academic hospitalist at Baystate in Springfield and an assistant professor at Tufts University School of Medicine. “I’m shocked every time I hear from patients in wheelchairs that they can’t get an appointment with a urologist or gynecologist or that the doctor wants them to come in an ambulance for transfer to an exam table by an emergency medical technician.”

Lagu and colleagues at Tufts, the University of Massachusetts-Amherst, and elsewhere called up 256 speciality practices posing as disabled, overweight patients with various medical problems — diabetes, unexplained uterine bleeding, depression — that related to particular specialties such as endocrinology, gynecology, or psychiatry. Overall, 56 practices, or 22 percent, told the callers that they could not be seen.

Practices in Boston denied access to disabled patients about 17 percent of the time, compared with 30 percent in Houston, 27 percent in Dallas, and 14 percent in Portland, Ore. These denials could lead to delays in these patients getting cancer screening tests such as mammograms and Pap smears or proper management for chronic health problems, Lagu said.

“The medical community hasn’t understood the importance of equal access,” said Bill Henning, executive director of the Boston Center for Independent Living. His organization three years ago persuaded Massachusetts General and Brigham and Women’s hospitals to spend millions on architectural improvements, medical equipment upgrades, and staff training to better serve those with disabilities.

“It’s been very positive,” he said, “but the challenge has been trying to change the culture; they’re big institutions, and there’s still a lot of work to be done.”

Mass. General has required its staff to participate in training to help them become more sensitive to the needs of disabled patients and has purchased adaptive equipment such as scales that can weigh patients in wheelchairs and mammogram machines that don’t require patients to stand for the exam.

“The shift in culture is difficult since it’s such a big hospital,” said Zary Amirhosseini, the disability services manager who was hired soon after Mass. General pledged to make changes.

A Brigham spokesman said the hospital has purchased specialized equipment and staff training on disability issues is in progress.

A Beth Israel Deaconess Medical Center executive said the hospital has provided easier access for those in wheelchairs, as well, adding more wheelchair-accessible bathrooms, video phone systems for the hearing-impaired, and enhanced signs for the visually impaired. The hospital also installed more than 90 accessible exam tables in its ambulatory clinics, which make it easier for patients to transfer from wheelchairs, said Dennis Monty, director of facilities planning.

But Karen Schneiderman, who uses a wheelchair because of spina bifida, said when she had an ovarian cyst removed under local anesthesia at one of the hospital’s clinics a year ago, her surgeon had to lie on the floor to operate. The bed they transferred her onto from the wheelchair could not be raised and was too low for the surgeon to gain access any other way.

“It was ridiculous that my doctor had to be on the floor,” said Schneiderman, who works as an advocate for the Boston Center for Independent Living.

Kelly Lawman, a Beth Israel Deaconess spokeswoman, said that she could not substantiate the episode and that no formal complaint had been filed.

The 23-year-old Americans with Disabilities Act requires that medical facilities provide full and equal access to their patients and make “reasonable modifications” when necessary, such as providing wider doorways for wheelchairs or equipment that can be maneuvered around patients who cannot rise from their chairs.

Health care providers are not allowed to tell patients that they cannot be seen because of their disability nor require them to bring a person along to help lift them onto the exam table.

“Doctors have to make reasonable accommodations or find an alternate way to provide the service. Turning people away simply because they use a wheelchair would be a clear violation of the federal law,” said Dan Manning, director of litigation for Greater Boston Legal Services, which provided legal advice to the Center for Independent Living in pursuing its initiative with Mass. General and the Brigham.

What the federal law doesn’t specify, however, is what specific accommodations doctors offices should make — such as lifts and adjustable tables — to care for disabled patients, an omission that a

committee of specialists convened by the federal government is trying to remedy. The panel's recommendations are expected to be submitted this summer.

While new policies will no doubt mean more costs for doctor's offices, the changes will ultimately be a "win-win" for health care workers and patients by protecting both from injuries, said Dr. Lisa Iezzoni, director of the Mongan Institute for Health Policy at Massachusetts General Hospital, who wrote an editorial that accompanied the study.

Physician groups viewed the study in a positive light. "It is gratifying to note that the overwhelming majority of specialists could indeed accommodate the request," said Dr. Richard Aghababian, president of the Massachusetts Medical Society. "Still, there may be circumstances where a patient request may not be able to be fulfilled, and we encourage those providers to make efforts to arrange for care."

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