

Wheelchair Service Delivery

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This is the seventh slide lecture in a series of eight lectures that are intended to provide an overview of the wheelchair mobility and seating evaluation process. The lecture series contains:

- Seating Biomechanics
- Wheelchair Seat Cushions
- Pressure Mapping
- Wheelchair Backs
- Manual Wheelchair Set Up & Propulsion Biomechanics
- Rehabilitation Technology Suppliers & Clinicians
- Service Delivery
- Strategies for Effective Documentation

Abstract and Presenter Bio-sketch

- Mark Schmeler is the Director of Clinical Services at the Center for Assistive Technology. He has many years of front-line clinical experience in seating and mobility with individuals with complex seating needs.
- Mary Ellen Buning is a research associate in the Rehabilitation Science and Technology Department with interest in AT education, service delivery and functional outcomes that result from AT devices and services.

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In healthcare therapists are often trying to consider a client's long term need. This view looks at cost and benefit over the long term. The immediate up-front costs of assistive technology devices are offset with long term savings, improved quality of life, and the prevention of health complications.

In some settings where facilities have been exposed to better wheelchairs there have been positive results. It's a quality of life issue. Simply, our culture doesn't value wheelchairs. It is difficult to change this long held view. The nursing home population is the one that would probably benefit the most from a good wheelchair. The cost of the wheelchair is so small compared to the overall cost of the nursing home care yet it is the thing that is most relevant to the resident and that has most affect on their comfort, their mobility and quality of life.

Better consumer awareness about wheelchairs will help to change this value. Increased use of better wheelchairs will lead to lowering the cost of these wheelchairs. Increased competition in the wheelchair market will lead to changes in policies.

Outline for this Presentation:

- Client screening
- In-depth evaluation
- Final specifications
- Documentation
- Funding approval
- Fittings
- Delivery
- Training
- Follow-up

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This presentation will focus on “service delivery” which means how we deliver services related to wheelchairs.

Of course, the demand in health care today is to do everything we used to do with the same amount of money or less, and with the same staff or less.

Listed are the component steps in wheelchair service delivery.

Follow-up, the final one, is the one that no one pays for yet. This includes checking back to make sure that wheelchair and seating continue to meet the client’s need.

Screening

- Collect data on:
 - Demographics
 - Medical diagnoses
 - Insurance
 - Referral source and reason for referral
 - Client's chief complaint
 - Current equipment & status
 - Other technologies used

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Find out everything you need to know about your client that will affect their access to, use of and need for wheelchair and seating services..

Insurance knowledge lets me know what “weapons” to bring to the fight. An ethical clinician does not let their knowledge about a client’s insurance dictate whether or not they will recommend a certain kind of wheelchair.

The referral lets me know why the funder is willing to pay for my assessment. Is it health-related insurance? Vocation-related funding? Education-related funding?

Knowing what other equipment is used by the client helps me to know what the client’s tolerance for technology is and about the need for integrating other components into a wheelchair system. Integration of assistive technologies is needed so that there is a functional outcome for the client.

Screening Cont'd

- Activities of daily living
- Education / employment
- Cognitive status
- Perceptual status
- Sensory status
- Endurance for sitting and functional activities

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Find out what is important to your client. It is the gaps between abilities and goals that assistive technology devices are supposed to fill.

This part is the same as it would be for a good OT or PT evaluation. Focus on the aspects that have the most relevance to safe and efficient mobility device use.

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Text for next slide:

Remember, a wheelchair may not be the client's only means of mobility. According to Medicare, if you can walk 2 steps you do not need a wheelchair. The saving grace here is that Medicare has not defined 'ambulation.' A definition of ambulation should always take into consideration whether or not ambulation can occur safely. If the client is at high risk for falling and breaking a hip, then ambulation is not safe.

Screening Cont'd

- Mobility
- Transfers
- Leisure interests
- Living situation, roles, and daily routine
- Environmental accessibility
- Transportation resources

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Ability to fill a life role is very important to an individual. Most feelings of life satisfaction come from filling valued roles.

Environmental issues - If the assistive technology needs external supports then it is important to know what the living situation is. Engineers often have a very useful approach to solving problems. One engineer I know always asks the client what kind of car they have. He says 90% of the time, the wheelchair that is best for a person will or will not be recommended because of the client's transportation resources.

Summary: Look at all these variables so that (Assistive Technology) AT fits in a in a person's life. The reality is that we don't yet have a lot of research that shows how useful AT is but we do have a lot of research about abandonment. which occurs with 60-70% of devices. Though there are many reasons for abandonment, it is often due to poor assessment of needs.

We should be as good as an architect or a kitchen designer. We have to be good listener so we hear the real needs and goals of the client. We have to make our recommended solutions fit.

Medical/Physical Motor Exam

- History and physical
- Skin integrity
- Status of client's bowel and bladder management.
- Physical motor exam
 - mat assessment
- Baseline pressure mapping
- Team evaluation plan & goals

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It is ideal when there is good integration of medical and AT services.

For example, in checking skin integrity or discussion of (Gastro-Intestinal) GI issues it is very helpful to have physician input.

After collecting all of the information then give a plan on what was learned, and what the plan for proceeding. Evaluation plan and intervention goals. When the first session is used to clearly lay out a plan for a client, this helps to dispel the notion that this evaluation and the delivery of devices can happen all in one day.

The documented evaluation and goals are actually the first 1/2 of the final report. A home visit or work site visit may be needed. Is there a need to bring in others on the AT Team who have additional expertise?

Second part of the assessment may be scheduled for a second day. This knowledge helps with staffing. With this strategy if the client also has computer access needs, on the second visit, plan to bring in a computer access specialist.

In-Depth Evaluations

- Simulation
- Trial in the clinic
- Discussion of options
- Review goals
- Compromises and trade-offs
- Home trial
- Reach consensus & make final decisions

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Seating simulators help to give a clearer idea of what is needed. This communicates to the RTS exactly what seating support is needed. It is important to do a clinical trial with a mock up of the chair. This can happen in some settings because there are several kinds of wheelchairs on hand which means that much of this can be done by the clinicians.

A clinical trial gives client time to consider or try out or experience their options. Allows you to compare the client's reality in the mock up with the goals that they had when they came in the door.

The final outcome is that there is rarely a "right" answer... it's a series of compromises.

Home trials give a chance to consider all of the factors that will affect future use.

Home evals are not usually paid for. In our clinic the RTS is often used for a home follow-up.

Important to **review each wheelchair specification** to ensure that what is needed is the same as what is being ordered. This review also helps with justification of each "up charge" that is being requested of the funder.

Documentation

- As important as the evaluation itself
- Very labor intensive
- Generally not reimbursable
- Involves skill and creativity
- It should document a methodical decision-making process

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Documentation is the hardest but the most important part of the process but it has the greatest impact on the actual delivery of the product. *If you are not going to take the time to do good documentation don't even take the time to do the assessment.* Everything else will be a waste of time!

The fact that documentation is not reimbursable needs to be revisited. This is the place where there the highest investment in research of options, integration of solutions, etc. Since it currently cannot be reimbursed the charge for face-to-face time is increased to \$200/hour.

If the funding source doesn't give you an operational definitions then you give them a definition for the things that you are discussing. Use a logical argument that shows that there are real benefits to spending the amount of money required by a piece of AT equipment.

Presume that the payer knows nothing about you and has every incentive **not** to pay for your services. Proceed with this mind set and you will be successful in your letters of justification.

Line Item Specification & Justification

- Identify each part and tell why it is needed:
 - wheelchair frame
 - seating frame
 - seat
 - lap belt
 - abductors/thigh guides
 - foot supports

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Break the wheelchair down into its component parts so that there are clear reasons for each name brand component, each non- standard part of the wheelchair and the clinical reasons for each particular piece of equipment.

Don't forget to talk about the cushion and back.

Tell why each part is needed.

Specifications Cont'd

- back support
- head support
- arm support
- wheels and casters
- controller/electronics
- batteries
- color
- others as needed

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All specs should refer back to the clinical assessment and find their justification there.

That way they are not just fabrications in the therapist's mind or a wish list.

With power wheelchairs you must have specification on the wheelchair's controllers and electronics.

Funding Approval

- In general, approval is quick if documentation is effective in substantiating client need.
- Longer if it is not effective.
- May involve an appeals process if funding is first denied.
 - Appeals time is also not reimbursable
 - It is the professional duty of clinicians

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It is always a problem when you are working with multiple funding sources. Each one wants to say “we are the payer of last resort!”

Different funders have different motivations for paying so this can sometime make the therapist feel that their credibility compromised. For example, something may be medically relevant but not educationally necessary.

Appeals

80% of denials are never appealed. This means that funders are motivated to use this as a strategy for cutting their costs. Therapists should always appeal. Mostly, the appeal doesn't go to a court hearing it just goes to a higher level of review. For public insurance it is more difficult. Appeals create extra paper work but therapists are ethically bound to do it.

Fittings / Delivery

- May involve several sessions and alterations to get a good user interface.
- Initial goals or status changes.
- Need to be flexible and accommodating.
- Depend on suppliers & manufacturers to flexible and accommodating.

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If there have been changes between the time of ordering the wheelchair and the time of its delivery, then they are dealt with at this time. This often depends on how long between order and delivery.

It is important for all parties to be flexible. Frustrations often show and tempers can flare. Remember... This is a "fitting" and anything that is not quite right can be adjusted. Today, modularity allows the fine tuning of the system.

This characteristic is very important and can be a clear factor in choosing an RTS (Rehabilitation Technology Supplier) to work with.

Training / Follow-Up

- Ensure that the client understands their assistive technology.
- Ensure client uses equipment safely & effectively.
- Ensure needs are met.
- When client has a progressive condition, ensure client understands need for periodic re-checks.

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Training is often a role for the RTS. This part can give feedback on how well the evaluation and recommendation process has been dealt with.

For clients with progressive conditions there is a strong need to follow up and meet long term or future needs. This part is hard because patients do not usually call unless they have a problem. Often people don't realize that they are having a problem. Difficulty with this factor makes it hard to track outcomes. Follow-up lets us know how clinical services are doing.

Review Questions

- Who is responsible for a good evaluation?
- What things can be done to increase the likelihood of funding approval?
- Why is documentation of need and results of the evaluation such an important part of the process?

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Recommended Reading

- Products and Services section of WheelchairNet with resources for consumers, clinicians, RTS, case managers and funders at:
<http://www.wheelchairnet.org/ProdServ/prodserv.html>
- RehabCentral- a WWW resource for clinicians on seating and mobility issues at:
<http://www.rehabcentral.com/>
- Proceedings of the International Seating Symposium & the RESNA Conference at:
<http://www.wheelchairnet.org/WCU/Departments/biblio.html>

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