MOTION COMPOSITES

CLIENT CENTERED PRESCRIPTIONS

WE SAY IT, BUT ARE WE DOING IT?

PRESENTED BY: ERIN MANIACI, PT, DPT

DATE: 06 OCTOBER 2022

ALPINE REHAB CONFERENCE

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FACULTY DISCLOSURE

ERIN MANIACI, PT, DPT

- Physical Therapist
  - Inpatient SCI rehab, Amputee inpatient rehab, wheelchair prescription writing, gait training, outpatient neuro
- Current Clinical Education Specialist, Motion Composites
- Based in Phoenix, Arizona
- Grew up in MO → MU Grad → GO CHIEFS & TIGERS

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GREETINGS FROM MOTION COMPOSITES!

2016 PROFIT 500 CANADA'S FASTEST GROWING COMPANIES

2016 AWARD HARDING INNOVATIVE PRODUCT

mobility product award 2021

2020 GROWTH LIST CANADA'S FASTEST-GROWING COMPANIES

Ordre des ingénieurs du Québec PROJET INNOVATEUR RÉGIONAL 2018

HME New Product Award 2016

CMC Canadian Seating & Mobility Conference

reddot award 2019 winner

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LEARNING OBJECTIVES

AT THE END OF THIS COURSE:

1. Differentiate client goals from other stakeholders' goals and integrate them when prescribing wheelchairs and seating.
2. Identify and maintain obligations as a health care and/or sales professional when it comes to client centered mobility and seating prescriptions.
3. Implement strategies within daily practice to enhance the client centered prescription process.

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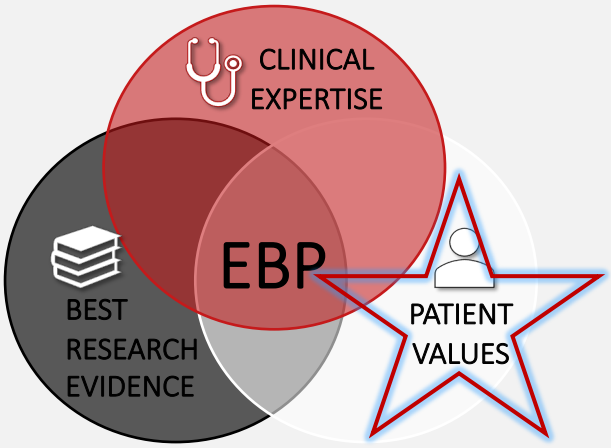
EVIDENCE BASED PRACTICE

OUR FOUNDATION



Integrating individual clinical expertise with the best available external clinical evidence from systematic research.
-David Sacket, 1996

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WHAT DOES CLIENT CENTERED MEAN?

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DEFINITION

- "collaborative and partnership approaches used in enabling occupation with clients who may be individuals, groups, agencies, governments, corporations or others."
- "embraces a philosophy of respect for and partnership with people receiving services. It recognizes that autonomy of individuals, the need for client choice in making decisions about occupational needs…"

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FUNCTIONAL DEFINITION

"The client participates actively in **negotiating** goals which are given priority and are at the center of assessment, intervention and evaluation. Throughout the process the therapist listens to and respects the clients' values, adapts the interventions to meet the client's needs and enables the client to make informed decisions." (Sumsion, 2002)

- Clients are active participants in the therapeutic partnership.

The 'client' in 'client-centred' **may be one individual, or may comprise a set of individuals** (e.g., a family, group, or even a community, organization or population of individuals) (Townsend & Polatajko, 2007).

- Issues can arise if individuals in the client group have diverging needs or interests.

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THE HISTORY BEHIND IT

- Recognized the importance of the client in the therapeutic process
- Thought this "could awaken curiosity and stimulate interest"
- Focus shifted to more pathology-based symptoms of the client
- Shift from illness to one which emphasized health and well-being

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PROOF IT WORKS

- Improved satisfaction with services
- Increased adherence to therapy recommendations
- Improved functional outcomes
- Evidence based practice supports the use of client-centered approach.

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CHRIS COLIN:

- We are therapists/ATPs need to know when to concede control
- Education on risks and benefits
- Why should it take multiple wheelchairs to get it right?
  - We can help get it right on wheelchair one!

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ARE THERE ANY NEGATIVES TO CLIENT CENTERED CARE?

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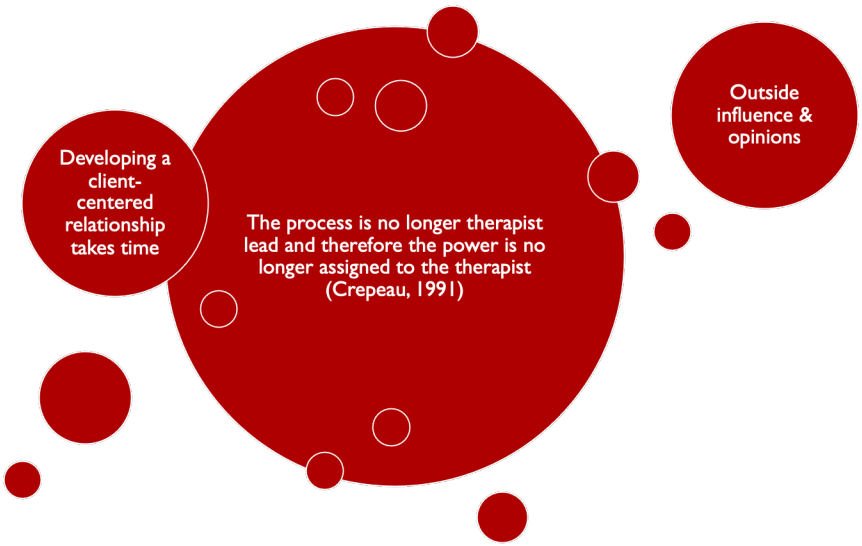
CRITISISMS



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BARRIERS VS. ENABLERS

KEY BARRIERS

- staffing constraints and reduced levels of staff experience
- high staff workloads and time pressures
- physical resource and environment constraints
- unsupportive staff attitudes

KEY ENABLERS

- leadership focus on patient and family centred care
- staff satisfaction and positive staff relations
- formal structures and processes to support patient and family centred care
- staff cultural diversity
- health professional values and role expectations

Lloyd, Bradley; Elkins, Mark; and Innes, Lesley (2018) "Barriers and enablers of patient and family centred care in an Australian acute care hospital: Perspectives of health managers," Patient Experience Journal: Vol. 5 : Iss. 3 , Article 9.

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CONSCIOUS DECISION MAKING

- Habitual thinking patters and behaviors develop as a one encounters repetitive scenarios or tasks in their practice
- Must approach and assess each situation with a sense of newness and intentionally select a course of treatment and an interpersonal approach that is relevant to the client

COTO (2020)

- COTO modified the Conscious Decision-Making Framework put forth by the College of Occupational Therapists of Ontario Code of Ethics to make it more applicable to complex scenarios involving decision-making
  - This process may assist in identifying options

Durocher, Evelyne & Glencross-Eimantas, T.. (2011). When client-centred and family-centred approaches clash: A modified conscious decision-making framework to the rescue!. Occupational Therapy Now. 13. 14-17.

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Step	Guiding questions
Step 1: Describe the situation	What are all the facts of the situation? Who is the client? Who are the other stakeholders/players and what are their roles? Are all stakeholders and their interests/agendas identified? What is each stakeholder's wish/ recommendation and why? What are the underlying issues for each stakeholder? What are the client's best interests and from whose perspective?
Step 2: Consider if further information is needed and identify resources	Are there relevant regulation(s), guidelines or legislative concerns? What evidence exists to inform occupational therapists' actions or recommendations? Are there individuals with expertise in the area? Are there missing facts?
Step 3: Identify and consider all potential options	Be creative! What are ALL the possible options? What are the advantages and downfalls of each situation? What value is being upheld in each? Is there a potential option that will uphold more advantages and decrease disadvantages?
Step:4 Choose the best option and take action	Go!
Step 5: Evaluate the decision	What impact did the decision have on those involved? Was the anticipated outcome achieved? How did the outcome match or differ from the anticipated outcome? If there were differences between the anticipated and actual outcome, could these have been predicted? Would you make the same decision again or would you do something differently?

Modified Conscious Decision-Making Framework - COTO

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CLIENT CENTEREDNESS & WHEELCHAIRS

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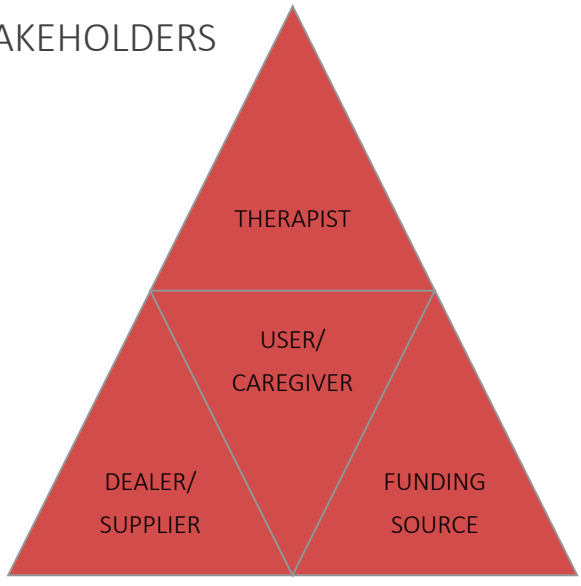
IDENTIFY THE STAKEHOLDERS



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WHAT IS THE GOAL OF A WHEELCHAIR RX?

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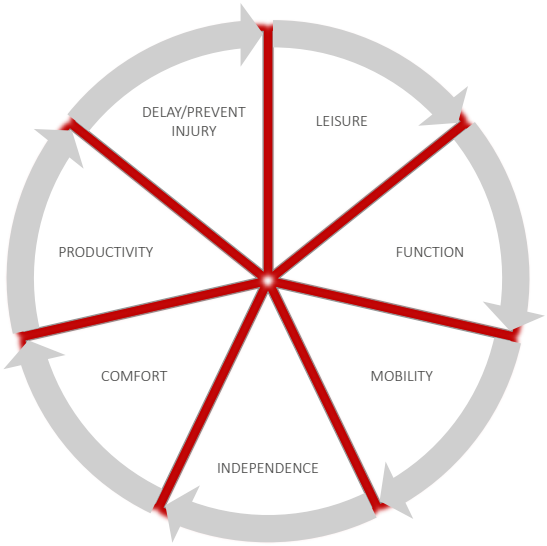
WHAT IS THE GOAL OF A WHEELCHAIR RX?



Does it depend on WHO or HOW you ask?

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DOES IT DEPEND ON WHO AND HOW YOU ASK?

THE UNSPOKEN GOALS

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WHAT IS WHEELCHAIR APPROPRIATENESS?

- The degree to which the wheelchair meets the patients' functional and health needs; it may include criteria such as wheelchair quality, durability, customizations, accessories and back-up. (Eggers, 2009)
- Inappropriate wheelchairs can cause adverse consequences to physical functioning, safety, quality of life, and vocational and economic standing. (Eggers, 2009)

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WHY DOES IT MATTER?

- Along with change in need, lack of client involvement has been suggested as an important explanation for wheelchair abandonment (Cushman, 2002)
- Abandonment (Petrie 2018 & Boland 2018)
  - 31% of users who have had a stroke and 38% - 50% of those with other disabilities will abandon their equipment prior to the intended length of time for use
  - Sizing
  - Weight

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IT'S ALL ABOUT BALANCE

- Listen to the user…and also the other stakeholders
  - Who has the power?
  - Who is the expert?
  - What opinion is best?

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THE THERAPIST

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MOTION U

THE THERAPIST'S ROLE

- Knowledge based on:
  - experiences from prescribing wheelchairs to multiple clients
  - knowledge obtained from performing formal and informal assessments with new clients
- Educate & Empower
- Therapist obligations:
  - Ethics
  - Standards
  - Consent

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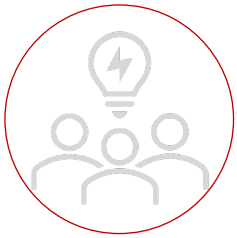
EDUCATION & EMPOWERMENT



Establish a collaborative relationship with recipients of service and relevant stakeholders, to promote shared decision making. (AOTA Code of Ethics, 2015)

Empowerment is particularly critical in establishing a therapeutic relationship in which power is equalized and collaboration is emphasized. (Plummer, 2010)

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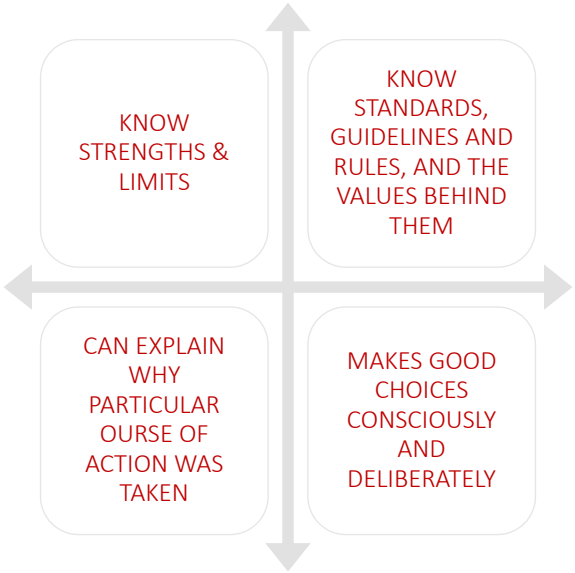
CONSCIENCE COMPETENCE



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CONSENT

- Informed consent requires clients to be given sufficient information to understand the nature of the proposed service
  - Initially and on an ongoing
- Clients should receive information about:
  - Cost
  - Purpose
  - Benefits
  - Risks
  - Alternative options
  - Any other items as requested

(Standard of Practice PT AB)

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THE USER

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MOTION U

THE USER'S ROLE

- Knowledge based on:
  - Past and present experiences
  - Future expectations
- The user has the right to be an active part of the process
- Can help focus/prioritize goals

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SOURCE OF KNOWLEDGE

Involve clients in decision making, advocate with and for clients' needs, and recognize clients' experiences and knowledge (CAOT, 2002)

They are the constant through their past, present, and future prescriptions

Client experiences and knowledge are central to and carry authority within the client-therapist partnership

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THE SUPPLIER ROLE

- Expertise is from their knowledge of products and performance
- Empowering relationships here is key as once a prescription is complete it is this relationship which continues
- "More so than other health care settings, suppliers play an integral role in the provision of wheelchairs to clients and may significantly influence the appropriateness of the wheelchair"

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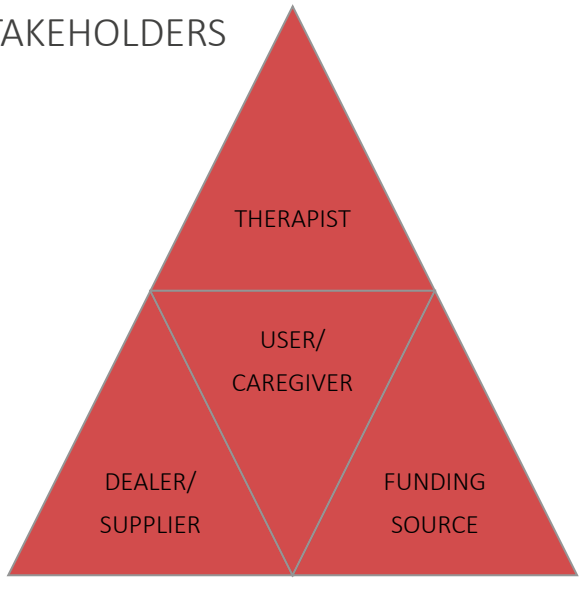
IDENTIFYING STAKEHOLDERS



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THE FUNDING SOURCE

- The User/Caregiver
- Government funding
- Private insurance
- 3rd party
  - Go fund me
  - Church
  - Association

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

The Commonwealth Fund

INSURANCE COVERAGE (% OF POPULATION)

0% 50% 100%

Public coverage: 100%

Universal, automatic coverage through Medicare, funded and administered primarily by provinces and territories

Private complementary coverage: 67%

Mostly employment-sponsored group policies for vision, dental, prescription drugs, allied professionals, private rooms in hospitals

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FUNDING AS A BARRIER

Cited by experts as a significant influence of the ultimate appropriateness of the wheelchair provided to the user. (Eggers, 2009).

In addition to time constraints, funding and reimbursement identified as a major limitation during a wheelchair procurement process (Plummer, 2010)

This is consistent with research that identifies funding as a barrier to securing appropriate technology in general (Hammel et al., 2003)

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"In the United States the health care model of third-party reimbursement systems allocates power to the system and not the consumer. Consumers are care recipients, professionals prescribe the wheelchair, and the funding agency determines the need for the equipment. In this medical model, end users are not in control of the process. While they need the technology, they must rely on a therapist and a supplier to advocate for their needs; then the practitioner's and the supplier's documentation must convince the funding agency that the client needs this device to meet a medical need. No similar financial arrangement exists in a consumer-driven economy such as ours; an arrangement wherein the end user has little control over the process of assessment and procurement." (Plummer, 2010)

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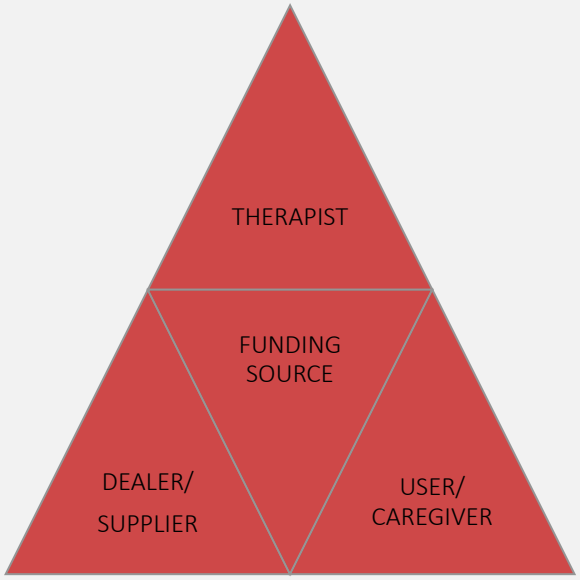
CLIENT CENTERED VS. FUNDING CENTERED

- Look at the funding source as your client during this process
  - Educate and empower
- Start with the best for your client and disqualify them before you settle for something lesser
  - Don't go for what is 'easily fundable'
  - Why can't they have an ultralightweight wheelchair
- If you don't apply for what would truly benefit your client, how is the need for these devices supposed to be recognized?
  - Supply & Demand



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Todd Richardson – wheelchair user for 33 years and ATP/Sales rep experience VIDEO

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INTEGRATING INTO CLINICAL PRACTICE

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MOTION U

WHAT CAN BE DONE?

Negotiation means establishing a bond with the other person, in an atmosphere where listening is as important as expressing your views.

Stakeholders should work together. The user should negotiate the goals in collaborations with the therapist/supplier; the control given to the clients is not total. (Sumsion, 1999)

It is a perpetual back-and-forth between the therapist and the client. It is an exchange that goes beyond the established power struggle.

In the negotiation process, it is admitted that the individuals are able to share, hesitate, and doubt, but also to decide and create. (Gagnon, 1987; Leroux & Delain, 1992)

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ALWAYS DO YOUR BEST

- Treat each case individually
  - Therapist
  - User
  - Funding
  - Supplier
- Don't let your insecurities get in your way
  - Seek help/education
- Keep up with technology advances
  - WHO & WHY will this help
- Difficult client
  - What is causing this?
  - How can we help?

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BE AN ADVOCATE

- We need to be involved in advocacy
- Nothing about us without us
- CRT Awareness week video
  - LINK
- Joining CRT awareness groups
  - Friends of NRRTS
  - NCART

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OUTCOME MEASURES

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MOTION U

WhOM

- Typical of many rehabilitation measures, most wheelchair related body function and activity outcome tools reflect clinicians' concerns (Kramer, 1997) rather than determining whether the individual goals of wheelchair users are being met.
- An ideal method of determining what clients want or want to do is to ask them (Wright, et al, 1994)
- Client-specific wheelchair intervention measurement tool. It is designed to primarily identify desired outcomes at a participation level, but also acknowledges concerns about body structure and function.

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MOTION U

WhOM

- http://millerresearch.osot.ubc.ca/tools/
- Administered in 30 mins
- Semi-structured interview
  - Home and community
- Structured questions
  - Comfort, satisfaction, positioning, skin health
- Following intervention, the WhOM is re-administered.
  - Comparing pre and post scores, an outcome score can be calculated.

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MOTION U

Name / ID #:_____ **THE WhOM**

Part I: PARTICIPATION

Instructions for Administration:

Ask the client to identify activities they perform in their wheelchair that are important to them by asking the two questions outlined below. Have the client score the importance of these activities and then ask them to rate their current level of satisfaction in performing these activities. If the client has scored their satisfaction with an activity ≤ 7, determine the underlying conditions (wheelchair/seating device or environmental barriers) that impair performance of this activity to assist with intervention planning.

1) Some people use their wheelchairs because they want to participate in activities in or around their home, such as preparing meals, watching TV, or gardening. What activities in your home would you use your wheelchair to perform?

Use this numerical scale to help fill in the table:
0 1 2 3 4 5 6 7 8 9 10

Initial assessment Date:				**Reassessment** Date:	
Participation goals: *Eg. Making a meal* *Watching favourite TV show*	**Importance** *How important is this activity to you?* **(0 - 10)** 0 = Not at all important 10 = Extremely important	**Satisfaction 1** *How satisfied are you with your current level of performance of this activity?* **(0 –10)** 0 = Not satisfied at all 10 = Extremely satisfied	**Importance x Satisfaction 1**	**Satisfaction 2** *How satisfied are you with your current level of performance of this activity?* **(0 – 10)** 0 = Not satisfied at all 10 = Extremely satisfied	**Importance x Satisfaction 2**
I.					
II.					
III.					
IV.					
V.					
			Score 1		**Score 2**
		Total of Importance x satisfaction 1 scores =		**Total of Importance x satisfaction 2 scores =**	
		Change in satisfaction = Score 2		**– Score 1**	**=**

Version #1: May 6 2004; Version #2: June 11, 2004

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MOTION U

Name / ID #:_____ **THE WhOM**

2. Some people use their wheelchairs because they want to participate in activities outside of their home such as dog walking, going for coffee, to work or to the park. What activities outside of your home or in your community would you use your wheelchair to perform?

Use this numerical scale to help fill in the table:
0 1 2 3 4 5 6 7 8 9 10

Initial assessment Date:				**Reassessment** Date:	
Participation goals: *Eg. Walking the dog* *Visiting my sister* *Watching a hockey game*	**Importance** *How important is this activity to you?* **(0 - 10)** 0 = Not at all important 10 = Extremely important	**Satisfaction 1** *How satisfied are you with your current level of performance of this activity?* **(0 –10)** 0 = Not satisfied at all 10 = Extremely satisfied	**Importance x Satisfaction 1**	**Satisfaction 2** *How satisfied are you with your current level of performance of this activity?* **(0 – 10)** 0 = Not satisfied at all 10 = Extremely satisfied	**Importance x Satisfaction 2**
I.					
II.					
III.					
IV.					
V.					
			Score 1		**Score 2**
		Total of Importance x satisfaction 1 scores =		**Total of Importance x satisfaction 2 scores =**	
		Change in satisfaction = Score 2		**- Score 1**	**=**

Version #1: May 6 2004; Version #2: June 11, 2004

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MOTION U

Name / ID #:_____ **THE WhOM**

Part II: BODY FUNCTION

Use this numerical scale to help fill in the table:
0 1 2 3 4 5 6 7 8 9 10

Initial assessment Date: Questions	Time 1	**Reassessment** Date: Time 2
1. *How would you rate your comfort while sitting in your wheelchair?* **(0 – 10)** 0 = Not at all comfortable comfortable 10 = Extremely		
2. *How satisfied you are with the way your body is positioned in your wheelchair?* **(0 – 10)** 0 = Not at all satisfied 10 = Extremely satisfied		
3. *Over the past month have you had any episodes of skin breakdown on your bottom?* **(Please circle)**	Y N	Y N
3a. *If yes, in your opinion, how severe has your skin breakdown been?* **(0 - 10)** 0 = Not at all severe 10 = Extremely severe		
Change in scores Q1 T2 ____ - T1 ____ = ____ (change)		
Change in scores Q2 T2 ____ - T1 ____ = ____ (change)		
Change in scores Q3a T2 ____ - T1 ____ = ____ (change)		

Example of completed outcome measure

Version #1: May 6 2004; Version #2: June 11, 2004

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KEY TAKE AWAY

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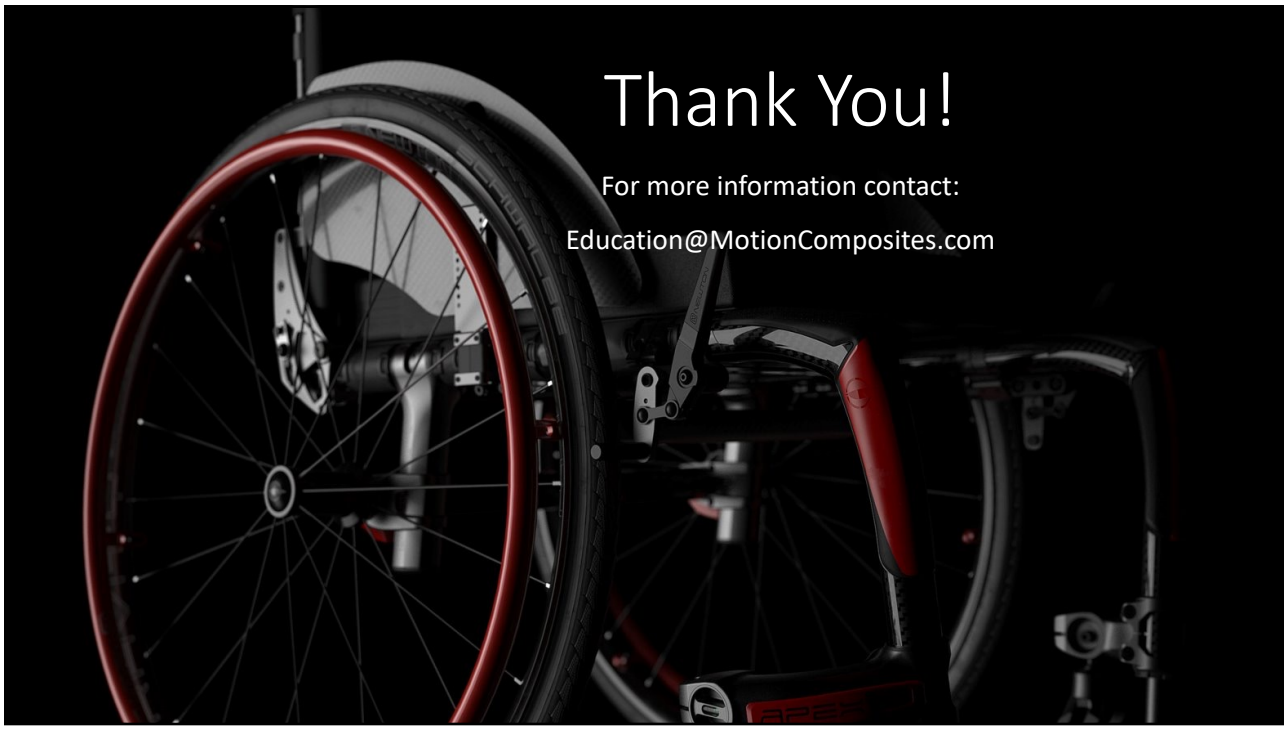
Thank You!
For more information contact:
Education@MotionComposites.com

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