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Residents/Patients With Cognitive Impairment in Primary and Specialty Care Settings

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This article focuses on a situation that recently prompted a call from a specialty care provider to MedPro Group's Risk Solutions team. The situation involved a resident from a local senior care center who had been dropped off at the provider's practice without a caregiver or family member. The resident had no formal diagnosis of dementia or other cognitive deficits; however, she demonstrated some cognitive impairment, which left the physician in a bind because the resident needed a sensitive/intimate type of examination. Without a representative present to assist with any informed consent and decision-making needs, the physician felt his only option was to decline seeing the patient.

Although situations like this are precarious, proactive management can help ensure that older adults and others who have cognitive impairment receive necessary care without putting healthcare providers in risky positions.

The first and probably easiest step is for a representative from the office practice to meet in person with leaders and providers at senior care organizations so that they can build a positive working relationship. This approach will assist with mitigating many other issues that may arise in the future. From the perspective of senior care organizations, the need for medical, psychiatric, dental, and other specialty providers is increasing. Building strong reciprocating relationships between senior care organizations and local professional providers will greatly benefit the health and well-being of residents/patients.

Second, the office practice should consider developing and implementing policies and procedures regarding care for all patients demonstrating cognitive impairment. Providing care to patients who demonstrate a lack of decision-making capacity regarding healthcare tasks, such as assessments and treatments, may lead to allegations of assault and battery. Having thorough policies and procedures can reduce the risk of these types of allegations. Examples of

information pertinent to these policies and procedures include scheduling, staff training, informed consent, chaperones, and special accommodations.

Scheduling

At the time of scheduling, it is prudent for office practice staff to ask questions regarding the patient's cognitive abilities and to ensure that a caregiver will accompany the patient if any impairment exists (including confusion). The cognitive impairment may not be a formal diagnosis by a medical or psychiatric provider; however, the patient may exhibit periods of confusion throughout the day. Thus, asking questions about behavior and orientation to person, place, time, and situation is important.

Staff Training

Staff training should include sensitivity regarding age differences and cultural preferences as well as education regarding the various forms of cognitive impairment. Staff should be aware that impairment might be due to mild, moderate, or severe dementia or other behavioral health disorders (e.g., anxiety and phobias). In addition, training opportunities should include physical training in proper transferring and use of lifts and assistive devices.

Informed Consent

Most states require a well-developed informed consent process that enables a thorough discussion between the provider and patient to ensure the patient has the opportunity to ask questions and make informed decisions regarding his/her healthcare. If a patient demonstrates cognitive impairment — whether due to mental disorders, prescribed medications, or substance abuse — the physician has to defer to a designated caregiver or power of attorney to make those decisions. If no such individual accompanies the patient, the physician should not assess and treat the patient in the office setting.

Chaperones

Healthcare practices should have a clinical chaperone policy in place that specifies how chaperones will be used in the provision of care, particularly for sensitive/intimate examinations and treatments. The policy should address the practice's commitment to honoring patients'

requests for clinical chaperones as well as its position on when a patient declines to have a clinical chaperone present.

Special Accommodations

Healthcare practices need to ensure that they comply with the Americans with Disabilities Act of 1990 (ADA). By law, providers are required to offer disabled patients ADA-compliant access as well as services that they would normally offer to all other patients. Ideally, it would benefit the practice and the patient to have an able-bodied caregiver/family member accompany the patient and assist with tasks, such as transferring the patient from a wheelchair to the exam table, etc. However, per ADA law, the practice is required to provide assistance in transfers and unobstructed access to the practice regardless of a caregiver/family member being present. A disabled patient cannot be turned away due to their disability.

Another point to consider is the definition of a “facility” in regards to ADA law. In some instances, this definition may include the parking lot, walkways, or a building encompassing the office practice location. Because of individual state differences in ADA law interpretations, healthcare practices should contact an attorney or legal counsel who specializes in disability discrimination to ensure compliance.

In Summary

To promote positive relationships and ensure better outcomes for residents/patients, primary and specialty healthcare practices and senior care organizations should proactively work together to implement policies and procedures. Doing so will help establish a seamless continuity of care for the resident/patient and prevent difficult decisions and situations for healthcare providers.

Resources

- Americans with Disabilities Act: ADA Title III Technical Assistance Manual Covering Public Accommodations and Commercial Facilities
- Developmental Disabilities Primary Care Initiative: Health Care for Adults with Intellectual and Developmental Disabilities: Toolkit for Primary Care Providers
- MedPro Group: Guideline: Risk Management Strategies for Informed Consent

- MedPro Group: Using Clinical Chaperones
- MedPro Group: Risk Resources: Informed Consent
- U.S. Department of Justice: Access To Medical Care For Individuals With Mobility Disabilities
- U.S. Department of Justice: ADA Update: A Primer for Small Business

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