The Mobility Clinic: A Primary Care Access Project

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Objectives

- What is a mobility clinic
- Why have a mobility clinic
- Setup
- Outcomes
- What's been done up to now
- The future

What is a Mobility Clinic?

- Not a clinic to teach people how to walk or propel a wheelchair

- Project to address access issues to primary care for those with mobility issues.
  - people with spinal cord injuries
  - acquired brain injury
  - non-traumatic neurological injury (i.e. MS)
  - musculoskeletal
  - other (i.e obesity)

What is a Mobility Clinic?

- Provide support/services to patients, families, primary caregivers to facilitate access and primary care in keeping with the general population
- “level the playing field” in primary care for those with mobility challenges
- Inter-professional clinic

Why a Mobility Clinic?

- 663,000-879,000 in Ontario without family doctor
- access issues more severe in those with disabilities[1]
- People with disabilities are less likely to receive the same level of basic and routine preventative services (mammogram, pap, vaccinations)[2]
- Disabled individuals more than 3 times less likely to to receive care when needed[11]

Why a Mobility Clinic?

- Mobility is a major concern in our ageing population
- Chance of having at least one disability increases as people age[3]
- 17% of population between 20 and 64 years old have a disability[4]
- >40% of people over 65 years old have a disability[4]

Why a Mobility Clinic?

- Thinner margin of health
- Reduced opportunities for preventive health behaviours
- Earlier onset of chronic conditions
- Greater complications of illness or injury[9]

Access Issues

- Physical Barriers to Access[5]
- Lack of Expertise About Disability[6]
- Awareness and Attitudes of Professionals[7]
- Systemic Barriers[8]

Physical Access Barriers

- Office equipment
  - Inaccessible examination tables
  - No Hoyer lifts or other lifting devices
  - Immobile equipment
- Office arrangements
  - Inaccessible washrooms
  - Narrow doorways, small waiting and exam rooms
  - Small elevators, stairs
- Exterior office barriers
  - Lack of accessible parking
  - Cost of parking

- 74% of Canadian family doctors said their offices were accessible, only 40% of their patients with spinal cord injury agreed[9]

Lack of Expertise

- Decreased knowledge about disabilities and health problems associated with them
- May only have a few patients with a particular disability (i.e. spinal cord injury)
- Low level of confidence

Awareness and Attitude

- Reluctance to take person who is perceived to be medically complex
- Unaware of access problems

Systemic Barriers

- Financial disincentives
- Time

Towards a Solution

The need for all Canadians to have access to an integrated continuum of care that is not impaired for those with disabilities[13]

- Family Health Teams offer a unique opportunity
  - the use of multi-disciplinary primary health care teams[11,13]

The Centre for Family Medicine FHT

- Academic family health team, established 2005
- 4 sites, Waterloo Region
- Inter-professional care, education, research & innovation

The Centre for Family Medicine FHT

- 22,000 patients
- McMaster Family Medicine
- UW Pharmacy & Optometry
- WLU Social Work
- Conestoga College Nursing

Mobility Clinic Project

- Supported by the Ontario Neurotrauma Foundation (ONF)
- In-kind contributions:
  - CFFM FHT
  - UW-Schlegel Research Institute for Aging
- Research & Innovation site, Kitchener

Mobility Clinic Project

- Thirty month project
- Development phase: July-December, 2009
- Clinic start January, 2010

Project Objectives

- To improve care for patients with mobility issues by developing an inter-professional care Mobility Clinic
- To increase mobility-impaired patient access to family physicians by developing team and individual expertise within CFFM FHT via the Mobility Clinic
- To promote awareness of mobility issues to health care professionals within Waterloo Region through education.
- To develop further clinical, education, and research projects involving patients with mobility issues.

Development Phase

- Team formation:
  - Project lead
  - Family physicians
  - Social workers
  - Nurses
  - Pharmacist
  - CCAC
  - Administration
  - Researchers
  - Learners
  - Patients and families
- Physical clinic
- Skills development
- Community partnerships (critical input)

Operational Phase

- Start January, 2010
- Development of registry
- Patients identified with Mobility challenges include
  - SCI
  - Non-traumatic neurologic disorders
  - Musculoskeletal disorders
  - many more

Clinic Visit

- Nursing assessment (vitals including WT, vision)
- Comprehensive assessment done by physician and chiropractor
- Medication review by pharmacy
- Assessment and plan devised
- Follow up via phone and return visit
- Results conveyed to regular family physician

home visits performed

Anticipated Outcomes

- More patients with mobility issues will have access to primary care and be effectively assessed and managed
- Health provider skills and capacities will be enhanced
- Benefit will be realized to the clinic and individual physicians within the family health team
- Sustainability and knowledge transfer

Increased Access

- ½ day per week dedicated Mobility Clinic and 4 other days of accessibility to Mobility Clinic services
- 1 room at Research & Innovation site dedicated to the Mobility Clinic (Lift; High-Low table; scale)
- 3 rooms at HSC with high-low exam tables and full accessibility
- Registry of patients to be developed over 2 years

Enhanced Health Provider Skill

- Professional development of Mobility Clinic team
- Continuing Education to family physicians and other health care practitioners
- Education of health care learners (Family Medicine residents, medical students, pharmacy students, social work interns)
  - clinic rotations
  - presentations
  - workshops
  - publications

Sustainability & Knowledge Transfer

- Recommendations for sustainability and expansion beyond CFFM FHT
- Dissemination via manuscripts, conferences, continuing education programs
- Development of a training program for other FHT's and primary health care groups
- Integration of KW Family Medicine residency program and UW Pharmacy program into Mobility Clinic
- Commitment from CFFM FHT to continue Mobility Clinic beyond project life

Outcomes

- Number and types of patients seen in clinic
- Number of visits
- Number of formal teaching sessions held
- Learners involved in clinic
- Patient satisfaction surveys
- Learner surveys
- Key stakeholder surveys
- Four project progress reports
- Integrated final report with recommendations for sustainability and knowledge transfer

Outcomes

- 72 patients referred
- 2 patients from outside of CFFM
- 49 patients assessed
- 25 follow up visits (not including telephone f/u)

- Demographics:
  - 7 patients with neurotrauma
  - 8 patients with MS
  - 12 other neurological
  - others include falls and mobility concerns; orthopaedic

Outcomes

- 2 project progress reports
- 17 learners involved (FM resident; MD student; Nursing student)
- Teaching sessions:
  - CFFM Transdisciplinary rounds
  - CFFM Inter-professional rounds
  - Presentation to McMaster Department of Family Medicine
  - McMaster Family Medicine Resident Rounds
  - Development of resources for learners

In the Future

- Integration of University of Waterloo School of Pharmacy students
- Integration of Wilfrid Laurier University Faculty of Social Work students

In the Future

- Acceptance of 15-20 “orphaned” patients with spinal cord injury into CFFM
- Needs assessment of patients with spinal cord injury, 1 year project funded by ONF
- Development of “Primary Care Toolkit” for use by family physicians and patients with spinal cord injury
- Resource/mentor for other Family Health Teams in developing mobility clinic

Keys to Success

- Identifying the need for primary care access for those with mobility challenges within practice/FHT and community
- Supportive team
- Accessible physical environment
- Structured goals/plan
- Development of skills
- Community contacts/associations

Summary

- Access issue in primary health care for those with mobility challenges
- Family health teams are inter-professional care model meant to increase access
- Benefits to patients, physicians and FHT

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