

DREDF

HEALTHCARE STORIES

Part Three: Solutions

Diane Collins:

My name is Diane Collins, and I'm a Geriatrician retired on disability here in Chicago. I've spent my career as a physician taking care of South side Chicago veterans. I'm a polio survivor. And I also had a traumatic spinal cord injury that left me with cervical myelopathy. We are assigned 15-minute intervals to see patients. I've noticed in my practice of medicine that many of my colleagues will prescreen the day's appointments and note that somebody's coming in a wheelchair, somebody's coming who's blind with an assistant, and that starts their day off with great stress, because, that means that if they were to give that disabled person his or her primary preventative interventions during that visit, it's going to consume 45 minutes to an hour versus the 15 minutes that we could give able-bodied patients. The system, in my opinion, is set up to discourage a practitioner's interest in a disabled patient. A solution to the fragmented care that the disabled, the elderly and the poor receive as emanating from a patient-centered medical home which, by definition, would comprise multidisciplinary teams to address issues that affect the welfare of that particular population. If disabled patients, elderly patients, obese patients, could choose a place to be that would coordinate all of their care and be responsive to them individually on a day-to-day basis. And I think that's the best model for healthcare delivery.

Luisse Custer:

Well, I'm Luisse Custer.

Charlie was our first child. He had a smaller left hemisphere and that meant that he was going to be developmentally delayed. The darkest part of his life began unfolding when his seizures went from being somewhat controllable or seemingly minor to being much more severe. And I would actually say that Charlie who is now 29, has a less functional life by far because of failed medical interventions or drugs that he was given that caused an

adverse effect. I think we need to train our physicians, our young physicians coming up through medical school. We need to have every young medical student, every young nursing student who goes through the system educated with serious coursework. It's important to have on the exams that license and certify these new physicians, questions that actually show the insights they've gained.

Dr. Clarissa Kripke:

I'm Dr. Clarissa Kripke. I'm on the clinical faculty at the University of California San Francisco in the Department of Family and Community Medicine. And I'm the Director of Developmental Primary Care.

There have been policy papers written by every major organization -- the National Council on Disability, the Institute of Medicine, the Centers for Disease Control, the World Health Organization, the Surgeon General about healthcare for people with disabilities and people with developmental disabilities, and they all come to the same conclusion, which is that we need to train healthcare providers. The major barrier to making that happen is funding, not just for the training and for teaching clinics, but funding for people to do the work, because we can't develop training programs if people can't make a living with the current healthcare finance systems.