

# Disability Status in the Electronic Health Record

Megan A. Morris, PhD, MPH, CCC-SLP  
University of Colorado  
Anschutz Medical Campus





David with his parents at his high school graduation

## Diagnosis Codes

- Medical model
- Used to inform billing and medical treatment
- Documented by a clinician
- Located throughout a patient's chart

## Disability Status

- Social model
- Used to inform: (1) provision of accessible healthcare and (2) identify/address disparities
- Self-reported
- Appears in prominent location in chart

# Disability Status Questions

Disability Category	Patient-Centered Disability Questionnaire
Hearing	Are you deaf, or do you have serious difficulty hearing?
Vision	Are you blind, or do you have serious difficulty seeing, even when wearing glasses?
Cognition	Do you have difficulty remembering or concentrating?
Mobility	Do you have serious difficulty walking or climbing stairs?
Activities of Daily Living (ADL)/Fine Motor	Do you have difficulty dressing or bathing?
Communication	Using your usual language, do you have difficulty communicating (for example, understanding or being understood)?
General screener	Due to a disability, do you need any additional assistance or accommodations during your visit?

# Diagnosis codes are insufficient to identify and address disparities

- Diagnosis codes are inconsistently used across encounters
- Diagnosis code often do not provide information on disability status
  - Functional status/disability status can change over time
  - A diagnosis often does not reveal a patients' disability status
- To identify accommodations and potential solutions to address disparities, we need to know patients' disability status

# Disability Bias in Clinical Notes

Disability Stigmatizing Language	Language that suggests biases and stereotypes
<ul style="list-style-type: none"><li>- Wheelchair or bed-bound</li><li>- Confined to a...</li><li>- Suffers from...</li><li>- Stricken with...</li><li>- Retarded</li><li>- Handicap</li><li>- Special needs</li><li>- Challenged</li></ul>	<p>Language that suggests patients are:</p> <ul style="list-style-type: none"><li>- Lazy</li><li>- “faking” a disability</li><li>- Non-reliable historian</li><li>- Incompetent</li><li>- Childlike</li><li>- Non-compliant</li></ul>

Biased language in the EHR can:

- Perpetuate bias and stereotypes
  - Medical care and decisions

# Documenting Disability Status in Electronic Health Record

Top research and  
policy priority

Patients are  
supportive

Tie to legal  
requirement for  
accommodations

Health systems  
struggling to  
implement

# Recent Policy and Research Advances

- 2022 – ONC United States Core Data for Interoperability (USCDI) Version 3 includes Disability Status Data Elements
- 2023 – Joint Commission Health Equity Certificate requires disability status documentation
- 2024 – CMS Enhancing Oncology Model requires disability status documentation
- NIH grant to develop and evaluate workflows for:
  - Consistently document disability status in the EHR
  - Use the data to inform provision of accommodations





# DISABILITY EQUITY COLLABORATIVE

PRACTICE:  
DEC LEADERS



RESEARCH



DEC  
WORK  
GROUPS



DOCUMENTATION  
OF DISABILITY STATUS



GUIDELINES FOR  
IMPLEMENTING  
ACCESSIBLE CARE

---

## Documenting Disability Status in Electronic Health Records



# THANK YOU

Megan Morris

[megan.A.morris@cuanschultz.edu](mailto:megan.A.morris@cuanschultz.edu)



# References

- Morris MA, Hamer MK, Eberle K, Jensen KM, Wong AA. Implementation of Collection of Patients' Disability Status by Centralized Scheduling. *Joint Commission journal on quality and patient safety*. Oct 2021;47(10):627-636. doi:10.1016/j.jcjq.2021.05.007
- Morris MA. Death by Ableism. *N Engl J Med*. Jan 5 2023;388(1):5-7. doi:10.1056/NEJMp2212109
- Morris MA, Kho AN. Silence in the EHR: infrequent documentation of aphonia in the electronic health record. *BMC Health Serv Res*. 2014;14:425. doi:10.1186/1472-6963-14-425
- Morris MA, Schliep M, Liesinger J, Cameron KA. Collection of Patients' Disability Status by Healthcare Organizations: Patients' Perceptions and Attitudes. *J Healthc Qual*. Jul/Aug 2017;39(4):219-229. doi:10.1097/jhq.0000000000000036
- Morris MA, Wong AA, Dorsey-Holliman B, Liesinger J, Griffin JM. Perspectives of Patients with Diverse Disabilities Regarding Healthcare Accommodations to Promote Healthcare Equity: A Qualitative Study. *Journal of General Internal Medicine*. 2021;36(8):2370-2377. doi:10.1007/s11606-020-06582-8.
- Morris MA, Lagu T, Maragh-Bass A, Liesinger J, Griffin JM. Development of Patient-Centered Disability Status Questions to Address Equity in Care. *Joint Commission journal on quality and patient safety*. Dec 2017;43(12):642-650. doi:10.1016/j.jcjq.2017.06.011
- Mudrick NR, Breslin ML, Nielsen KA, Swager LC. Can disability accommodation needs stored in electronic health records help providers prepare for patient visits? A qualitative study. *BMC Health Serv Res*. Oct 16 2020;20(1):958. doi:10.1186/s12913-020-05808-z
- Morris MA, Eberle E, Sarmiento C. Documentation of Disability Status and Accommodation Needs in the Electronic Health Record: A Qualitative Study of Health Care Organizations' Current Practices. *J Healthc Qual*. January 2024;50(1).
- Park J, Saha S, Chee B, Taylor J, Beach MC. Physician Use of Stigmatizing Language in Patient Medical Records. *JAMA Network Open*. 2021. Jul 1;4(7)
- <https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi#uscdi-v3>
- <https://www.cms.gov/priorities/innovation/media/document/eom-sociodem-data-elem-guide>
- <https://www.jointcommission.org/what-we-offer/certification/certifications-by-setting/hospital-certifications/health-care-equity-certification/>
- <https://www.disabilityequitycollaborative.org/workgroups/documentation-workgroup/>