

DIPLOMACY AND ADVIL: DEALING WITH DIFFICULT CLIENTS

We all know that great feeling when the equipment and services we provide result in a successful outcome. The client and family goals of improved function, more independence in mobility, and/or increased comfort are achieved. There is nothing more professionally satisfying than knowing you have made a difference in someone's life. But what happens when the client, despite your best efforts, is not happy with the outcome? Headaches ensue. And the art of diplomacy begins.

In the wheelchair clinic at Denver Health, clients are assessed by a team including a physiatrist, a physical therapist and a supplier representative. Less than 30 percent of our referrals need complex rehab technology. The remaining 70 percent of our clients are seeking basic mobility devices, ranging from a four-wheeled walker to "consumer" power. It often feels like the interventions performed with this population do not require extensive clinical skills. It is easy to get lulled into complacency with assessments and recommendations. However, this complacency can result in being blind-sided when a particular situation becomes difficult. The following case study illustrates what can happen when a seemingly basic assessment turns into a customer service challenge.

Mr. G is a 71-year-old man with diagnoses of chronic back and leg pain due to multijoint osteoarthritis, diabetes with peripheral neuropathy, and obesity. He was referred to the wheelchair clinic by his primary care physician. During the initial visit, Mr. G reported he had a cane, but no other assistive devices or ambulatory aids. He was independent in stand pivot transfers, but his ambulation was limited by increased pain in his back and legs after walking more than 100 feet. He reported frequent falls while walking at home and in the community, up to two or three times per month. He attributed the falls to his legs "buckling." Mr. G reported he lived alone in an apartment with one step to enter. On evaluation, Mr. G presented with generally age-appropriate strength in both arms and legs, but poor grip strength bilaterally. Joint crepitus was noted in both shoulders, hands and knees.

The team agreed Mr. G would benefit from increased support in ambulation to prevent falls and decrease joint pain. A four-wheeled walker was recommended, but Mr. G adamantly refused, stating he had tried using a friend's four-wheeled walker and that "it didn't do anything for me." Barriers to using a manual wheelchair included his poor grip strength and excessive body weight (260 pounds). Next, power mobility was discussed, including the pros and cons of a scooter versus a mid-wheel drive power wheelchair. Mr. G again became adamant, insisting he wanted a scooter. The team then discussed the remaining barrier – the one step to enter his apartment. Mr. G said he could get

the step ramped. I provided my contact number and asked that he call me when the ramp was in place. (Subjectively, less than half of our clients follow up with this request.) Mr. G was enrolled in Medicaid Choice, a Medicaid program managed by Denver Health. Through this program, Mr. G had been assigned a Complex Case Manager, Brian Chicon, to help manage his compliance with medications and follow-up appointments. Chicon very quickly became an integral part of the process to help Mr. G obtain the recommended equipment.

Three months after his initial clinic visit, Mr. G called me to report that he had had a ramp installed. I scheduled a home evaluation visit with myself and the supplier, Brendan Warner, ATP with Numotion. On arrival at his apartment, we noted the "ramp" was a large piece of plywood. I advised

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Mr. G that the plywood was not what we recommended. He insisted “it’s my business whether it’s good enough or not.” The interior space in his apartment was insufficient to allow use of the scooter inside. We reviewed the need to be able to use the power mobility device within the apartment to help decrease his falls at home. We discussed the possibility that a mid-wheel drive power wheelchair would be easier to maneuver. His response was as expected – “Nope, I want a scooter and that’s what I’m getting.”

Two months later (five months after the initial clinic visit), Warner reported that a three-wheeled scooter had been delivered to Mr. G, but at a different address. It appeared that Mr. G was now living at a friend’s house. The house was wheelchair accessible with both a ramped entrance and enough interior space to maneuver the scooter. Warner reported Mr. G was very pleased with the new scooter. At this point, it seemed this episode was completed. Although the time from assessment to delivery was longer than usual, the outcomes of accessible housing; safe, independent patient mobility; and good customer satisfaction were achieved. Or so I thought.

Three months after Mr. G received his scooter, his Complex Case Manager called me. Chicon reported that Mr. G was very upset, because the scooter was not what he wanted, and he had already tipped the scooter in the middle of a busy street on multiple occasions. I told Chicon that we had discussed the option of a scooter versus a power wheelchair several times with Mr. G, and he insisted on a scooter. Because he had received the scooter several

months before, we would be unable to exchange it. Chicon offered to explain this situation to Mr. G. Several days later, Chicon called to say that Mr. G agreed that he had wanted a scooter but was not given the opportunity to try the scooter first. Chicon said his exact words were, “You wouldn’t buy a horse without first looking at his teeth, would ya?” We both chuckled at this response but, in reality, a customer service issue and a potential client safety concern were now at hand. Because Mr. G had been somewhat obstinate in our previous visits, it was clear that even greater diplomacy would be needed to handle this situation moving forward.

Warner and I visited Mr. G at his home and discussed his concerns. He said the scooter was too small and didn’t “have enough wheels on the ground” to keep it from tipping over (*See photograph 1*). I had no idea if we would be able to provide a different device at this point, but to smooth things over I offered to bring him a clinic demo power wheelchair to try. Mr. G agreed. I brought the chair to his home and showed him how to drive the chair and charge the battery. We practiced crossing the street at the point where he had previously tipped the scooter. Mr. G expressed interest and willingness to try the chair for a week. However, the next day Chicon called me. Mr. G wanted me to, “Come pick up this thing. The wheel is falling off!” Alarmed, I drove to his house that afternoon. The plastic hubcap on the left drive wheel had come loose and rattled when the chair was moving. I acknowledged that the noise was annoying, but pointed out that the chair was otherwise safe to use (*See Photograph 2*). Mr. G adamantly refused to continue the trial.

Although I was extremely frustrated by Mr. G’s resistance to work together to find a solution, I realized I needed to step back from objective problem-solving and try to figure out what was really going on. First, we needed to see eye-to-eye – literally. I wasn’t going to get anywhere standing over him and saying, “What is it, exactly, that you want me to do here?” I asked Mr. G to pull up to a table on the patio next to his house. I sat in the chair next to him and started the conversation with an open statement: “Please tell me what you’re thinking. What is frustrating you?” His story tumbled out. He was upset about his slowly declining health, his loss of function and independence, his inability to get his own wheelchair-accessible apartment, as well as the need to move in with friends and the subsequent loss of privacy. I sensed that Mr. G was experiencing an overall loss of control of his life. I realized that although it would require a lot of negotiating and pleading with Medicaid Choice and the wheelchair company, we could help with one little part by giving him the opportunity to try as many mobility devices as he wanted. To “look at the teeth before buying the horse,” as it were. I offered to arrange a visit to the supplier showroom to look at other products. Mr. G didn’t think he could get a ride there. I offered to bring different product catalogs to his home. He didn’t think that would be helpful. After discussing his goals and “wants” in more detail, it appeared that Mr. G was seeking a four-wheeled scooter. I told him I would arrange to have a four-wheeled scooter brought out to his house

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to trial. Easy for me to say! I would have to depend entirely on the supplier for this demo equipment – and on the funding source to agree to pay for a different device.

When I contacted Warner and updated him on the situation, he expressed the same frustration I had experienced. But he generously agreed to obtain a demo scooter and to find out if his company would be willing to “eat the cost” of the

was very happy with the scooter and asked me to get one for him.

Thanks to each team member working as an advocate, the wheelchair company and the insurance company were willing partners in this situation. Numotion refunded Medicaid Choice the cost of the first, three-wheeled scooter. Because Mr. G had used the scooter for several months, Numotion could no longer provide it as new equipment and it became part of their demo stock. At the time of this episode, Medicaid Choice coverage policies classified four-wheeled scooters as a non-covered “luxury” item, but the insurance company made an exception in this case to ensure client safety and satisfaction. (This exception is no longer considered under the current coverage policies.) Although the Medicaid Choice allowable for a four-wheeled scooter was the same as a three-wheeled scooter, Numotion was willing to provide the



PHOTO 1: BRENDAN WARNER WITH NUMOTION AND CINDY DISCUSS MR. G'S REQUEST TO RETURN THE 3-WHEELED SCOOTER



PHOTO 2: MR. G DOESN'T LIKE THE POWER WHEELCHAIR



PHOTO 3: MR. G RECEIVES HIS FOUR-WHEELED SCOOTER

original three-wheeled scooter. I then called Chicon and told him about the results of my visit with Mr. G and the next step in the plan. Like Warner, he also graciously offered to advocate for funding for a different scooter through Medicaid Choice. I also checked in with our clinic physician who was willing to sign off on “whatever you think will work best.” I am lucky to work with such a great team!

With everyone on the same page, Warner and I scheduled another home visit and delivered the demo four-wheeled scooter (*See Photograph 3*). We again practiced driving the scooter across the busy intersection and advised Mr. G that this scooter, even with four wheels, could tip if he wasn't careful. After a one-week trial, Mr. G called to report he

higher-cost device under the same reimbursement as the first scooter.

Finally, one year after his initial clinic visit, Mr. G had the mobility device he wanted. I followed up with Mr. G with a phone call about three months after he received the new scooter. Other than complaints of back pain when he drove the scooter over bumpy sidewalks, he continued to be very happy with the scooter. Since then, he has contacted Numotion only to request repairs. Because Mr. G regained more independence in mobility, he was more compliant with attending medical appointments and following recommendations from his primary care physician. He therefore no longer needed a case manager to help him with these issues, and Chicon was able to discharge Mr. G from his case load after almost two years of management.

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This situation did not require great clinical knowledge to resolve. I didn't consult others in the field, nor do a literature search for ideas. But I did gain invaluable experience in using diplomacy and emotional insight in resolving a difficult situation. I learned to sense when the client's perception of what we are recommending may not be what they have in mind and how product trials can clarify those perceptions. I learned that it is often better to sit and listen carefully than to throw solutions at a problem. I learned that even the simplest assessments can become complicated without much warning, and I learned the value of working with team members who place client safety and satisfaction above all else. These lessons can't be learned at a conference or by reading a technical journal. So, a final lesson: while a difficult situation can be headache-inducing, each one is invaluable to our professional growth.

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