

A top-down view of various medical supplies on a light grey surface. A green stethoscope is the central focus, with its chest piece on the right and earpieces on the left. To the right of the stethoscope is a blister pack containing several white, square pills. At the bottom of the image, a pair of pink-handled scissors is partially visible. In the top left corner, there is a blue circular object, possibly a container lid. The background is a plain, light-colored surface.

# SERVING PEOPLE WITH INTELLECTUAL DISABILITIES

## TIPS FOR PRIMARY CARE PROVIDERS

August 2021

**CHAMPIONS FOR INCLUSIVE HEALTH STAKEHOLDER COALITION**

*Eliminating Health Disparities Faced by B.C. Individuals with Intellectual Disabilities*

Initiated by

**Special  
Olympics**  
British Columbia



**SERVING PEOPLE WITH INTELLECTUAL DISABILITIES**

**TIPS FOR PRIMARY CARE PROVIDERS**

People with intellectual disabilities experience significant barriers to accessing effective healthcare services, resulting in poorer health outcomes than the general population, and higher rates of hospitalization and premature death. Improvements to service access and delivery can be made by providing enhanced training and education to practitioners, many of whom have not had the opportunity to receive specialized training to serve this population.

This document aims to provide primary care providers with the basic tools and education to enhance their capacity to serve individuals with intellectual disabilities.

**If you implement these strategies in your own practice, you can dramatically improve the lives of patients with intellectual disabilities and help end the severe health inequalities they face.**

**COMMON CHALLENGES FOR PATIENTS WITH INTELLECTUAL DISABILITIES**

<p>High rates of obesity, gastrointestinal problems, epilepsy, psychosis, asthma, diabetes, hypothyroidism, respiratory disorders, cardiovascular disease, hearing and vision impairments, oral disease, and more</p>	<p>Consult the <a href="#">2018 Canadian Consensus Guidelines</a> for recommended actions and strategies.</p>
<p>Complex medication regimes. Higher rate of medication-related problems.</p>	<p>Regularly review prescribed medications, with the assistance of a pharmacist, if possible. Encourage patients and caregivers to report adverse drug events. Explore non-pharmaceutical options for treatment.</p>
<p>Antipsychotics prescribed for a history of behaviours that challenge but no history of severe mental illness</p>	<p>Regularly review the use and rational for antipsychotic medications and avoid use as a first-line or routine treatment.</p>

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## ENHANCE SERVICE DELIVERY

Empower patients with intellectual disabilities	Acknowledging their autonomy, their right to choose who will support them, and the type of support they receive. Work to engage the identified support system (e.g., caregivers) during appointments.
Encourage active participants in appointments	Make reasonable adjustments to standard practices such as: schedule longer appointment times and use alternative procedures or screening techniques.
Create an inclusive, welcoming environment	Mention the patient's character strengths. Establish a sense of teamwork with patient and caregiver. Keep things positive!
Build awareness in your clinic	Share this document and resources with your team. Identify clinical and administrative champions to implement best practices.

## ENSURE CONTINUITY OF CARE

When people with intellectual disabilities experience continuity of care, their health actions increase, and the rate of emergency department visits decrease.

Facilitate continuity of care	Track and encourage continuity of care when making appointments. Discuss the importance with patients and caregivers. Encourage communication between practitioners if an individual's regular provider is unavailable for an appointment. Encourage patients and caregivers to follow up after receiving emergency treatment.
Move from pediatric to adult or adult to senior health services	Offer information and resources about transition planning. Keep a list of service providers to facilitate service access during transition periods.
Communicate and collaborate	Establish the responsibilities and scope of practice for each care professionals and/or staff who work with your patient.
Implement annual health checks	Improve patient outcomes and reduce emergency visits. The <a href="#">HCARDD Health Check Toolkit</a> is a great resource for specialized tools and advice.

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**COMMUNICATE WITH PEOPLE WITH INTELLECTUAL DISABILITIES**

Identify individual communications styles and needs	If you are unable to identify an effective communication strategy through direct engagement with your patient, consider asking the patient’s caregiver for advice.
Use plain language and meaningful words when speaking	<p>Explain medical terminology in accessible, simple terms that they can understand to make informed decisions.</p> <p>Avoid jargon, acronyms, and abstract statements.</p> <p>Use communication materials in multiple languages and visual aids.</p> <p>For guidance, consult the Special Olympics International <a href="#">communication recommendations</a>.</p>
Patient can understand and discuss their treatments	Ask patient to repeat key messages in their own words.
Prepare patient for procedures and tests	Whenever possible, set expectations by explaining and demonstrating what will happen.
Caregiver not present	<p>A caregiver plays a crucial role in helping to remember what was said during the medical visit, and what steps to take next.</p> <p>With patient’s consent, engage the caregiver post visit to relay key messages.</p>

**QUESTION ASSUMPTIONS**

Research shows cancer goes undetected often in people with intellectual disabilities	Recognize that patients are at risk and that screening and patient education are required.
Patients with intellectual disabilities can and do form intimate relationships	Education on safe sex and HIV is necessary.

Please [click here](#) to learn more about how to help create #InclusiveHealth