

Subject: Formal Comments on Request for Information: Disability Clinical Care and Competency Training (FR Doc. 2025-21585)

Date: January 6, 2025

To the National Council on Disability and NCD Senior Attorney Advisor Mr. Amged Soliman:

Institute for Exceptional Care (IEC) is a national nonprofit dedicated to transforming healthcare so that people with intellectual and/or developmental disabilities (IDD) receive better, safer, and more equitable care. IEC brings together individuals with lived experience of IDD, healthcare professionals, family members, and system leaders to co-design solutions that improve how care is taught, delivered, and paid for across the healthcare system. By centering the voices of people with IDD and building broad coalitions, IEC works to address longstanding disparities and ensure that clinicians are confident and prepared to meet diverse needs. Through research, resources, and innovative programs, IEC equips stakeholders with the tools needed to foster inclusive and person-centered care.

What are the challenges and obstacles for schools within the US to adopt and incorporate an appropriate disability clinical care curriculum over the course of their students' training?

IEC recognizes that medical schools face significant systemic barriers in adopting appropriate disability clinical care curricula. Competition for limited curriculum time represents the biggest challenge to integrating disability competency content, when every specialty is competing for space. There is no national requirement for medical schools to teach about IDD, despite nearly one in twenty Americans having these disabilities. Schools often rely heavily on faculty or student champions to drive disability education initiatives, making programs vulnerable if these individuals leave, or funding is reprioritized. Also, most schools address disability competencies in only one or two learning activities, which provides insufficient depth for lasting understanding. Additional obstacles include over 80% of healthcare providers reporting being unfamiliar with ADA compliance, with 86% having never received formal training on ADA requirements in health settings. Schools also struggle with limited faculty expertise in disability care, lack of engagement with people with disabilities in curriculum development, and uncertainty about how to correctly charge insurance for the additional time needed for disability-competent care.

Ensuring students receive training related to IDD does not require creating a separate or standalone curriculum. Instead, IEC recommends that schools explore ways to integrate

IDD into existing coursework and clinical training modules. Embedding IDD within current curricula can help address multiple challenges simultaneously, including strengthening ADA compliance, reinforcing person-centered and inclusive care, and situating disability within a wide range of clinical contexts. This approach allows learners to engage with IDD across disciplines, from obstetric care or neurology to geriatrics, reflecting how care is delivered in real-world practice.

What is the connection between clinical confidence and changes in behavior and attitudes among healthcare providers?

IEC's Action to Build Clinical Confidence and Culture (ABC3) Coalition conducted focus groups with 87 clinicians-in-training and in practice, identifying key factors that foster clinician motivation for equitable care. Through this research, IEC illustrated a transformative journey from limited IDD understanding to clinician readiness. Approximately 60% of physicians report feeling unprepared to provide quality care to people with disabilities. As healthcare providers gain exposure to people with IDD, develop self-awareness about their own assumptions, and learn effective communication strategies, they build both empathy and confidence. Research shows significant improvements across measures of anxiety, attitude, competency, and empathy when clinicians receive disability-focused training, with direct contact with people with disabilities having an impact on clinicians' anxiety levels and empathy. Training can improve providers' knowledge, outlook, and approach to caring for people with disabilities. Increased confidence directly influences clinical behaviors, resulting in providers becoming more willing to spend adequate time with patients, ask about support needs rather than making assumptions, and view disability through a social model rather than solely a medical model. However, brief training sessions, while potentially improving attitudes, may not be sufficient to help clinicians feel fully prepared without ongoing reinforcement and longitudinal integration.

What are the transferable skills that clinicians can learn from “disability competency training” to apply to all other patient populations (for instance people who are elderly, those with complex and chronic co-existing conditions, etc.)?

IEC emphasizes that disability competency training develops universally applicable skills valuable across all patient populations. Communication competencies include using clear and respectful language at appropriate health literacy levels, implementing interpreter services effectively, adjusting schedules to allow extra time as needed, and demonstrating skill in supported decision-making processes. Training in basic communication skills, explaining bad news, expressing empathy, and engaging patients in advance care planning prove essential when caring for elderly patients, those with complex chronic conditions, or anyone facing cognitive or communication barriers. Cultural competency training helps clinicians recognize how factors like socioeconomic status, living situations, social relationships, and values about health intersect with patient care needs. The ABC3 National Roadmap emphasizes person-centered approaches that prioritize understanding the whole

person rather than focusing solely on diagnoses, a practice that benefits all patients. Training promotes understanding of how environmental, attitudinal, and communication barriers affect patient experiences, teaching providers to identify and address systemic issues rather than attributing challenges solely to individual limitations. Skills in interdisciplinary collaboration, recognizing and addressing social determinants of health, creative problem solving, and adapting communication transfer directly to serving any population with complex healthcare needs.

What are the existing curriculum resources that can be adopted and incorporated into current provider training?

The Alliance for Disability in Health Care Education developed the Core Competencies on Disability for Health Care Education, which define baseline expertise needed to provide high-quality care to patients with disabilities through an iterative Delphi process that engaged people with disabilities alongside health professionals. Recent guidance emerging from the Accreditation Council for Graduate Medical Education (ACGME) Disability Summit further reinforces the expectation that disability and IDD training be integrated across graduate medical education, rather than treated as optional or isolated content. Importantly, a substantial body of high-quality disability and IDD training materials already exists, meaning that educational programs do not need to develop new curricula from the ground up. IEC builds on this foundation through partnerships with specialized organizations such as ECHO Autism and collaborations with national associations including the American Academy of Developmental Medicine and Dentistry, the American Academy of Family Physicians, and the American Academy of Physician Associates. IEC's emerging primary care training pathway organizes and curates existing IDD care resources—screened by self-advocates, care partners, and healthcare professionals—to help primary care teams efficiently access, apply, and sustain evidence-informed training that improves clinical care for people with IDD.

What are examples of existing curriculum or standards of learning inclusive of disability clinical care/competency training that could be consulted for development of new required standards of learning across medical schools; and/or adopted wholesale as part of a program's education of medical professionals?

The Core Competencies on Disability for Health Care Education, developed by the Alliance for Disability in Health Care Education, defines cross-disability and interprofessional standards applicable to all healthcare disciplines. The Accreditation Council for Graduate Medical Education has recommended that training incorporate these Core Competencies. Research identified six critical curricular exposures that increase readiness: cultural competency including person-centered communication skills; interactive learning with

people with disabilities; practice encounters through patient simulations; learning about social determinants of health impacts; education about resources for physical activity; and learning about community resources and support services. The State University of New York medical colleges and University of South Florida have developed successful programs that integrate disability content across curricula, demonstrating significant improvements in knowledge, attitudes, and core competencies. Curricula based on the Core Competencies framework that include direct interaction with individuals with disabilities and skills training show measurable improvements in student preparedness. IEC advocates for formal inclusion of disability competencies into Liaison Committee on Medical Education accreditation standards to ensure systematic integration rather than reliance on individual institutional champions.

In conclusion, we strongly support NCD's effort to gather information that can inform policy and practice on disability clinical care training. We believe that systematically integrating disability competency into health professions education, through existing frameworks and resources, is essential to improving equitable care for people with IDD and enhancing the quality of healthcare delivery nationwide.

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