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.”
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 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...
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 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 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 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.

I sensed that Mr. G was experiencing an overall loss of control of his life.
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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