# BEST PRACTICES AND GUIDELINES FOR HEALTHCARE PROFESSIONALS PROVIDING TELEMEDICINE



ACCESSIBILITY FOR THE DEAF, THE HARD OF HEARING, AND THE DEAFBLIND (D/HH/DB)

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### TELEMEDICINE IS GROWING RAPIDLY

The popularity of telemedicine is growing rapidly. With the recent COVID-19 pandemic occurring across the country, state leaders are turning to telemedicine as an option to ensure its constituents have healthcare access. In Arizona, Governor Ducey issued an Executive Order[1] requiring ongoing and acute medical care to be provided through telemedicine. Unfortunately, telemedicine policy in Arizona is still inaccessible to many of the 1.1 million deaf, hard of hearing, and deafblind Arizonans. The Arizona Commission for the Deaf and the Hard of Hearing supports the Governor's call for reducing barriers to receiving healthcare.

ACDHH's mission is to ensure, in partnership with the public and private sectors, accessibility for the deaf and hard of hearing to improve their quality of life. It is from this perspective of partnership, ACDHH created the following guidelines for telemedicine accessibility when providing services to patients who are deaf, hard of hearing, and deafblind.

### SUMMARY

The Americans with Disabilities Act[2] (ADA) and the Patient Protection and Affordable Care Act (PPACA)[3] requires healthcare providers to provide reasonable accommodations to its D/HH/DB patients, such as an American Sign Language (ASL) interpreter. This is still an overwhelming challenge for accessing telemedicine. Serious barriers exist in accessing current systems because of limited audio quality, connectivity issues, and software restraints. For deaf and hard of hearing individuals, the inability for sign language interpreters and medical providers to be on the same screen or captioning inaccuracies due to automatic speech recognition can be detrimental to the individual's ongoing healthcare needs.

ACDHH knows the frustration is not one sided, healthcare professionals convey similar challenges in their quest to be accessible.

<sup>[1]</sup> Expansion of Telemedicine; Executive Order 2020-15; www.azgovernor.gov

<sup>[2]</sup> Title II of the Americans with Disabilities Act of 1990 prohibits discrimination on the basis of disability by state and local government entities (28 CFR Part 35). Title III of the Americans with Disabilities Act of 1990 prohibits the discrimination on the basis of disability in the activities of public accommodations (28 CFR Part 36)

<sup>[3]</sup> Section of 1557 of the Patient Protection and Affordable Care Act https://www.hhs.gov/sites/default/files/2016-06-07-section-1557-final-rule-summary-508.pdf

# SUMMARY

Mostly, the frustration is because there are no technological requirements in state policy to ensure effective communication and its relationship with telemedicine. Absent policy, it is the goal of this guideline and best practices to illustrate how and what accessibility means when providing telemedicine. These guidelines and best practices adhere to the U.S. Department of Justice[4] effective communication requirements as required by the ADA.

# TECHNICAL REQUIREMENTS

Live communications between a patient and distant site physician or practitioner must include, at a minimum, audio and video equipment permitting two-way, real-time interactive communication which ensures:

- Real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication;
- A sharply delineated image that is large enough to display the faces, arms, hands, and fingers, and the participating individuals' faces, arms, hands, and fingers, regardless of their body position;
- A clear, audible transmission of voices on two-way communication;
- Telemedicine platforms should have capability to have synchronous captions integrated into the platform. Captions should be verbatim, accurate, include punctuation and allow for speaker identification;
- Telehealth service platforms should allow both the healthcare provider and the interpreter on screen at same time without having to sacrifice effective communication (i.e. minimize one image to view another image).

# TECHNICAL REQUIREMENTS

- For services using an ASL interpreter to provide translation from American Sign Language and English, interpreters who are licensed in accordance with A.A.C. R9-26-511, and;
- Adequate staff training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the equipment.

# BEST PRACTICES FOR ENSURING EFFECTIVE COMMUNICATION:

Most healthcare professionals who utilize telemedicine platforms are familiar with the Teach-Back method. In addition to the teach-back method, here are other best practices for ensuring effective communication with patients who are deaf, hard of hearing, or deafblind.

- Reduce background noise.
- Speak slowly and clearly.
- Speak directly to deaf or hard of hearing individual, not the interpreter or Communication Access Realtime Translation (CART)[5] provider.
- If more than one health professional is providing service, whether audio or video, identify who is speaking.

# BEST PRACTICES FOR ENSURING EFFECTIVE COMMUNICATION:

- Check for understanding.
  - Did the patient respond appropriately?
  - Did the patient understand the question?
  - Watch facial expressions and nonverbal cues.
  - Repeat back and/or have the patient repeat back to ensure understanding is occurring.

### **WORKING TOGETHER**

Together we can reduce the frustration and rectify the challenges by following the suggested best practices for ensuring effective communication and alleviate the challenges experienced by the D/HH/DB community.

If you have any questions or would like additional information on how to provide accessibility, please contact The Arizona Commission for the Deaf and the Hard of Hearing by email at info@acdhh.az.gov or by phone at 602.542.3323.





