

# **Best Practices and Guidelines for Ensuring Accessible Telehealth for Deaf, Hard of Hearing, and other communication disabilities.**

## **Introduction:**

Health care providers must ensure that communication with patients who are Deaf, Hard of Hearing, DeafBlind (or combined vision and hearing loss) or other speech and communication disabilities are as effective as communication with other patients. <sup>1</sup> Providers shall provide for equal access to healthcare services, whether or not the service provision is in person or via telehealth. Medical providers utilizing audio and/or audio-video telehealth services can ensure telehealth equity occurs by modifying current procedures and policies and providing additional support to its patients in adherence to federal and state laws.

The following will guide you through the requirements for providing communication access to patients with varying hearing levels, speech and communication disabilities. Many of the information set forth in this document is required by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act and Arizona Revised Statutes 36-1971.

## **Audio-Video Telehealth Requirements**

The first step for ensuring accessibility with telemedicine starts with your telehealth platform<sup>2</sup>. It is imperative that as a provider you choose a platform that provides accessibility features. Examples of these features are:

1. ability to incorporate the interpreter on the same screen as the provider and patient;
2. integration of providing Communication Access Realtime Translation (CART) services;
3. provide high-contrast display; and,

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<sup>1</sup> ADA National Network [www.adata.org](http://www.adata.org)

<sup>2</sup> Department of Health and Human Services [www.telehealth.hhs.gov/providers](http://www.telehealth.hhs.gov/providers)

#### 4. automatic transcription<sup>3</sup>.

The telehealth platform chosen should have clear instructions on how to provide and integrate accessible accommodations (auxiliary aids and services within the platform).

The second step is actually providing the mandated communication accessibility accommodations. The patient must request the reasonable accommodation/s for the appointment. Reasonable accommodations may include a sign language interpreter, CART/captioning services, or both.

According to the Hearing Loss Association of America, and several national Deaf associations, there are four solutions for ensuring patient direction communication accommodations<sup>4</sup>. In Arizona, two of which are identified as best practices and two that meet minimum standards.

Best Practices for equal and effective communication:

- 1) Remote interpreting services on the same screen or platform for equal participation in medical appointment by patient, provider, and a qualified Arizona Licensed interpreter<sup>5</sup>.
- 2) Communication Access Realtime Translation (CART) on the same screen or platform for active participation allowing a qualified captioner to caption the call on the screen. CART services can be used in conjunction with video remote interpreters or as a stand-alone.

Minimum Standards for providing effective communication:

- 1) Use of a qualified Arizona sign language interpreter captioner on a separate screen or device.
- 2) Use of a qualified captioner on a separate screen or device.

In limited situations or in an interim situation, the use of video relay services or automated speech recognition may be used<sup>6</sup>.

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<sup>3</sup> Automatic transcription does not always equal automated speech recognition.

<sup>4</sup> HLAA [www.hearingloss.org](http://www.hearingloss.org) "COVID-19 Guidelines for Health Care Providers-Video-Based Telehealth Accessibility for Deaf and Hard of Hearing Patients" (2020)

<sup>5</sup> Arizona Revised Statutes, Title 36, Chapter 17.1, Article 2

<sup>6</sup> A video relay service (VRS) interpreter through the federal telecommunication relay services are not always trained in medical interpreting and miscommunication can occur. If this option is chosen, even as an interim

It is important to note for ensuring equal and effective communication in audio/video telehealth, according to the Department of Justice, the following should be adhered<sup>7</sup> to:

- 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, blurry or grainy images, choppy connection or pauses in communication as a result of the connection;
- A sharply delineated image that is large enough to display the interpreter's face, arms, hands and fingers, and the face, arms, hands, and fingers of the person using sign language, regardless of his or her body position;
- A clear, audible transmission of voices; and,
- Adequate staff training to ensure quick set-up and proper orientation.

Additionally, when providing captioning services as an accommodation, the captioning be in real-time, accurate, on screen, and visible to all users without blocking important content. Captions must be able to relay the speaker's exact words with correct spelling, punctuation, and grammar with 99% accuracy. A Communication Access Realtime Translator (CART) services qualifies as an auxiliary aid and service under the ADA<sup>8</sup>. CART services are the instant translation of the spoken word into text.<sup>9</sup>

The National Association of the Deaf (NAD) and the Deaf Seniors of America (DSA) have created [Video Remote Interpreting Guidelines for Health Care](#). These guidelines provide technical and operational guidelines for telehealth services and can be used as supplementary.

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solution, the interpreter must be licensed in Arizona and the provider should utilize other resources to ensure the patient has a clear understanding. Automated speech recognition typically cannot provide ADA requirements of 99% accuracy, have punctuation, and correct grammar. If does not meet requirements, it should not be used.

<sup>7</sup> 28 CFR Sec. 36.303 (f)

<sup>8</sup> 28 CFR Sec. 35.104 and 28 CFR 36.303 (b) (1)

<sup>9</sup> The Association for Court Reporters and Captioners [www.ncra.org](http://www.ncra.org)

## **Training**

Providers must ensure all staff are adequately trained about the accessibility features of the telehealth platform to promptly, efficiently, and effectively set-up the communication accessibility aids within the time frame of the provider's telehealth waiting room. All users including the patient, provider, provider staff, interpreter/CART services should be able to manage the settings, such as video screen sizing and location easily.

Training should include set-up for how to integrate interpreters on-screen and CART service providers, along with how to turn on automatic speech recognition captioning if the video feed fails and a CART provider was not requested as part of accessibility accommodations. Medical providers should periodically follow the captions in these situations to safeguard against any miscommunication that may occur when providing medical advocate to the patient.

Training should cover when and how to schedule reasonable accommodations prior to the telehealth appointment. This includes sending links and any instructions to both the patient and the interpreter/CART provider. Lastly, training should also include education about how to communicate effectively with deaf and hard of hearing patients and Deaf culture, including how American Sign Language is a different language than English

## **Policy**

Medical providers should consider implementing policies and procedures for ensuring equal and effective communication via telehealth (audio and audio-video). Policies and procedures should include:

- 1) Ensuring respectful and effective communication from all staff providing health services to individuals with disabilities, including Deaf, Hard of Hearing, and DeafBlind patients;
- 2) Incorporating federal disability laws into telehealth practice;
- 3) Adopting standards on how to document whether a patient is Deaf, Hard of Hearing, or DeafBlind, their communication access needs, and their preferred communication accommodation for telehealth;

- 4) How to request an auxiliary aid and services, such as an American Sign Language interpreter and CART provider before an accommodation is needed;
- 5) How to provide auxiliary aids and services before, during, and after telehealth appointment; and,
- 6) Incorporating ADA and FCC requirements into other medical platforms such as patient portals and website affording equal care and information to all patients despite their hearing and/or vision levels.

## **Resources**

[The Arizona Commission for the Deaf and the Hard of Hearing](#)

[The ADA National Network](#)

[U.S. Department of Justice, Civil Rights Division](#)

[U.S. Department of Health and Human Services- Telehealth](#)

[Centers for Medicare & Medicaid Services- Improving Communication Access for Individuals Who Are Deaf or Hard of Hearing](#)

## **Additional Resources**

Providing [best practices for children and individuals with special needs](#), the Health Resources & Services Administration has created resources and best practices.