The Lewin Group
Disability-Competent Care Conversation on Access with ADANN
July 31, 2019 - 2:00pm

Jennifer Kuo: Great. Thank you, and hello, everyone. Welcome to the Disability-Competent Care Conversation on Access brought to you by the Resources for Integrated Care. My name is Jennifer Kuo with the Lewin Group and I'll be facilitating today's event.

The audio portion of today's presentation will automatically stream through your computer. Phone lines for the event are also available. To access a number, just click on the black phone widget at bottom of your screen. Also, just a reminder that today's session will be recorded. A video replay and a copy of today's slides will be available at the resourcesforintegratedcare.com website.

So today's conversation is supported through the Medicare-Medicaid Coordination Office at the Centers for Medicare & Medicaid Services. MMCO is helping beneficiaries dually eligible for Medicare and Medicaid have access to seamless high-quality health care that includes the full range of covered services in both programs. To learn more about our current efforts and resources, please visit our website or follow us on Twitter for more details. Our Twitter handle is @integrate_care.

So we're really excited today to be passing out a new format for our RIC events. Today's event will not be in our typical speaker presentation format, but rather a 30-minute conversation with representatives from the American with Disabilities Act National Network who will be answering questions from our audience members on the topic of Disability-Competent Care Access.

So one of the goals for our new conversation format is to engage our audience members throughout today's event, so feel free to submit any questions that you have for our speaker.

This slide shows how to submit a question using the Q&A feature on the lower left side of the webinar platform. Type your question into the Q&A box and press the Submit button. If you don't see a Q&A box on the left-hand side of your screen, click the red Ask Question button on the bottom of your screen.

So we are honored to have representatives from the ADA National Network as our experts on today's event to answer your DCC Access questions. We have Michael Richardson and Pam Williamson.

So Michael and Pam, I'll go ahead and turn it over to you to introduce yourselves and to provide some background on the ADA National Network.

Michael Richardson: Thank you very much. This is Michael Richardson. I'm the Director of the Northwest ADA Center out here in the Pacific Northwest. And like Pam, both of us are involved in an Access to Health Care Committee within the ADA National Network. So we are addressing health care access issues and helping individuals, like yourselves, understand rights and responsibilities under the ADA when it comes to accessible health care.

Go ahead, Pam.

Pam Williamson: Thank you, Michael. My name is Pam Williamson. I'm the Assistant Director of the Southeast ADA Center located in Atlanta, Georgia, and I'm very pleased to be here with you today. And take us to the next slide, please. I will tell you a little bit more about the ADA National Network. Next slide, please.

Jennifer Kuo: Hey, why don't you go ahead? I think we might be having some technical difficulties, but we'll work on that while you give the introduction.

Pam Williamson: No problem.

Jennifer Kuo: I think it's up now.

Pam Williamson: All right. The ADA National Network is a group of 10 Centers and 1 Knowledge Translation Center that provide information, guidance, and training on how to implement the Americans with Disabilities Act. We're funded by the National Institute on Disability, Independent Living, and Rehabilitation Research, also known as NIDILRR, and we are not an enforcement agency. We are truly here to help and to be able to assist folks such as yourselves to be able to implement the law effectively.

Jennifer Kuo: Great. Thank you, Pam and Michael. Let's go ahead and get the question-and-answer session started. We did receive several pre-submitted questions from our audience, so we'll start with those questions. But we do encourage everyone to submit any additional questions you might have via the Q&A feature on the platform.

We do only have 30 minutes for today's conversation. So if we aren't able to get to your question, we'll work with Michael and Pam to develop answers and to get them posted on the RIC website. So let's go ahead and get started with our first question for ADA National Network. What are some common ADA-related accessibility issues that present barriers to health care for people with disabilities?

Michael Richardson: This is Michael. This is a very good question. And to summarize, in our opinion, there are four areas of access issues that we like to focus on, one being communication, the second being the physical accessibility of a location, attitudinal barriers can be an issue as well, as well as policies and procedures that may inadvertently discriminate against people with disabilities.

Now, for communication that ADA requires the provision of auxiliary aids and services to ensure effective communication for those who have disabilities in which communication is impacted such as hearing, vision, speech and cognitive intellectual disabilities. Some healthcare providers are often unaware of the requirements or believe that they have effective alternatives which may lead to miscommunication, which can impact the quality of care or even present safety issues. This also includes electronic communication such as inaccessible websites to health systems, et cetera.

When we talk about physical accessibility, sometimes, there's often a lack of accessible weighing scales, exam tables and chairs, or even accessible diagnostic equipment. Some people with disabilities are often denied full access to care if there are no processes to transfer from a wheelchair to a table, for example. Some smaller clinics may have access issues surrounding parking, the path of travel, the entryway and access to the common areas, such as lobbies, restrooms and exam rooms.

And then we talk about some attitudinal barriers that can prevent access. Such care maybe substandard because of assumptions that are often made about people with disabilities. For example, women not getting referrals for reproductive health care because it could be assumed that they are not sexually active.

And then the final one is surrounding policies, procedures, the ADA calls for the reasonable modification of policies and procedures were necessary to allow for access. And a good example of that can be a policy, for example, at a small doctor's office has a policy that each patient care visit is limited to 15 minutes and you have an individual with disability that requires a lot more time to communicate with, then they need to modify that policy or they should modify that policy to allow for extra time to conduct that visit without adding additional charges as well. Next slide.

Jennifer Kuo: All right. Thank you, Michael. So our next question that we received, a pre-submitted question is, could you speak to the use and cost of American Sign Language apps for personal computers and cellphones and general and in health care settings? Are they effective at improving access?

Pam Williamson: This is Pam and that's an excellent question. I really want to take this back to a larger context because it's important to remember that the use of apps and cellphones and other things used to communicate with individuals who are deaf or hard of hearing are actually part of the larger requirements of effective communication under the ADA. And the ADA requires that public entities and that state and local governments or private businesses, which would be businesses and non-profit organization that serve the public provide, auxiliary aids and services to make sure that people with disabilities are able to understand what is said or written and communicate effectively.

Now, the goal of effective communication is to always make sure that people with disabilities can understand what's being said and it's as effective as communication with other people. Now, auxiliary aids and services might very well include apps such American Sign Language apps or captioning apps. However, it's really going to depend

on the method of communication that's used by the individual on a regular basis and the nature and length and difficulty of the communication taking place.

For example, just doing a quick blood pressure check in office that might be acceptable. However, if it's a more difficult conversation around surgery or cancer diagnosis, that app may not be workable. And then the other thing is the complexity of what's being communicated, is it a simple conversation or is it that more detailed conversation?

Now, I want to say, I personally used a couple of captioning apps, because I do have an auditory processing disorder. I've even paid as much as $10 for an app that did not work very well, yet I have a colleague who was hard of hearing who has a free app on her phone that she uses and it works beautifully, yet we have two different operating systems. So not all apps are created equal and we need to keep that in mind.

The other thing is that a person needs to be comfortable with using that method of communication. So it's very important to remember that you want to make sure a person is using something that works for him or her and is able to communicate. And if it a state or local government agency, the auxiliary aids or service really must have the person with the disability, get primary clarification to their method of communication first. And then a private business really should still ask the person what their preference is, but they can choose the method as long as it's effective. The bottom line is that we want to make sure that any auxiliary aid or service that is chosen is going to be effective and really help that communication between the patient and the medical provider.

Jennifer Kuo: Great. Thank you, Pam. All right, our next question, how can telephonic case management or case management services conducted over the telephone by health plan staff best serve participants with disabilities?

Michael Richardson: This is Michael. This is another good question and this can be answered from the standpoint of effective communication. So unless the customer or patient has knowledge and resources to use assisted technology such as the telephone relay services, then the care team will need to think about alternative methods of getting information across. Ideally, this would have been established beforehand with an assessment of specific accommodation needs and having these needs noted in a consumer's record. This is important as sometimes there are changes in staffing and some unexpected changes in the team's makeup. And so, as new folks become involved in the care of the consumer, it's important that information is readily available to understand and ensure that their accommodation needs are met.

As far as some ideas and examples -- and again, it all depends on the individual and their needs but in telephonic case management, some areas to think about would include other opportunities to provide information afterwards in written format, either by email or snail mail, other opportunities to meet in person as part of a team were necessary to ensure effective communication.

So this is more sort of a think-outside-the-box type of situation and it, again, depends on the customer and the logistics and the communication needs as well. Next slide.

Jennifer Kuo: Great. Thank you, Michael. All right, so our next question that we received is around substance use disorder program. So there is a growing need for access to health care with increased attention to opioid use disorders. What are the ADA requirements for substance use disorder programs? Are there requirements to provide personal care?

Pam Williamson: Jennifer, this is quite a complex question so I'm going to try to put the answer into as short a timeframe as possible. But we need to look at opioid use disorders and substance use disorder programs, again, in the bigger context because opioid crisis is overwhelming and individuals are seeking treatment. And well, we've got to look at this from two perspectives. One is from the perspective of the person who may be the opioid user and then the other is the person who may have an opioid use disorder and then have a co-occurring disability such as a mobility disability, a hearing or vision disability, or psychiatric disability.

Now, the US Department of Justice actually has said that opioid use disorders may be considered a disability under the ADA because it could substantially limit one or more major life activities. But it's important to note that someone who's currently engaged in the illegal use of drug is not particularly covered under the ADA. However, a person that might be qualified for a program and may have one of those co-occurring disabilities and so that they still need to meet the essential eligibility requirements for a program. So for example, you may have a person who has opioid use disorder and they want to participate in a state-run program for substance abuse disorders, yet that program requires that they not have a criminal background above and beyond the opioid use disorder. But this person may be an opioid user and have the criminal background. Therefore, they're no longer qualified because they do have a criminal background.

It may also be that a person has another co-occurring disability whereas we mentioned earlier, they may have a disability that affects mobility, hearing, seeing, may have HIV or AIDS or some other type of disability. And so, there's maybe multiple disability-related issues going on and this means a person might need to have access to effective communication, they may need facility access, and they -- in all of those kinds of things that would allow them to be able to participate as a person with a disability in the substance use disorder program.

So the entire substance use disorder program needs to be looked at for accessibility and looking at all of those things that we've mentioned. And it's also important to note that they need to be accessible under the ADA regardless and also to -- is it the person needs to be able to benefit from the program.

So regarding the personal care aspect is a little bit trickier because it depends on the program itself. If the program is designed so that a person may have already received

personal care services such as bathing, shaving, assistance with dressing for any patient, then the person with the disability may also be eligible for those services.

However, if a patient is expected to act independently, then the facility may be required to have a modification on a policy or procedure allowing that individual to bring in his referred caregiver or to explore other options for personal care to be provided. So the facility is not required to provide personal devices such as a wheelchair, hearing aids, or anything of that nature unless it's something that is done on a regular basis with all participants.

Jennifer Kuo: All right. Thank you, Pam. There was a lot of information there and you did a nice job of being succinct, so we appreciate it.

Next up. What are the ADA requirements for home health agencies? Are agencies required to provide equipment and aides to persons with disabilities to facilitate communication, or are they required to provide only information on how to obtain equipment and aides?

Michael Richardson: That's a good question. This is Michael. This all depends on the definition of equipment and aides and how we look at it.

If it's related to ensuring effective communication between a caregiver and a customer such as a deaf customer during appointments, then the agency needs to provide, again, auxiliary aids and services such as a qualified sign language interpreter or other modes of services to -- or supports to enhance effective communication.

If you're talking about assistive technology devices for customers to obtain and use for daily living, then those are personal devices and are not required to be provided by the agency, although it would help to provide them with resources to where they can obtain such devices such as augmented communication devices for individuals with speech impairments. Next slide.

Jennifer Kuo: Great. Thank you, Michael. So our next question comes from a health plan. What are some common access barriers associated with health plans, and what can health plans do to more effectively reduce these barriers?

Michael Richardson: A very good question. This is Michael again. I think when we're looking at health plans, I think the main area we're looking at is how information is exchanged and conveyed. Quite often, people with disabilities ask -- do they have access to information such as the websites? Are the websites accessible? Sometimes, you can have a really nice-looking website, but it may not be accessible to somebody with a screen reader who needs to have information read aloud to them.

Other alternative formats, the print materials that could be available. Sometimes, information is sent by mail and received by individuals and some of those individuals may need alternative formats to print, whether it's enlarged print version for example, or

maybe email, electronic documents to, again, use at home on the computer and have it read aloud to them via screen reader software. So it's all about how information is shown and conveyed in ensuring that there are alternative methods and formats to be made available to individuals who request that. Next slide.

Jennifer Kuo: All right. Thanks, Michael. So next question. What types of providers have the most ADA compliance challenges and how have they overcome them to become compliant with the ADA? And I think here, Michael and Pam, if you're able to provide some examples by provider type and some -- the specific challenge that provider type faces and how each has been successful in becoming compliant with the ADA.

Michael Richardson: Great question, Jennifer. This is Michael. I'll start. And, Pam, if you want to add something, you certainly can.

For this question, this maybe subjective since it depends on the size and set up of the organization, the way policies and procedures have been developed, and the quality and consistency of staff training. Small doctor's offices and clinics often are subjects of court cases because there's generally a lack of knowledge about responsibilities under the ADA. So often it takes a complaint and a settlement agreement to implement required changes which ideally we don't want that to happen. Larger clinics and hospitals may often have issues too depending on the issues mentioned above, or just previously.

And some common denominators are proactive and accessible providers may include -- but are not limited to having a designated ADA or access coordinator on staff to oversee patient access, or incorporating accessible diagnostic equipment, exam tables and chairs and weighing scales, ensuring the development of good policy procedures to ensure a seamless process when a customer or a patient calls for an appointment, requests an accommodation and comes in for services and treatment. So again, going back to that concept of ensuring that the patient chart -- customer chart file has information about their previous accommodation request and needs, so there's a seamless sort of continuation of providing accessible treatment.

And then, of course, establishing and providing consistent staff training on disability access issues as well as disability interaction and etiquette and how to feel comfortable when interacting with individuals with disabilities.

Jennifer Kuo: Great. Thanks, Michael. Pam, anything to add on your end?

Pam Williamson: Actually I want to go ahead and go into the slide you just went into because it really does supplement this particular question quite nicely. And when -- talking about some of the best practices that provider organizations have taken to assess their accessibility, identify the gaps and prioritize the access needs.

One of the first things that we think is very important -- and this is for organizations of any size, whether they are smaller clinics in rural areas, to your large providers in big cities, is to conduct the facility accessibility review. And there's a checklist that we can

provide this information as a follow-up for you and I believe it's also in the resources. And it's the ADA checklist for existing facilities.

And then we all can encourage folks to work with disability groups in order to look at your accessibility, because if you don't live it, breathe it and sleep it every day, you are not going to understand the importance of making things accessible or why something might be inaccessible.

For example, one of the things that just always makes me roll my eyes, but at the same time I get it, is you walk into a medical office, they have this beautiful accessible bathroom and this nice, beautiful piece of furniture has been put in between the sink and the commode. And the person using a wheelchair can no longer access the commode because they can't back into the space. So automatically, you've taken away all access to the bathroom, and folks don't understand that.

So these are typical things to look at. And not only do a one-time facility accessibility review, go ahead and conduct the self-evaluation in all areas. Look at departments, programs, effective communication, web accessibility, administrative requirements, everything and go through and make sure your policies and procedures are in place. If they're not in place, go ahead and put them in place and set up a plan and then set up an annual review of these items to make sure you're making progress in these areas. There is a self-evaluation form with the ADA Title II action guide for state and local governments and although it is focused on state and local government, I still consider it a good best practice for private entities, because it helps you to be able to think through things clearly and to look at other pieces.

The other thing that I think is really important and we've mentioned this a couple of times already, is the incorporation of disability and ADA training into regular staff training. There are excellent materials out there and we as the ADA National Network can guide you to those. We have a webinar series on health care and the ADA, and inclusion of people with disabilities. And then we also have a video called At Your Service.

These are the kinds of things that we encourage especially for your long-term employees, it's a good refresher. For your new employees, you always want to make sure they're up to speed. And it just helps folks to stay in the know and to know what they can do in order to be able to address the needs of customers and provide excellent customer services to all customers, including those with disabilities.

Jennifer Kuo: Great. Thank you very much, Pam. I think we have time maybe for one more question before we have to wrap up and we did get a question and you're not going to see the question on your screen, so I will read it out. The question is -- our case managers always struggle finding accessible mammography and other radiological services for their members. What are your suggestions for increasing accessible access for these services?

Michael Richardson: This is Michael, and just quickly, reading the question on the catch list here. That's a very good question. I think as far as finding accessible diagnostic equipment, I guess, just thinking in common sense terms, reaching out to other healthcare providers within the network to see if somebody has already incorporated accessible diagnostic equipment, exam tables and chairs, into their system and if necessary, making appropriate referrals to those facilities is one thing I can think of. Pam, do you have other ideas?

Pam Williamson: Actually, I do. The other thing that I would encourage is to provide information to the medical providers about what they could do in order to procure these types of equipment. The US Access Board has actually put out some excellent guidance on what it means to have accessible medical equipment. And although it's not incorporated into the regulations yet, it's still -- again, it's a good practice and sometimes, it's just a matter of educating the medical providers about all the need and then providing them with the information they need in order to be able to incorporate that into their regular practice.

Jennifer Kuo: Great. Thank you, Michael and Pam. We are unfortunately out of time, but as I mentioned earlier, for any unanswered questions from our audience members, we'll make sure to work with Michael and Pam to get answers developed and have them posted on the RIC website. But before we do wrap up, I just want to mention that the remainder of this slide deck does include information on and links for additional resources on the topic of the ADA and DCC access. So you'll see a link to a lot of the ADA National Network Resources that Pam referenced earlier.

In particular, I did wanted to flag slide number 18. We do have a new resource available on the RIC website, it is an on-demand video on the topic of DCC access. We also wanted to flag on some new resources hot off the press. They were just released a day or two ago by the CMS Office of Minority Health and also by ACL to celebrate the 29th anniversary of the ADA. So slide number 19 includes the CMS Office of Minority Health Resources including a guide, a couple of videos, and resources inventory, and a data highlight, and then slide number 20 includes the ACL resources on the specific topic of the business case on accessible medical diagnostic equipment.

So this concludes our DCC conversation on access. I first want to give a really big thank you to both Michael and Pam of the ADA National Network for being our guinea pigs in this new RIC event format and for answering all of our audience questions. Thank you as well to our audience members for your questions and participation on today's event. If anyone has any questions, feel free to reach out to us at RIC@Lewin.com. And then lastly, we do want to hear from you. You should be seeing a brief evaluation survey come up on your screen asking you for feedback on today's event. I think in particular, we do want to hear your feedback on this new RIC event format. We hope today's conversation was useful and thank you again for joining us.