Accessible and Alternative Healthcare Delivery

Lunch and Learn Topical Working Series

The Arc of PA Initiative to Address COVID-19 Health Disparities Among People with Disabilities



December 12, 2023



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Welcome

The Arc of PA Initiative to Address COVID-19 Health Disparities Among People with Disabilities

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Calling for disability-inclusive health care



COVID-19 HEALTH CARE BARRIERS AMONG PEOPLE WITH DISABILITIES

A Report of the COVID-19 Health Disparities Statewide Leadership Task Force August 2022



RECOMMENDATIONS FOR ADDRESSING COVID-19 HEALTH DISPARITIES AMONG THE DISABILITY COMMUNITY

- COVID-19 Health Disparities Task Force
- Regional Community Work Groups
- Over 400 individuals with disabilities, family members, caretakers, health professionals across diverse ethnic, racial, rural populations
- The Arc of PA and local chapters
- Funded by the PA Department of Health



Today's focus: Our recommendations for...

- Accessible health care: Increase accessibility features of health care facilities to ensure full and equal access.
- Alternative health care: Expand community-based healthcare, including telehealth services and mobile clinics.
- Accessible health care information (earlier Lunch and Learn session)

Today's Agenda:

- The Health Disparity and Recommendation
- Practice Panel

The Health Disparity and Our Recommendation

ARC of PA Barriers Report 8-9-22.pdf



COVID-19 HEALTH CARE BARRIERS AMONG PEOPLE WITH DISABILITIES

> A Report by the COVID-19 Health Disparities Statewide Leadership Task Force

> > June 2022

2021-2022 Listening Tour: COVID-19 Health Care Strengths and Barriers

Diversity by role



- Mostly persons with lived experience of disability, caretakers and family members
- Also, professionals in the fields of disability and health care

Diversity by disability – intentional outreach across physical, intellectual developmental, behavioral, or emotional, sensory impairment, and complex medical disabilities

Diversity by race – intentional outreach to Black Indigenous People of Color (BIPOC)

Diversity by location – rural, urban, suburban; intentional outreach to rural settings

Social Determinants of Health

Education Access and Quality

- Systemic educational barriers
- Technology barriers

Economic Stability

- Financial security barriers
- Social supports



Social and Community Context

- Information barriers
- · Cultural, linguistic barriers
- Communication

Health Care Access and Quality

- Systemic health care barriers
- Mental and physical health issues
- · Vaccination and testing barriers
- Staffing barriers
- Technology barriers

Neighborhood and Built Environment

- Local conditions
- · Transportation barriers
- Accessibility



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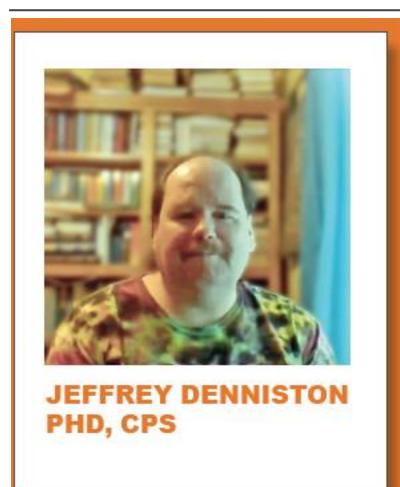
"This whole thing made it difficult for persons with disabilities to be selfsufficient; it's like climbing a ladder – the further up you go, away from the familiar, the scarier it is and the more alone you feel."



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"You let them know your needs ahead of time, then the staff themselves don't know how to meet those needs"

Kelly Barrett, Person with a Physical Disability living in Erie County.





"Telehealth worked for me. I know it's difficult to help you make an egg over the phone, but you can talk about how your day went."

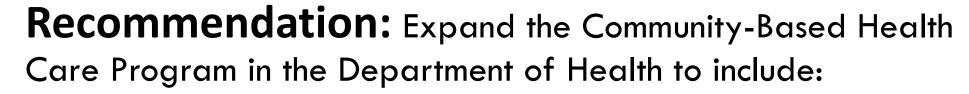
 Jeffrey Denniston, PHD, CPS, a person with a mental health condition in Butler County

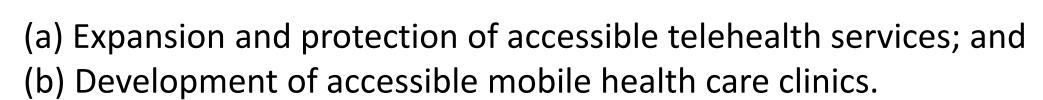
Recommendation: Increase accessibility features of health care facilities and medical equipment to ensure full and equal access for people with disabilities.

Examples:

- Height adjustable exam tables
- Weight scales that accommodate wheelchairs
- Accessible check-in kiosks
- Lift equipment to transfer patients
- Sign language interpreters
- Sensory-friendly waiting rooms (quiet rooms, adjustable lighting, pull down shades)







Benefits:

- Increased accessibility and flexibility in healthcare delivery
- Eliminates the need for transportation and facility barriers
- Allows person to remain in a familiar place and comfortable surroundings

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Resources and Practices

Cathy Roccia-Meier, Arc of PA



HOW TO IMPROVE

People with disabilities often face major barriers getting the health care services they need. Improving physical access to health care services is essential to achieving health equity. Improving providers access to meaning are services to essential to accileving meaning activity. Designed for health care providers, staff, and administrators in outpatient settings, this resource highlights some of the physical barriers people may face, discusses actions you can take to assess the accessibility of your facility, and describes ways to design and carry out tone to assess the accessionity of your recirry, and deachoes mays to design and denty out programs and policies that deliver high-quality, patient-centered care. The steps discussed here are not substitutes for compliance with federal, state, or local regulations but can provide a starting place for assessment. Consider speaking with experts and directly to patients with a sarung prace or assessment. Consuler speaking with expense and orrectly to patient disabilities for additional insight on other barriers and needs specific to your practice.

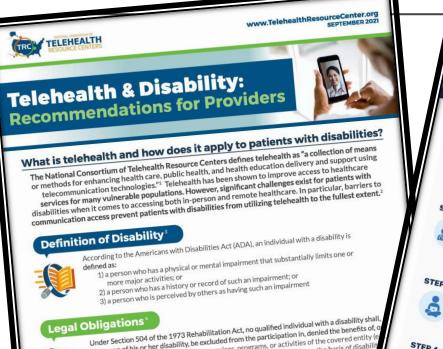
HEALTH CARE DISPARITIES AMONG PEOPLE WITH DISABILITIES

Adults with disabilities are almost twice as likely as other adults to report unmet health care needs related to the accessibility of a doctor's office or clinic.¹ Research shows that, compared to people without disabilities, people with disabilities are:



Progress has been made to improve access in medical buildings and offices, but patients Progress has been made to improve access in medical buildings and brices, but patients continue to face barriers inside physician suites ²⁴ A survey of U.S. physicians across seven specialties found that among those seeing patients with significant mobility limitations. only 40 percent always or usually used accessible exam tables or chairs.* Inaccessible exam tables, weight scales, infusion chairs, mammography machines, and radiology equipment can teores, weight scales, musion chairs, manning aping machines, and radiology equipment of affect treatment, personal safety, and quality of care.⁵⁰ Even when an office has accessible equipment, patients with disabilities can still experience disparities due to lack of awareness about needed accommodations, office rules and procedures, and physician bias,23

🗱 Kepro MODERNIZING HEALTH CARE TO MPROVE PHYSICAL TE) A PRIMER FOR PROVIDERS Rehearsal Guide Dentist Visits Preparing men and women with intellectual disability/autism 80/A) to Sensory CMS C JULY 2021 Predictability Acceptance 0 1=() 20 Communication E Ρ S Empathy Emotional Processing Physical



by reason of his or her disability, be excluded from the participation in, denied the benefits of o subjected to discrimination under any services, programs, or activities of the covered entity (e healthcare providers). In the context of healthcare, nondiscrimination on the basis of disability means equal access to available health care services, whether those services are provided in

Additionally, there may be other requirements under state laws that go beyond what is in or the Rehabilitation Act. Whatever accommodations are required when providing servi person to meet these obligations will likely also need to be addressed when utilizing teld area where the policies may not be clear or where the use of technology had not been requirements on having certain accommodations for physical access such as wheelcha Whether these physical access requirements are still required if a practice is solely pr services via telehealth may not have a clear answer in law or regulations at this time

Center for Connected Health Policy. What is Telehealth? <u>https://www.schoca.org/about/about/seehealth</u>
 Annawamary, T. M., Verduzz-Gaterrez, M., & Frieden, L. (2020). Telemedicine barriers and challenges for persons with disabilities: COVID-19 and beyond. Disability and

2) A NUMER TO UNDARRY TO LONG. LOUGH. <u>INTERCENTION AND OPERATION</u>. (J) Disability Rights Section. Coll Rights Devision, U.S. Department of Judice, (2020). Accessibility in Teichealth. (PowerPoint Slides), National Consortium of Reinhealth Resource Centers. <u>Intercentional Accession and Accession and Accession and Accession and Accession</u>. v usakusty nyjma sectauti, czm nyjma urteauti, u.s. urparametrice z zasake, (zezel), https://telehealthresourcecenter.org/10-26-2020-telehealth-hack-sider-final-v4/

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STEP 1: Prepare for your telehealth visit

Be familiar with each family's communication needs before the appointment starts: Defore the appointment starts: Confirm the family has internet access and a computer, taking an exclusion of the start o Confirm the family has internet access and a con-smartphone, or tablet to attend the virtual visit

- angersprone; or seases to steen the virtual visit Ask the family if they will need assistive technology to answering of stations of to be and the analytic model. communicate during a telehealth appointment
- Book a slightly longer telehealth appointment to account for delaye or navious in communication or book a sugnity longer telenealth appointment to account for delays or pauses in communication with a

- STEP 2: Speak directly to the child during the telehealth appointment Ensure the child has an important role in their own health care. Ensure the child has an important role in their own nearch care: > Greet the child by name and have everyone present introduce themselves > Connect attends to the child during the uter value during if the child is non- Greet the child by name and have everyone present introduce themselves
 Speak directly to the child during the virtual visit, even if the child is non-verbal
 count time for the child to ack constitute or charge committing that is important to the Involve the child in the decision making process whenever possible
 Recognize that some children may be distracted or unable to sit for an entire appointm
- STEP 3: Use child-friendly communication techniques
 - Vee child engaged and comfortable so they can be more involved in their care
 A take time to calculate the childre expresses and milortopes Keep the child engaged and comfortible so they can be in
 Take time to celebrate the child's successes and milestones Take time to celebrate the child's successes and milestones
 Use props during the telehealth visit, such as toy animals, dolls, or colorful flashcards
 Environmentation environments of constrained and successes and milestones Use props during the telehealth visit, such as toy animals, dolls, or colorful flashcards
 Encourage children to draw a picture while you chat with the parents or guardians and ther share at the end of the telehealth appointment
- STEP 4: Make sure the family has a clear plan for follow-up care

 - Make sure the ramity has a clear plan for follow-up care
 Ongoing partnerships between doctors and families give children the best chance to thrive:
 Control to any productions taken in any production of the set of the s Book a follow-up appointment, if necessary
 Schedule an in-person visit if the child was unable to participate in a telefealth appointment
 A det the family if they have extended on a for improvement division the most telefealth significant. Schedute an in-person visit if the child was unable to participate in a telehealth appointme.
 Ask the family if they have suggestions for improvement during the next telehealth visit.
- Visit <u>Telehealth.HHS.gov</u>



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National Association of the Deaf

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Accessibility requirements for remote interpreting in telehealth video communications:

Federal law mandates that remote interpreting (VRI) connections must include:^[3]

- · 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 interpreter's face, arms, hands, and fingers, and the participating individual's face, arms, hands, and fingers, regardless of his or her body position;
- · A clear, audible transmission of voices; and
- · Adequate training to users of the technology and other involved individuals so that they may quickly and efficiently set the VRI.

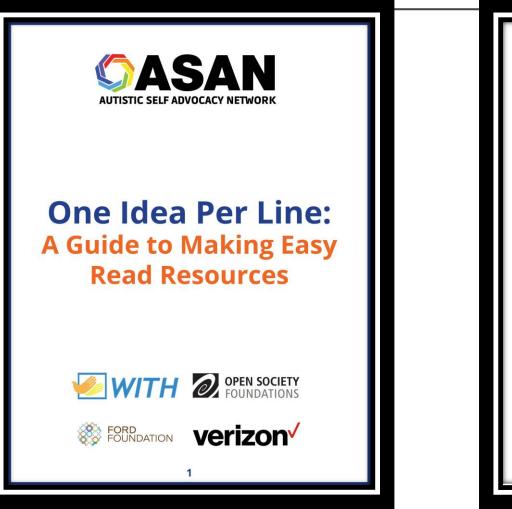
To achieve this federal mandate, the National Association of the Deaf (NAD) and Deaf Interpreting Guidelines for Health Care provides technical and operation ound Up state where the service is provided, the interpreters are an licensure requirements for interpreters.^{[5}

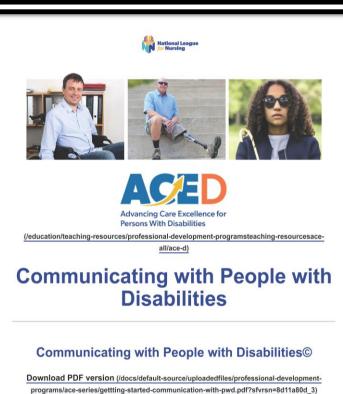
TRC NCTRC Telehealth Hack Series Building Accessible Telehealth for Patients with Disabilities from the Ground Up



The Arc. Pennsylvania Find a Mobile Clini Pittsburgh Greens

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Failure of health care providers to communicate effectively and appropriately with people with disabilities is a major barrier to delivery of quality health care for people with disabilities. The information in this document identifies general issues for communication with all people with disabilities followed by issues that may be specific to individuals with a

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Today's Practice Panel



StationMD

Dr. Maulik Trivedi, MD, FACEP, Chief Strategy Officer, StationMD

Penn Dental Medicines' Personalized Care Suite for Persons with Disabilities (PCARE)

Dr. Alicia Risner-Bauman, DDS, FADPD, DABSCD, Associate Director, Penn Care Center for Persons with Disabilities



Question and Answer











2024

Disability Health Action Summit

Sheraton Hotel Harrisburg, PA

March 6, 2024





Thank you!