

A Gateway to Preemptive Communication Access in Health Care

BY MICHAEL M. MCKEE

Accessible health care communication is an essential aspect of providing equitable and quality health care for those with hearing loss. Individuals with hearing loss frequently encounter communication breakdowns in medical settings, and these can lead to adverse outcomes.

When information is not effectively conveyed to patients with hearing loss, they may struggle to understand their diagnoses and treatment plans and instructions, leading to mismanaged health conditions and health risks. Inaccessible communication is linked to higher rates of emergency room visits and hospitalizations among individuals with hearing loss, often from misunderstandings and delayed diagnoses.

Inaccessible communication also contributes to a lower satisfaction with health care experiences among the Deaf, deaf and hard of hearing community. Feeling unheard, misunderstood, or overlooked during appointments can lead to frustration, mistrust and dissatisfaction with the health care system as a whole. It is crucial to recognize communication breakdowns and inaccessible health care as a public health concern and a civil rights violation. Legal frameworks, such as the Americans with Disabilities Act (ADA) and the Affordable Care Act (ACA), mandate that communication be accessible for all individuals, including those with hearing loss. Achieving these laws' objectives remains a challenge, but promising strategies are addressing these inequities.

MiChart Disability Accommodation Tab © 2023 Epic Systems Corporation

The screenshot displays the 'Disability Accommodations' tab in the MiChart system. On the left, a patient profile for 'Cdr, Notjustanumber' is visible, including demographic information and active flags. The main area shows a list of 'Disability Type' categories. The 'Hard of Hearing, Deaf, Deaf-Blind' category is selected, revealing a grid of specific accommodations. These include 'Assistive listening devices (ALDS)', 'Closed captioning during video visits', 'Provide directions/follow-up in writing', 'Real time captioning', 'Modifications to the COVID-19 visitor policy', 'ASL interpreter', 'Provider(s) and staff wear a clear mask', 'Quiet space for communication', 'Use written communication/information', and 'Other, please specify'. A 'Mark as Reviewed' button is at the bottom left of the accommodations grid.

Disability Type	
Blind/Low vision	
Cognitive, Intellectual, or Developmental	
Hard of Hearing, Deaf, Deaf-Blind	
Mental Health	
Mobility Disability and/or Wheelchair use	
Respiratory	
Speech/communication	
Other Sensory	
Upper Body and Fine Motor Skill Impairment	
None	
Other	

Hard of Hearing, Deaf, Deaf-blind	
Assistive listening devices (ALDS)	ASL interpreter
Closed captioning during video visits	Provider(s) and staff wear a clear mask
Provide directions/follow-up in writing	Quiet space for communication
Real time captioning	Use written communication/information
Modifications to the COVID-19 visitor policy	Other, please specify

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Not reviewed

A Model for Initiating Proactive Communication Solutions

Screening for hearing loss primarily to facilitate access to hearing health care should be reconsidered instead as a tool to facilitate compliance with legal mandates by health care systems. By making hearing loss screening a standard health care practice, health care teams can identify hearing issues early on and provide appropriate accommodations for these patients at their visits. It can also facilitate better data surveillance and improve hearing loss awareness by health care providers to better manage the needs of a patient population at risk for medical complications (e.g., cognitive decline) and hospitalizations (i.e., falls).

The University of Michigan Medical School's Department of Family Medicine (DFM) incorporated three main steps to improve the care for patients with hearing loss. Through the effort of the Center for Disability Health and Wellness, the MiChart Disability Accommodation Tab (see figure on page 26) screens for different types of disabilities including hearing loss and any required accommodations to help make upcoming visits accessible and effective.

Secondly, the Deaf Health Clinic at the Dexter Health Center was set up to address the primary care needs of Deaf, deaf and hard of hearing patients, including those who communicate in American Sign Language (ASL). The clinic includes sign language-fluent providers, accessible health care assessment tools, door knocker lights (to notify patients when someone is entering), two-way communication system for brief exchanges and personal sound amplification products for those with amplification needs but without hearing aids.

Third, a provider-based screening best practice alert that prompts family medicine physicians to ask patients aged 55 and older if they think they have a hearing loss is used. This is intended to encourage a discussion about suspected hearing loss and how to assess (and manage) this further. This has improved provider and patient awareness of hearing loss related communication issues while improving access to hearing health care.

Accessible communication is a fundamental right for all, and strategies exist to make this a reality. Standardizing hearing loss screenings will require a concerted effort from health care providers, policymakers, and society to both require and enforce. By recognizing the importance of accessible communication and implementing practical strategies to ensure its availability, we can work toward a more inclusive and equitable health care system for those with hearing loss. **HL**

Update on Telehealth Accessibility

The Communications Video and Technology Act (CVTA) would require all videoconferencing platforms to be accessible to people with disabilities—including those used for telehealth appointments. Also, a recent Federal Communications Commission (FCC) Order requires companies that create telehealth platforms to build in captions for people with hearing loss by September 3, 2024.

Steps you can take toward accessible telehealth:

- Write to your representative and ask them to co-sponsor CVTA.
- Tell your health care provider that you need captions during telehealth appointments to fully communicate with the doctor.

Michael McKee, M.D., MPH, is a family physician with clinical and research expertise in disability health. He was born deaf and is a cochlear implant user. As a physician who is deaf, he is especially interested in advocating for the rights of deaf and hard of hearing patients to obtain equitable health care including accessible communication. His research focus includes health disparities for individuals with various disabilities, health information accessibility, health literacy, and telemedicine applications. He is an associate professor at the Department of Family Medicine at the University of Michigan/Michigan Medicine. He also directs the MDisability program and the Deaf Health Clinic, and is a co-director for the Center for Disability Health and Wellness. He is also currently an appointed member of the Roundtable on Health Literacy of the National Academies of Sciences, Engineering and Medicine.

