



Healthcare Providers

Guidance for Telehealth Providers

The following guidance is composed of best practices that are intended to assist you in hosting a safe and effective telemedicine visit for patients who are Deaf, Hard of Hearing or DeafBlind. Successful delivery of care to these populations cannot be provided without effective communication, and the medium of telemedicine provides unique challenges to delivering high quality care through a telehealth platform. The following interactive table of contents provides guidance to address these challenges and ensure an effective telemedicine encounter between you and your Deaf, Hard of Hearing, or Deafblind patient.

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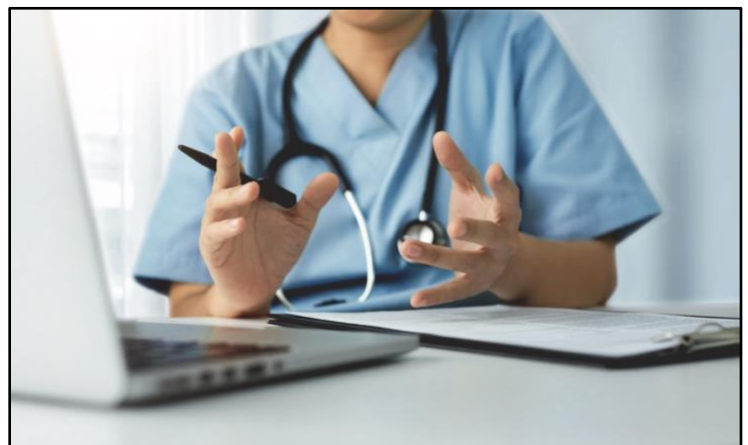
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THREE GENERAL POPULATIONS WITH HEARING LOSS

There are three main populations with hearing loss:

- **Deaf:** A person with hearing loss to such a degree that they rely on visual forms of communication such as sign language. American Sign Language (ASL) and visual communication as the binding factor of the Deaf community and Deaf culture. This population is diverse and consists of many subcultures.
- **Hard of Hearing:** A person with hearing loss of varying degrees and who usually communicate through spoken language. Depending on the person's accommodation needs and residual hearing, assistive listening devices and or Communication Access Realtime Translation (CART) captioning can assist a person to better communicate effectively during an appointment.
- **DeafBlind:** A person with a combination of hearing and vision loss in various degrees. Hearing loss can range from mild to profound and types of vision loss can range from requiring large print to read, being legally blind, to having no light perception and being totally blind. Other factors can contribute to vision loss such as having visual field loss, sensitivity to light, night blindness, color blindness, and contrast sensitivity issues. The DeafBlind population is a diverse group of people with different ages of onset, degrees of loss, communication methods, and individuals who may or may not identify themselves as DeafBlind. Examples of what may be needed to provide effective communication are specialized sign language interpretation such as close vision or tactile interpreter, a Support Service Provider (SSP) to support the person navigate their environment, large print, or braille printouts to name a few.





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PEOPLE WITH HEARING LOSS MUST HAVE THE SAME ACCESS TO TELEHEALTH

Telehealth cannot be provided in a discriminatory manner

- The U.S. Department of Health & Human Services says “Telehealth is an increasingly important way of delivering health care. Many health care providers and patients have turned to telehealth during the COVID-19 public health emergency to reduce community spread of the virus, and it is now a more accepted way to provide and receive health care services. The U.S. Department of Health and Human Services (DHHS) and the U.S. Department of Justice (DOJ) are committed to ensuring that health care providers who use telehealth, including telehealth that is available 24/7, do so in a nondiscriminatory manner.”² The following resources can help you as a provider to understand the obligation and how to provide appropriate accommodations:
 - [Guidance on Nondiscrimination in Telehealth](#)
 - [Americans with Disabilities Act \(ADA\)](#)
 - [ADA Requirements - Effective Communication](#)
 - [Section 1557 of the Patient Protection and Affordable Care Act](#)
- When a patient with hearing loss schedules a telehealth appointment and requests a communication accommodation, either at the time of scheduling or later, that patient must be provided a telehealth appointment in a way that is functionally equivalent to those for patients without hearing loss. This means that it would not be appropriate to schedule an appointment to be in-person because the patient requested an accommodation or identifies as Deaf, Hard of Hearing or DeafBlind. Please see the following sections below to understand how to have successful appointments with patients who are [Deaf](#), [Hard of Hearing](#) and [DeafBlind](#).
- If you have never provided a telehealth appointment to a patient that is Deaf, Hard of Hearing or DeafBlind, that is alright. We are on your team and that is the reason that the [North Carolina Division of Services for the Deaf and Hard of Hearing](#) has created this healthcare provider guidance.

DOES YOUR TELEHEALTH PLATFORM PROVIDE A THIRD-PARTY OPTION

Third-party options on telehealth platforms allow ASL interpretation and captioning

- Check with your telehealth platform provider to ensure that there is a third-party option available which will allow American Sign Language Interpreters or [CART Providers](#) to join the appointment and provide communication access. Platform providers with third-party options can provide instructions on how to integrate ASL interpreters or captioning on screen. If no third-party option is available on the platform that you use, consider switching to a platform that allows for a third party. You can find Tips for Evaluating a Platform’s Features on the [Video Conferencing Platforms Feature Matrix](#). For additional guidance, contact the [Mid-Atlantic Telehealth Resource Center](#) or reach out to the [NC DSDHH Regional Center](#) near you for guidance.



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EFFECTIVE TREATMENT AND PATIENT ADHERANCE

Did you know?

- When you provide communication accommodations to patients with hearing loss, you will understand their symptoms and experiences more effectively, enabling you to provide better treatment.
- Studies show that effective provider communication is highly correlated with positive patient adherence. ^{3,4}
- “Poor communication between clinicians and patients can result in misunderstandings about medications and the miscommunication of follow up instructions, which can result in poor outcomes and readmissions, and could result in a patient coming to harm.”⁵ The increased risk of the patient coming to harm due to a lack of communication access brings potential organizational liability.
- “Effective communication with a qualified person who is deaf or hard of hearing is communication that allows the person an equal opportunity to participate in, and enjoy the benefits of, a service, program, or activity.”⁶
- Deaf, Hard of Hearing and DeafBlind patients each have their own unique communication accommodation needs to experience effective communication. Providers should ask the patient what accommodation(s) will be needed for effective communication rather than assuming or guessing that a specific accommodation will work. Patients who have used communication accommodations know what works for them.

ACCOMMODATIONS FOR PEOPLE WITH HEARING LOSS

One-size does not fit all

- As described in the above section [Three General Populations with Hearing Loss](#), types of hearing loss vary greatly, as do the accommodations that a patient or companion needs. Providing accommodations cannot be approached as a one-size fits all solution.
 - A Deaf person that depends on an American Sign Language (ASL) interpreter for communication, most likely won’t benefit from typing notes back and forth with a provider. American Sign Language is a different language than English.
 - A Hard of Hearing person most likely will not benefit from having an ASL interpreter but will likely need captioning or an assistive listening device instead.
 - A DeafBlind person may benefit from specialized ASL interpretation or assistive technology such as a personal amplifier or a device that produces large print or braille.
- It is important that the healthcare provider’s office/entity asks the person with hearing loss what accommodation they need to be able to effectively communicate and that the entity provides that.



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TYPES OF ACCOMMODATIONS

Some types of communication accommodations for each population with hearing loss



COMMUNICATION ACCOMMODATION	HOW ACCOMMODATION IS DELIVERED
<u>American Sign Language (ASL) Interpreter</u>	Third party appears on platform
<u>Certified Deaf Interpreter</u>	Third party appears on platform as a team of interpreters
<u>Communication Access Realtime Translation (CART) Captioning</u>	Can appear on platform or by watching on a second device. <u>CART</u> is available in English or Spanish.
Other Accommodation as Requested by Person with Hearing Loss	Inquire with person requesting or contact <u>North Carolina DSDHH Regional Center</u>



COMMUNICATION ACCOMMODATION	HOW ACCOMMODATION IS DELIVERED
<u>Communication Access Realtime Translation (CART) Captioning</u>	Can appear on platform or by watching on a second device. <u>CART</u> is available in English or Spanish.
<u>Assistive Listening Device (ALD)</u>	Shipped to patient's home/facility. Some patients prefer to use their own ALD. If a person speaks a different language, it may be best to send a language interpreter to the location to speak into the assistive listening device.
<u>American Sign Language (ASL) Interpreter</u>	Third party appears on platform.
Other Accommodation as Requested by Person with Hearing Loss	Inquire with person requesting or contact <u>North Carolina DSDHH Regional Center</u>



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COMMUNICATION ACCOMMODATION	HOW ACCOMMODATION IS DELIVERED
<u>Tactile ASL (TASL) Interpreter</u>	In-person at patient's home/facility
<u>Close Vision ASL Interpreter</u>	Third party on platform
<u>Deaf Interpreter (DI)</u>	Third party appears on platform as a team of interpreters
<u>Support Service Provider (SSP)</u>	Send directly to patient
<u>Communication Access Realtime Translation (CART) Captioning</u>	Can appear on platform or by watching on a second device. <u>CART</u> is available in English or Spanish.
<u>Assistive Listening Device (ALD)</u>	Shipped to patient's home/facility by the provider. Some patients prefer to use their own ALD
Visit Notes in Large Print or Braille	Send directly to patient
Other Accommodation as Requested by Person with Hearing Loss	Inquire with person requesting or contact <u>North Carolina DSDHH Regional Center</u>

A patient who is Deaf in a telehealth appointment



A patient who is Hard of Hearing in a telehealth appointment



A patient who is DeafBlind in a telehealth appointment





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COMPANIONS WITH HEARING LOSS

Why are companions mentioned in telehealth guidance?

- Healthcare providers often assume that only the patient is entitled to accommodations, and that the provision of communication access does not apply to their [companions](#). Such assumptions are not true, and “effective communication rules also apply to companions (such as family members or friends) who have disabilities.”¹
- The U.S. Department of Justice, Civil Rights Division says, “The term ‘companion’ includes any family member, friend, or associate of a person seeking or receiving an entity’s goods or services who is an appropriate person with whom the entity should communicate.”⁷

WORKING WITH AMERICAN SIGN LANGUAGE (ASL) INTERPRETERS

The North Carolina Division of Services for the Deaf and Hard of Hearing has developed a document that can assist healthcare providers when working with ASL interpreters:

[American Sign Language Interpreters in Telehealth Appointments: What Providers Need to Know](#)

USE OF ACCOMPANYING ADULTS OR CHILDREN AS INTERPRETERS

Use Qualified American Sign Language Interpreters Not Family Members or Friends

The U.S. Department of Justice Civil Rights Division states: “The ADA places responsibility for providing effective communication, including the use of interpreters, directly on covered entities. They cannot require a person to bring someone to interpret for him or her” [see requirements and exceptions](#).⁷

FRONT OFFICE AND SCHEDULING STAFF GUIDANCE

Scheduling telehealth visits with communication accommodations can easily be done

This document is intended to provide guidance to healthcare providers. It is important that providers share this guidance with any staff that schedule telehealth appointments for patients as well as other members of a clinical team that interact with patients during any part of a telehealth visit. Staff that schedule telehealth appointments should pay close attention to the following sections:

- [People with hearing loss must have the same access to telehealth](#)
- [Companions with hearing loss](#)
- [Accommodations for people with hearing loss](#)
- [Types of Accommodations](#)

For additional guidance or information, please contact the [NC DSDHH Regional Center](#) near you.



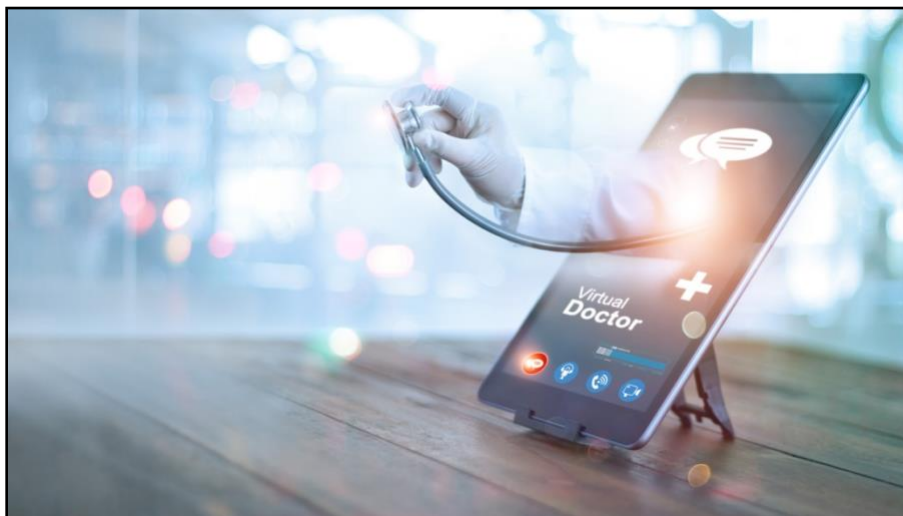
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REMOTE PATIENT MONITORING (RPM)

Inaccessibility related to remote patient monitoring equipment

Remote patient monitoring equipment may be critical in providing biometric data to care providers working with patients. Patients with hearing loss often struggle to hear alarms or signals on monitoring equipment.

- After prescribing RPM equipment, the following is recommended:
 - Ask the patient if the equipment is working for them. Even if a patient cannot hear a beep or alarm, there are often other visual cues that will allow it to work.
 - If the patient reports that equipment is not working for them because of accessibility, see if an assistant, home health professional or community paramedics can help by providing instructions via a video platform or by visiting the patient.
 - The patient will need preferred communication accommodations such as an ASL Interpreter in place for the above appointment.
 - If the device still does not work for the patient, consider prescribing a different device and returning the ineffective one.
- Assistive Listening Devices (ALDs) may assist a Hard of Hearing patient or some patients with combined hearing and vision loss to hear alarms or signals. See ALD on the following [document](#).
- If you need further assistance on assistive listening devices or other technology contact your [local North Carolina DSDHH Regional Center](#).
- Working with a patient to be successful at using RPM equipment despite communication barriers is health equity at its finest.





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BEFORE, DURING AND AFTER TELEHEALTH APPOINTMENT NEEDS

Healthcare provider appointment preparedness

The tables following this section will help you understand what you can do as a provider to ensure that Deaf, Hard of Hearing and DeafBlind patients are set up to have a successful telehealth visit.

TELEHEALTH APPOINTMENTS FOR PATIENTS WHO ARE DEAF



Deaf

Deaf Patient Appointment Needs

- **Before the appointment**
 - Make it easy for a patient to request communication accommodations for themselves or companions.
 - Schedulers should be aware that the clinic may receive such requests and be familiar with different types of accommodations.
 - Ensure that the platform being used supports a third-party ASL interpreter or [CART](#) provider and let the patient know which platform is being used.
 - Inform the patient of the telehealth platform and link for the appointment as soon as it's known.
 - Schedule extra time for the appointment to ensure effective communication.
 - Ensure that there is not a bright light or window behind you.
 - Wear a clear mask or no mask at all.
- **During the appointment**
 - Ask the patient if they are able to communicate effectively with you.
 - If not, ask what can be done to improve the communication.
 - If using an ASL interpreter, speak directly to the patient not the interpreter.
 - If telehealth technology fails to work with the accommodation being provided, allow the patient to suggest a different approach to communicating both during the visit and in anticipation of making future visits go smoothly.
 - If follow up visits are required, medication is prescribed, or treatment instructions are given, verify that the patient understands the information given.
 - Use the chat box to clarify with the patient or interpreter if requested.
 - Ensure that any medications started, stopped or modified and any potential side effects are communicated to the patient.
- **Following the appointment**
 - Provide a summary of the telehealth visit by directing the patient to the patient portal or by sending printed notes if requested.
 - Accept feedback or suggestions and recommended areas of improvement.
 - Any follow up care on the medication should be clearly communicated and written as instructions.
- **Guidance for patients that are Deaf**
 - Provide patients with the following document when confirming an appointment for a patient that is Deaf: [What Can You Do to Help Your Virtual Health Visit Go Well?](#)



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TELEHEALTH APPOINTMENTS FOR PATIENTS WHO ARE HARD OF HEARING



Hard of Hearing

Hard of Hearing Patient Appointment Needs

- **Before the appointment**
 - Make it easy for a patient to request communication accommodations for themselves or companions.
 - Schedulers should be aware that the clinic may receive such requests and be familiar with different types of accommodations.
 - Ensure that the platform being used supports a third-party [CART](#) provider and let the patient know which platform is being used.
 - Inform the patient of the platform and link for the appointment as soon as it's known.
 - Schedule extra time for the appointment to ensure effective communication.
 - Ensure that there is not a bright light or window behind you.
 - Ensure that your face is well lit and visible.
 - Ensure there is limited or no background noise.
 - Wear a clear mask or no mask at all.
 - If the patient will be using an assistive listening device and they speak a different language, it may be best to send a foreign language interpreter to the location of the patient to speak directly into the assistive listening device.
- **During the appointment**
 - Ask the patient if they can communicate effectively with you.
 - If not, ask what can be done to improve the communication.
 - Allow a patient the time to set-up and use an amplification device if needed.
 - Do not raise or purposely amplify your voice unless asked to do so.
 - If telehealth technology fails to work with the accommodation being provided, allow the patient to suggest a different approach to communicating both during the visit and in anticipation of making future visits go more smoothly.
 - If follow up visits are required, medication is prescribed, or treatment instructions are given, verify that the patient understands the information given.
 - Use the chat box to clarify with the patient or interpreter if requested.
 - Ensure that any medications started, stopped or modified and any potential side effects are communicated to the patient.
- **Following the appointment**
 - Provide a summary of the telehealth visit by directing the patient to the patient portal or by sending printed notes if requested.
 - Accept feedback or suggestions and recommended areas of improvement.
 - Any follow up care on the medication should be clearly communicated and written as instructions.
- **Guidance for patients that are Hard of Hearing**
 - Provide patients with the following documents when confirming an appointment for a patient that is Hard of Hearing: [Pre-Appointment Checklist for Hard of Hearing People Using Telehealth](#), [Appointment Checklist for Hard of Hearing People Using Telehealth](#), [Communication Strategies for Telehealth Visits](#)



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TELEHEALTH APPOINTMENTS FOR PATIENTS WHO ARE DEAFBLIND



DeafBlind Patient Appointment Needs

- **Before the appointment**
 - Make it easy for a patient to request communication accommodations for themselves or companions.
 - Schedulers should be aware that the clinic may receive such requests and be familiar with different types of accommodations.
 - DeafBlind patients may require specialized interpreters be sent to the location they are joining the appointment from.
 - Ensure that the platform being used supports a third-party ASL interpreter or [CART](#) provider and let the patient know which platform is being used.
 - Inform the patient of the platform and link for the appointment as soon as it's known.
 - Schedule extra time for the appointment to ensure effective communication.
 - Ensure that there is not a bright light or window behind you.
 - Wear a clear mask or no mask at all.
- **During the appointment**
 - Ask the patient if they can communicate effectively with you.
 - If not, ask what can be done to improve the communication.
 - If using an ASL interpreter, speak directly to the patient not the interpreter.
 - If telehealth technology fails to work with the accommodation being provided, allow the patient to suggest a different approach to communicating both during the visit and in anticipation of making future visits go smoothly.
 - If follow up visits are required, medication is prescribed, or treatment instructions are given, verify that the patient understands the information given.
 - Use the chat box to clarify with the patient or interpreter if requested.
 - DeafBlind patients may need time to navigate information in their environment, please exercise patience.
 - Ensure that any medications started, stopped or modified and any potential side effects are communicated to the patient.
- **Following the appointment**
 - Provide a summary of the telehealth visit by directing the patient to the patient portal or by sending printed notes if requested.
 - Provide large or braille print upon request. If the person requests information in large print, please ask for their preferred font and point size.
 - Accept feedback or suggestions and recommended areas of improvement.
 - Any follow up care on the medication should be clearly communicated and written as instructions.
- **Guidance for patients that are DeafBlind**
 - Provide patients with links to the following documents when confirming an appointment for a patient with both hearing and visual loss: [How To Prepare for Your Telehealth Appointment: Before Your Appointment](#), [How to Have a Successful Telehealth Experience: The Appointment](#), [After the Appointment: Making the Most of a Successful Telehealth Experience](#), [Telehealth Technology Options: Back-up Plan](#)



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HOW TELEHEALTH PROVIDERS CAN GET ADDITIONAL ASSISTANCE

The North Carolina Division of Services for the Deaf and Hard of Hearing has seven [Regional Centers](#) serving all 100 counties in North Carolina.

- Speak with one of our NCDSDHH Regional Center specialists -- the Deaf Services Specialist, the Hard of Hearing Services Specialist, the DeafBlind Services Specialist, or the Interpreting Services Specialist. They can answer questions about accommodations and how to better serve people with hearing loss.
- Our Regional Center staff can provide training to your staff at no cost to you.

Works Cited

1. [Effective Communication ADA National Network](#)
2. [Guidance on Nondiscrimination in Telehealth: Federal Protections to Ensure Accessibility to People with Disabilities and Limited English Proficient Persons](#)
3. [Physician communication and patient adherence to treatment: a meta-analysis](#)
4. [Impact of Communication in Healthcare](#)
5. [Effects of Poor Communication in Healthcare](#)
6. [Effective Communication for Persons Who Are Deaf or Hard of Hearing](#)
7. [ADA Requirements - Effective Communication](#)
8. [COVID-19: Guidelines for Healthcare Providers – Video-Based Telehealth Accessibility for Deaf and Hard of Hearing Patients](#)

For additional guidance or information, please contact the [NC DSDHH Regional Center](#) near you.

This document is not legal advice and is intended as informational guidance only.



This document was developed through a collaborative process involving the National Consortium of Telehealth Resource Centers.

