

Accessible Healthcare for Persons who are Blind & Visually Impaired

A Special Webinar Presentation for the
Statewide Independent Living Council of Illinois
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About the Presenter

Andrés J. Gallegos is a disability rights attorney with the law firm of Robbins, Salomon & Patt, Ltd. in Chicago where he leads the law firm's national disability rights practice. He received a congressional appointment in February 2018 to the National Council on Disability, an independent federal agency that advises the President, Congress and federal agencies on matters affecting persons with disabilities nationwide. Andrés is the 2015 recipient of American Association of People with Disabilities' Paul G. Hearne Leadership Award, is a past two-term member of the Statewide Independent Living Council of Illinois, and is currently the Chairman of the Board of Directors of Access Living of Metropolitan Chicago, Chicago's Center for Independent Living.

Andrés is a person with a disability and has been living with the effects of a spinal cord injury, resulting in quadriplegia, for the past 20 years.

Let's Talk

Health Disparities

Barriers to Accessible Healthcare

Provider's Obligations & Your Legal and Civil Rights

Patient Advocacy Strategy: Acting B-A-D

Questions

Health Disparities

Compared to people without vision impairment:

Experience overweight and obesity at higher rates

Are less physically active

Are generally in poorer physical condition

Have limited access to quality healthcare and health promotion program

Barriers to Accessible Healthcare

Barriers to Accessible Healthcare

Providers' Attitudes & Beliefs

Providers' Inadequacies

Physical Barriers

Communication Barriers

Transportation

Lack of Insurance or Underinsured

Barriers – Providers' Attitudes and Beliefs

When you see a woman with a developmental disability, can you see her as a Lover? Mother? Wife?

If you sustained a severe spinal cord injury, would you be glad to be alive?

Medical Model of Disability

Individual's the problem

Physician is the principal decision maker

Patient requires intervention

Patient must be fixed or institutionalized

Patient must conform to society

Patient is defined by his limitations

Barrier – Providers' Inadequacies

Lack cultural competency

Are not adequately exposed to this population during training

Don't speak directly to the patient

Are unaware of accessible testing and other equipment like blood glucose testing equipment

Barrier – Providers’ Inadequacies

Are unaware of transportation challenges

Lack high contrast and Braille signage

Often don’t provide patient escort services

Don’t offer to read or provide “Vital Documents” in alternative formats

Vital Documents

Patient intake forms

Insurance and financial forms

Patient bill of rights

Education and wellness literature

Treatment options

Treatment summary

Vital Documents

Plan of care

Post-visit care instructions

Discharge instructions

Prescriptions and prescription information

Healthcare power of attorney forms

Do not recontact instructions

Campus and facility maps

Physical Barriers

Cluttered waiting rooms and hallways

Protruding shelves or other wall hangings

Small examination and treatment rooms

Small changing rooms

Inaccessible examination tables and chairs

Inaccessible diagnostic equipment and furniture

Fitness and wellness centers without equipment with auditory cues, raised lettering or Braille displays

Communication Barriers

Absence of Vital Documents in alternative formats

No or few raised lettering, Braille or high contrast signage

Not speaking directly to patient

Absence of sign language interpreters

Absence of certified deaf interpreters

Accessible Healthcare: Providers' Legal Obligations Your Legal & Civil Rights

Provider's Legal Obligations and Your Legal and Civil Rights

3 Federal Laws:

Rehabilitation Act of 1973

Americans with Disabilities Act

Affordable Care Act (Obama Care)

Provider's Legal Obligations

General Obligations

Provide an equal opportunity to benefit from their services and facilities

Provide an equal opportunity to participate in their own healthcare

Provide services in integrated settings

Provider's Legal Obligations

Specific Obligations

Modify policies, practices and procedures

Remove physical barriers

Provide auxiliary aids and services

Provider's Legal Obligations

Modify Policies, Practices & Procedures

Not required if can demonstrate modification will fundamentally alter their services

Provide Vital Documents in alternative formats

Lengthen times for appointments

Provide patient escorts

Permit service animals and miniature horses

Provider's Legal Obligations

Remove Physical Barriers

Not required if not “Readily Achievable”

Reposition shelves and other protruding objects

Rearrange tables, chairs, vending machines, display racks, and other furniture

Repositioning telephones

Add raised markings on elevator control buttons

Provider's Legal Obligations

Remove Physical Barriers

Provide accessible signage

Provide accessible examination and treatment rooms

Provide accessible examination table, examination chairs

Provide wheelchair accessible weight scales

Provide an array of lift and transfer equipment

Provide Auxiliary Aids and Services

To achieve “Effective Communication” What is it?

The ability to share with your doctors and nurses your medical history, symptoms, etc.

The ability to ask questions about your diagnoses, prognoses, medication, treatment, etc.

The ability to understand risks of a procedure or treatment, your treatment options, diagnoses, prognoses, how and when to take medication, side affects of medication, financial obligations, etc.

Provide Auxiliary Aids and Services

Examples:

Qualified readers

Audio recordings

Brailled materials and displays

Screen reader software and magnification software secondary auditory

Large print materials

Accessible electronic and information technology

Provider's Obligation for Safe Patient Handling

Applies to Hospitals & Nursing Homes Only

Requires:

Safe Patient Lifting Team

Array of Different Lift & Transfer Equipment

Patient's Right to Choose

Mobility Assessment Plan

Some Rights of Persons who are Blind or Visually Impaired

Receive equal access, care & services

Right to:

Participate in their own care

Make their own healthcare decisions

Request reasonable assistance or accommodation

Be handled safely

Receive information in a manner & language preferred

Request and receive explanations of procedures

Some Rights of Persons who are Blind or Visually Impaired

Right to:

Know the name and title of each person who enters your examination or treatment room

Know why each person is in that room

Know if assistance will be provided reviewing or completing forms, records, etc., that it is done in a private setting

To be asked before being touched

Some Rights of Persons who are Blind or Visually Impaired

Doctors, hospitals, etc., must provide help to you so there is “effective communications”

They are suppose to discuss with you FIRST to see what you need... large print, Braille, electronic, interpreter?

Tell them what you need so you can ask questions, and understand what is going on... that’s “effective communications”

Some Rights of Persons who are Blind or Visually Impaired

Under ADA & Rehabilitation Act:

Hospitals & doctors do not have to provide your favorite way to communicate, but what they provide must be effective.

Ask for what you want, but hospital and doctors do not have to give.

You control what “effective” is. If offer Qualified Reader, write notes, or other, you have to try it. IF NOT work, tell them what works... on-site interpreter? What?

Some Rights of Persons who are Blind or Visually Impaired

Under Affordable Care Act:

Hospitals & doctors may have to provide what your favorite way to communicate is.

Hospitals and doctors must give "primary consideration" to what you like.

Ask for what you want, ... on-site interpreter, VRI, what? Hospitals and doctors can provide something else if effective.

Some Rights of Persons who are Blind or Visually Impaired

They CANNOT ask your family member or friends to be your interpreter.

IF emergency, and no interpreter, and you have no choice – go ahead. They must get permission from that family member or friend first.

You can ask for family member or friend to interpret for you...
WARNING – Be Careful!

Some Rights of Persons who are Blind or Visually Impaired

Your kids should not be your “interpreter.”

IF emergency, and no interpreter, and you have no choice – go ahead.

They should only use your kid for a short time. They must look for a real live (adult) interpreter.

Acting B-A-D

A Patient Advocacy Strategy

Acting B-A-D: A Patient Advocacy Strategy

3-Phase Approach

Before the appointment

After the appointment

During the appointment

Acting B-A-D: A Patient Advocacy Strategy

1st Phase

Before the Appointment

Before the Appointment

1. Research the hospital or doctors office on website.
2. Is the website accessible?
3. GOOGLE:

“QualifiedReader”

”Braille”

“Alternative Format”

“ADA”

“Patient Rights”

Before the Appointment

4. Call the provider's office:

Introduce yourself.

Ask if they:

Can they provide for patient escort

Will allow extra time for the appointment

Will they provide you with electronic documents prior to the appointment

Will they assist you with completing forms?

Will they provide you with electronic, large print, Braille, etc., summary of the appointments?

Before the Appointment

5. If permitted, conduct the pre-visit tour to familiarize yourself with facility and layout
6. 3-days before your appointment, call and ask if they got what you asked for. If they tell you no... your choice. Keep appointment or reschedule?

Acting B-A-D: A Patient Advocacy Strategy

2nd Phase

During the Appointment

During the Appointment

1. When you arrive, ask if they are ready for you? Did they give you what you asked for? Braille materials? Patient escort? Interpreter? If they tell you no... you have a choice . . . Stay or Reschedule?

During the Appointment

2. At your appointment with your doctor or nurse, provide feedback – positive and negative
3. If what is provided is not working, then need to tell them right away. Tell them what you need. A different format for documents? Another interpreter?

During the Appointment

4. After finish your appointment, before you leave, get the doctor's contact information and write down the name of the person who is in charge of "patient's complaints."

ADA Coordinator

Section 504 Coordinator

Section 1557 Civil Rights Coordinator

Acting B-A-D: A Patient Advocacy Strategy

3rd Phase

After Appointment

After the Appointment

1. IF they did NOT provide you with written information in the format desired, patient escort or what you asked for. Write a letter/email and ask why not?

After the Appointment

In the letter/email:

Tell them what happened and how it made you feel.

Ask them to tell you why they did not get what you asked.

Tell them to make sure it does not happen again.

You need to tell them what date you want their response

After the Appointment

3. IF they do NOT send you a letter like you asked, or if response is not good... contact:

Center for Independent Living

Disability Rights Lawyer

Equip for Equality

IL Attorney General

U.S. Dept. of Justice

U.S. Dept. Health and Human Services

Contact Information

Equip for Equality, 20 North Michigan Avenue, Suite 300, Chicago, IL 60602;
(312) 341-0022; (800) 537-2632 (Voice); (800) 610-2779 (TTY)

Illinois Deaf and Hard of Hearing Commission, 528 South 5th Street, Suite 209,
Springfield, IL 62701, V: 877-455-3323 * 217-557-4495; VP: 217-303-8010;
TTY: 888-261-2698

Illinois Human Rights Commission James R. Thompson Center
100 W. Randolph Street, Suite 5-100, Chicago, Illinois 60601, Tel: (312) 814 –
6269; TDD: (312) 814–4760; Fax: (312) 814-6517

Contact Information

Illinois Attorney General, Disability Rights Bureau, Office of the Attorney General, James R. Thompson Center, 11th floor, 100 W. Randolph Street, Chicago, IL 60601, Tel: 312-814-5684; 1-800-964-3013 (TTY); 312-814-3212 (fax)

Celeste Davis, Regional Manager, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601; Voice Phone (800) 368-1019; FAX (312) 886-1807; TDD (800) 537-7697

US Department of Justice, 950 Pennsylvania Avenue, NW, Civil Rights Division, Disability Rights Section – 1425 NYAV, Washington, D.C. 20530; fax: (202) 307-1197; email: ADA.complaint@usdoj.gov; On-line Complaint Form: <http://www.ada.gov/complaint/>

QUESTIONS?

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