

Telemedicine During the Pandemic: Leaving the Visually Impaired and others with Disabilities Behind?



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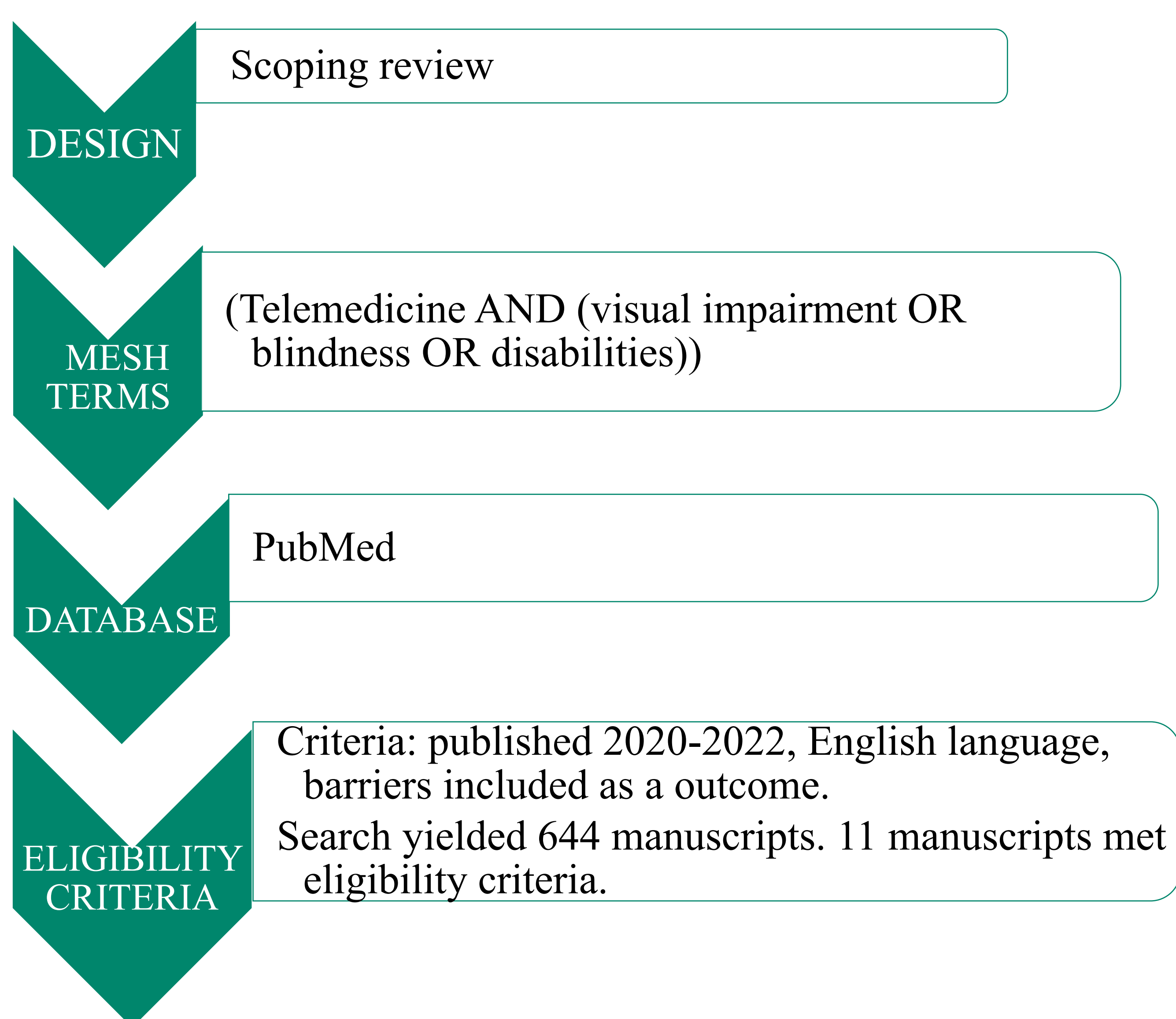
BACKGROUND

- Response to the COVID-19 pandemic redefined access to care for many through telemedicine but might have unintentionally alienated those with visual impairments (VI)
- VI ranks among the top ten leading causes of disability amongst U.S. adults¹
- Currently, there is no all-inclusive telemedicine software that permits independent use for VI/blind individuals due to design flaws, policies and healthcare practices

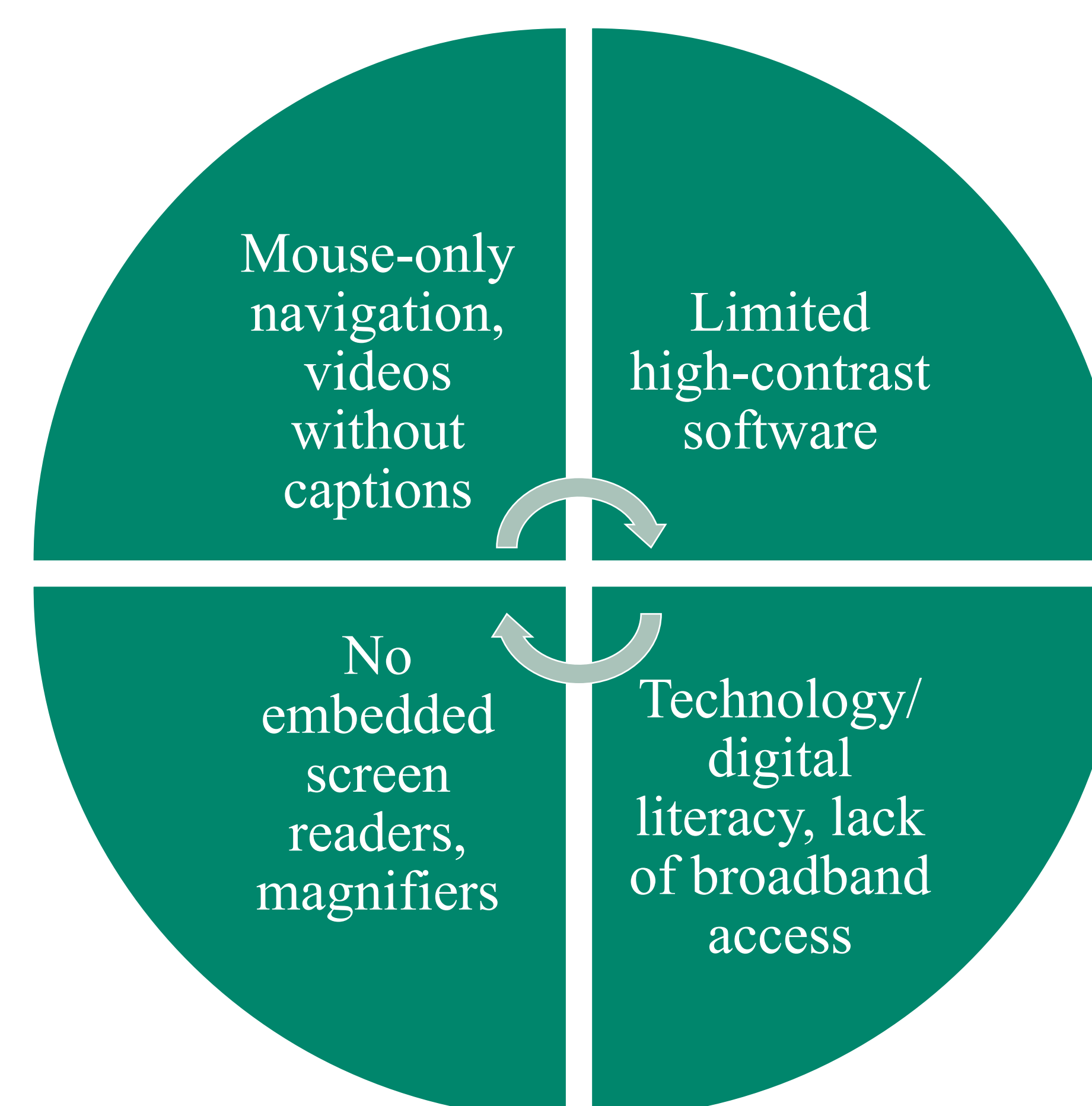
OBJECTIVE

To assess barriers to the adoption of telemedicine among persons with visual impairments and provide recommendations for future practices in healthcare and platform design

METHODS



BARRIERS TO TELEMEDICINE



RECOMENDATIONS FOR PRATICE

Modify clinic protocols at the provider level

- Pre-appointment consult to troubleshoot⁴
- Provide information in formats such as braille, audio recordings, and digital⁴
- Patient feedback for continuous quality improvement process
- Mandatory staff-wide telehealth courses⁵
- Professional associations can develop best practices to guide clinicians

Improve telemedicine design platforms to include

- High-contrast software
- Voice-over and image identification
- Provide a multilingual telehealth platform
- Allow multiple approved users join telemedicine consult, if more than one type of assistance is required, such as a qualified sign language interpreter, specialist, or family member.

IMPLICATIONS

- With the additional stressor of digital literacy, design flaws that do not promote usability make the platform relatively inaccessible for independent use.
- The Department of Justice's new telemedicine and web accessibility guidance policies are significant initial steps, which should be supplemented
- Translating these recommendations into clinical practice requires funding to: increase telemedicine accessibility for individuals with VI, support clinical transformation and technology support, and ensure continuous quality improvement to improve the telehealth experience for persons across the visual spectrum.

CONCLUSIONS

Despite having the aim of expanding access to care, telemedicine has the propensity to exacerbate disparities for marginalized groups, including people with disabilities. Adopting these recommendations can contribute to digital health equity for persons with VI.

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