HOW TO IMPROVE PHYSICAL ACCESSIBILITY AT YOUR HEALTH CARE FACILITY

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. 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 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 disabilities for additional insight on other barriers and needs specific to your practice.

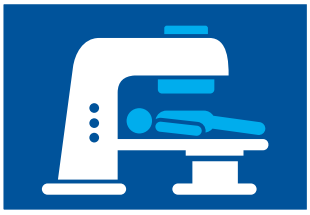
HEALTH CARE DISPARITIES AMONG PEOPLE WITH DISABILITIES

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:

Less likely to receive comprehensive preventive care.[2]

Less likely to have an annual dental visit.[3]

Less likely to receive diagnostic imaging.[4]



Less likely to receive recommended cancer screenings.[5, 6]

Progress has been made to improve access in medical buildings and offices, but patients continue to face barriers inside physician suites.[7,8] 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.[9] Inaccessible exam tables, weight scales, infusion chairs, mammography machines, and radiology equipment can affect treatment, personal safety, and quality of care.[10,11] 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.[12,13]

ASSESS AND ADDRESS BARRIERS TO HEALTH CARE

Improving accessibility starts with recognizing barriers people with disabilities may face at every point of a health care visit, from arrival to departure. Greater understanding of these barriers will help prioritize solutions for compliance in the short term and develop a work plan, timeline, and budget to address barriers that are more challenging over the longer term.

ASSESS POTENTIAL BARRIERS WITHIN THE OFFICE

- Use checklists as a starting point to think through different areas where a patient may find barriers to access.
  - Completing checklists alone is not sufficient for compliance with the Americans with Disabilities Act (ADA), but they are a good starting place.
- Consult the ADA regulations for more detail and examples of ways to remove barriers.

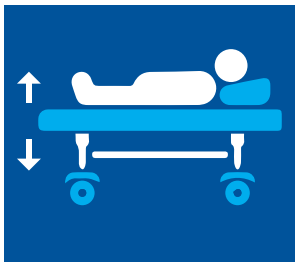
ADDRESS BARRIERS AT PATIENT CHECK-IN

- Have a space for wheelchairs and open space close to the front desk with adequate floor space to move around.
- Make technology such as touch screens adjustable by height or have stations for wheelchair users or others who sit.
- Make sure screens are accessible—or provide another option for people with limited dexterity or who cannot see a touch screen.
- Note that accommodations can take different forms, such as visual notifications for people who are deaf and oral notifications for those who are blind. For example, a vibrating pager can give a visible or tactile signal to a patient who is deaf or hard of hearing when the clinician is ready to see them.[14]

ADDRESS BARRIERS TO RESTROOM ACCESS

- Review the ADA Standards to learn about features of an accessible restroom, which include:
  - Clear entrances wide enough for a wheelchair or other assistive device.
  - Accessible signage.
  - Raised toilet seats with appropriately placed grab bars.
  - Sufficient turning radius within the toilet stall for wheelchairs.
  - Wide toilet stalls with doors that open outward.
  - Mirrors, sinks, soap, sanitizer, specimen collection, and towel dispensers located where people can use them either standing or seated.

ADDRESS ACCESSIBILITY OF EXAM ROOMS



- Examine the accessibility of exam rooms and related medical equipment (e.g., radiology, mammography, dental), which includes:
  - An entry door that is accessible, sufficiently wide, and with adequate clearance, including no boxes or equipment blocking access.
  - Exam tables that can be adjusted to different heights, with transfer supports and supports for head and back.
  - Lift equipment to move patient onto exam table.
  - Floor space next to the exam table that is clear of equipment (including trash cans) and access to the table by side transfer.
  - Space between the exam table and the wall for staff to help move and position patients from both sides.

IMPLEMENT POLICIES AND PROCEDURES FOR EQUITABLE CARE

Office processes may unintentionally create barriers. For example, it may take more time to use appropriate equipment than standard schedules allow, or intake forms may not fully collect or explain accessibility needs.

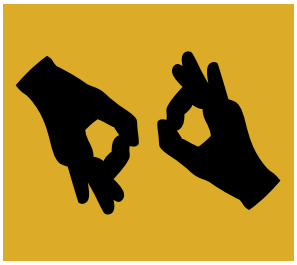
REVIEW AND UPDATE SCHEDULING PROCEDURES

- Ask patients or referring physicians whether a visit will need specific accommodations.
- Use scripts to help guide staff in asking appropriate questions. Document responses in the patient's medical record. This will help meet ongoing needs.
- Build alerts into registration and medical record systems to help staff members identify and meet accommodation needs before a patient arrives.

REVIEW AND UPDATE CHECK-IN PROCEDURES

- Confirm counters and doorways are an appropriate height and width to accommodate wheelchairs and keep entryways clear.
- Review accessibility of forms, self-check in kiosks, and tablets. Steps to support accessibility of kiosks, for example, may include screen readers, repositioning, and voice dictation technology. Consider providing materials in alternative formats for people who are blind or have low vision.
- Make staff available to assist patients with written documents or paperwork.

CONSIDER OPERATING PROCEDURES AT THE POINT OF CARE



- Develop protocols for what to do when a patient with a disability arrives and needs an accommodation that has not been planned for in advance.
- Outline steps required to respond safely to patient needs and to find and use accessible equipment, such as height-adjustable exam tables or weight scales.
- Consider how you will provide sign language interpretation as needed—whether in person or through video remote interpreting (VRI) provided by an offsite vendor. (VRI may not be appropriate for some settings and will not provide meaningful interpretation access if a stable high-speed Internet connection is not available.[15])

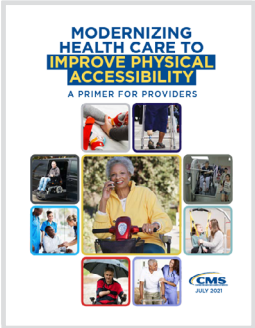
DEVELOP STAFF KNOWLEDGE AND DISABILITY COMPETENCY

- Ensure staff know to communicate directly with each patient (rather than a caregiver, companion, or interpreter), and to keep in mind that each patient is an expert on their own needs.
- Train clinicians and staff to build disability competency and help ensure care respects patients with disabilities and is accessible. All clinicians and staff should use person-centered language.

EXPLORE RESOURCES TO SUPPORT PRACTICE CHANGES

- Network with other providers, local disability organizations (such as a regional ADA Center), and payers to learn more about relevant technical information, product reviews, and possible funding opportunities..
- Explore tax incentives to improve accessibility.
- Use Healthcare Common Procedures Coding System (HCPCS) G-codes (G0513, G0514, and G2212) in addition to the preventive service codes to bill for prolonged preventive services. The Medicare Physician Fee Schedule webpage provides details on specific preventive services that may be eligible for extended payment.

The Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) has resources that provide more detail about information in this document. These include:



A Primer for Providers, to support clinical and non-clinical staff in health care settings as they collaborate to improve quality, satisfaction, and physical accessibility for people with disabilities.

A Medicare Learning Network (MLN) web-based training, with interactive learning about improving accessibility in health care settings.

A Resources Inventory, with an overview of tools, tips, and trainings health care providers can use to increase physical access to their practices.

A Disparities Impact Statement, to define health disparities and population(s) and set goals to achieve health equity.

CMS OMH provides technical assistance to organizations working to achieve health equity. For help increasing accessibility in health care settings, visit the CMS Health Equity Technical Assistance Program webpage or contact the Health Equity Technical Assistance Program at HealthEquityTA@cms.hhs.gov.

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