

# **Sustainable and Cost-Effective Access to Dermatologic Care for Deaf Patients**

## Summary

We request funding to identify sustainable, compliant approaches for dermatologists to accommodate deaf patients seeking medical care. We wish to develop an ADA-compliant toolkit that is legally vetted for use by members of the Massachusetts Academy of Dermatology. This toolkit would establish practical and cost-effective measures by which dermatologists could regularly provide high-quality consultations to deaf patients who might require ASL interpreters at providers' expense.

## Principal Investigators

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## I. Goals and Objectives

### **Goals and Objectives**

In recent years, medical professionals have acknowledged the importance of language translation services in improving access to healthcare for specific subpopulations. One such group is the deaf community, which still faces significant barriers to access because American Sign Language (ASL) interpretative services are not commonly found in dermatology clinics. The cost of hiring an ASL interpreter often exceeds the reimbursement a dermatologist receives for the medical visit, often deterring providers from regularly seeing deaf patients. This places Dermatologists in a dilemma, since the American Disabilities Act (ADA) prevents medical practices from discriminating against the deaf community but they are unable to provide the special level of services required to see deaf patients in a cost-effective manner.

The central goal is to create a toolkit that, if adopted by a dermatologist, would allow for ADA-compliant, non-discriminatory, financially viable, high quality care of a deaf patient who may require an ASL interpreter. Successfully identifying an approach could also lead to improved access for other underserved communities in the future.

## II. Project Design, Methods and Evaluation

### Timeline

The project is expected to take 1.5 years to complete and will be divided into four phases. Phases I, II, and IV are expected to take three months each to complete. Phase III (a pilot study) is expected to take six months to complete.

## **Goals of the project**

The goal of the project is to develop an ADA-compliant, sustainable, and cost-effective toolkit that dermatologists can follow to provide high-quality medical care to deaf patients. This objective can be divided into several components:

- I. Identify underlying reasons for why the deaf community has difficulty accessing high-quality dermatologic care
- II. Establish a toolkit for cost-effective and sustainable ways that dermatologists can provide medical care to the deaf community with malpractice coverage
- III. Evaluate the practicality and cost-effectiveness of the proposed measures through trials

## **Project Design**

Phase I: During the first phase of the project, we plan to hire healthcare consultants experienced in ADA policy to investigate existing barriers to access for patients who are hard of hearing at medical clinics; factors that would be analyzed include physical access to clinics, the methods by which visits are scheduled, the methods by which ASL translation services are utilized, and the costs borne by dermatologists from such visits. The study would also include a study of telemedicine as an option to help deaf patients. The goal of this phase is to understand the barriers that prevent the deaf community from accessing dermatologic care.

Phase II: During the second phase, the consultants would meet with Massachusetts Academy of Dermatology board members to develop policies on how dermatology clinics can cater to the needs of deaf patients. While not serving deaf patients is a form of discrimination, serving deaf patients requires a special level of services; thus, there will be an emphasis on developing cost-effective, practical, and sustainable methods by which dermatologists can provide easily accessible care to those who are hard of hearing. The policies also need to offer sufficient liability and malpractice coverage to dermatologists serving deaf patients. The goal of this phase is to develop measures that would make it easier for deaf patients to receive dermatologic care.

Phase III: The third phase of the study will be a pilot study. The policies approved by the Massachusetts Board of Dermatology would be tested in selected dermatology clinics. Advocates for the deaf community would provide feedback on the policies, and would refer deaf patients in need of dermatologic care to participating clinics. Data would be collected regarding patient and provider satisfaction after the visits and the costs related to the visits.

Phase IV: The final phase would involve analyzing the data collected to determine whether the measures would be profitable for dermatologists and accessible for deaf patients. Revisions can be made to the policies at this stage and additional trials can be conducted if needed before reporting the results.

**Participants**

Ashwin Ganti (Patient Care Coordinator)  
Dr. Carl Schanbacher (Dermatologist)  
Dr. Louis Kuchnir (Dermatologist)

**Delivered Product**

This project would develop an ADA-compliant toolkit approved by the Massachusetts Academy of Dermatology that would greatly benefit dermatologists and patients who are hard of hearing. Dermatologists would benefit from having a toolkit on serving deaf patients, a task that is currently difficult given that providers cannot discriminate but must also provide a special level of services for the deaf population. The toolkit would be sustainable and cost-effective, and dermatologists would have reassurance that they have reliable malpractice coverage while serving deaf patients. The deaf community would benefit from having improved access to dermatologic care.

## **Outcome Measures**

Success of the project would be measured through several factors:

1. **Number of Visits:** An increase in the number of deaf patients seen at clinics, compared to before the implementation of the policies, would be indicative of a successful project.
2. **Cost-effectiveness:** the policies developed during this project would need to make dermatologic consults with deaf patients profitable for the provider. The study would need to demonstrate the remuneration a provider makes from visits exceeds the investment in accommodations for deaf patients.
3. **Sustainability:** the measures recommended by these studies need to be practical for both the provider and the patients, such that they can be easily continued on a long-term basis. Both groups need to be satisfied with the policies. Surveys of patient and provider satisfaction will be administered as part of the study.

### III. Project Timeline/Budget Timeline

Phase 1 (defining access barriers)

Consultants

Technical writers and assistants

Physician

Materials complete March 2016

2. Phase 2 (toolkit development)

Legal consultant

Health care consultants

Physician

Materials submitted for completion June 2016

3. Phase 3 (pilot study)

Assistants

Physician

Materials submitted for completion January 2017

4. Phase 4 (clinical feasibility assessment)

IT specialists

Assistants

Physician

Materials submitted for completion April 2017

Budget details have been appended.

#### IV. References

(List materials that support your project if applicable)

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