Introducing by: Medical Student Section

Subject: Health Technology Accessibility for Aging Patients

Referred to: Reference Committee B

Whereas, recent advancements in health technology (wearable devices, smartphone apps, telehealth, patient portals, and EHR access) may not be accessible to older patients1-2; and

Whereas, older adults' fears of loss of independence can be exacerbated by increasing reliance on younger caregivers to navigate technology, especially during the COVID pandemic3-5; and

Whereas, research shows that many subpopulations of older adults, including those with dementia, want to use and benefit from health technology in increased independence, security, and quality of life, but struggle to learn and find and receive assistance6-8; and

Whereas, while no standardized definition of "age-friendliness" in technology exists, successful examples include simpler design components and user interfaces, larger font sizes, improved visual contrast, fewer multitasking features, predictable and non-startling sounds, captions, reassurance of data safety, and reduced reliance on manual dexterity9-12; and

Whereas, the National Health and Aging Trends Study reports that more than 1 in 4 Americans over the age of 71 have visual impairment13; and

Whereas, patients with visual impairment risk privacy when using third-party software such as screen readers and mobile devices to receive their health information14-15; and

Whereas, studies show that telehealth and online chat services during the pandemic were not compatible with third-party screen readers16; and

Whereas, in 2019, the National Federation of the Blind sued Epic for inaccessible software, with Epic typically working case-by-case with individual systems to integrate screen readers17-18; and

Whereas, accessible electronic health records for patients with visual impairment improves quality of care and increases patient agency in their healthcare decisions16,19-22; and

Whereas, regulations require extending accessibility of digital documentation to people with physical, sensory, and cognitive disabilities23; and

Whereas, AMA Policy D-115.990 "Prescription Container Labeling" seeks to "improve prescription labeling for visually or otherwise impaired patients"; and

Whereas, advance care plans are often stored in physical format, with patients being inconvenienced by needing to maintain multiple printed copies, regularly inform various close contacts of updated decisions, and bring copies to any healthcare encounter24-25; and
Whereas, asking patients to keep photos of advance care plans on phones or rely on family to express wishes are unreliable and can lead to outcomes contradicting patient wishes\textsuperscript{26–30}; and

Whereas, family and caregivers are not optimal proxies for communicating advance care plans, as over one-third of surrogates do not know patients’ DNR statuses and over one-fourth report DNR statuses incongruent with documentation\textsuperscript{26}; and

Whereas, a 2018 study showed that over half of advance care plans at one metropolitan VA hospital were stored as free text in progress notes instead of the designated centralized location, including 70% of documents declaring changes from previous orders, and 50% lacked accompanying explanatory information from patient discussions\textsuperscript{31}; therefore be it

RESOLVED, that our American Medical Association support the development of a standardized definition of “age-friendliness” in health information technology (HIT) advancements New HOD Policy); and be it further

RESOLVED, that our AMA encourage appropriate parties to identify current best practices to set expectations of HIT developers to ensure that they create devices and technology applicable to and easily accessible by older adults (New HOD Policy); and be it further

RESOLVED, that our AMA work with relevant organizations to encourage the utilization of industry standards of web content accessibility to make electronic health record software accessible for patients with visual impairments without requiring them to use third-party programs (Directive to Take Action); and be it further

RESOLVED, that our AMA require EHR providers to provide standardized, easily accessible digital storage space for advance care paperwork. (New HOD Policy)

Fiscal Note: Minimal - less than $1,000

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REFERENCES
4. Vaportzis E, Clausen MG, Gow AJ. Older Adults Perceptions of Technology and Barriers to Interacting with Tablet Computers: A Focus Group Study. \textit{Front Psychol.} 2017;8:1687.


**RELEVANT AMA POLICY**

**H-480.937 Addressing Equity in Telehealth**

Our AMA:

1. recognizes access to broadband internet as a social determinant of health;
2. encourages initiatives to measure and strengthen digital literacy, with an emphasis on programs designed with and for historically marginalized and minoritized populations;
3. encourages telehealth solution and service providers to implement design functionality, content, user interface, and service access best practices with and for historically minoritized and marginalized communities, including addressing culture, language, technology accessibility, and digital literacy within these populations;
4. supports efforts to design telehealth technology, including voice-activated technology, with and for those with difficulty accessing technology, such as older adults, individuals with vision impairment and individuals with disabilities;
5. encourages hospitals, health systems and health plans to invest in initiatives aimed at designing access to care via telehealth with and for historically marginalized and minoritized communities, including improving physician and non-physician provider diversity, offering training and technology support for equity-centered participatory design, and launching new and innovative outreach campaigns to inform and educate communities about telehealth;
(6) supports expanding physician practice eligibility for programs that assist qualifying health care entities, including physician practices, in purchasing necessary services and equipment in order to provide telehealth services to augment the broadband infrastructure for, and increase connected device use among historically marginalized, minoritized and underserved populations;
(7) supports efforts to ensure payers allow all contracted physicians to provide care via telehealth;
(8) opposes efforts by health plans to use cost-sharing as a means to incentivize or require the use of telehealth or in-person care or incentivize care from a separate or preferred telehealth network over the patient’s current physicians; and
(9) will advocate that physician payments should be fair and equitable, regardless of whether the service is performed via audio-only, two-way audio-video, or in-person. [CMS Rep. 7, A-21; Reaffirmation: A-22; Reaffirmed: Res. 213, A-23; Reaffirmation: A-23]

D-140.953 Timely Promotion and Assistance in Advance Care Planning and Advance Directives

Our AMA will: (1) begin a low cost in-house educational effort aimed at physicians, to include relevant billing and reimbursement information, encouraging physicians to lead by example and complete their own advance directives; (2) encourage practicing physicians to voluntarily publicize the fact of having executed our own advance directives, and to share readily available educational materials regarding the importance and components of advance directives in offices and on practice websites, as a way of starting the conversation with patients and families; (3) strongly encourage all physicians of relevant specialties providing primary or advanced illness care to include advance care planning as a routine part of their patient care protocols when indicated, including advance directive documentation in patients’ medical records (including electronic medical records), as a suggested standard health maintenance practice; (4) collaborate (prioritized and made more urgent by the ongoing COVID-19 pandemic) with stakeholder groups, such as legal, medical, hospital, medical education, and faith-based communities as well as interested citizens, to promote completion of advance directives by all individuals who are of legal age and competent to make healthcare decisions, and to promote the adoption and use of electronic systems to make patients’ advance directives readily available to treatment teams regardless of location; and (5) actively promote the officially recognized designation of April 16 as National Healthcare Decisions Day. [Res. 602, A-21]