Inclusive Telehealth Design Checklist

Run this against your join flow and consult screen before launch. Compliance (WCAG 2.1 AA) is the floor; these design moves reduce failed visits. Engineering guidance, not legal advice.

ELDERLY & LOW-VISION PATIENT (the join flow & screen)

- [ ] **One-tap join, no account.** Patient gets a text/email link, taps it, lands in the waiting room — no app install, no username, no password. Identity verified with something they already have (e.g. date of birth).
- [ ] **Large targets (≥ 44px).** Buttons meet WCAG 2.2 SC 2.5.8 (24px AA) and design to the 44px AAA mark for shaky hands and motor impairment. No tiny icon-only controls.
- [ ] **Forgiving timing.** Long session timeouts; never auto-end on a brief silence; the rejoin path is as easy as the first join.
- [ ] **Human fallback on every screen.** A visible, large "call the clinic" button is always one tap away when the technology fails.
- [ ] **Contrast above the minimum (1.4.3 / 1.4.11).** Text ≥ 4.5:1, controls/icons/indicators ≥ 3:1. Dark text on near-white, never gray-on-gray.
- [ ] **Text scales & reflows (1.4.4 / 1.4.10 / 1.4.12).** Layout survives 200% zoom, a narrow viewport, and a text-spacing override with no clipping or horizontal scroll.
- [ ] **Screen-reader ready (4.1.2).** Every control announces name, role, and state ("Mute microphone, button, on"), not a nameless "button".
- [ ] **Never color alone (1.4.1).** Every status (muted, live, recording, connection) pairs color with a shape, an icon, and a text label.
- [ ] **Plain language (≈ 6th grade).** Short sentences, common words, one idea per screen, actions phrased plainly. Errors explain the fix in text. (AHRQ / CDC Clear Communication Index.)

LOW-BANDWIDTH PATIENT & THE EDGE-CASE TEST

- [ ] **Degradation ladder, not a switch.** As bandwidth falls: HD → SD → doctor-video + patient-audio → audio-only. Shed the least clinically important layer first.
- [ ] **Protect the audio last.** Never drop to nothing. Use WebRTC degradationPreference to favor clarity or smoothness per clinical task.
- [ ] **Audio-only fallback is a real visit.** Falls back to clean phone-quality audio and lets the clinician bill — Medicare covers audio-only through Dec 31, 2027 (re-verify; rules change yearly).
- [ ] **Pre-call network check.** Warn the patient before the visit ("your connection looks weak — we'll start in audio") so degradation is expected, not alarming.
- [ ] **Test on a throttled network.** Simulate a weak mobile connection and confirm the call degrades cleanly instead of dropping.
- [ ] **Test at maximum font size.** Set the device to its largest system font and confirm the layout survives without clipping.
- [ ] **Test with a screen reader and keyboard only.** Operate the entire call with assistive tech and with no mouse.
- [ ] **Test with a non-technical stranger.** Hand the prototype to someone outside the team who is not tech-comfortable and watch — without helping — where they get stuck.
- [ ] **WCAG 2.1 AA still required.** Inclusive design sits ON TOP of the legal floor (ADA Title II / Section 504, deadlines 2027) — not instead of it.

THE ONE TEST BEFORE LAUNCH

Hand your join flow to a non-technical person on a slow connection and an old phone, set to the largest font, and watch them try to start a visit without help. If they cannot reach the waiting room in one tap, cannot read the buttons, or get dropped instead of degraded to audio, the product is not ready for the patients who need it most. Fix the join flow and the fallback path first — they return more recovered visits per hour of work than almost anything else on a telehealth roadmap.