Health Policy
NEWSLETTER

Vol. 24, No. 1 | **WINTER 2011**

Health Policy Forums

Breaking the Language Barrier: Health Care Quality, Efficiency and Saving Through Professional Medical Interpretation

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Nov. 10, 2010

Winnie Heh, Vice President of Global Operations for Language Line Services, recently addressed the Health Policy Forum to discuss the current state of professional medical interpretation. Ms. Heh made it a point to note early on that language barriers can compromise the quality of medical care, and this basic premise was a common thread throughout her presentation.

Ms. Heh began by describing demographic changes in the United States over the past several decades that have transformed medical interpretation into an important health care quality and safety issue. As immigration has risen dramatically since the 1970s, the ensuing increase in the number of limited English proficient (LEP) populations has led to important policy changes regarding the provision of medical interpreter services. From 1990 to 2000 alone, the number of immigrants increased by 10 million people. Future projections continue to trend upward.

Current estimates place the number of US LEP populations over the age of five years at 24 million, and the percentage of LEP residents in Philadelphia (9.1%) is slightly higher than the national average (8.6%). However, the rate of growth for this population in Philadelphia is 10.3%, significantly higher than the national rate of 6.2%.

Given the demographic picture, and considering that language barriers and lower health literacy than the general population can lead to negative health outcomes, (including serious adverse events and problems with adherence), and lower patient satisfaction, it is crucial to provide adequate professional medical interpretation in a culturally sensitive manner.

Ms. Heh described the various language assistance options which include in-house interpreters, third-party professional interpreters, and access through technology (over-the-phone and over-video interpreters). In selecting an option, she emphasized the following considerations: accuracy (language and culture), availability, speed of access, training, confidentiality, liability, cost and professionalism. Ms. Heh also cautioned that two common practices, the use of family members (children in particular) or untrained staff, can be detrimental and even traumatic; these practices should be avoided.

Service delivery models for professional medical interpretation continue to evolve in the face of budget constraints and service needs. For instance, some hospitals are providing in-house over-the-phone or over-video interpreters, rather than in-house face-to-face interpreters to allow for more rapid access to services; this is particularly relevant for hospitals with large campuses.

Constraints also exist with regard to rare languages and dialects, including sign language. American Sign Language interpreters are available on a very limited basis for face-to-face interpretation; therefore over-video interpretation may provide an effective alternative for serving patients with this need.

In terms of training, Ms. Heh indicated that qualifications for medical interpreters are fairly well established in the industry. In fact, Language Line has created a Language Line University to provide education and training. However, fiscal barriers still pose a significant challenge as most hospitals do not have a budget line item for interpreter services. In addition, hospitals with high rates of staff turnover require continuous and active promotion of and education about the availability of language services across the hospital. Not surprisingly, support from senior hospital management is key to establishing and maintaining effective professional medical interpreter programs.

Finally, Ms. Heh discussed the legislative landscape, beginning with a mandate for provision of and access to interpreter services with the Title VI of the Civil Rights Act of 1964. Current standards issued by both the Joint Commission and the Office of Minority Health's National Standards on Culturally and Linguistically Appropriate Services (CLAS) are rigorous and include demonstration of cultural competence in addition to language skills. Language Line and the International Medical Interpreter's Association (IMIA) IMIA have partnered and are working with the US Department of Health and Human Services and with Congress to advocate for better Medicare and Medicaid reimbursement and for greater overall awareness of the important role that professional medical interpreters play in improving health care quality and safety. ■

For more information on Language Line visit: http://www.languageline.com/

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