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

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Language Line Services
Objectives

- Describe changing demographics in the US and the increasing demand to provide linguistically and culturally appropriate health care to limited English speaking (LEP) patients.
- List language assistance options in various health care settings.
- Identify ways in which competent medical interpreters contribute to the quality and safety of medical care.
- Explain future policy trends aimed at improving linguistically and culturally appropriate health care services.
Changing Demographics
U. S. Immigration Trends

Source: US Census
Who are the Limited English Proficient (LEP)?

- Individuals whose primary language is not English
- Those who have a limited ability to read, write, speak, and/or understand English
- U.S. Census definition: anyone who answers less than “very well” to the question: “How well do you speak English?”
## Order of Magnitude Comparison

<table>
<thead>
<tr>
<th>Disease</th>
<th>Estimated Number of Death/Year</th>
<th>Estimated Number of Population with the Disease</th>
<th>Name of Association</th>
<th>Annual Budget of the Association</th>
<th>Estimated Dollars Spent on R&amp;D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>616,067</td>
<td>17,600,000 (Coronary Heart Disease)</td>
<td>American Heart Association</td>
<td>$469,375,000</td>
<td>$142,783,000</td>
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<tr>
<td>Cancer</td>
<td>562,872</td>
<td>11,400,000</td>
<td>American Cancer Society</td>
<td>$879,051,000</td>
<td>$149,829,000</td>
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<tr>
<td>Stroke</td>
<td>135,932</td>
<td>6,400,000</td>
<td>American Stroke Association</td>
<td>Part of AHA</td>
<td>Part of AHA</td>
</tr>
<tr>
<td>Lower Respiratory Disease</td>
<td>127,924</td>
<td>17,000,000 Diagnosed</td>
<td>American Lung Association</td>
<td>$51,975,207</td>
<td>$6,501,467</td>
</tr>
<tr>
<td>Alzheimer’s</td>
<td>74,632</td>
<td>5,300,000</td>
<td>Alzheimer’s Association</td>
<td>$88,182,000</td>
<td>$25,365,000</td>
</tr>
</tbody>
</table>

Total U.S. LEP population 5 years and older: 24 million
Demographics in PA

- % of population categorized as LEP
  - U.S.: 8.6%
  - PA: 3.6%
  - Philadelphia: 9.1%

- % growth rate 2005 – 2009
  - U.S.: 6.2%
  - PA: 8%
  - Philadelphia: 10.3%
Language Access and Quality of Medical Care
(Dr. Stella Fitzgibbons)

- Department of Health and Human Services treats “LEP” as a disability that requires the same level of accommodation as limited mobility or visual deficits.

- The lack of common language is not just a social or legal problem, it can also produce bad clinical outcomes.

Source: Today’s Hospitalist, March 2010
Language Access and Quality of Medical Care
(Dr. Stella Fitzgibbons)

According to a 2007 Joint Commission study, LEPs:

- Experience more frequent and serious adverse events
- Are less likely to have regular medical care
- Are more likely to be hospitalized with treatment compliance directly proportional to how well they understand its importance.
- Have lower patient satisfaction
- Have lower health literacy

Source: Today’s Hospitalist, March 2010
Case In Point

- Pregnant Spanish-speaking woman not advised of miscarriage.  

- 3-yr-old girl presenting to the ED with abdominal pain resulted in several hours’ delay in diagnosing appendicitis, which later perforated, resulting in peritonitis, a 30-day hospitalization, and two wound site infections. *Flores G, Abreu M, Schwartz I, Hill M. The importance of language & culture in pediatric care: J Pediatr. 2000;137:842-848*

- Laotian woman awarded $1.2 million for wrongful imprisonment for 10 months for noncompliance with tuberculosis treatment that was not adequately explained. *Asian Week, 5/10/00.*

- A Spanish-speaking patient sued a hospital and other emergency medical staff for negligence after they misinterpreted his complaint -- *intoxicado*, or nauseous -- and treated it as a drug overdose. The patient had a brain clot and ultimately became a quadriplegic. The case settled for $71 million. *Case: Ramirez v. Coral Reef General Hospital, 11th Judicial Circuit Court, Miami-Dade County, Florida*
Options and Considerations for Language Access
Models of Interpretation

- Staff / Family members
- In-house interpreters
- Third-party professional interpreters
- Access through technology
  - Over-the-phone interpreters
  - Over-video interpreters
Considerations

- Accuracy (language and culture)
- Availability
- Speed of access
- Training
- Confidentiality
- Liability
- Cost
- Professionalism

MODELS OF INTERPRETATION
Children

MODELS OF INTERPRETATION

- Use of minor children to interpret for a parent can be traumatic and disruptive to family relationships, especially when personal, sensitive or confusing information is being communicated.

- Additionally, children cannot comprehend nor accurately relay complex medical practices and terminology.
Friend / Family

MODELS OF INTERPRETATION

- Like children, these individuals not only lack the familiarity with specialized terms and concepts, but they also lack the critical interpreting skills.
- Further, the patient may be too embarrassed to relate some symptoms while the friend might be inclined to edit embarrassing details or fail to communicate all symptoms.
- Confidentiality and impartiality are also at issue.
MODELS OF INTERPRETATION

- Unless they are trained as health professionals in both languages, bilingual individuals will not fully understand medical terminology or protocols and procedures.
- Without medical interpreting skills, you risk communicating inaccurate, incomplete or biased information.
- Additionally, when people evaluate their own language skills, they self-assess at a much higher level than their actual abilities.
In-house Interpreters

- Availability (usually 9 to 5)
- Languages (2 to 4 most popular)
- Liability (hospital)
- Cost ($75 - $300K)
Third Party Interpreters

MODELS OF INTERPRETATION

- Availability (need to book ahead)
- Speed of Access (hours / days)
- Language Access (limited)
- Training and Qualifications
- Confidentiality
- Liability (insurance)
- Cost (high)
Over-the-phone Interpreters / Over-Video Interpreters

- Availability (24/7/365)
- Speed of Access (15 - 30 seconds)
- Language Access (150+ languages)
- Training and Qualifications (medical)
- Confidentiality (code of ethics)
- Liability (insurance)
- Cost (by the minute)
- Support and Training Tools
- Management Reporting on Use
How Does Over-the-Phone Interpretation Work

- Available 24x7
- Multiple providers in the market, providing 100+ languages
- Estimated annual sessions in the US: 35 million*

Phone Options

- Traditional corded phones
- Traditional cordless phones
- Dual hand-set phones
- Quality and confidentiality considerations for speaker phones
Over-Video Interpretation

- Can be used for both sign language interpretation and spoken language interpretation
- The portable unit provides flexibility to hospitals
- A cost efficient means of augmenting hospitals’ in-house interpreter resources
- For spoken language interpretation, the visual contact gives all parties higher comfort and confidence level
Discussion – Case Study

Situation Description:
Large teaching hospital on the East Coast
1. Total annual patients: 250,000
2. Total LEP served: 50,000
3. 10 FT Staff Interpreters (ES)

<table>
<thead>
<tr>
<th></th>
<th>Walk-in 30%</th>
<th>Pre-Scheduled 70%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Languages 80%</td>
<td>A</td>
<td>C</td>
</tr>
<tr>
<td>Non-Scheduled Languages 20%</td>
<td>B</td>
<td>D</td>
</tr>
</tbody>
</table>
Language Access Strategies

- Must have Senior Management support
- Require an established annual budget
- Must utilize professional interpreters
- Educate, Educate, Educate staff
- Aggressively promote use in hospital
- Establish community awareness
- Balance various models for cost and operational effectiveness
Linguistically and Culturally Appropriate Care
Trained Interpreters vs. Untrained Bilinguals

- **Accuracy**
  - Full command of both languages – educated native speaker
  - Medical Terminology
  - Knowledge of regionalisms, slang, etc.

- **Protocol**
  - First person interpreting
  - Third person for clarifications and repetitions

- **Ethics**
  - Neutrality
  - Confidentiality

- **Roles of the Interpreter**
  - Include cultural brokering
# Skills and Knowledge Required for Medical Interpreters

<table>
<thead>
<tr>
<th>Topics</th>
<th>Written</th>
<th>Oral</th>
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</thead>
<tbody>
<tr>
<td>1 Roles of the Medical Interpreter</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>2 Medical Interpreter Ethics</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>3 Mastery of Linguistic Knowledge of Primary Language</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>4 Mastery of Linguistic Knowledge of Secondary Working Language</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>5 Interpreting Knowledge and Skills</td>
<td>5%</td>
<td>25%</td>
</tr>
<tr>
<td>6 Cultural Competence</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>7 Medical Terminology in Working Languages</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>8 Medical Specialties in Working Languages</td>
<td>15%</td>
<td>10%</td>
</tr>
<tr>
<td>9 Interpreter Standards of Practice</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>10 Legislation and Regulations</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

*Source: National Job Analysis conducted by the National Board of Certified Medical Interpreters*
Policy Trends
Sec. 2000d. Prohibition against exclusion from participation in, denial of benefits of, and discrimination under federally assisted programs on ground of race, color, or national origin

- No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.
Healthcare Policies in the U.S.

- Renewed focus on language access
- Increased regulations in industry
- Greater concern about linguistic and cultural appropriateness
- More stringent standards
- More attention to Interpreter professionalism
- Growing need for assessment/training
Joint Commission Language Access Study

- Study of language access programs in 60 U.S. hospitals may lead to new standards and/or retraining of surveyors.
- Effective January 1, 2006, Joint Commission added a provision to IM 6.20 (information Management) that requires health care organizations to document each patient’s language and communication needs in the patient’s medical record, along with other key patient information.
- Joint Commission said “it hopes the revised standard will allow the patient’s language and communication needs to be easily shared across the continuum of care,” noting research shows language and cultural differences can effect the quality and safety of care.
National Standards on Culturally and Linguistically Appropriate Services (CLAS)

- Developed by the Office of Minority Health (OMH)
- 14 Standards organized by themes
  - Culturally Competent Care 1 – 3
  - Language Access Services 4 – 7
  - Organizational Supports for Cultural Competency 8 – 14
Stringency of CLAS Standards

- CLAS Mandates for all recipients of Federal funds – Standards 4, 5, 6, and 7
  - S4 – must **offer and provide** language assistance services, including staff and interpreter services, **at no cost** to each patient/consumer with limited English proficiency, **at all points of contact**, in a timely, manner during **all hours of operation**
  - S5 – must provide patients/consumers in their preferred language both **verbal offers and written notices** informing them of their right to receive language assistance services
  - S6 – must **assure the competence** of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. **Family and friends should not** be used to provide interpretation services
  - S7 – must make available **easily understood** patient-related **materials** and post **signage** in the languages of the commonly encountered groups and/or groups represented in the service area
Joint Commission Standards (1)

- **Effective Communication:**
  - Successful joint establishment of meaning between patients and health care providers
  - Enabling patients to participate actively in their care from admission through discharge
  - Two way process (expressive and receptive)
  - Providers understand and integrate the information from the patients.
  - Patients comprehend accurate, timely, complete and unambiguous messages from providers.

*Source: “Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care” by The Joint Commission, 2010*
Cultural Competence:

- The ability of health care providers and organizations to understand and respond effectively to the cultural and language needs by patients.
- Value diversity
- Assess themselves
- Manage the dynamics of difference
- Acquire and institutionalize cultural knowledge
- Adapt to diversity and cultural contexts of individuals and communities served.

Source: “Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care” by The Joint Commission, 2010
Recommended Check List for Interpreter Competency Based on Joint Commission Standards 2010

- Document and certify compliance:
  - Screening process for interpreters
  - General qualifications for experience, education, language proficiency, certifications, or exams
  - Minimum experience required for experience as a medical interpreter prior to hiring
  - Training for its interpreters? Hours? Content?
  - How the following elements are assessed and monitored?
    - Understanding of the interpreter’s role
    - Adherence to an interpreter code of ethics
    - Accuracy and completeness of the interpretation
    - Use of the first person in interpreting
    - Medical terminology in both languages
    - Grammar
    - Register and mode of interpreting
    - Professional demeanor and comportment
    - Patient satisfaction
    - Provider/staff satisfaction
Language Line Services and the IMIA have been working with Congress and the U.S. Department of Health and Human Services to pursue a Medicare payment for language services study and demonstration program and to enhance Federal reimbursement in the Medicaid Program.

Language Line Services and IMIA are working with the following key congressional offices and committees on health care issues:

- House Committees on Ways and Means, Energy and Commerce, Education and Labor
- Senate Committees on Finance and Health, Education, Labor and Pensions
- Congressional Hispanic Caucus and Congressional Asian Pacific American Caucus
- Senators Boxer and Feinstein (D-CA), Congressman Sam Farr (D-CA), Senator Kerry, Congressman Capuano (D-MA)
- During our first Medical Interpreter Advocacy Day last Spring, interpreters and advocates participated in nearly 200 meetings with congressional offices
Thank You for Your Attention and Participation

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