

Addressing Language Access Issues in Your Practice

A Toolkit for Physicians and Their Staff Members

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Cynthia Roat is a consultant and trainer on issues related to language access in health care. She has been a trainer for more than 23 years, starting her career working in rural development programs in Latin America, after which she earned a Masters degree in International Public Health from the University of Washington in Seattle. Certified by the Washington State Department of Social and Health Services for both medical and social service interpreting, she has been a medical interpreter since 1992. She has made significant contributions in the areas of training, program development, policy formulation, advocacy and organizational outreach. Cynthia is the principle author of *Bridging the Gap*, currently the most widely offered training for medical interpreters in the United States. She is a founding member of the Society of Medical Interpreters in Seattle and Co-chair of the Advisory Committee of the National Council on Interpreting in Health Care and is known nationally as an energetic advocate for the field of health care interpreting and for interpreters in general.



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PHYSICIANS

The California Academy of Family Physicians, established in 1948, is the largest single medical specialty society in California with more than 7,000 family physician, family medicine resident, and medical student members.

The mission of the California Academy of Family Physicians is:

- To enhance, strengthen and promote the specialty of family medicine;
- To promote professional and personal growth for its members; and
- To advocate for family-centered care for all Californians.

Dear Colleagues:

This is a toolkit for physicians and the health care teams with whom they work each day. In it we will answer three very important questions:

-
- 1: What's the difference between communicating directly with a patient vs. using an interpreter with a patient?
 - 2: What's the difference between a trained and an untrained interpreter?
 - 3: Why can't we just use friends and family as interpreters?
-

This toolkit presents a systems approach to re-designing your office practice to provide the highest quality care possible to patients who speak limited English.

It is a guide, not a mandate, and will assist you in taking small steps toward a complete language access system.

We welcome your comments and applaud your commitment to ensuring language access for your patients.

Best regards,

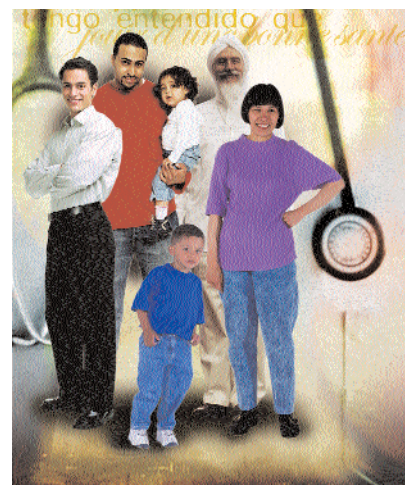
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Introduction



The changing voice of California

In 1990, 8.6 million Californians spoke a language other than English at home, and 4.4 million were considered “limited English proficient” (LEP). Ten years later, in 2000, those numbers had increased by 40%, with 12.4 million speaking a language other than English at home and 6.2 million being identified as LEP. In Los Angeles County alone, there are significant communities of people speaking Spanish, Chinese, Tagalog, Korean, Armenian, Vietnamese, Farsi, Japanese, Russian, French, Arabic, Cambodian, German, languages of the Pacific Islands, Italian and Hebrew. In the San Francisco Bay Area, only 54% of the population speaks English at home; 18% speak Chinese, and 12% speak Spanish.¹

California’s growing diversity is one source of its dynamic economy and culture. It also poses a challenge to anyone providing services to this increasingly diverse population. The voice of California is changing; to speak to all Californians, we must change too.²

Why is this an important issue?

As a physician, you lead a busy professional life. In addition to all your clinical work, you may have to run a business as well. It seems as if you’re always being asked to provide more services for less compensation. It may feel to you that addressing the language access needs of your changing patient population falls into this category. Still, it is up to you as a physician to provide quality care to each patient and to communicate clearly with each patient who seeks out your services. Your patients are depending on you.

Communication is the absolute heart of medical practice. Studies have shown that more than 70% of the information on which physicians base their diagnoses comes from the history and physical exam. Anything that compromises the quality of the communication between patients and physicians represents a threat to the quality of the care provided. Clear communication is hard enough, even with English-speaking patients, when there are issues of low literacy or age to consider. When the patient does not speak English, communication becomes that much more difficult. In a 2003 study conducted by the California Academy of Family Physicians, almost half the physicians surveyed were personally familiar with incidents in which quality of care was compromised by language barriers.³

In such circumstances, it is not surprising that patients seek out (when they can) the health care practices that will allow them to communicate freely with their doctors and staffs. As the population in California becomes more diverse, effective communication across languages becomes a real selling point to attract new patients to your practice.

In addition to the impact that language barriers can have on quality of care, there are also financial implications to unclear communication in health care, and legal implications when unaddressed language barriers lead to a poor health outcome or to unequal access to care. When communication is unclear, care is more expensive; that hurts individual physicians, individual payors, public systems of reimbursement, and the system as a whole. Clear communication controls costs. In addition, federal Civil Rights laws and a series of California regulations and contractual stipulations

Luckily, there are both a growing expertise and a growing number of resources available to assist you in bridging the language gap with your limited English proficient (LEP) patients.

require language access in health care. If you are interested in learning more about the research related to quality, legal, and financial implications of language barriers in health care, please see Appendix A.

Because of these reasons, physicians around the country are starting to view language access as an issue that must be addressed if medicine is to serve the patient populations of today. In a national study in 2002, seven in ten of the more than 1,000 physicians surveyed indicated that language barriers represented a top priority

for the field of health care.⁴ A growing number of medical schools and residency programs include training on working with interpreters as part of the standard curriculum.⁵ Continuing medical education classes on language access are being taught, on-site and online. No longer a concern only of large medical centers, language access is an issue facing all physicians.

Luckily, there are both a growing expertise and a growing number of resources available to assist you in bridging the language gap with your patients. This toolkit will provide you with both a process for addressing language needs in a systematic way and links to all sorts of useful resources to assist you in making your practice linguistically accessible.

Steps to communicating more effectively with your LEP patients

This guide is organized around three steps that will help you organize and implement a solution to potential language barriers in your practice:

- Step 1** Shows you how to identify your patient population, both current and potential.
- Step 2** Helps you locate available resources and measure the pros and cons of each for your practice.
- Step 3** Includes implementation strategies for the “right mix” of services for your practice, and presents a case study showing how one office put the tools into practice.

We have included as many options and resources as possible so you can tailor your language access program to the particular needs of your practice.

Terminology Use in this Toolkit

Limited English Proficient (LEP)

The term “limited English proficient” means that an individual cannot speak, read, write, or understand the English language at a level that permits him or her to interact effectively with clinical or non-clinical staff in a health care setting.

Language Access Services

Language access services is the collective name for any service that helps an LEP patient obtain the same access to and understanding of health care as an English speaker would have. Language access services can include the use of bilingual staff and interpreters, as well as the provision of translated documents.

Interpreting*

The process of understanding and analyzing a *spoken* or *signed* message and re-expressing that message faithfully, accurately and objectively in another language, taking the cultural and social context into account.

Translation*

The conversion of a *written* text into a corresponding *written* text in a different language.

NOTE: Interpreting and translation, when done well, both accurately capture the meaning of the original message. One is not more accurate than the other, or more faithful to the message. The primary difference is the *source* of that original message.

*Excerpted from *The Terminology of Health Care Interpreting: A Glossary of Terms* published by The National Council on Interpreting in Health Care, downloadable FREE from their website at <http://www.ncihi.org/workingpapers.htm>.




Step 1: Get Ready: Identifying Your Patient Population

In order to most effectively meet the linguistic needs of your patient population, it is important to know what languages your current patients speak and what languages your future patients are likely to speak.

Tracking your patients' language preferences allows you to predict when scheduled patients will need language assistance, to send language-appropriate mailings, and to accumulate usage data that will help with long-term planning. There are a number of ways to track a patient's language preference, and they all start with soliciting this information from the patient or from the person who calls to make the appointment.

Asking about language preference

How you ask a patient about his or her language will affect the response you get.

- Poor:** "You (or the patient) won't need an interpreter, will you?"
 Asking the question this way discourages the patient, or the person who is making the appointment, from asking for the language assistance that he or she may need.
- Basic:** "What language do you (or the patient) speak at home?"
 This question will get you information about the patient's home language, but ignores the possibility that the patient may be bilingual in English as well.
- Better:** "Will an interpreter be needed? In what language?"
 This question may generate information on the need for an interpreter. On the other hand, many patients may reply in the negative, believing that they have to either bring their own interpreter or have a family member interpret. As a result, you will not get an accurate record of how many limited English proficient patients you are treating and from what language groups.
- Best:** "In what language do you (or the person for whom you are making the appointment) prefer to receive your health care?"
 Asking the question this way will provide you information on the language the patient feels he or she needs to speak in a health-related conversation. If the answer is a language other than English, you can plan to have language assistance available for the patient, and you can add this information to the record.

If the patient shows up at your office and you cannot identify what languages he or she speaks, a "language identification poster" can be helpful. Here are a few that are available to download for free.

- The Federal Government has an "I Speak" document that was used by the U.S. Census Bureau. It has the following message in 38 languages: *"Mark this box if you read or speak (language)."* <http://www.usdoj.gov/crt/cor/Pubs/ISpeakCards.pdf> (See sample next page).
- The Massachusetts Department of Public Health has "I Speak" sheets available on its website. This sheet contains this message in 31 languages: *"You have a right to a medical interpreter at no cost to you. Please point to your language. A medical interpreter will be called. Please wait."* <http://www.state.ma.us/dph/omh/interp/interpreter.htm>.
- The Florida Agency for Workforce Innovation has a flyer in 21 language that reads *"Attention. If you do not speak English, or if you are deaf, hard of hearing, or sight impaired, you can have interpretive and translation services provided at no charge. Please ask for assistance."* <http://www.floridajobs.org/PDG/PostersforEmployers/IS%20Poster%2011x17.pdf>.
- Finally, most telephonic interpreting companies will provide "I Speak" posters free of charge as part of their service package.

United States
**Census
2000**

U.S. Department of Commerce
Bureau of the Census

LANGUAGE IDENTIFICATION FLASHCARD

<input type="checkbox"/> املأ هذا المربع اذا كنت تقرأ أو تتحدث العربية.	Arabic
<input type="checkbox"/> Խոսողուն՝ ն.ք.՝ նշում կատարեք այս քառակուսուն՝, եթե խոսում կամ կարդում եք հայերեն:	Armenian
<input type="checkbox"/> যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।	Bengali
<input type="checkbox"/> សូមបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកមាន បទិយាយភាសា ខ្មែរ ។	Cambodian

Tracking language preference

Once you know whether the patient needs an interpreter, and what language interpreter he or she needs, it's important to record the information. How you record this information will help you decide what you can do with it, and help you with recordkeeping for reimbursement.

- Basic:** Add a color or letter code to the patient's chart, noting that he or she needs an interpreter. Designate a code or color for each language. (See box right.)

↓
- Better:** Add the information under "Notes" in a patient's entry in your patient database, so that when a receptionist calls up the patient's record to make an appointment, the information about the need for an interpreter and the language can be noted as well.

↓
- Best:** Add a question on your patient registration form or in your practice management system. Not only will you know when a patient is scheduled that he or she will need an interpreter, you will also be able to track how many patients you have who speak a particular language and how often they are seen. Specifying a data field for a language code requires knowledge of software management and may need to be done by a professional. This is essential to advocate for better services and higher reimbursement from insurance and managed care companies.

As you start tracking patient language needs, you'll get a better idea of exactly whom you are serving and what sort of resources you'll need to establish an effective language access program.

Examples of Language Codes

AM	Amharic
AN	Armenian
AR	Arabic
AS	American Sign Language
CA	Cantonese
CJ	Chou Jou
CM	Cambodian
FA	Farsi
FR	French
HI	Hindi
HM	Hmong
HT	Haitian Creole
KR	Korean
LA	Lao
MI	Mien
MN	Mandarin
PT	Portuguese
RS	Russian
SC	Serbo-Croatian
SO	Somali
SP	Spanish
TA	Taiwanese
TG	Tagalog
TI	Tigrigna
UK	Ukrainian
UR	Urdu
VT	Vietnamese

Determining current and future demand

Knowing who lives in your catchment area and who your likely patient population will be in the future will also help you develop a language access strategy that makes long-term sense for your practice. There are several ways to get to know who your neighbors are and whom you may be serving over the next 5-10 years.

- One way to judge who lives in your neck of the woods is to look at the demographic make-up of the geographical area that your practice serves. The 2000 U.S. Census has given us the opportunity to get this information with relative ease.

American Factfinder is a web-based program that gives you immediate access to the data from the 2000 census. This site gives language demographics down to the census tract level. Go to: <http://www.census.gov/mp/www/spectab/languagespokenSTP224.xls>, and click on CA (California). Then scroll down to find the county and/or census tract in which you are interested. This chart will tell you the number of people who speak English less than “very well,” which can be taken as one measure of limited English proficiency.

While this chart does not list the individual languages in as much detail as you might like, another chart does. On the same American Factfinder website, go to Summary File 3, Table PCT10. This table lists languages spoken at home by individuals 5+-years-old, by state.

- The Modern Languages Association has a language map based on data from the 2000 U.S. census that allows you to search for 30 different languages by state, county, city, and even zip code. Using the map is a bit cumbersome, because you have to search by each language separately, but it does give you a graphic view of where particular language populations are located. Again, not all of these speakers are necessarily LEP, but this map gives you an idea of the ethnic communities in your catchment area.

<http://www.mla.org>.

- If you hear reference to a language among your patients that you’ve never heard of, try looking it up on Ethnologue. This website gives an index to more than 6,000 world languages, including a description of each language and where it is spoken. <http://www.ethnologue.com>.

- Another way to track the patient population that you may be serving in the future is to develop relationships with your state or local refugee resettlement organization who will be able to alert you when new refugee groups are arriving into your geographic catchment area.

- As you track speakers of foreign languages, don’t forget to also track the presence of the deaf and hard-of-hearing population in your catchment area.

Now you know who your current patients are, who your future patients could be, and whom you may likely be serving in the future. The next piece of information you need is what resources are available to help you meet the language needs of your LEP patients.

**Knowing who lives in
your catchment area and
who your likely patient population
will be in the future
will also help you develop a
language access strategy ...**

Step 2: Get Set: Identifying the Resources to Address Language Access

Once you know what language needs your patients may have, the next step is to consider what resources are available to meet those language needs. This section is designed to help you identify the language resources at your disposal and to evaluate their quality and usefulness. You will need to consider the resources available to provide both oral services and written documents to LEP patients. This section dives more deeply into the pros and cons of the various options – patient, physician, or third party – you may choose for your practice.

A brief introduction to models for the provision of language access services

If you and your patient don't speak the same language, and if you are committed to communicating clearly, you basically have three choices:

1. The patient learns English.
2. You learn the patient's language.
3. You use the services of an interpreter – someone else who is bilingual helps you and the patient communicate.

Communicating orally with your LEP patients

The patient learns English

Having patients learn English is a worthwhile goal and one that every immigrant and refugee needs to consider. English as a second language (ESL) classes are widespread, but they fall short of demand in most U.S. locations. A new California Media telephone survey done in June 2003 asked – “Have you even taken classes to improve your fluency in English?” Results showed that the vast majority of immigrants are trying to learn English. For example: 89% of Iranian, 82% of Vietnamese, 59% of Chinese, and 18% of Filipino respondents said “Yes, I have taken classes.”

Sociologists have found that today's immigrants are learning English faster than ever before – it used to take three generations or more (an immigrant's grandchildren would be thinking in English), now it takes less than two generations, with a corresponding loss of skills in the native language.

The issue remains that patients cannot postpone a trip to your office until they are fluent in English.

Your own language skills

Do you speak a language other than English? Do you speak well enough to conduct an effective medical interview with a patient in that language? If you do, you may be your own best language resource.

Using your own bilingual skills means that all communication, both oral and written, is done in the language of the patient. No interpreters are necessary, and the patient-doctor relationship can be developed more easily.

The main concern is whether you are truly bilingual in health care interactions. If you are only semi-fluent in the patient's language, the

What about using family and friends?

Using family and friends to interpret is certainly convenient; the family member or friend is there and willing, often eager, to help. The drawbacks, however, are many.

Untrained interpreters in general are at high risk for adding, deleting, and changing what has been said, adding their own opinions, taking over the interaction and struggling with even basic medical terminology. Family members, with their previous knowledge of the patient and their vested interest in how the encounter plays out, make highly inaccurate and intrusive interpreters. In addition, patients may be unwilling to disclose crucial health-related information with family members present, especially if that information is of a delicate nature.

Using minor children to interpret is even more questionable. In addition to the usual problems with family interpreters, children do not have the vocabulary in either language to handle health-related conversations. They are often bewildered by the content being discussed and lack the maturity to deal effectively with what they hear.

These concerns aside, there will be times when friends and family are used, such as in emergencies or at the express request of the patient. For tips on working with untrained interpreters, see page 13.

potential for serious error is great. In addition, in areas where patients speak a variety of languages other than English, it will be exceedingly difficult to find physicians who are fluent in all their languages.

Medical interviewing is a difficult task in any language. It includes a number of key skills:

- Formulating questions easily and effectively.
- Asking a question in a different way if it was not understood.
- Understanding the response. This may mean understanding nuance and connotation, as well as understanding colloquial references to anatomy and bodily functions.
- Understanding regional variations in the language.
- Knowing terminology for anatomy and health care concepts.
- Negotiating and agreeing upon a course of action.
- Inspiring trust by communicating your competence.

You know how to do these things in English. Can you do them in the patient's language? How do you judge, exactly, whether your language skills are good enough to understand and to be understood?

There are a number of ways to consider this question.

- *Where did you learn the patient's language?*

The longer you have lived and functioned in a community in which the patient's language is spoken, the better the chance that your language skills are up to the challenge. The more you have learned the language only at home or only at school, the more you should be concerned about assessing your skills before interviewing patients because your vocabulary may not include medical terminology, for example "appendectomy" in Spanish or "ultrasound" in Mandarin.

Even if you have lived and functioned in a non-English-dominant community, or if you have studied a language formally, you may still need to learn additional medical and health-related terminology.

- *What are you going to be discussing during this visit?*

Are you calling about a normal lab result? Or are you telling someone that his tumor is malignant and non-treatable? Are you setting a broken leg or treating male impotence? The more delicate the nature of the interaction, the better your language skills will need to be.

- *Have your language skills been assessed?*

Here are a few commercially available services for assessing basic language fluency:

1) Language Testing International (LTI) is the official testing arm of the American Council on the Teaching of Foreign Languages. It provides basic language proficiency testing in 48 languages, based on an over-the-phone guided conversation with a trained evaluator who will use clearly elucidated criteria to assign a proficiency level (novice, intermediate, advanced, master) to the candidate. LTI's tests evaluate general language use and are not specific to medical settings. For information, <http://www.language-testing.com>.

2) Language Line Services provides language proficiency testing over the phone, including a test specialized for health care settings. LLS tests vocabulary, grammar and syntax in more than 150 languages. For more information, call 877-351-6636, email LLU@language-line.com or see http://www.language-lineservices.com/prod_serv_llu_tests.php.

3) Network OMNI is working on a language-proficiency testing program that will have a specialized test for medical personnel. The program is scheduled to be ready for use in May 2005. For more information, contact Manny Mendoza, Vice President of Sales and Marketing, mmendoza@networkomni.com.

4) Kaiser Permanente in San Francisco, in partnership with the Alameda Alliance for Health and with funding from The California Endowment, is currently refining and piloting a tool to assess physician language competence. The program is expected to be ready for public use by Spring 2005.

5) You can also assess your own language skills informally, using a self-assessment. We've outlined a sample in the case study found on page 29.

Need CME?

Family Physician's Practical Guide to Culturally Competent Care web site offers CME credit and equips family physicians and other primary care providers with awareness, knowledge, and skills to better treat the increasingly diverse population they serve. For more information, go to: <http://qc.cccm.astutech.com/default.asp>.

In addition, this toolkit will be available electronically, with CME credits, at www.familydocs.org.

TIP: Pros and cons of language assistance options

	Pros	Cons
Bilingual physicians	Direct communication No need for additional personnel or resources	Serious errors if only semi-fluent Can't cover all languages
Bilingual staff	Use existing staff skills On-site, immediate availability	Potential for errors if not trained and tested Disruption of practice flow
Dedicated interpreters		
- Staff interpreters	On-site, immediate availability Most likely to be professional Get to know staff and patients	Requires addition of an FTE
- Contracted interpreters	You choose interpreters you want Pay only for time interpreting	Must pre-book or wait Requires staff to manage contracts
- Agency interpreters	Large number of languages available Agency vets interpreting	You pay overhead and interpreter fees Must choose agency carefully
- Volunteer interpreters	Free	Quality is unknown May not always be available

Reminder: Most medical practices use a mix of options to meet different needs. Again, the option(s) of language access services you choose will depend on the make-up of your patient population and the mix of resources you have available. For example, a practice with a large number of Spanish speaking patients, a lesser but constant number of Cantonese speakers and the occasional Farsi speaker might use staff interpreters in Spanish, a contractor for Cantonese, and a telephonic interpreter for Farsi.

.After assessing your skills, you may be confident in your own language skills, you may decide to use an interpreter regularly, or you may choose to have a fluent bilingual person available to assist in situations that involve more complex or delicate topics. Regardless, feel free to use your language skills to greet patients and conduct some small talk. Most patients will greatly appreciate any attempt to speak their language, even if it merges quickly into the medical interview conducted through an interpreter.

Language skills among your staff

Just as your language skills may be useful, those of your staff may be as well. Do you have MAs, CNAs, receptionists, technicians, or nurses who speak other languages? If your staff members will be using their own language skills to communicate directly with LEP patients, you should have them consider the same criteria presented in the previous section and, optimally, have their language skills formally assessed. If you wish your bilingual staff to function as interpreters, (i.e., interpreting for you in clinical encounters), you should consider sending them for basic interpreting training and test their interpreting skills as well.

NOTE: There are important considerations in relying heavily on bilingual staff:

- 1) The disruption it causes to office operation when, for example, the bilingual MA is interpreting instead of processing patients, and the potential for staff conflict if this employee is perceived to not be fulfilling his or her primary job responsibility;
- 2) The hidden costs inherent in this employee's lower productivity; and
- 3) The possibility that certain bilingual staff members will not have the linguistic competence, the education, or the capacity to be a qualified interpreter.

Dedicated interpreters

Dedicated interpreters are those whose only reason for being at your practice is to interpret. Dedicated interpreters can be contracted in a number of ways:

Agency interpreters are contracted by a language agency, which in turn has a contract with you. Language agencies are private companies, both nonprofit and for-profit, that provide interpreting and sometimes translation services for a fee. Whenever you need an interpreter, you call the agency, and the agency will provide an interpreter (on-site or over the phone) whom it has evaluated. A good agency can send you highly qualified professional interpreters, while taking over the work of recruiting, screening, contracting and dispatching for you. Of course, there is a cost attached, and agency interpreters are, at least on the face of things, the most expensive of the models. Nevertheless, it is a good idea to know what agencies are available in case you have an urgent need. And you may find that some services, such as telephonic interpreter services, are not as expensive as you expected.

A reputable telephonic interpreting agency can provide a trained interpreter over the phone, in any number of languages, often in a minute or less. The service is usually charged by the minute and billed monthly. This technology solves many of the logistical problems of working with on-site interpreters: physicians do not have to wait for the interpreter, offices do not have to pay interpreters for waiting time or no-shows, and the boundaries of the interpreter are more easily enforced.

Some interpreters, however, feel that their inability to see the speaker when working over the phone limits the accuracy of their interpreting. In addition, intervening (whether to clarify a term to check to see if the patient understood, or to provide a cultural framework for what was said) is very difficult over the phone. Telephonic interpreters are also unable to provide additional services to patients, such as helping them acclimatize to the unfamiliar setting of the office, helping them fill out forms, and helping them make appointments.

For more information you may want to read "How to Choose and Use a Language Agency" (Roat, C. The California Endowment, 2002), downloadable for free at www.calendow.org; Reference Library, click on Publications, then on Cultural Competence.

TIP: Working with trained interpreters, on-site

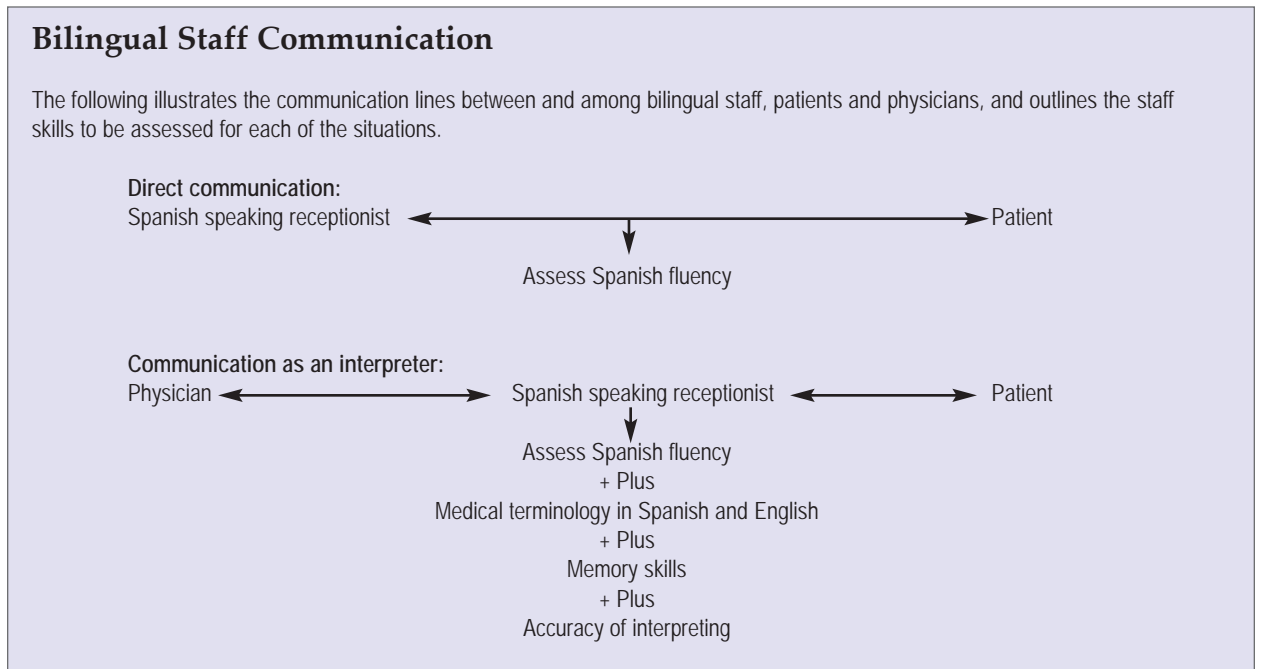
- Greet the patient first, not the interpreter.
- During the medical interview, speak directly to the patient, not to the interpreter: "Tell me why you came in today" instead of "Ask her why she came in today."
- A professional interpreter will use the first person in interpreting, reflecting exactly what the patient said: e.g. "My stomach hurts" instead of "She says her stomach hurts." This allows you to hear the patient's "voice" most accurately and deal with the patient directly.
- Speak at an even pace in relatively short segments; pause often to allow the interpreter to interpret. You do not need to speak especially slowly; this actually makes a competent interpreter's job more difficult.
- Don't say anything that you don't want interpreted; it is the interpreter's job to interpret everything.
- If you must address the interpreter about an issue of communication or culture, let the patient know first what you are going to be discussing with the interpreter.
- Speak in:
 - Standard English (avoid slang)
 - Layman's terms (avoid medical terminology and jargon)
 - Straightforward sentence structure
 - Complete sentences and ideas
- Ask one question at a time.
- Ask the interpreter to point out potential cultural misunderstandings that may arise. Respect an interpreter's judgment that a particular question is culturally inappropriate and either rephrase the question or ask the interpreter's help in eliciting the information in a more appropriate way.
- Do not hold the interpreter responsible for what the patient says or doesn't say. The interpreter is the medium, not the source, of the message.
- Avoid interrupting the interpretation. Many concepts you express have no linguistic, or conceptual equivalent in other languages. The interpreter may have to paint word pictures of many terms you use. This may take longer than your original speech.
- Don't make assumptions about the patient's education level. An inability to speak English does not necessarily indicate a lack of education.
- Acknowledge the interpreter as a professional in communication. Respect his or her role.

Contracted interpreters are independent business people. You call them directly when you need them. They bill you for their time; they are paid an hourly rate only for the time they interpret. Contractors also tend to be highly experienced professionals, at least in the more common languages. You don't take on personnel costs, since they are not employees. They do take staff time, however, to recruit, contract and schedule. In the case of walk-in patients, you will have to wait for a contract interpreter to arrive.

Staff interpreters are employed by your practice to interpret only. Staff interpreters are hired specifically to interpret and have a great deal of experience doing so, thus they tend to be the best interpreters. They get to know you and your patients and can make an interpreted session flow smoothly. Staff interpreters do represent a significant financial investment, and that investment only makes sense if you have a large enough LEP population in one language to keep an interpreter busy all day, every day.

Reimbursement

For your managed care patients, check with their health plans about access to interpreters. All Medi-Cal managed care and Healthy Families health plans pay for telephonic interpreters for their enrollees, and some even pay for on-site interpreters. More and more private plans are providing these services as well. The Office of the Patient Advocate directory of health plan interpreter services is available at www.opa.ca.gov.



Community resources

In addition to your own language skills, those of your staff, and those of trained interpreters, what other resources are available in your community?

Are there local hospitals or large office systems with strong interpreter programs with which you could partner?

If your practice is part of a large institution, that institution should be providing language access services to all its component parts.

Are there local community-based organizations that might provide you with volunteer interpreters?

Check the Red Cross, church groups, and ethnic community organizations. Volunteer interpreter programs have benefits and limitations. The difficulty with most of these programs is that the “interpreters” are donating their time, and so may be less inclined to invest the time necessary to receive proper training. Also, volunteers come and go and cannot be held to a very high standard. On the other hand, volunteer help is free, and you can sometimes find volunteers who are extremely skilled and very dedicated, but who simply do not desire to make a career of interpreting.

When looking into a volunteer interpreter program, make a point of looking that gift horse in the mouth. You may want to ask the following questions:

- 1) What does the organization require of volunteers?
- 2) Are language skills screened?
- 3) Is basic interpreter training required?
- 4) Will the organization be able to reliably send out interpreters?
- 5) What do you have to do to get an interpreter?

Remembering how important communication in health care is, you will need to decide whether, on balance, the volunteer service will be an ultimately helpful or a timeconsuming distraction.

Are there other non-competing practices close to yours (perhaps in the same office building) that might want to share contracted interpreters, or that might want to contract jointly with agencies to get a better rate?

As in many parts of a market economy, size of demand is a key element in the cost of language access services. Alone, your practice may not have a big enough demand in any one language to warrant hiring a full-time staff interpreter; however, if your practice joined up with other practices down the hall in your medical office building, you might have a large enough demand to jointly hire a dedicated interpreter.

In the same way, telephonic interpreting companies give better rates to larger customers. A small specialty practice may not use the service enough to merit a discount. A consortium of small specialty practices could have enough demand to get a very competitive price per minute for a professional telephonic interpreter.

Are there resources your county medical society might offer? By virtue of their ties to and activities in the local community, county medical societies may be able to offer resources such as contact information for interpreter services in the area, contact and coverage information for Medi-Cal and other payors, and sources for volunteer agencies. Medical societies may wish to include telephonic interpretation in the packages offered by their answering agencies. Check with your local society for assistance.

TIP: Working with untrained interpreters, on-site

Working with untrained interpreters entails much more work for you, but here are some tips that can help. The same principles of working with trained interpreters apply, but are even more important with untrained interpreters, especially interpreters whose own English (in the case of family members or friends) or non-English language skills (in the case of patients' grown children who grew up in the US) may not be very good. In addition, untrained interpreters will need more guidance to make the encounter go smoothly.

- After introducing yourself to the patient, introduce yourself to the interpreter. Gauge the interpreter's level of English skills and professional training, and remind the interpreter that you expect everything to be interpreted accurately and completely. Direct the interpreter to avoid paraphrasing or answering for the patient, and to let you know if you need to repeat yourself, explain something, or slow down.
- Introduce the interpreter to the patient (if they do not know one another) and explain the interpreter's role. Ask the patient to speak to you directly.
- Position the interpreter next to and a bit behind the patient. By getting the interpreter out of the line of sight, there is a greater possibility that you can engage the patient instead of having the patient talk to the interpreter. Sign language interpreters should be positioned next to the physician, so that the patient can see the interpreter's hands.
- If you are concerned that the interpreter has not interpreted everything, ask the interpreter to do so.
- If the interpreter and the patient get into a conversation that is not interpreted for you, interrupt and ask the interpreter to let you know everything that is being said.
- Check in frequently with the patient; use the "teach back" method ("Please tell me everything I just told you."). Speak simply, pausing between sentences. Remember to speak to the patient, not the interpreter. Be prepared to interrupt if you sense the interpreter is getting sidetracked or is not being complete.

New technologies in development

Perhaps because of the cost and complex logistics of getting a professional interpreter at a given time and place in such a multitude of venues and languages, there has been interest in developing new technologies to raise the quality, improve the ease, and lower the cost of language access services. Some of these are available now; others need more time to become feasible options.



Leonard Fromer, MD, chair, Medical Leadership Council on Language Access, tried video interpretation at a Council meeting in 2003.

Video interpreting

One of the concerns that interpreters have with telephonic interpreting is that the interpreter is robbed of the visual aspect of communication. Social scientists tell us that more than 70% of a message can be read in the non-verbal language accompanying the spoken word, all of which is lost to a telephonic interpreter.

A new type of remote interpreting is being developed to overcome this barrier: video interpreting. Video interpreting uses a webcam and software to allow the interpreter, the physician, and the patient to all see one another, even though the interpreter is at a remote site. The technology can be run through internal com-

puter networks or through dedicated cable lines. This technology is particularly useful in providing interpreting for the deaf and hard-of-hearing, where the visual component is fundamental to the interpreting process.

If you are interested in installing a video interpreting system, some of the telephonic interpreting agencies are beginning to experiment with this technology. There are other services that specialize in video interpreting, usually providing services principally for the deaf and hard-of-hearing. This approach is still rather expensive for a private practice, but the price will decrease as the technology becomes more commonplace.

For more information on video interpreting, and to compare satisfaction rates for video interpreting and other forms of interpreting, you can read *Testing New Technologies in Medical Interpreting*, a June 2003 report from Cambridge Health Alliance, available at www.challiance.org.

Remote simultaneous interpreting

Most health care interpreters use the consecutive mode of interpreting: that is, one person expresses a few thoughts and then pauses so the interpreter can interpret. With consecutive interpreting, one person speaks at a time. Some physicians think that this approach takes too much time. Two hospitals in the U.S. are experimenting with a form of interpreting known as "remote simultaneous." In this model, patient and physician are supplied with headsets, linked to an interpreter in a remote office. As the physician speaks, the interpreter interprets at the same time, just as conference interpreters do. The listener hears the message at the same time that the speaker is speaking.

One of the drawbacks of this model is the difficulty of finding or training sufficient number of interpreters who are competent in the simultaneous mode and who are willing to work for the relatively low rates paid to health care interpreters. Another concern is the degree to which this mode limits any role of the interpreter in clarifying any linguistic or cultural misunderstandings. If you are interested in learning more about remote simultaneous interpreting, contact Dr. Francesca Gany at the NY Center for Immigrant Health at NYU School of Medicine at fg12@nyu.edu.

Other technology options■ **HealthComm**

A company called Spoken Translation has developed software called HealthComm that is a combination of voice recognition and machine translation software. With this program on your computer, you can ask any question of the patient. The software then types on the screen a written version of what it thinks you said. You have the opportunity to correct any errors. The software then produces a written version of a translation on the computer, and a back translation into English to show you what it thinks you want to say. Again, you are given the opportunity to correct any errors. Once the software has it right, it will then “speak” the message to the patient. The patient responds, and the process starts over in reverse.

While this software has the benefit of double-checking the accuracy of its translations, the process is, at present, too cumbersome and too slow for clinical use. However, as voice recognition and machine translation technologies improve, this software may become more viable. For more information on this technology, contact Dina Moskowitz at Spoken Translation at Dina.Moskowitz@SpokenTranslation.com.

■ **Phraselator**

The VoxTec website describes its product this way: *“A Phraselator is a one-way voice-activated handheld device that matches English spoken phrases to pre-recorded phrases in another language. It is an efficient tool to supplement the interpretive staff, off load repetitious or routine interaction allowing the interpreters to be used in conversational interaction, or to begin interaction until linguistic staff can arrive.”*

A device like the Phraselator provides accurate “translation” because the phrases are pre-recorded. You don’t so much choose what to say as you choose which of the pre-recorded messages you wish the machine to relay. It is useful for giving basic information and for asking simple questions that can be answered with a “yes” or “no.” It is not useful for conducting complex medical interviews or for asking questions that require a narrative answer. If the patient wants to initiate speech with you, this technology will not help. For more information on the Phraselator, go to the website at www.Phraselator.com.

Communicating in writing with your LEP patients

It is a good idea to have key documents translated into the most common languages of your patient population. In this section we've listed some options for translation.

Do your own. Translation, like interpreting, is a highly complex skill. Simple, temporary documents such as flyers can be successfully translated by a skilled volunteer. More substantive medical or legal documents should be translated by professionals.

Use free translation programs provided over the Internet. While it would be extremely useful to be able to go online, type in a document in English and have a translation returned instantaneously, software translation is still too inaccurate to use in this way. Human communication is too contextual and complex for programs to decipher accurately. There are a number of free translation programs available over the internet such as Babblefish, or FreeTranslation.com, but they are meant to be used to get the gist of foreign language text, not as a translation tool. (See "Accuracy Matters," at right.)

Use a professional translation service. Professional translation services will take several steps to assure that your document is translated accurately. They will first clarify any unclear text in your English document. Some services will even assure that the text is written at an appropriate reading level. One professional (usually a native speaker of the language into which the document is being translated) will translate the document. A second professional (usually a native English speaker) will edit and proofread the document. Some services charge extra for complex formatting.

To learn more about working with translators and to find a qualified professional, go to the American Translators Association at www.atanet.org.

Find pre-translated materials. Quality translation does represent a financial investment. You can save money by using forms and educational materials that have already been translated. While there is not yet a centralized clearinghouse of translated health materials, national associations focusing on particular health conditions, pharmaceutical companies, and community-based organizations working with immigrant and refugee communities are often good sources of translated health-related patient materials.

On the next page, we've listed a few websites with downloadable patient education materials in a variety of languages. It is always wise to have someone you trust review the translation in at least one of the languages, just to make sure the quality is acceptable.

A useful resource for finding translated materials is the Resource Center of the Cross Cultural Health Care Program in Seattle, WA. You can contact the Research Librarian at (206) 860-0329.

Accuracy Matters

Just to give you a taste as to why machine translation programs should not be used for any translation where accuracy matters, here is an example of what came out when the following text from a standard medical consent form was run through FreeTranslation.com.

Original text

I consent to the administration of anesthesia by my attending physician, by an anesthesiologist, or other qualified party under the direction of a physician as may be deemed necessary. I understand that anesthetics involve risks of complications and serious possible damage to vital organs such as the brain, heart, lung, liver and kidney that in some cases may result in paralysis, cardiac arrest, and/or brain death from both known and unknown causes.

Machine translation into Spanish

Consiento a la administración de anestesia por mi es medico que asiste, por un anesthesiologo, o por otro partido calificado bajo la dirección de un medico puede ser creído como necesario. Entiendo que todo anesthetics implica los riesgos de complicaciones, y daño posible grave a órganos esenciales tal como el cerebro, el corazón, el pulmón, el hígado, y el riñón que en algunos casos puede tener como resultado la parálisis, el arresto cardíaco, y/o la muerte de cerebro de ambas causas conocidas y desconocidas.

Back translation

I spoil the administration of anesthesia by me is doctor that helps, by an anesthesiologist, or by another qualified game under the direction of a doctor can be believed necessary. I understand that all [word in English] implies the risks of complications and grave possible damage to essential organs such as the brain, the heart, the lung, the liver and the kidney that in some cases can result in paralysis, the heart being arrested (by the police), and/or death of the brain of both of the (two) known and unknown causes.

Resources for Translated Health Education Materials and Forms

(Many thanks to Alyssa Sampson, Research Librarian at the Cross Cultural Health Care Program, for her assistance in developing this list.)

American Academy of Family Physicians

Search for materials in Spanish at <http://familydoctor.org>.

TIP: A word about applying standardized tests through an interpreter

In the course of your work, you may need to use standardized tests, such as the Edinburgh Depression Scale, the Weatherby & Prizant Infant/Toddler Checklist for Communication and Language Development, or the Denver Child Development Index. These tests have been validated or standardized with English-speaking populations. Unfortunately, when you try to apply these tests with an LEP patient, the test is immediately invalidated. The nature of interpreting is such that each interpreter will render the text a bit differently. There are questions on some tests that are language-specific, such as, "How many different words does your child recognize, such as "baba" for "bottle" or "gaggie" for "doggie"?"

In addition, there are many culture-bound aspects to these tests that will not be adjusted in the usual course of translations or interpreting. For example, the Denver test asks a child to identify stylized images of a car (drawn like a Volkswagen beetle) and a birthday cake, among other things. A child raised in a rural setting who has recently immigrated to the U.S. might not recognize these images and still be normal in his development. It seems that even a professional translation or interpretation will not guarantee that the test is valid.

The only truly valid way to use these instruments is to have them professionally translated and re-validated. Some tests, such as the Harvard Trauma Questionnaire and the MMPI, have undergone such a process.

A recent informal survey of experienced physicians and interpreters suggested that the next best thing to re-validation is to use the original test, but first discuss with the interpreters what you are trying to accomplish, and interpret the results with care. For example, the task of counting backward by 7 from 100 is not so much a test of mathematical ability as a test of the ability to repeat an action several times without losing track of the goal, i.e., concentration and attention span. If the interpreter knows the purpose of each question, he or she and the physician may be able to adapt the questions in that test for the same thing in another language. This is still not a validated test, however, and the results should be interpreted cautiously.

Healthy Roads Media, Fargo, North Dakota

Health education materials on a variety of topics tailored to low literacy and limited English proficiency populations. Materials are available in audio, multimedia, and written formats. Topics include domestic violence, dental health, diabetes, asthma, cold and flu, hepatitis B vaccination, and smoking cessation. Languages include Arabic, Bosnian, English, Russian, Somali, Spanish, and Vietnamese. This website also includes a page of useful links. <http://www.healthyroadsmedia.org/index.html>.

Immunization Action Coalition

Useful written materials on vaccinations in 32 languages, including Vaccine Information Statements, health education materials, and screening questionnaires for adult and child vaccinations. <http://www.immunize.org/catg.d/noneng.htm>.

Multicultural Health Communication Service, New South Wales, Australia

More than 400 multilingual health information publications on more than 30 topics in 47 different languages, with new publications posted monthly. All materials are endorsed by the New South Wales Department of Health. <http://www.mhcs.health.nsw.gov.au/health-public-affairs/mhcs/>.

Multilingual-Health-Education.net, Vancouver, Canada

A collaborative project of regional health organizations to centralize and standardize translated written health materials. All materials are subjected to quality assessment through established procedures. Languages include English, French, Farsi, Hindi, Punjabi, Korean, Spanish, Chinese, Japanese, Vietnamese, Darshan, Italian, Tagalog, Somali, and Swahili. <http://www.multilingual-health-education.net/#top>.

Language Resources Summary

Now that you've identified the resources you have available (your language skills and those of your staff, and volunteer and trained interpreter resources), you can evaluate which resources, or mix of language resources, make the most sense for your practice. This section describes the various options based on the resources outlined earlier and discusses some of the pros and cons of each resource.

Option	Patient Populations	Available Resources	Other Comments	Financial Considerations
Bilingual physician model	The vast majority of your patient population speaks one non-English language. A large % are walk-in.	A large percentage of the staff with patient contact is known to be fluently bilingual.	Physician language skills should be screened.	Language classes. Language testing.
Untrained interpreters	Not recommended except in emergencies.			Legal/medical costs associated with miscommunication.
Bilingual staff interpreters	The vast majority of your patient population speaks one non-English language. A large % are walk-in.	Adequate bilingual staff members have been trained to interpret. Their functions in the office can be backfilled or dispensed with while they interpret.	Even if they don't interpret, bilingual staff members can help the office visit flow much more smoothly for LEP patients.	Interpreter training. Loss of productivity in other roles.
Staff interpreters	A large number of your patients speak one non-English language.	There are no dual-role bilingual staff trained to interpret, OR dual-role bilingual staff trained to interpret cannot be freed from other tasks.	Staff interpreters tend to provide high quality interpreting. They gain experience and are more likely to seek continuing education. They get to know patients and physicians and often supply additional services in helping patients navigate the healthcare system.	Employee salary.
Contract interpreters	There are a moderate number of languages routinely spoken among your patients, most of whom are seen in pre-scheduled appointments.	Corps of trained contract interpreters work in your region for reasonable fees.	One benefit is that you can specifically choose interpreters with training and experience. As any given contractor may not be available when needed, you will need to maintain a pool of candidates.	Payment for time interpreted. Commonly a one-hour minimum, with 15-minute increments after that. Staff time to recruit, contract, and schedule.
Agency interpreters (including telephonic)	Your office serves a wide variety of language groups. Most of the patients are seen in pre-scheduled appointments or can wait at least an hour to be seen.	Professional language agencies provide services in your area. Remember, telephonic interpreting agencies provide services anywhere a phone is available.	Once an agency has been evaluated and contracted, it should be easy to use. You may be able to get better rates if you buy through a consortium of small medical practices.	Payment for time interpreted. Fees higher than for contract interpreters; the agency is responsible for recruiting screening, and booking the interpreter. Speaker phones for exam rooms, or one portable phone with speaker capability.

Using telephonic interpreting

There is a growing consensus in the field that both telephonic and on-site interpreting are vital parts of a quality language access program and that every program should have access to both. There is less agreement as to when each should most appropriately be used. On pages 21-22 you will find a side-by-side comparison of when each is most appropriate.

When to use the telephone

When choosing between a telephonic and an on-site interpreter, cost should be a consideration. Since contracted on-site interpreters are usually paid by the hour and telephonic services charged by the minute, telephonic interpreting is often cheaper for short encounters but much more expensive for longer ones. For example, if you pay \$40/hour for an on-site interpreter and \$2.50 per minute for a telephonic interpreter, it would be cheaper to pay a telephonic service for any encounter under 16 minutes.

There are many scenarios for which either on-site or telephonic interpreting will serve equally well. A trained telephonic interpreter, however, is virtually always preferable to an untrained on-site interpreter. Assuming availability of a well-trained interpreter in either mode, the following are some considerations to take into account when choosing between them.

Equipping your office

Telephonic interpreting is only as good as the technology used to provide it. Using a regular telephone and passing the handset between patient and physician will result in substandard communication, as it forces the interpreter into the role of mediator and almost always results in significant omissions. High quality speakerphones are a much better option, especially in quiet environments such as a closed exam room. For noisy environments such as the emergency department (ED), or for quasi-public environments such as a business office, the use of a phone with dual-handsets or dual headsets will provide clear communication and protect confidentiality.

Here are some options for equipping your office with appropriate phones. To choose which is best for you, consider how often you see LEP patients, how often you'll need to access a telephonic interpreter, and how private the setting is where the interpreting will take place.

TIP: Working with trained interpreters over the telephone

When working with an interpreter over a speakerphone or with dual hand/headsets, many of the principles of on-site interpreting apply. The only additional thing to remember is that the interpreter is "blind" to the visual cues in the room. The following will help the interpreter do a better job.

- When the interpreter comes onto the line let the interpreter know the following:
 - Who you are
 - Who else is in the room
 - What sort of office practice this is
 - What sort of appointment this is

For example, "Hello interpreter, this is Dr. Jameson. I have Mrs. Dominguez and her adult daughter here for Mrs. Dominguez' annual exam."

- Give the interpreter the opportunity to quickly introduce him/herself to the patient.
- If you point to a chart, a drawing, a body part or a piece of equipment, verbalize what you are pointing to as you do it.

■ Dual handsets

Install a regular phone in every exam room, with a "splitter" that allows you to plug in two handsets to the phone. If you don't want to install a phone in every exam room, install phone jacks and have one phone available that can be brought in and plugged in when needed.

Cost: less than \$20 for a handset, cable and splitter to retrofit an existing telephone. *

For a small monthly fee, some telephonic interpreting companies will lease a special telephone with two handsets, one for you and one for the patient. In some cases, the telephone links you directly with that company's interpreters; in others, a "speed dial" option can be programmed to reach the interpreting agency directly.

Cost: less than \$5/month per unit.*

Dual handsets can be very convenient and, unlike speakerphones, can assure confidentiality in an open area or in an exam room with thin walls. On the other hand, they tether you to the telephone base and can be awkward if you have family members accompanying the patient, as they will be unable to hear the interpretation.

■ Speakerphones

Install speakerphones in every exam room, or again, install phone jacks in every exam room and purchase one speakerphone that can be plugged easily into any room when needed.

Another option is to purchase one cordless phone with speakerphone capacity. The base of the phone will stay at a nursing station, while the handset can be taken into any exam room and set to “speaker” for the interpretation.

Cost: \$90-\$125 to purchase commercially. Some telephonic companies will lease such a phone for less than \$15/month per unit.*

In addition to a cordless phone with speakerphone option, you may check to see if your cell phone has a speakerphone attachment. Many Motorola cell phones have speakers available for about \$49.* While not a perfect solution, this might be a convenient option.

You may also elect to dedicate one exam room for speakerphone capability. This would require pre-appointment identification of an LEP patient, allowing your staff to place the patient in the speakerphone room, and have the service ready.

Speakerphones let everyone in the room, including family and friends, hear the conversation, just as they would if English were being spoken. They also free up your hands to make notes, to look something up in the chart, or to do a physical exam. On the other hand, speakerphones are not appropriate in a public area, such as reception, where the loud speaker will compromise the patient’s right to privacy under HIPAA.

■ Headsets

Another option is to purchase dual headsets for your phones, so that the interpreter’s voice cannot be heard in neighboring exam rooms or public spaces. Again, using a splitter, or through the rental of special equipment through the telephonic interpreting company, headsets can be added to almost any regular telephone.

Cost: less than \$10/month per unit for the rental of a headset retrofit package.*

Wireless headsets can also be used. This is particularly useful for physicians who need to communicate with patients while performing a procedure.

Cost: approximately \$350-400 for purchase of a wireless headset and base.*

* *Costs listed here are estimates and may change at any time.*

Example of a High Quality Commercially Available Speakerphone

The Panasonic KX-TG 2352 speakerphone has a base station with one handset, to which you can add one or two additional handsets, each with a smaller charging base. Each handset has a very high quality speaker built into it. They can be used as two handsets in the normal way, but for hands-free use they can also be placed on the desk and used as speakerphones.

Telephone quality: The Panasonic phones use a new version of the 2.4Ghz multi-frequency technology. Unlike some of the older 2.4Ghz phones, the newer phones will not interfere with other 2.4 GHz equipment, like heart monitors, etc.

Range: These phones have a range of at least 200 feet. The base and the 2-3 handsets are “keyed” to each other so they are not interchangeable with other pairs or trios in the office without reprogramming them to another base station. (If reprogramming is necessary, it takes about three minutes.) This prevents them from keying into other such phones in the local vicinity. These are analog phones, so the facility needs to have a standard telephone system available, as these units will not connect to a digital PBX system.

Cost: \$90-\$110 per dual phone system. Available at Radio Shack or office supply stores like Office Depot or Office Max.

(Thanks to David Porter at Pacific Interpreters for the review.)

Side-by-side comparison of face-to-face and telephonic interpreter use

Use a face-to-face interpreter:

- **For patients with any degree of hearing loss.** Obviously, if the patient's ability to hear is at issue, use of a telephone will be difficult.
- **For patients from very traditional cultures, who are unaccustomed to using the telephone.** Some refugees and immigrants may have lived, until coming to the United States, in areas where telephone services were very limited. They may not be used to telephones. For them, the use of a telephonic interpreter may be quite unsettling and may get in the way of clear communication with the physician.
- **When patients are afraid or distraught.** The physical presence of an interpreter may be both reassuring and vital if the patient is upset, distraught, or in some other way dealing with strong emotions.
- **When delivering bad news.** Delivering bad news should be done in person. Nobody should find out over the telephone that they have a terminal disease, or that their child is likely to be deformed, or that their mother just died.
- **For a new patient's initial visit.** On-site interpreters usually do more than just interpret the patient-physician interaction. They also help patients become comfortable with the office setting. Once a patient learns where to check in and what documents to bring, he/she may be able to do just fine with a telephonic interpreter to handle the actual medical interview.
- **For any kind of conversation with more than two participants.** When there are more than two speakers in a conversation, it is very hard to manage the flow of the conversation well over the phone, leading to inaccurate interpretation. Examples of such encounters might be: family conferences or sessions involving multiple physicians.
- **For visits involving teaching, especially if visual aids or a demonstration are used.** If you are using a visual aid to teach or to demonstrate a process to a patient, an on-site interpreter is more likely to be able to reference what the physician is pointing to than a telephonic interpreter who cannot see the teaching aid. Examples of this might be: teaching a diabetic patient to measure his/her blood sugar, teaching a patient to use an inhaler, or demonstrating on a model how a particular procedure will be done.
- **For psychiatry or any mental health encounter.** The building of trust that is fundamental to mental health work is more easily done in person than over the phone. Patients with severe mental disturbances may find a disembodied voice coming from a speakerphone to be upsetting. In addition, interpreters often have to intervene in mental health encounters to provide cultural frameworks for what was said; this is difficult to do telephonically.
- **For any sight translation.** Obviously sight translation, in which an English language document is read to a patient in a different language, cannot be done over the phone, since the interpreter cannot see the document to read it.

Use telephonic interpreting:

- **For conversations which will be conducted over the phone anyway.** Clearly, if an interaction is going to be done over the phone anyway, use of a telephonic interpreter is appropriate. In these cases an interpreter should be brought onto a three-way conference call on which the conversation can be interpreted. Interpreters should not be given a message and told to call the patient alone to deliver it, as the interpreter will not be able to respond to any questions the patient may have.
- **When the content to be discussed is relatively simple.** Telephonic interpreting works best for simple, factual interactions in which no emotionally charged content will be discussed and no negotiation will be required. These sorts of interactions include: reporting normal lab results, making or changing appointments, giving simple discharge instructions, or arranging payment on a bill.
- **For determining what language a patient speaks.** Sometimes in walk-in and emergency settings, patients will present whose language preference is unknown. Local staff may not have the resources necessary to find out which language the patient speaks. A quality telephonic interpretation service will have operators who are skilled at helping to determine the language of the patient.
- **When you need immediate access to an interpreter in emergencies.** There are times when patients present without appointments and when physicians cannot wait for an on-site interpreter to be called. A telephonic interpreter can usually be contacted in less than a minute through a quality interpreter service. That makes a telephonic interpreter the resource of choice in emergencies.
- **When you cannot get (or there will be an unacceptably long wait for) a trained on-site interpreter.** Even if the encounter is not an emergency, there may be times when a trained on-site interpreter cannot be found, or when the patient will have to wait for hours for an interpreter to come. This may happen most often when the patient speaks a language that is not commonly seen in your office. In these cases, using a telephonic interpreter is the best choice, and sometimes the only choice.
- **When privacy and confidentiality are issues, especially if the patient's community is small and close-knit.** Some patients in small, close-knit ethnic communities do not want to use interpreters because they do not want anyone knowing of their health condition. This is especially true in cases of HIV/AIDS, leprosy, tuberculosis, domestic violence, rape and other socially stigmatizing situations. In these cases, the patient may be more comfortable with a telephonic interpreter, who most likely will be located in a completely different part of the country and will be unattached to the patient's community.
- **When health and hygiene are issues, such as the case in highly communicable diseases.** When infection is an issue, a telephonic interpreter may be a better solution to the communication gap. If the patient is immunocompromised, for example, a telephonic interpreter will not bring contaminants into the room.
- **For quick questions to inpatients.** There are many times when nursing staff may want to communicate with inpatients for simple questions, such as: are you in pain? did you urinate today? how did the medication work for you? A telephonic interpreter is the perfect answer to these short interactions.
- **For doctors' rounds with inpatients.** It is very difficult to schedule on-site interpreters for rounds in an inpatient setting, as you can never be sure of exact schedules. This may be a good time for a telephonic interpreter, since the interpreter can be called when you arrive, and the interactions tend to be short.

Step 3: Go! Using the Right Mix of Services for Your Practice and Patients

Once you've chosen what mix of language access services to provide in your practice, there are some considerations in implementing those choices. First of all, you may want to articulate formal policies and procedures to promote a unified and consistent response among your staff to LEP issues. Then you will need to consider how you inform your patients of the availability of language assistance in your practice. And finally, there are issues of screening, training, and logistics to be considered.

Model policies and procedures

Although small practices may not have the same extensive policy and procedure manuals as large medical centers, having a basic written strategy for addressing linguistic access issues gives your staff something to refer to, helps ensure standard practice, and can come in handy for legal and accreditation purposes. Appendix B on page 34 offers a sample set for a small practice.

The following items could be included as part of an office Policy and Procedures manual to ensure that language access is maintained.

- Policy:** A policy statement of principles, clearing affirming your policy on providing language access services for patients who need them.
- Description:** Usually, these are short, 2-3 sentence affirmations about the office's intention to provide services and why.
- Example:** *"ABC Medical Office is committed to providing health care services to all patients regardless of their ability to speak English. Access to service is provided through the use of competent, trained interpreters."*
- Policy:** Background on legal requirements for the provision of language access services.
- Description:** Usually, this is a short description of civil rights law and liability issues.
- Example:** *"Equal access to health care services is legally mandated by the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990."*
- Policy:** A clear statement about when an interpreter must be present.
- Description:** You may not be able to have an interpreter present at every communicative interaction in your practice. However, many policy and procedures manuals clearly state that if any clinical information is being delivered, if a history is being taken, if any negotiation with patient or family is taking place, if treatment is being applied or explained, an interpreter must be present.
- Example:** *"It is the policy of ABC Medical Clinic to provide an interpreter for all patients who need one, at minimum in all interactions in which clinical information or payment arrangements are to be discussed. This includes the taking of a medical history, a medical interview, sharing of a diagnosis, medical procedures, obtaining informed consent, and the explanation or implementation of a treatment plan."*
- Policy:** Procedure for establishing if a patient needs language assistance.
- Description:** When is the need for an interpreter identified? How is the need identified? Who decides if the patient gets an interpreter or not?
- Example:** *"At first contact with all patients or their representatives, the staff member registering the patient will inform the caller that ABC Medical Office will provide an interpreter if the patient needs one and will ask in what language the patient prefers to receive his or her care. All patients who indicate the need for an interpreter will receive language assistance. The need for an interpreter and the language needed will be noted in the patient record." OR "When making subsequent appointments for the patient, the person making the appointment will check the patient record to see if an interpreter will be needed."*
- Policy:** Procedure for identifying the patient's language.
- Description:** If a LEP patient calls or walks in, and if the front desk staff is unable to identify the language of the patient, what should be done?

Example:	<i>"In the case that a patient's language is not noted in the patient record and that patient comes to the office, staff will use the Language Identification Chart "I Speak" to assist in establishing the patient's language. If the patient is illiterate or if the patient's language does not appear on the chart, staff will call ZZZ Telephonic Interpreting Company for assistance in identifying the language."</i>
Policy:	Procedure for notifying patients of the availability of interpreter services.
Description:	How will patients know that interpreter services are available?
Example:	<i>"ABC Medical Office will post in a conspicuous place in the reception area a clear statement, translated into the most common local languages, of the availability of interpreter services. At first contact with patients or their representatives, staff will offer the information that interpreter services are available. A statement to this effect will also appear on the Patient Rights and Responsibilities document given to all new patients."</i>
Policy:	Policy on allowing family or friends to interpret.
Description:	When is it acceptable for family and friends to interpret for a patient?
Example:	<i>"As a general policy, family and friends will be used to interpret ONLY in the following circumstances: 1) when making, changing or canceling appointments; 2) at the patient's specific request, after having been informed that the office will provide an interpreter, if desired; and 3) in an emergency."</i>
Policy:	Procedure for determining if a self-described bilingual staff member can help patients directly in the patients' language without an interpreter present.
Example:	<i>"Staff who meet the following criteria will be allowed to provide their services in a language other than English (LOTE): 1) Individuals born, raised and educated where the LOTE was the dominant language; 2) Individuals who have studied the LOTE academically and who have lived and worked for a significant period of time in a society where the LOTE was the dominant language; and 3) Individuals who have passed a language competence exam in the LOTE. "(Specify the exam you wish to use.)"</i>
Policy:	Procedures for requesting or canceling an interpreter for a scheduled appointment.
Description:	If you use contract or agency interpreters, who on your staff is responsible for requesting the interpreter? Where does this person call or fax to request an interpreter? What information should be included in the request?
Example:	<i>"When making an appointment for an LEP patient, the person making the appointment shall also book an interpreter for the appointment. The request should be called in or faxed in to the XYZ Interpreting Agency, and will include the patient's name, ID number, and language; the time and location of the appointment; and the expected length of the appointment. A copy of the fax must be kept for auditing purposes."</i>
Policy:	Procedures for requesting an interpreter for walk-in patients or emergencies.
Description:	Who is responsible for requesting the interpreter when the patient walks in without an appointment? Where does this person call or fax to request an interpreter? What information should be included in the request?
Example:	<i>"In cases in which an interpreter is needed immediately, or in cases in which an interpreter is needed to assist in a telephone conversation with a patient, staff will contact ZZZ Telephonic Interpreting Agency."</i>
Policy:	Policy on when to call an on-site interpreter or a telephonic interpreter.
Description:	If you have access to both on-site and telephonic interpreting services, you will need to let your staff know exactly when to use each. Here's an example of a policy on when to use a telephonic interpreter:
Example:	<i>"A telephonic interpreter should be used only in the following circumstances: 1) for conversations that will be conducted over the phone anyway; 2) when the content to be discussed is relatively simple; 3) for determining what language a patient speaks; 4) when you need immediate access to an interpreter, for example, in emergencies; 5) when you cannot get (or there will be an unacceptably long wait to get) a trained on-site interpreter; 6) when privacy and confidentiality are significant issues, especially if the patient's community is small and close-knit; and 7) when health and hygiene are issues, such as in the case of immunocompromised patients."</i>
Policy:	Policy on who may sign a contract or agency interpreter encounter form.
Description:	When using a contract or agency model, it is customary for an authorized staff member to sign

Example:	and note the time of arrival and departure on an interpreter's encounter form. The encounter form then serves as a basis for invoicing for services rendered. So, who in your office has the right to sign an interpreter in and out: the receptionist, the nursing staff, only the physicians? In most cases, the person who signs should be the last person with whom the patient is likely to interact. <i>"Contract and agency interpreters shall be signed in and out by the receptionist. The receptionist will take care to note that the correct patient information, time and date have been filled in on the encounter form."</i>
Policy:	Policy on the use of bilingual staff as interpreters.
Description:	If you choose to use your bilingual staff as interpreters, it is wise to have some written policy regarding that use. How will bilingual staff interpreters be identified? What screening and training will be required? For whom will they provide interpreting services? Will they receive additional compensation for acting as interpreters?
Example:	<i>"Certain staff members may be designated as interpreters. In order to receive this designation, the individual in question must demonstrate fluency in English and a language other than English, and must receive at least 40 hours of training as a medical interpreter. Staff members so designated will provide interpreting services for patients meeting with clinical staff only. These staff members will receive an appropriate increase in pay rate, to be negotiated with the clinic director."</i>
Policy:	Policy on charting the use of an interpreter.
Description:	It is good policy to make a note in the chart of 1) the need for an interpreter, and 2) the source of the interpreter used in a given encounter. If there is ever a legal question as to whether an interpreter was present, the chart is an important reference.
Example:	<i>"Patient required a Punjabi interpreter. Interpreter 4928, ZZZ Telephonic Interpreting Inc. interpreted." "Patient required a Spanish interpreter. Our MA, Beatriz, interpreted." "Patient specifically declined interpreter. Her adult son interpreted; see Release from Liability form."</i>
Policy:	Lodging complaints.
Description:	Complaints about an interpreter, whether a bilingual staff member or an interpreter from an agency, need to be taken seriously. The complaint may come from a physician in your practice, from one of your staff, or even from the patient or the patient's family. In any case, inaccurate interpreting or inappropriate behavior should be taken seriously so that it can be corrected or so that the interpreter not be used or is not sent to your practice again. If you have a doubt about whether an interpreter's behavior is appropriate, you can reference a Medical Interpreter Code of Ethics, or contact the California Healthcare Interpreter Association (CHIA). The National Council on Interpreting in Health Care has a national Code of Ethics posted at www.ncihc.org and CHIA has its Code of Ethics posted at www.chia.ws . It may be that your practice is so small that complaints about particular interpreters are handled as a matter of course. On the other hand, you are very busy, as is your staff, and sometimes complaints can be put off indefinitely if nobody in particular is responsible for resolving them. Having a formal policy on how to deal with complaints can make it easier.
Example:	<i>"All complaints about interpreter behavior, whether from staff or patients, will be addressed within 72 hours. Complaints about interpreters on staff will be handled by _____. Complaints about contract or agency interpreters will be given to _____, who will contact the individual or agency in writing to explain the nature of the concern and resolve the problem."</i>
Policy:	Techniques for working with an interpreter.
Description:	Some Policy and Procedures statements include the office's standard protocols for working with an interpreter. There is such a protocol included in Appendix B, page 33.
Policy:	Procedure for requesting a translation.
Description:	You may choose to have some of your standard documents translated into languages that are common among your patient populations. These might include patient intake forms, financial information forms, patient's rights and responsibility forms and/or a simple consent for treatment. This saves a great deal of time, since documents in English will have to be sight translated to the patient. Who in your practice may request a translation? Who will do the translation? While it might be perfectly acceptable to have your bilingual MA translate a flyer about an

upcoming vaccination drive, documents such as consent forms have legal implications and should be translated by professionals.

Example: *"This office will make the following documents available to patients in their non-English language when the language is spoken by more than 10% of the office's registered patient population: patient intake forms, medical history forms, financial information forms, patient's rights and responsibility forms, and consents for treatment.*

Document translation must be approved by _____. Any document with legal implications will be translated by WWW Translation Company."

Again, policies and procedures may seem extraneous, especially in a small practice. Writing them, however, may help you think out how you routinely handle certain issues in language access, and may help your staff respond independently with confidence when situations arise.

TIP: For larger practices: Informing your patients about interpreter availability

Whether you are providing interpreter services principally out of concern for clear communication or as a means to market your practice to a wider community, it is important to let your patients know that they can count on understanding and being understood when they come to see you. There are several ways to inform patients, which can all be used simultaneously.

- 1) Inform all patients or their representatives at first contact that you provide interpreters.
- 2) Post an "Interpreter Services Sign" in your waiting room. An example from the Massachusetts Department of Public Health is available for free on its website at: <http://www.state.ma.us/dph/omh/interp/interpreter.htm>. This page contains the following message in 31 languages: *"You have a right to a medical interpreter at no cost to you. Please point to your language. A medical interpreter will be called. Please wait."*

A similar poster is put out by the state of Florida in 21 languages. It reads: *"Attention! If you do not speak English, or if you are deaf, hard of hearing, or sight impaired, YOU can have interpretive and translation services provided at no charge. Please ask for assistance."* You can download this poster for free at <http://www.floridajobs.org/PDG/PostersforEmployers/IS%20Poster%2011x17.pdf>.

- 3) Include a statement like this, translated into the most common languages of your patient population, on any marketing materials: *"If you do not speak English, or if you are deaf or hard-of-hearing, an interpreter will be provided for you at no charge. Please let the receptionist know if you need an interpreter."*

Additional considerations

Language training for physicians

If you speak a non-English language and would like to improve your language skills, there are a variety of opportunities for further study:

- Language learning, self-study

Language training CDs are useful for daily practice in the car, at home, or during lunch time. Online courses can be remote or real-time and can be especially useful for physicians in rural areas. A quick search of the web or a trip to your local bookstore will present you with many choices.

- Language classes, in person and online

If you prefer a more structured language learning environment, try your local community college, or search the web for online language classes.

- Immersion

The value of an immersion experience is that you are forced to use the language instead of just study it. Language is, after all, a tool; you will learn a language best when you need the tool to accomplish a goal in which you are interested.

Most people think of immersion as requiring one to leave the country. While it's true that a prolonged stay in Costa Rica will certainly hone your Spanish, ongoing volunteer work at a social service program in a Spanish-dominant neighborhood of your town or city will also give you plenty of linguistic practice, and with the community which your medical practice serves as well. There are also immersion courses in the US, for example a Spanish language immersion program has been developed in Chicago.

Interpreter training

Anyone who interprets, whether a bilingual staff member, a contractor, or an agency interpreter, should receive basic interpreter training before providing this service. While being bilingual is a prerequisite of being a good interpreter, it is not enough. Interpreting involves a complex series of skills involving understanding a message and recreating the same message in a different linguistic and cultural context. It also includes skills for communicating directly with the people for whom he/she is interpreting, and those related to staying in the background, supporting the patient/physician relationship, managing the flow of the session, and identifying possible culturally-based misunderstandings. Trained interpreters make fewer errors, know how to stay in the background, and help the encounter go faster and more smoothly.

Training programs for foreign language interpreters vary in length, from short 24-hour courses to year-long college programs. At the time of this writing, there are not yet national standards regarding what constitutes an acceptable training program for health care interpreters, but there is general agreement that a 40-hour course is a basic introduction. Courses shorter than that should be considered orientation, not training.

If you are looking for interpreter training for your staff, here are two useful resources:

- 1) *Health Care Interpreter Training in the State of California* (Roat, C. The California Endowment, 2002), is available at http://www.calendow.org/reference/publications/cultural_competence.stm. This document includes a survey and listing of training programs throughout the state of California.
- 2) A 2004 update to the list of training programs in the previous study is available from the California Healthcare Interpreter Association at www.chia.ws. The CHIA website also has information about other training programs accessible by clicking on "Training and Testing Resources."

Interpreter assessment

At the time of this writing, there is no state certification for clinical foreign language interpreters in California. (The Office of Personnel's "Medical Interpreter" certification is designed for legal interpreters working in workers' compensation cases, not for clinical interpreters.) However, anyone providing interpreter services should have his or her interpreting skills assessed. These resources may help you assess your staff's interpreting skills.

- Language Line Services has a medical interpreter certification program, developed and validated by professional psychometricians, conducted over the telephone. The test assesses knowledge of medical terminology and medical procedures, interpretation skills and protocols, bilingual language fluency, and knowledge of culture-specific medical practices. For more information, call 877-351-6636 or email LLU@languageline.com.

- ISI CommuniCare conducts an assessment designed to determine a candidate's competence in both English and non-English language, and in the language skills necessary to provide the interpreting service. The on-site assessment consists of an oral and a written component. The test assesses knowledge of body parts terminology (written), English comprehension and language mastery, consecutive interpretation and sight interpretation into the non-English language. For more information, go to <http://www.ISItrans.com>.

- Pacific Interpreters conducts an over-the-phone assessment of interpreting skills that includes a consecutive interpretation of a scenario and an oral interview. The test evaluates bilingual language facility, interpreting skills, and knowledge of interpreting concepts and ethics. It is scheduled in advance and takes approximately 15-20 minutes. The session is recorded, scored, and a formal report is issued in most cases within a week. For more information, contact the Language and Interpreter Assessment department at 800-230-4790, or by email: LIA@PACIFICinterpreters.com.

- Network OMNI has a valid and reliable internal certification test for its own telephonic interpreters and is currently adapting that test for use with external interpreters. The program is scheduled to begin service in May, 2005. For more information, contact Manny Mendoza, Vice President of Sales and Marketing, 800-543-4244 x 2205, mmendoza@networkomni.com.

- For sign language interpreters, there are two certification programs on a national level: one implemented by the Registry for the Deaf and one implemented by the National Association of the Deaf. There is a special certification for medical interpreting. In the very near future, the two organizations will merge their tests and provide a certification implemented by the National Council on Interpreting (NIC). For more information on these tests, see <http://www.rid.org/nts.html> and <http://www.nad.org/openhouse/programs/NIC/index.html>.

Interpreter waiver forms

While the "family and friends" model of interpreting is discouraged for reasons discussed above, sometimes patients insist on using family members. In this case, you are wise to have the patient sign an Interpreter Waiver Form. This form shows that you offered the patient the services of a qualified interpreter and that the patient declined. While this form will not release you from all legal liability should miscommunication lead to a poor health outcome, it may be of some help in protecting you from a lawsuit. An example of an Interpreter Waiver Form can be found in Appendix D on page 37.

Contracting with interpreters or agencies

Many agencies, both those providing on-site services and those providing telephonic services, will not charge you to set up and maintain an account. Even if you do not use it often, having the account will allow you instant access to the agency's services. For detailed information about finding, evaluating, and working effectively with a language company, a useful resource is *How to Choose and Use a Language Agency: A Guide for Health and Social Service Physicians Who Wish to Contract with Language Agencies* (Roat C. The California Endowment, 2002), available at http://www.calendow.org/reference/publications/cultural_competence.stm.

A Case Study and Checklist

Primary Care Associates

The Practice

Sam Smith, MD, general internal medicine, and Jane Gonzalez, MD, family medicine, have been in practice together for four years. They have a primary care practice in the largest of three towns in a rural agricultural area. They have a full scope practice, with an increasing number of elderly patients. Their staff consists of an office manager who runs the front desk and does all insurance and billing work, and a Physician Assistant, who assists both physicians.

The practice has grown considerably in the past two years, including a large number of Latino patients who are drawn to Dr. Gonzalez, who is fluent in Spanish. There are also increasing numbers of patients who speak other languages. They are considering taking on one new physician partner and at least one Medical Assistant and one more PA. They recently attended a session on Addressing Language Access Issues, and want to make sure that as they expand their practice, they are meeting the language needs of their patients.



Identifying Language Needs

Drs. Smith and Gonzalez begin the process of identifying their practice's language needs by working with their office manager to **ask patients about their language preference** whenever they call for an appointment or arrive at the office for a visit. They decide to **color-code each patient's chart** with a language-specific sticker (e.g., yellow for Spanish), and work with their vendor to develop a **special field for patient language** in their new electronic administrative appointment and billing system. Drs. Smith and Gonzalez also order a set of **"I Speak" cards** to facilitate identification of patient language in the office environment. They allot three months to gather information on all their current patients.



Finding the Right Personnel Mix for the Practice

The identification process tells Drs. Smith and Gonzalez that 45% of their patients speak Spanish as either their first or only language. The remainder of their patients speak Lao (20%), Mandarin (5%), and English (30%). Dr. Smith speaks a little Spanish and uses it to make small talk with his patients, but feels he needs an interpreter for medical encounters. Neither the office manager nor the PA speaks any languages other than English. While Dr. Gonzalez feels comfortable seeing the LEP patients who speak Spanish, this is the fastest growing segment of the practice, and she is concerned that she cannot handle the load herself.

Drs. Smith and Gonzalez make four personnel decisions:

- 1) The new MA they hire should be tested bilingual in Lao and English, and be willing to be trained as a medical interpreter. They have identified a community agency that does language testing and offers a 40-hour course for medical interpreting. They will support the new MA in this training and will tailor the job description to include interpretation.
- 2) Fortunately, the new physician partner who is joining the practice (Dr. Diane Leong) is a Chinese-Lao immigrant who came to the U.S. in her early teens. She is fluent in both Mandarin and Lao, and is willing to serve as a mentor to the new MA.

Checklist of Activities

- Ask patients about their language preference
- Color-code each patient's chart
- Add special field for patient language in your electronic record system
- Order "I Speak" cards
- Assess your language skills and comfort level
- Provide training for bilingual staff interpreters
- Arrange easy access to telephonic interpreters
- Purchase and install high quality speakerphones
- Negotiate a group contract with a telephonic interpreting agency
- Gather information on interpreter services provided by your health plans
- Order patient education materials
- Track interpreter use

3) The new PA should have Spanish language skills, and if sufficiently fluent and interested, be trained in interpretation.

4) Drs. Smith and Gonzalez learn through the grapevine that one of the internal medicine/geriatrics practices in their town has recently hired a staff interpreter who speaks Mandarin and Lao, among his other five languages. They contact the physicians of the practice and arrange to contract for 2 hours of this staffer's time each week.



Equipping the Office

Finally, because they cross-cover each other's patients, Drs. Smith, Gonzalez, and Leong decide they need **easy access to telephonic interpreters**. They equip all their exam rooms with **high-quality speakerphones**, and work with several other local practices to negotiate a **group contract with a telephonic interpreting agency**. In addition, they have the office manager compile telephonic interpreting information for each of their **contracted health plans**, which all provide free telephonic interpreter services for their enrollees.

Using their electronic administrative billing system, they determine that the top five ICD-9 codes are hypertension, diabetes, hyperlipidemia, cancer screening, and osteoarthritis. They order copies of **patient education materials** for these topics in Spanish, Lao and Mandarin.

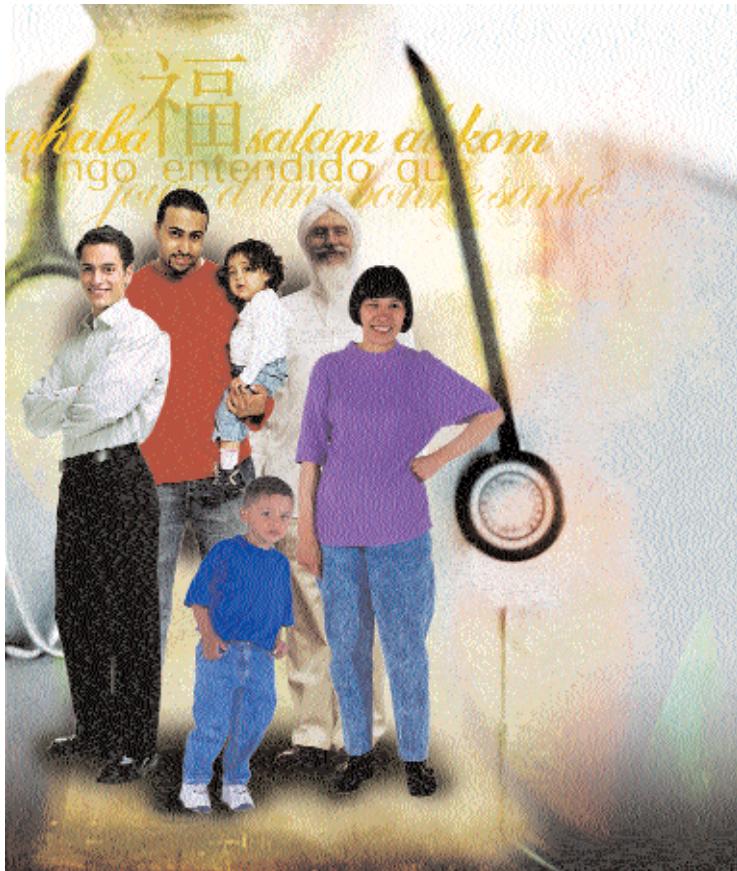


Ongoing Assessment

Drs. Smith, Gonzalez, and Leong agree to evaluate their language access interventions in one year, and to make alterations as necessary. They will continue to collect data about their patient population, and will use that data to make future personnel and office planning decisions. The practice will also begin to track use of the language assistance services they have implemented so they can keep track of what language access is costing the practice, and justify higher contract rates in future negotiations.

Conclusion

As busy as physicians get, you are never too busy to provide quality care to your patients. Providing that same quality of care across a language barrier does require some planning and resources. The results, however, in terms of healthy patients, a growing business, and lower cost and liability in the longrun are worth the effort. Make your practice into one that says “welcome” to all Californians, no matter what language they speak.



Appendix A: Making the Case: The Practical and the Policy

In the medical literature

There are a growing number of reasons that language access in health care is important. They fall roughly into three categories:

1. Quality of care

Logic and research both tell us that, given the critical role communication plays in medicine, anything that affects communication will affect the quality of the health care delivered. When language becomes a barrier, quality of care suffers. Following are quick summaries of a series of studies that support this notion.

- In a 2001 national survey conducted by the Commonwealth Fund, Hispanics who speak Spanish at home were more likely to understand only “some or a little” of what the physician said, more likely to have questions they didn’t ask, and more likely to identify one or more problems communicating with their physician.⁶ This same survey found that of those who needed an interpreter, only 48% got one on a regular basis, and in 43% of these cases, the interpreting was being done by a family member or friend.
- Primary language was an independent predictor of patient-reported drug complications, along with number of medical problems and failure to have side effects explained before treatment.⁷
- Patients whose primary language was not English were significantly less willing to return to the same emergency department (ED) for future care, and reported more overall problems with care, communication, and testing.⁸
- Non-English-speaking patients who had physicians who spoke their language had better medication compliance, better appointment compliance, and fewer ED visits than LEP patients whose physicians did not speak their language.⁹

2. Access to care

When language is a barrier, access to care suffers.

- In a national survey of insured adults, Spanish-speaking Latinos were significantly less likely than non-Latino whites or English-speaking Latinos to have had a physician visit, influenza vaccination, or mammogram in the preceding year.¹⁰
- Spanish-speaking patients discharged from the ED were less likely than English-speaking patients to understand their diagnoses, prescribed medications, special instructions, and plans for follow-up care.¹¹
- In a national survey of 1,001 physicians and 500 Spanish-speaking adults, 19% of the Spanish-speakers reported having NOT sought care when needed due to language barriers.¹²

3. Cost of care

Unaddressed language barriers affect the cost of care in many ways. Patients take longer to be seen, require more visits to address health problems, come in when their problem is more advanced, are more likely to use the ED instead of primary care, and require more (often unnecessary) testing. Some of these costs are born by health care payors, some are absorbed by the institutions providing care. Even small physician offices are affected, however, when the whole system becomes more expensive and limited public resources have to be diverted to paying these costs. In addition, poor communication leading to poor health outcomes result in high legal costs related to malpractice suits.

- Pediatric patients whose families were assessed as having a “language barrier” with the physician had higher charges and longer stays than those without language barriers.¹³
- LEP patients who did not receive interpretation had shorter ED stays and fewer tests and prescriptions in the ED but were more likely to return to the ED for follow-up care than LEP patients who did get interpreters; these patients were more likely to follow-up in primary care. Among non-admitted patients, the total subsequent 30-day charges for all care were reduced for LEP patients who got an interpreter, compared to LEP patients who didn’t get an interpreter and English speakers who did not need an interpreter.¹⁴
- The family of a deceased 36-year-old LEP woman received \$900,000 in a settlement after her flu-like

If you are interested in reading more about the research becoming available about language access in health care, an excellent resource is Language Barriers in Health Care Settings: An Annotated Bibliography of Research Literature (Jacobs E et al.; edited by Chen A; published by The California Endowment). This annotated bibliography can be downloaded for free from The California Endowment at http://www.calendow.org/reference/publications/cultural_competence.stm.

symptoms turned out to be a fatal case of bacterial meningitis. This hospital ED staff treated and discharged her, using one of the patient's semi-fluent friends as an interpreter. Key symptoms were never interpreted, leading to misdiagnosis and the patient's death.¹⁵

- A 22-year-old non-English-speaking man in Miami was awarded a lifetime settlement of \$71 million as a result of a missed stroke. The ED staff assumed his mother's use of the word "intoxicado" meant he had a drug overdose.¹⁶

Policies

Because poor access results in poor health, U.S. regulatory agencies have become concerned that a lack of language access essentially represents a discriminatory practice against those whose national origin means they speak a language other than English. There are a number of laws and regulations, some national and some on the state level, which may affect your practice in this regard. For a more detailed explanation of how these might affect your practice, consult CMA On Call document #0813, available at www.cmanet.org.

The Americans with Disabilities Act

The Americans with Disabilities Act requires physicians to make "reasonable accommodations" so their practices are accessible to individuals with any sort of handicap. Providing a sign-language interpreter for a patient who is deaf or hard-of-hearing is specifically mentioned as being a "reasonable accommodation."

1964 Civil Rights Act

Title VI of the 1964 Civil Rights Act prohibits programs that accept federal funding from running their programs in such a way as to create discrimination on the basis of race, color, or country of national origin. The DHHS Office for Civil Rights has interpreted language as being an aspect of country of national origin. Therefore, if you accept any sort of federal funding (i.e., Medi-Cal), you must provide linguistic access to your services so that LEP patients can participate in your programs in the same way that English speakers can. For guidelines from the Office for Civil Rights as to what constitutes compliance with Civil Rights law, see DHHS' 2002 LEP Guidance Memorandum, at <http://www.healthlaw.org/pubs/200202lepguidance.html> (NOTE: This guidance does not apply to physicians whose practices participate only in Medicare Part B and receive no other federal assistance.)

California Health and Safety Code 9821(c)

This code prohibits recipients of state funds from discriminating against ethnic minorities by "failing to provide alternative communication services for individuals who are unable to read, speak or write in the English language, except when the state determines that such a requirement would place an undue burden on the recipient."

California Health and Safety Code 1259

Code 1259 requires acute care hospitals to provide language assistance in languages spoken by more than 5% of the institution's patient population. This includes developing policies and procedures, providing interpreter services 24/7, posting notices of interpreter availability, training staff in the availability of interpreters, maintaining a list of qualified interpreters, tracking language preference, and translating certain forms, as well as other provisions.

Managed Risk Medical Insurance Board (MRMIB)

The Department of Health Services (which oversees Medi-Cal managed care) and MRMIB (which oversees Healthy Families) both have contract language requiring contracted plans to provide interpretation and translation services for certain threshold populations.

SB853, The Culturally and Linguistically Appropriate Services Act

This law, introduced into the state Legislature by State Senator Martha Escutia and passed in 2003, requires the Department of Managed Health Care to adopt regulations ensuring access to language assistance and culturally competent health care services. The regulations require health care service plans and specialized health care service plans to implement programs to assess subscriber needs, and to provide translation, interpretation, and culturally competent medical services. This law also requires a contract between a health care service plan and a physician to ensure compliance with the standards adopted by the board, as well as requiring a plan to report annually regarding compliance with the department's standards.

For complete information on legal requirements to provide linguistic access, see Ensuring Linguistic Access in Health Care Settings: Legal Rights & Responsibilities, published by the National Health Law Project. The document can be ordered at <http://www.healthlaw.org/pubs/2003.linguisticaccess.html>.

Appendix B: Sample Language Access Policies and Procedures for Physicians in Private Practice

General Statement

ABC Medical Clinic is committed to providing health care services to all patients regardless of their ability to speak English. Access to service is provided through the use of qualified interpreters. ABC Medical Clinic is dedicated to linguistically accurate and culturally appropriate interpreting that transmits the thought, intent and spirit of the message.

Equal access to health care services is legally mandated by the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.

It is the policy of ABC Medical Clinic to provide an interpreter for all patients who need one, at minimum in all interactions in which clinical information or payment arrangements are to be discussed. This includes the taking of a medical history, a medical interview, sharing of a diagnosis, medical procedures, obtaining informed consent, and the explanation or implementation of a treatment plan.

Notification of Language Services

ABC Medical Clinic will post in a conspicuous place in the reception area a clear statement, translated into the most common languages among the local population, of the availability of interpreter services. At first contact with patients or their representatives, staff will offer the information that interpreter services are available. A statement to this effect will also appear on the Patient Rights and Responsibilities document given to all new patients.

Identification of the Patient's Language of Preference

At first contact with all patients or their representatives, the staff member registering the patient will inform the caller that ABC Medical Clinic will provide an interpreter if the patient needs one and will ask in what language the patient prefers to receive his or her care. All patients who indicate the need for an interpreter will receive language assistance. The need for an interpreter and the language needed will be noted in the patient registration database.

When making subsequent appointments for the patient, the staff person making the appointment will check the database to see if an interpreter will be needed.

In the case that a patient's language is not noted in the patient database and that patient should present in the clinic, staff will use the Language Identification Chart to assist in establishing the patient's language. If the patient is illiterate or if the patient's language does not appear on the chart, staff will call ZZZ Telephonic Interpreting Company for assistance in identifying the language.

Provision of Language Access Services

As a general policy, family and friends will be used to interpret ONLY in the following circumstances:

- When making, changing or canceling appointments.
- At the patient's specific request, after having been informed that the clinic will provide an interpreter if desired.

Staff members who meet the following criteria will be allowed to provide their professional services in a language other than English (LOTE):

- Individuals born, raised and educated where the LOTE was the dominant language.
- Individuals who have studied the LOTE academically and who have lived and worked for a significant period of time in a society where the LOTE was the dominant language.
- Individuals who have passed a language competence exam in the LOTE.

Certain staff members may be designated as bilingual interpreters. In order to receive this designation, the individual in question must demonstrate fluency in English and a LOTE, and must receive at least 40 hours of training as a medical interpreter. Staff members so designated will provide interpreting services for patients meeting with practice staff only. Bilingual staff will receive an appropriate increase in pay rate, to be negotiated with the practice director.

In the absence of bilingual staff interpreters, the staff person making an appointment for an LEP patient shall also book an interpreter for the appointment. The request shall be called in or faxed in to the XYZ Interpreting Agency, and will include the patient's name, ID number, and language; the time and location of the appointment; and the expected length of the appointment. A copy of the fax will be kept for auditing purposes.

Contract and agency interpreters shall be signed in and out by the receptionist. The receptionist will take care to note that the correct patient information, time and date have been filled in on the encounter form.

In cases in which an interpreter is needed immediately, or in cases in which an interpreter is needed to assist in a telephone conversation with a patient, staff will contact ZZZ Telephonic Interpreting Agency.

A telephonic interpreter will be used only in the following circumstances:

- For conversations which will be conducted over the phone anyway;
- When the content to be discussed is relatively simple;
- For determining what language a patient speaks;
- When staff need immediate access to an interpreter, for example, in emergencies;
- When a trained on-site interpreter is not available, or when waiting for such an interpreter will cause an unacceptable delay;
- When privacy and confidentiality are significant issues, especially if the patient's community is small and close-knit; or
- When health and hygiene are issues, such as the case in very immunocompromised patients.

All complaints about interpreter behavior, whether from staff or patients, will be addressed within 72 hours. Complaints about interpreters on staff will be handled by _____. Complaints about contract or agency interpreters will be given to _____, who will contact the individual or agency in writing to explain the nature of the concern and resolve the problem.

All physicians at ABC Medical Clinic will include a note in the chart of LEP patients indicating how language access was provided. The chart note will indicate :

- The fact that a language barrier existed;
- The physician's ability to speak the patient's non-English language; or
- The presence and origin of an interpreter.

Translations

This clinic will make the following documents available to patients in their non-English language when the language is spoken by more than 10% of the practice's registered patient population:

- Patient intake forms
- Medical history forms
- Financial information forms
- Patient's rights and responsibility forms
- Consents for treatment

Document translation must be approved by _____. Any document with legal implications will be translated by WWW Translation Company.

Appendix C: Sample Job Description

Bilingual Staff Interpreter

Position: Insert name of practice role

Location: Insert name of practice

Hours per week: 40

Salary level: Insert wage

Duties: Insert all the job responsibilities for the employee's clinical role.

Note: It is important that the non-interpreting job responsibilities for a dual-role interpreter be scaled back to accommodate the time that this employee will spend interpreting. An MA/Interpreter, for example, will not be able to complete the same amount of medical assisting work that a non-interpreter would, and this should be recognized in the job description.

Qualifications: Insert qualifications necessary for interpreter role.

For example:

- Provide accurate and complete interpretation for Spanish-speaking patients and practice staff as requested, in support of successful delivery of services. Provide interpretation in compliance with all office policies and procedures, particularly relating to patient confidentiality and informed consent, the CHIA Standards of Practice, and the National Code of Ethics for Interpreters in Health Care.
- Provide short written translations as required in patient encounters such as filling out forms and medical instructions, and medication schedules.

Qualifications: Insert qualifications necessary for clinical practice interpreter role.

For example:

- Proof of oral and written fluency in English and Spanish. Candidates may be asked to take and pass a Language Competency exam in Spanish.
- Proof of successful completion of at least 40 hours of training in health care interpreting.
- Superior interpersonal and customer service skills.
- A positive attitude toward people from diverse cultural, ethnic and socioeconomic backgrounds.

Education and Experience: Insert education and experience required for clinical practice and interpreter role.

For example:

- At least one year experience in health care interpreting preferred.
- Experience working with a broad range of people from diverse cultural, ethnic and socioeconomic backgrounds.

Appendix D: Sample Interpreter Service Waiver

Interpreter Service Waiver

I, _____, understand that ABC Office offers the services of qualified medical interpreters to all limited-English proficient patients, either in person or by telephone. I am declining these services and choosing instead to have an adult friend or family member interpret for me. I acknowledge that ABC Office has discussed with me the inherent risks in using friends or family members, including but not limited to:

- Family members or friends may not have the language or interpreting skills required to interpret accurately and completely in medical settings;
- Family members or friends may not feel bound to uphold the same standards of privacy and confidentiality as a professional interpreter; and
- Issues may arise that are sensitive and/or difficult to discuss through a family member or friend.

I voluntarily and knowingly decline the interpreter services ABC Physicians' Office has offered. I understand the potential risks involved and agree to assume those risks. I am choosing to have an adult friend or family member interpret for me.

Patient Name

Witness name

Date

Patient Signature

Witness signature

Date

Appendix E: Additional Resources

Resources Related to Language Access in Health Care

The California Healthcare Interpreting Association
www.chia.ws

The Cross Cultural Health Care Program
www.xculture.org

DiversityRx
www.diversityrs.org

Federal Interagency Working Group on Limited English Proficiency
www.lep.gov

The National Council on Interpreting in Health Care
www.ncihc.org

Information on Cultural/Linguistic Groups Common in California

Ethnomed, from Harborview Medical Center
www.ethnomed.org

Management Sciences for Health
<http://www.msh.org/resources/e-learning/featured.html#top>

Multi-Cultural Communication/New South Wales
<http://mhcs.health.nsw.gov.au/>

Rehabilitation Physician's Guide to Cultures of the Foreign-Born
<http://cirrie.buffalo.edu/mseries.html>

Refugee Health-Immigrant Health
http://www3.baylor.edu/~Charles_Kemp/refugees.htm

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3. CAFP's Language Access Survey, February 2003, 297 Family Physicians and Primary Care Physicians.
4. Wirthlin Worldwide 2002 RWJF Survey.
5. A few such programs include the Medical Schools at Harvard University, UMDNJ Robert Wood Johnson Medical School, UCLA, Northwestern, University of Nebraska, University of Rochester, and University of Washington.
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