

Tips for Accommodating Patients and Family Members with Limited English Proficiency - Transcript from Live Session

Wednesday, July 25, 2018

Guadalupe: Hello everybody. Welcome to this webinar entitled, *Tips for Accommodating Patients and Family Members with Limited English Proficiency*. My name is Guadalupe Pacheco, and I am an HCDE Subject Matter Expert. On the side, I also run my own company called Pacheco Consulting Group, and I focus on health policy, public engagements, and cultural competency service delivery. As a footnote, I used to work for the U.S. Department of Health and Human Services, Office on Minority Health, and instrumental in developing the class standards, which I will be discussing shortly during my presentation.

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The objective. What this webinar will do is examine the requirements for accommodating limited English proficient individuals in primary medical care settings. But additionally, it is expected that you folks out there will demonstrate the ability to hopefully digest the behavior objectives as outlined here on this particular slide.

The first thing will be that you should be able to define limited English proficiency (LEP) individuals.

Secondly, discuss the legal guidance regarding LEP services.

Next one would be to identify appropriate practices for accommodating LEP individuals in primary care settings.

Lastly, discuss available resources for addressing the LEP individuals.

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The content outline. What I'm going to do is basically go through these bullets that are outlined here in this particular slide. For example, I will give you some background information in terms of the name the foundation toward the discussion that will follow regarding LEP persons. We'll also present the legal framework permitting the language needs of LEP individuals, including the Office of Minority Health's culture linguistics

appropriate services in healthcare standards, specifically, the standard that deals with providing language assistance for LEP individuals.

They talk about the primary care practices within your settings in terms of the do's and don'ts that you need to use to comply with the language assistance of class. Also, Title VI of the 1964 Civil Rights Act.

At the end, I will provide a slide with resources that can be used by you to aid you in your efforts to meet the language needs of your LEP patient.

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So the background. Let me just go into the background real quickly on this subject matter that I will be talking about the next 30 minutes or so.

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So the first thing, basically when you define LEP individuals, limited English proficient individuals, these are defined as individuals who what? Do not speak English as their primary language. Have limited ability to read, speak, write, or understand English.

We also need to address those individuals who have sensory impairment. In here I'm talking about hearing, sight, and those who are also covered under the legal authorities that govern LEP individuals under the American Disabilities Act of 1990. This particular act, the ADA they call it, was the first comprehensive Civil Rights group law addressing the needs of individuals with disabilities. These individuals are obviously covered under the 1964 Civil Rights Act, as it applies to not LEP individuals. Again, these individuals are entitled to language assistance, with respect to a particular type of service of benefits or encounter.

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So the background. Minority groups are now the nation's fastest growing demographic. According to the U.S. Census, at least one third, or 36% of the U.S. population is composed of minority individuals. Here I'm talking about African Americans, Hispanics, Asians, Native Americans, et cetera. By 2045, again this is based on the U.S. Census projection, minorities will make up 50% of the U.S. population. Some of you may know that there are already minority states such as Hawaii, New Mexico, California, and Nevada. Based again on Census data, nearly 25 million, or 8.6%, as this slide indicates, of the U.S. population are defined as LEP individuals. 63% of LEP persons are Latino. There are over 60 million people in the United States that speak another language, other than English at home. You can see the demand for language services, is tremendous.

You look at the given number of LEP individuals in this country, now and in the future, it's always the primary care providers that must be prepared, and be adequately resourced to accommodate the language needs of this growing segment within their particular practice.

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So what are some characteristics of LEP individuals?

In one particular case study, on the average, LEP individuals experienced what? Lower likelihood of having a usual source of medical care. This could be because they may not have a primary care provider. They have lower rates in mammograms, pap smears, and other preventative services.

The next one would be non-adherence with medication. In other words, they're not complying with the meds that the practitioner is prescribing. There is an increasing risk of drug complication. Maybe they're not taking the right dosage, or they're taking too much of that particular prescription drug.

They have longer medical visits. Again, it could be because they don't have anybody to communicate, when they go to that medical setting, that private setting, to basically give the basic information about their presenting medical issue.

They have higher rates of utilization for diagnostic testing. If the doctor doesn't get the right information, he or she may just be testing on various kinds of medical conditions, and not really pinpoint the first one. If that patient was able to communicate with that provider, with the use of a medical interpreter or a bilingual person.

They have lower patient satisfaction. This is all related to the various issues that I already discussed. Again it goes back to the impaired patient doesn't understand or can't communicate to the physician, about what the presenting problem is. So there are issues about the prescription medications. There are issues about what's the next step in terms of a following up for a particular appointment where the physician is specialist?

These are all negative experiences, which are what? Due to language barriers and the lack of medical interpreters, or even bilingual staff who can assist practitioners or providers, within those clinical encounter situations.

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It's the Law to provide language access to language minority population. Again, this is based on Title VI of the 1964 Civil Rights Act, specifically section 601. This states that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participating in, or be denied benefits, of/or subject to discrimination under any program to be receiving federal assistance.

I think the bottom line there is that it prohibits national oral discrimination. If you're receiving federal funds, as indicated in this particular citation, you have to comply with this particular law, and take appropriate measures to provide language services to LEP individuals.

If you need additional guidance on this particular, in terms of what the requirements are for you to comply with Title VI as it applies to LEP individuals, you can go to the LEP.gov site and you will get some great information that can assist you, with providing you with options that you can use to meet the needs of LEP individuals.

The other thing I would like to note is that the Office of Civil Rights at the Department Health and Human Services is the enforcement agent for LEP violations.

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So let me just briefly talk about The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care. This is version two. They were issued in 2012 and they consist of 15 standards, which provide pathways to deliver culturally competent care to racial diverse populations. The standards that I'm going to just talk about are standards five, six, seven, and eight. The themes basically focus on communication and language assistance.

The first thing is that providers have to offer language assistance to individuals who have limited English proficiency or other communication needs at no cost to them. They should facilitate timely access to all health care and services that they're offering within those practice settings or medical settings.

Secondly, and second theme which would be on standard six is that those individuals need to be informed that they are entitled to receive language assistance in their preferred particular language. This could be done either verbally or in writing. Usually this is done at the reception desk where the clerk will ask the patient if they need an assistant, in terms of language assistant, either provided by medical interpreter or maybe even a language line.

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The next one is what? Ensure the competency of individuals providing language assistance and recognizing the use of untrained individuals or minors as interpreters should be avoided. This is so important. I'll talk about this later in terms of the do's and don'ts.

I can just tell you from my own personal experience though, I remember acting as an interpreter for my mom and it was regarding a female medical condition and here I was a minor. Let's see, about eight years old. And I was like, "What? What is this?" But at that time I didn't know that I was doing something that I shouldn't have been doing. As a youth, as a minor, I think that should definitely be avoided.

The next theme is providing easy-to-understand credit and materials, multimedia materials, and signage in the language that is commonly used by those individuals in that particular service area. If you're serving in an area where, let's say, 80% of the community is Asian, they teach it in Asian. You need to make sure that you have your

promotional materials, your marketing materials, or other kind of HIPAA materials et cetera. It should be in the language that is used by that particular population.

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Now we get into interpretation.

There's a lot of confusion, as most of you know, in terms of what an interpreter does, what a translator does. I'll go through this quickly.

Basically, interpretation involves what the immediate communication, so meaning the translation from the source language into target language. If I want to speak Spanish, I'm going to get an interpreter that can speak Spanish as well as English. That individual will be interpreting what I'm saying to that clinician. I'll say it in Spanish and he or she will interpret it into English for the provider. So in other words, the interpreter is what conveys the meaning orally while the translator conveys the meaning to written text. Hope that makes sense. In other words, interpreter is almost a dialogue or an exchange from a particular source language to another language, but it's interpreted by a medical interpreter. Whereas translator, you're talking about written text. As you can see by this particular slide in fact, maybe that person says this is what's being conveyed in writing and then that person can also convey it in terms of interpreting what that means.

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Interpretation. It's really important that professional interpreters and translators be required to take particular tests that include, for example, codes of conduct. That they're well trained in their particular communication skills, ethics, and the particular subject matter language. Here I think it's really important, you can't just get any kind of interpreter with any particular profession. For example, that's kind of using the medical setting. You don't want to get a court interpreter because they're trained on the legal aspects of interpretation. You want to get a medical interpreter that understands the medical lingo and understands the terms. That's really important.

Translators, the same thing. You're asking them to translate particular documents into a particular language. They should be very well versed in the subject matter, especially in the medical setting.

Here on the second bullet, talking about, that those particular interpreters and translators should go through some kind of rigorous certification or qualification testing to make sure that they are qualified to provide interpretation and even translation services to your particular recipients.

There are free bodies out there that you can tap into to seek guidance to make sure you're getting some qualified medical interpreters and translators. One is the Certification Commission for Health Care Interpreters. The other one is a National Board for Certification of Medical Interpreters. Lastly, the American Translation Association for translators.

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As practitioners in primary care settings, there are some do's and don'ts that you should use in your practice. Obviously, for example, you want to make sure that you use qualified interpreter services for LEP individuals. That's your first option. That's a do.

Another option obviously, there are language lines out there that can be used as secondary options.

The other one to consider is bilingual staff? You may want to use them as long as they've gone through some kind of medical interpretation training and also certification.

The don'ts are pretty obvious. You don't want to allow family members or untrained bilingual staff to offer interpretation services within your practice. There are liability issues regarding that because if that bilingual or that medical interpreter doesn't represent the accurate information that's being conveyed from the patient to the provider, and that inaccurate information results in a misdiagnosis, then obviously there's going to be issues with that such as malpractice, et cetera.

The do again, on the left hand side, to provide appropriate transcript written materials. So here we're talking about anything dealing with forms that have to be completed by the patient. Consent forms, again patient educational materials, and the other thing is HIPAA.

When I go to the doctor they always give me the HIPAA form, just to make sure I understand that if they're violating my HIPPA rights, that I'm able to file a complaint. So that's important.

Now, on the right on the don'ts, you don't want to provide documents that are written in English without explaining the purpose. For instance, even labs. Send them to a particular specialist, or laboratory assessment, or et cetera, if you're patients doesn't speak English you don't want to do that. You want to make sure that they're provided in the language that they speak, or they understand, and that it's at a literacy level that they are able to consume that kind of information and take appropriate steps to follow-up with your particular request.

Lastly, in the do's, we want to make sure that your signage is appropriate, in the particular languages, for the patient's that you serve. Again, it's basic information, like did you get your lab? This probably applies more to big medical settings where they have directional signage that can direct patients to the appropriate triage station.

Again, it goes back to the don'ts. If your patient speaks another language other than English, you don't want to just put your signage in English. You want to make sure your signage is appropriate for the particular language patient that you're serving.

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Okay. After this, I'm going to go to the next slide. I think these are ... Go to the next slide, please.

These are resources that you can use as practitioners for, let's say, your individual tool box. It's for your practice. All this information on this slide, they're free. You can download the information. In some situations, you can even contact these particular entities and they will give you more guidance in terms of what you can do to make sure that you're services are accessible to LEP individuals and you're taking every effort to meet their particular language needs in order to provide quality care to those individuals.

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So, I just want to thank you for participating on this webinar. Feel free to reach out to Quality Insights for further information on this important subject matter that I think is very crucial in meeting the needs of your LEP patients. Again, thank you so much. Have a wonderful day.



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