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# Linguistic Gap

## Help patients with limited English proficiency

By Mark Harris

For those who speak English fluently, the idea of language as a barrier to safe, effective health care might seem somewhat intangible and secondary to many other access-to-care issues. Then again, any English speaker who has ever had the experience of needing medical services in a non-English speaking nation will likely appreciate how crucial it can be to communicate effectively with those providing care.

For many, language challenges in health care are indeed front and center. While about 20 percent of the U.S. population claims a native language other than English, a report-

ed subset of this population—around 25 million people, or nearly 9 percent of the population—can be classified as being limited English proficient (LEP).<sup>1</sup> For these patients, communication barriers can pose potential risks to the safety and quality of the health care they receive. For one, adverse events are more likely to occur when language barriers separate providers and patients. In one recent U.S. hospital study, 49 percent of LEP patients experienced physical harm versus 30 percent of English-speaking patients. Longer hospital stays, increased risks for central line or surgical infections, and greater chances of readmissions for certain chronic conditions

are only some of the risks associated with language barriers.<sup>1</sup>

Effectively addressing language barriers is especially necessary during complex or high-risk circumstances, such as those involving urgent and emergency care, surgical care, medication reconciliation, and transitions of care.<sup>1</sup> Fundamentally, the issue of effective patient-provider communication should be understood as a matter of essential patient safety. When patients do not fully understand how to manage their conditions or are unable to follow medication instructions and other important care instructions, medical errors and complications are more likely to ensue.

## On speaking terms

How exactly is *limited English proficiency* defined? “Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or ‘LEP,’” according to the federal government’s LEP website.<sup>2</sup>

Addressing the LEP–health care challenge starts with recognizing that every patient has a right to receive information from their providers in ways they can understand. Effective communication is a prerequisite for obtaining the patient’s informed consent to medical treatment, which is both a legal and ethical requirement. The American Medical Association’s (AMA) Code of Medical Ethics dictates that every patient has the right “to receive information and ask questions about recommended treatments so that they can make well-considered decisions about care. Successful communication in the patient–physician relationship fosters trust and supports shared decision-making.”<sup>3</sup>

Additionally, informed consent can involve more than a formal written agreement for medical services. As the *AMA Journal of Ethics* notes, patient consent is also typically required in the examination room for more invasive aspects of physical examinations that would not otherwise require the patient’s written agreement.<sup>3</sup>

More generally, all LEP individuals are protected under Title VI of the Civil Rights Act of 1964, which prohibits discrimination based on national origin, race, or color. To bolster civil rights legislation, newer legal initiatives, such as the presidential executive order issued in 2000 and the Patient Protection and Affordable Care Act (ACA) of 2010, further address the obligations of federal agencies and federally funded programs to provide LEP patients with “meaningful access” to medical services.<sup>4</sup>

Today, covered health programs and activities are obligated to provide a variety of assistive language services for LEP language groups at no cost to patients<sup>5</sup>:

## In-person medical interpreters

### Advantages

Working with an in-person interpreter is particularly helpful in situations that involve the following<sup>16</sup>:

- Communication with multiple people or family members
- Sensitive situations during which it is particularly necessary to assure understanding, read facial expressions, and possibly engage in roles beyond message conversion (e.g., message clarification, patient advocacy, and cultural clarification)
- Communication with patients with partial or total blindness or deafness, including when visual instructions are required

### Disadvantages

At the same time, in-person interpretation does pose some challenges<sup>16</sup>:

- Difficulty accessing interpreters on demand (delays are typical depending on where interpreters are based and how busy they are)
- Inability to provide the same degree of anonymity as telephonic interpreters (and to some extent video-remote interpreters)



- Qualified interpreters
- Written translations of vital patient materials
- Note takers
- Other related services

The Joint Commission, a nonprofit accrediting organization for 21,000 U.S. health care organizations and programs, states that vital documents may include written materials such as the following<sup>5</sup>:

- Consent and complaint forms
- Intake forms
- Notices of eligibility criteria, rights, denial, loss, or decreases in benefits
- Patient information about free language assistance programs or services

Under the ACA's Section 1557, for example, health care providers are expected to post nondiscrimination notices informing LEP individuals of their right to language assistance, along with taglines in the top 15 languages for their state that explain the availability of such assistance. While reiterating the need to avoid using unqualified staff for interpreter services, the ACA cautions providers to avoid low-quality video-remote interpreting services.<sup>6</sup>

The ACA also encourages providers to develop a language access plan that describes the steps their organization takes to ensure meaningful access to health care for LEP patients. Documenting an organization's LEP policies and procedures in writing yields a particularly helpful resource that does the following<sup>7</sup>:

- Explains the use of interpreters, including bilingual staff
- Describes the use of telephonic and video-remote interpreters
- Clarifies protocols for how language services are made available at appointment check-ins

## Remote medical interpreters

### Advantages

Working with an interpreter via telephone or video can be sometimes more useful or desirable than via in-person<sup>16</sup>:

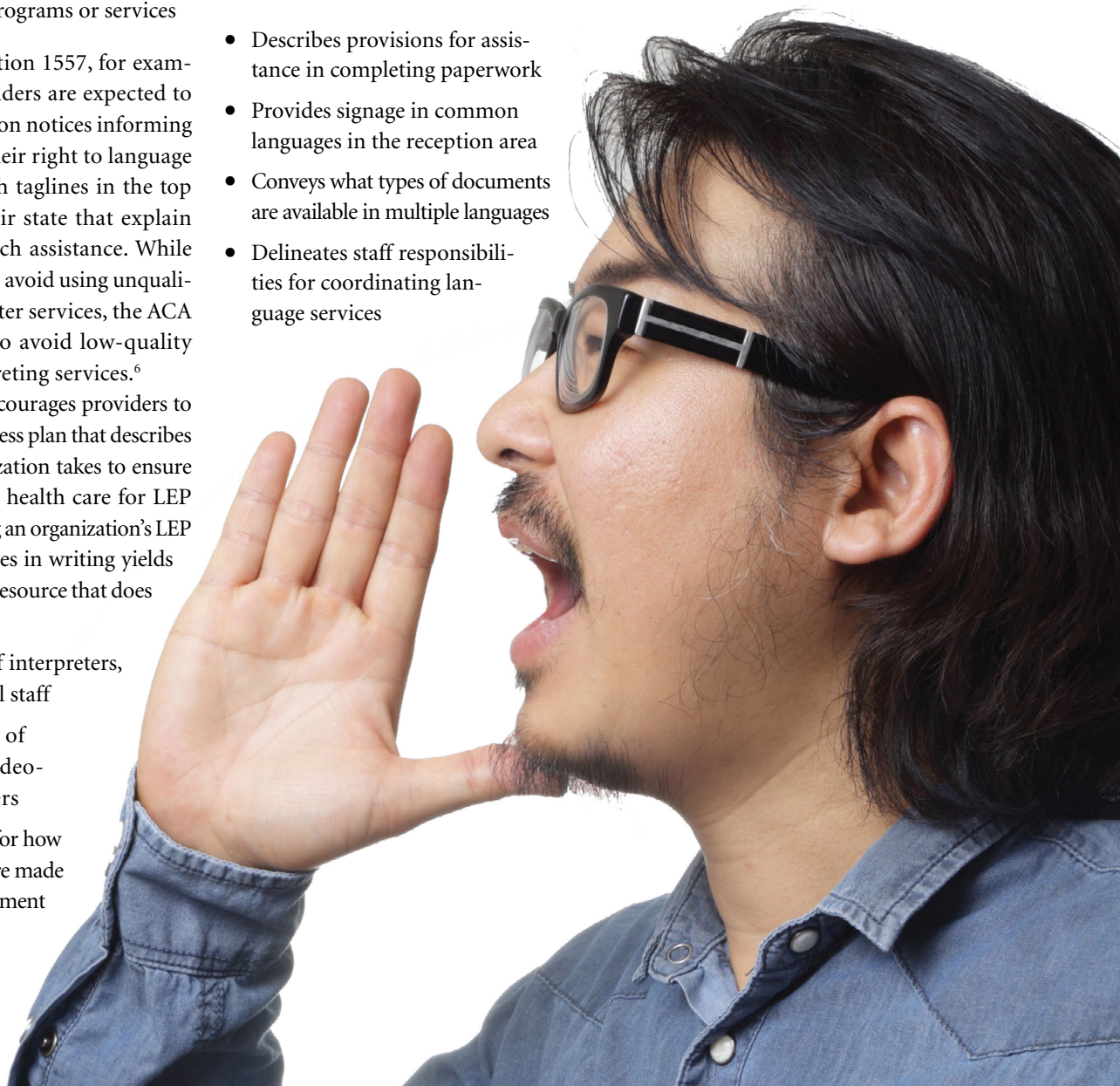
- During emergencies or in situations in which in-person interpreters are not readily available
- When anonymity for patients discussing personal information is desired

### Disadvantages

While useful in some situations, remote interpretation also has its challenges<sup>16</sup>:

- Telephonic and video-remote interpretation may not work well for individuals with partial or total deafness or blindness, respectively.
- Providers often use speakerphone, which may make it difficult for the interpreter to hear.
- Remote interpretation is susceptible to technical issues, such as echoes, feedback, and static, which can make communication difficult for all parties.

- Describes provisions for assistance in completing paperwork
- Provides signage in common languages in the reception area
- Conveys what types of documents are available in multiple languages
- Delineates staff responsibilities for coordinating language services



## Talk shop(s)

### Limited English Proficiency (LEP)—A Federal Interagency Website

<https://www.lep.gov>

### The Joint Commission—Health Equity Portal

[https://www.jointcommission.org/topics/health\\_equity.aspx](https://www.jointcommission.org/topics/health_equity.aspx)

### National Council on Interpreting in Health Care (NCIHC)

<http://www.ncihc.org>

### The Disparities Solutions Center

<https://mghdisparitiessolutions.org/>

### Certification Commission for Health Care Interpreters (CCHI)

<http://cchicertification.org>

### The National Board of Certification for Medical Interpreters (NBCMI)

<http://www.certifiedmedicalinterpreters.org>

Notably, communication barriers are not limited to verbal communication involving non-English speakers. Many patients of varying circumstances may also require special assistance to ensure effective communication with their health care providers<sup>1</sup>:

- Those with limited literacy in any language
- Those with partial or total blindness or deafness
- Those with cognitive impairments
- Children

## Lip services

Unfortunately, how the health care system meets the needs of LEP patients remains uneven. Some reports indicate only a minority of hospitals with the greatest LEP populations systematically address LEP patients' language needs, while one-

third of U.S. hospitals still do not offer language services.<sup>8</sup>

As a starting point for improving LEP patient care, groups such as The Joint Commission encourage health care organizations to undertake a careful assessment of their current proficiency at meeting LEP patient needs.<sup>9</sup> It is a concern rooted in recognition of the vital role cultural competence plays in ensuring safe, equitable health care for all patients, regardless of national origin or distinct linguistic needs.

"As the population becomes more and more diverse, and patients enter the health care system at different points, through hospitals, clinics, and behavioral health care facilities, I think the issue of language and communication is important across the entire spectrum," remarks Christina Cordero, PhD, MPH, project director in The Joint Commission's department of standards and survey methods. "Any time you have [patients who are] coming into your organization [who have] limited proficiency and need an interpreter, it's important to make sure they have access to language services, so they can fully participate in their care and make informed health care decisions."

The Joint Commission recommends health care organizations establish a process that ensures their bilingual practitioners and language interpreters are qualified to provide care in another language. This is a particularly pressing concern throughout health care. In its 2013 report, *Promoting Appropriate Use of Physicians' Non-English Language Skills in Clinical Care*, the Commission to End Health Care Disparities notes that while nearly 9 out of 10 hospitals report using bilingual providers to treat LEP patients, very few evaluate their competence in non-English languages in any systematic way.<sup>10</sup>

Most if not all LEP experts—and an increasing number of providers—recognize that the use of all types of ad hoc interpreter services (e.g., family, friends, and untrained staff) is a problematic practice, one associated with a greater risk of medical errors and less satisfactory outcomes.

"With regard to the issue of ad hoc interpretation, I think the situation has improved in the last few years," says Enrica J. Ardemagni, PhD, president of the board of the National Council on Interpreting in Health Care. "Often, the use of ad hoc interpreters happens out of necessity, perhaps especially in rural areas where interpreter resources are more limited. The use of untrained interpreters can also reflect other factors, such as an organization's lack of a language access plan that addresses how to provide interpreting services. Obviously, a language access plan would put specific guidelines on who could be interpreting, either as a face-to-face interpreter, over-the-phone interpreter, or OPI, or video-remote interpreter, or VRI."

The practice of using ad hoc interpretation by family members or friends during patient appointments can also occur for other reasons, notes Dr. Ardemagni, a professor emerita of world languages and culture at Indiana University–Purdue University Indianapolis (IUPUI). "There are still health care providers who are not aware they have to provide an interpreter if they are receiving federal funding. The general population is also not often aware they have a right to have an interpreter available. The other issue with ad hoc interpretation gets into what we call *LLDs*, or languages of lesser diffusion. If you are in a rural area, you may not have access to trained, qualified interpreters that speak languages that we might need on a not-so-regular basis. The people who actually know that they have to provide qualified interpreters will use the telephonic interpreting or video-remote interpreting to bring in these interpreters. But others may just use a patient's family member who speaks English."

Despite legal protections of LEP patient rights, consistent quality interpreter services have historically not been available in every state.<sup>11</sup> Nonetheless, efforts are moving in this direction. Two national organizations now offer certification programs for medical interpreters: the National Board of Certification for Medical Interpreters (NBCMI) and the





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Welcome to this CME/CE video series on infection control. Although institutions and infection control experts have made significant progress in preventing some types of infections, there is still a great deal of work to be done. This series will feature discussions with top faculty on infection transmission and healthcare-associated infections. We will take a look at the healthcare environment and touch on medical equipment, injection safety, risk recognition, glove use, and hand hygiene.

#### **Activity 1**

**Learn how to recognize and mitigate the risk of infection transmission** CME/ABIM MOC/CE

Learn how to reduce infection transmission and healthcare-associated infections  
Faculty: Michael Bell, MD; Lisa Maragakis, MD, MPH; Peter Pronovost, MD, PhD

#### **Activity 2**

**Healthcare-associated infections and the role of the healthcare environment** CME/ABIM MOC/CE

Healthcare-associated infections and how to prevent them in healthcare settings.  
Authors: Patti Costello; Ruth Carrico, PhD, MSN, FNP; Russell N. Olmsted, MPH, CIC

#### **Activity 3**

**Recognizing Infection Risks in Medical Equipment** CME/ABIM MOC/CE

Medical equipment and devices pose infection risks: a look at their use, maintenance, and reprocessing  
Faculty: Michael Bell, MD; Daniel Diekema, MD; J. Hudson Garrett, Jr, PhD, MSN, MPH, FNP-BC

#### **Activity 4**

**Infection Transmission Risks Associated with Nonsterile Glove Use** CME/ABIM MOC/CE

Handle with care: hand hygiene and nonsterile glove use.  
Faculty: Michael Bell, MD; Ruth Carrico, PhD, MSN, FNP; J. Hudson Garrett Jr, PhD, MSN, MPH, FNP; Sujay C. Reddy, MD

#### **Activity 5**

**Infection Prevention: A Hierarchy of Controls Approach** CME/ABIM MOC/CE

Learn how this "prevention through design" strategy can reduce or prevent illness, fatalities, and occupational injuries.  
Faculty: Vineet Chopra, MD, MSc; Bryan Christensen, PhD, MEPC; Lynn Janssen, MS, CIC, CPHQ

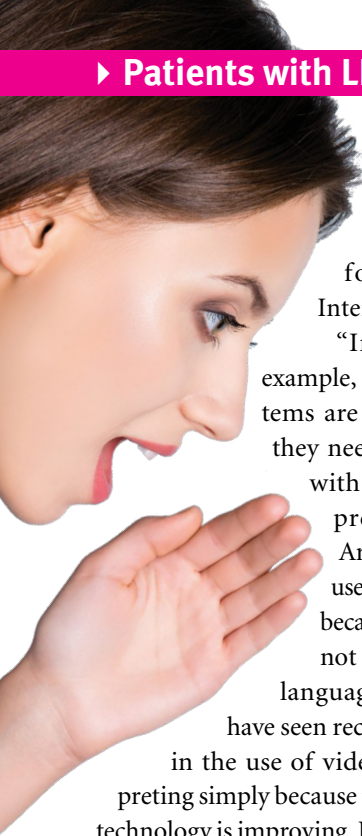
#### **Activity 6**

**Learn how to implement a system-wide approach to prevent breaches in injection safety** CME/ABIM MOC/CE

Learn how to decrease use of syringes and misuse of medical vials.  
Faculty: Joseph Perz, DrPH, MA; Marion A. Kainer, MD, MPH, FRACP, FSHEA; Timothy Wiemken, PhD, MPH, CIC

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Certification Commission for Healthcare Interpreters (CCHI).

“In Indiana, for example, our hospital systems are very aware that they need to be working with qualified interpreters,” says Dr. Ardemagni. “And I use the term *qualified* because certification is not available in every language. But what we have seen recently is an uptick in the use of video-remote interpreting simply because the video-remote technology is improving. I don’t want to say that it is more cost-effective, but it is more readily available to hospitals that might serve larger populations of languages of lesser diffusion.”

A *qualified interpreter* is generally defined as someone who meets the following qualifications<sup>12</sup>:

- Demonstrates a high level of fluency in spoken English and at least one other language
- Understands and adheres to an accepted code of ethics, including adherence to client confidentiality
- Proficient in the ability to “interpret effectively, accurately, and impartially, both receptively and expressly, to and from such language(s) and English, using any necessary specialized vocabulary, terminology, and phraseology”

As certification becomes more common, Dr. Ardemagni expects that state guidelines for interpreter services will continue to evolve, becoming more reflective of the levels of challenge involved in different medical settings. “I think what we might potentially see in the future is the development of more of what we would call a *tiered system of interpreting*,” she says.

By way of example, Dr. Ardemagni cites the legislative recommendation from the Minnesota Department of Health in 2015 that the state should adopt a four-tiered system for qualifying medical interpreters based on education, training, certification, and examination standards. Like some states, Minnesota maintains a voluntary state roster of interpreters. However, there are no formal qualifications required to be on the roster.<sup>13</sup>

### Figures of speech

Overall, the impact of the LEP–health care challenge will vary for providers depending on the language needs of the communities they serve, size and type of medical practice, and other factors.

“Our communication issues in this region mostly involve Spanish-speaking and hearing-impaired patients,” reports Stephanie Zeliff, CMA (AAMA), a recently retired office manager for an internal medicine practice at the Charleston-based Medical University of South Carolina (MUSC).

With a growing Spanish-speaking population, the MUSC health system provides on-site medical interpretation for patients as well as facility-wide access to a phone interpretation service. In fact, MUSC has a staff of 10 certified medical interpreters and a policy requiring qualified interpreters at medical encounters. As well, new MUSC employees receive orientation on cultural competence, language access, and strategies for working effectively with medical interpreters.<sup>14</sup>

“The MUSC health system makes many written materials available in Spanish,” says Zeliff, “with information on common medical procedures and treatments, such as vaccines, colonoscopy, diabetes, [electrocardiograms], heart conditions, and other issues.” There are also interpreter services available for partially deaf and deaf patients, says Zeliff, including a free-of-charge, home-based text telephone service that patients can use to communicate with their providers.

As a small general and vascular medical practice, Virginia Beach Surgery in Virginia Beach, Virginia, is a relatively low-volume provider of LEP services, reports practice manager Sharon Smith, CMPE, CMA (AAMA), CPPM, COC, CPC. Nonetheless, like other providers in recent years, Virginia Beach Surgery has taken steps to upgrade their LEP offerings. This includes contracting with an over-the-phone interpreter service available in their region.

“Actually, prior to Section 1557 of the ACA, we had no plans in place other than the hope that LEP patients had someone—a caregiver, family member, or friend—with them to assist with the communications between the patient and health care staff,” says Smith. “Now, we use the phone interpreter service, which charges by the minute, and have done so on a few occasions.”

One advantage of the phone interpretive service is its ready availability, says Smith. “There’s a telephone number that we call, we give them our account number, explain what language we need, then wait just for a moment while they get an interpreter on speakerphone.” The service has been used so far by only Spanish-speaking patients, Smith reports.

While some LEP patients may want to bring family or friends along to interpret, Smith says such ad hoc interpretation in the practice is limited to basic information needs such as billing questions, general appointment, or simple follow-up information. For more complex clinical or surgery discussions, the language service is contacted as a matter of policy.

Virginia Beach Surgery counts two bilingual staff members among its staff of 12 employees, including part-time staff, says Smith. “With our two bilingual staff members, we actually like to have one of them in the room when the phone service is used,” she explains. “They’re not doing the interpreting but are in the room to observe and listen to the interpretation as it’s occurring. This serves two purposes.



First, it provides some additional [staff] education on how someone who is certified and trained at the professional level is interpreting what the physician is saying. But it's also a good way to make sure that what's being communicated is accurate. And they're there in the event any further assistance is needed."

Smith understands that quality interpretation in a medical setting is a skill that goes beyond merely being bilingual. As she observes, "It's hard enough as it is for many nonclinical staff to understand what a carotid endarterectomy is, for example, much less to expect a family member or a friend of a patient to understand how to interpret that kind of disease information correctly." She adds, "If you're using staff or a physician for interpreting, especially for significant information such as the risks associated with a surgical procedure, you can't always be certain that they're effectively communicating the information."

Smith makes a good point, one well understood by some experienced bilingual physicians. Working in the Chicago metropolitan area, pediatric cardiologist David G. Thoele, MD, of Advocate Children's Hospital in Park Ridge, Illinois, works with many patients and families for whom English is not their first language. These include patients and families from Mexico, Central America, Europe, and elsewhere. While he speaks Spanish with a high degree of fluency, Dr. Thoele says there are still times when he will use the Advocate system's professional interpreter services, which includes video, phone, and in-person interpretation.

"In working with patients, I feel quite confident in my day-to-day explanations of things in Spanish," he explains. "However, there are times when there are some limitations, such as when we get into discussions about surgery, all of the risks and details. Even though I'm not usually the one doing the surgery, sometimes I'm with my patient's surgeon who is explaining things. I will always have a

fluent medical interpreter there, or we use the remote service. In that circumstance, I want to be 100 percent sure that nothing is missed and that everyone understands everything."

Bilingual providers need to know their personal strengths and weaknesses with language, concludes Dr. Thoele. "Mostly, it's a benefit if you know any part of another language, but if you're aware of your own limitations you won't overstep what you're doing," he notes.

### Beyond words

Of course, LEP patients may face additional obstacles to care related to lack of insurance, health literacy, or other complex cultural barriers (e.g., beliefs and traditions). There are other system-wide issues that remain to be addressed too. As a practice manager, Smith remarks that while every LEP patient needs to know they are entitled to the same level of health care service, she worries about the costs smaller practices can incur providing free language access services.

"The costs of language interpretation for a small practice can be a burden," says Smith. "Sign language interpretation is also important. But with any interpretive services, we as a small practice still have to bear all of the cost."

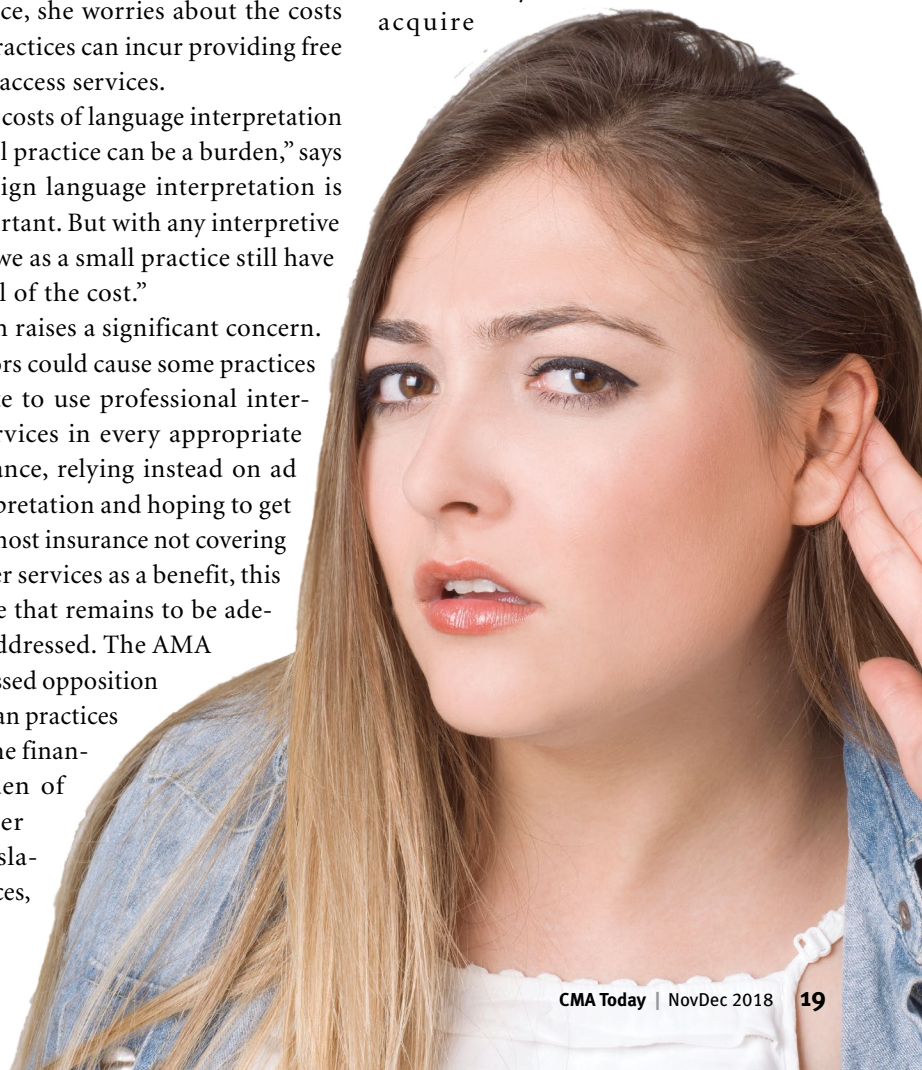
Smith raises a significant concern. Cost factors could cause some practices to hesitate to use professional interpreter services in every appropriate circumstance, relying instead on ad hoc interpretation and hoping to get by. With most insurance not covering interpreter services as a benefit, this is an issue that remains to be adequately addressed. The AMA has expressed opposition to physician practices bearing the financial burden of interpreter and translation services,

calling for broader coverage by insurance plans. By 2018, a few states, at least, have provisions in place for Medicaid coverage of language services.<sup>8</sup>

Nonetheless, health care providers must make every effort to provide LEP patients with safe, equitable access to care. This includes recognizing the role of the entire health care team in ensuring such care is consistently available.

Notably, a California Academy of Family Physicians (CAFP) video report, "Medical Assistants: Addressing Language and Culture in Health Care Practices," emphasizes the vital role medical assistants can play in promoting culturally and linguistically proficient care in health care settings. The CAFP video report emphasizes how medical assistants with bilingual language skills can play a role in reducing disparities related to language barriers.<sup>15</sup>

Zeliff further suggests patient relationships could be enhanced when staff members try to acquire





some familiarity with languages they frequently encounter. “I think every patient deserves respectful and appropriate care, regardless of their ability to speak English. But I would encourage medical assistants to learn some basic Spanish, just to be able to communicate a little, not in medical terms, but just for basic communication,” she remarks.

Zeliff’s suggestion is one Dr. Thoele, who has learned to speak a little in several languages, would agree with. “The non-verbal communication is also crucial,” he adds. “There’s an old idea in medicine that the secret to patient care is caring for the patient. In other words, if you care, and if you show you care, then that cuts through a lot of cultural barriers. You can get this across verbally, but the nonverbal things can be even more important: to show empathy with your eyes; to be kind and act kindly; and to not act too rushed. Sometimes, it just

means to spend a little extra time to show that you’re really concerned. I try to get the message across to all of my patients: I will do everything I can to take the best possible care of your child.”

Remember the challenges involved in LEP health care begin the moment the patient walks through the clinic’s front door. “As individuals are interacting with patients, any time it’s clear that they need an interpreter, it’s important that you are able to access that,” concludes Dr. Cordero. “Basically, you want patients to have that opportunity to fully participate in their care, to be able to ask questions and make informed decisions.”

Indeed, as these observations suggest, at the heart of the unique challenges involved in LEP health care is the quality of the patient-provider relationship. In this regard, language access services offered by health care organizations can be considered tools to facilitate not only effective communication but meaningful, valued, and ongoing relationships with patients. The ability of the health care team to establish such relationships represents an essential step toward achieving quality care and successful outcomes. ♦

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