

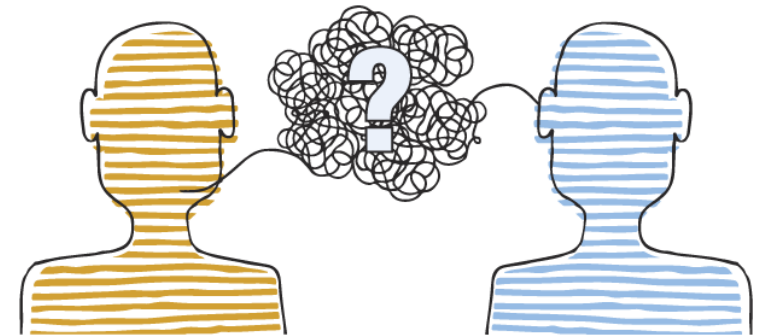
Providing Equitable, High-Quality Care for Patients with Limited English Proficiency

Update in Internal Medicine
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Objectives

- Describe health disparities experienced by patients with limited English proficiency (LEP)
- Name best practices and practical steps for working with interpreters
- Identify strategies for overcoming logistical and communication barriers that may arise during interpreted encounters
- Discuss opportunities for advocacy

Agenda

- **Case**
- Disparities and barriers
- Best practices for working with interpreters
- Challenging situations during interpreted encounters/FAQs
- Opportunities for advocacy

Case

51-year-old Pashto speaking man with a history of epilepsy secondary to traumatic brain injury presents to the hospital with breakthrough seizures

- Developed epilepsy after head trauma. Was treated with carbamazepine, levetiracetam, and valproic acid with good seizure control
- Left his home country and had to move to different countries in the ensuing months. Ran out of his medications during this time

Case, continued

- Seen for in person visit to establish care with new provider
- Family member accompanies him and is asked to provide interpretation
- Started on oxcarbazepine 300mg BID, with instructions to titrate to 900mg BID

Case, continued

- Seen for telemedicine visit six months later
- Son is asked to provide interpretation
- Reports taking oxcarbazepine 100mg BID and having breakthrough seizures 5-6 times per week
- Asked to increase oxcarbazepine to 900mg BID

Case, continued

- Six months later – presents to hospital with increased seizures
- Experiencing focal and tonic-clonic seizures, up to 8 per day, witnessed by family members
- Reports he is taking oxcarbazepine 600mg BID
- Oxcarbazepine level subtherapeutic

Case, continued

- History obtained with aid of phone audio interpreter
- Patient reports experiencing sexual dysfunction with higher doses of oxcarbazepine, which is why he has been taking the lower doses
- This has been a source of stress
- He does not want this issue to be shared with his family

Pause and Reflect

What are the downsides of using family members to interpret for patients?

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Limited English Proficiency (LEP)

- Individuals who do not speak English as their primary language and have a limited ability to speak, read, write, or understand the English language¹
- US 2019 Census: 8.3% of US population self-reports speaking English less than “very well”^{2,3}

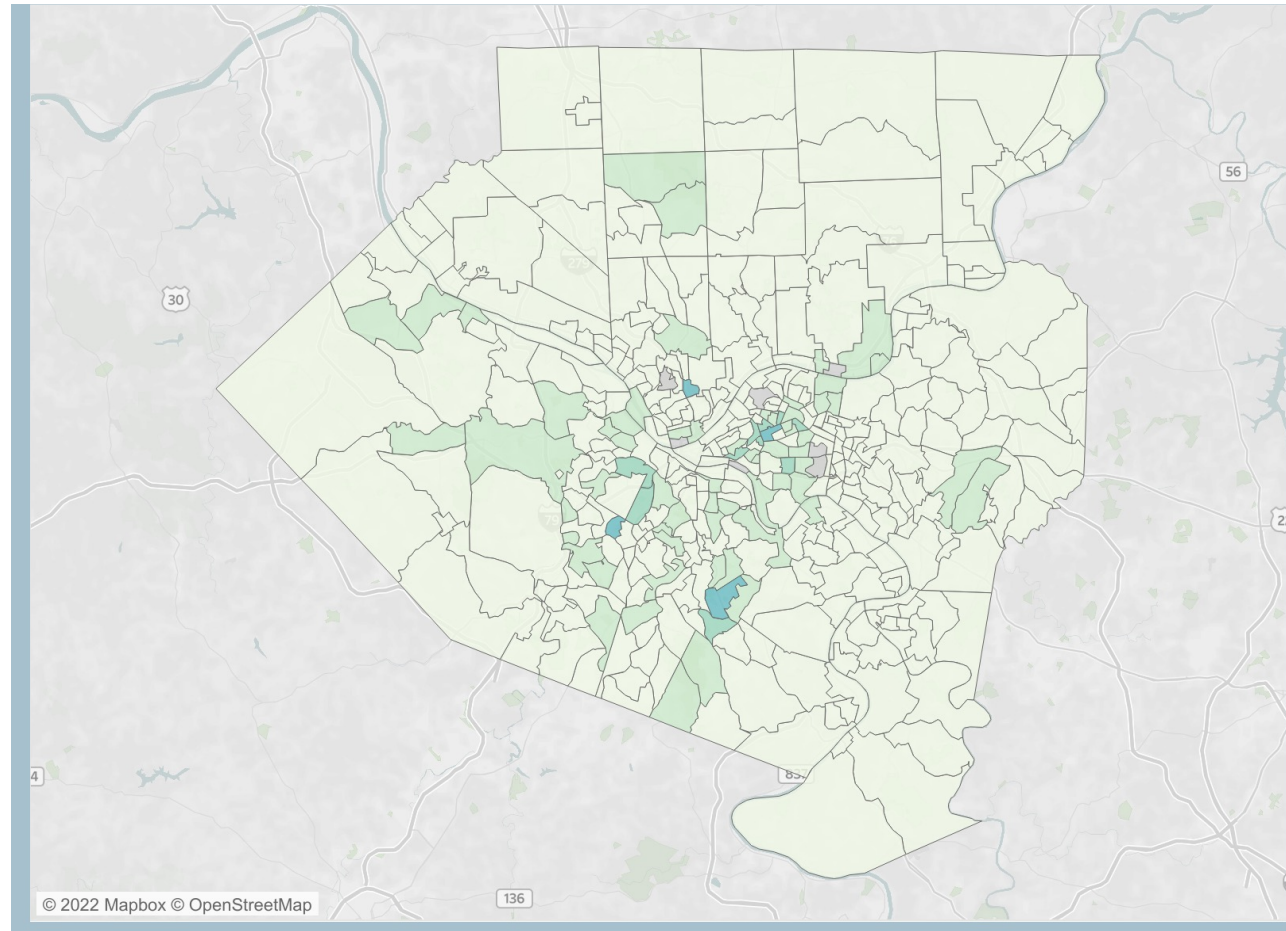
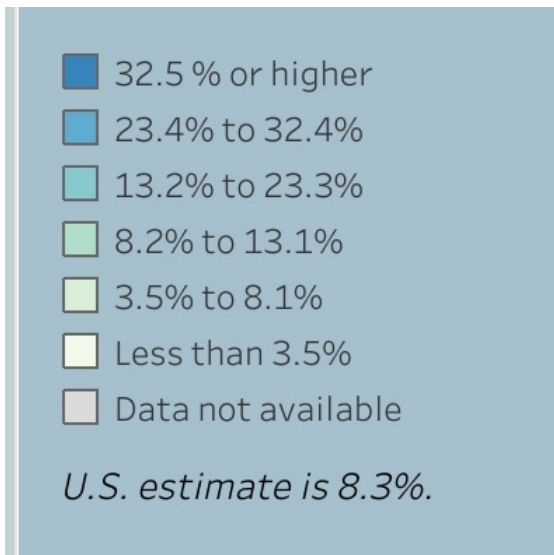
1. www.LEP.gov

2. <https://www.census.gov/content/dam/Census/library/publications/2022/acs/acs-50.pdf>

3. <https://www.census.gov/library/visualizations/interactive/people-that-speak-english-less-than-very-well.html>

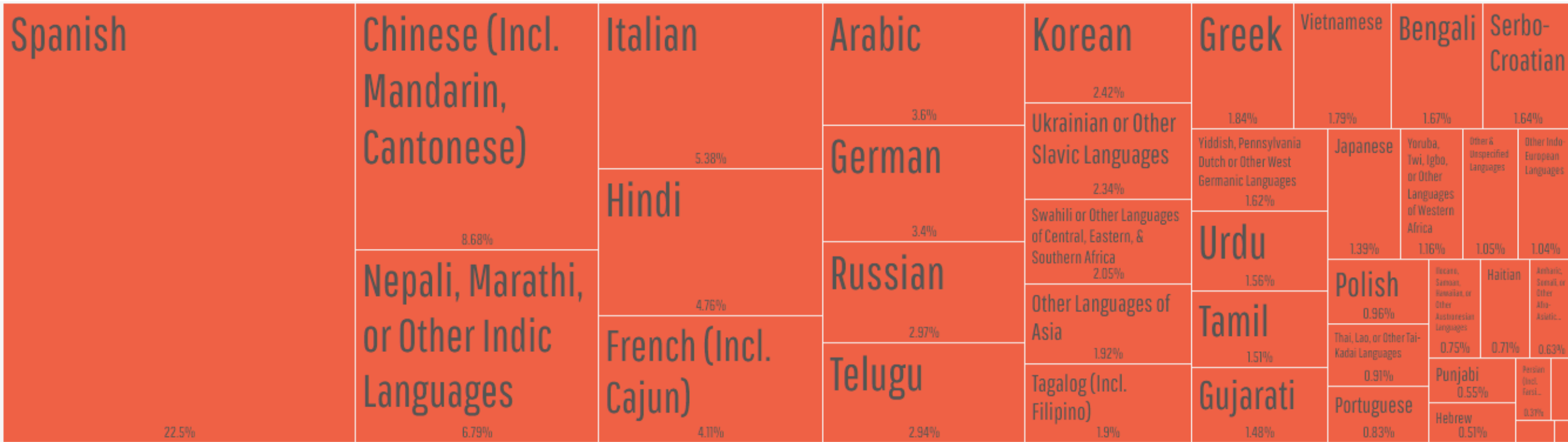
People That Speak English Less Than 'Very Well' in the United States

Population 5 years and older by county and tract



Pittsburgh Languages

Most common non-English language spoken



2016 2017 2018 2019

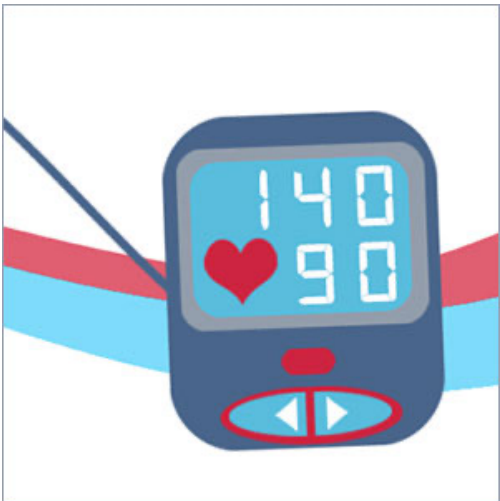
Health Disparities

Compared with English proficient (EP) patients, those with LEP have **lower access to healthcare**

MEPS Participants >65 2014-2018	EP	LEP
No medical provider visits this year	8%	14%
Colonoscopy >10 years ago	25%	45%
Flu vaccine >1 year ago	28%	35%

Health Disparities

Compared with English proficient (EP) patients, those with LEP are more likely have **uncontrolled hypertension and undiagnosed diabetes**



OR 1.8 for
BP \geq 140/90
when controlling
for other factors¹

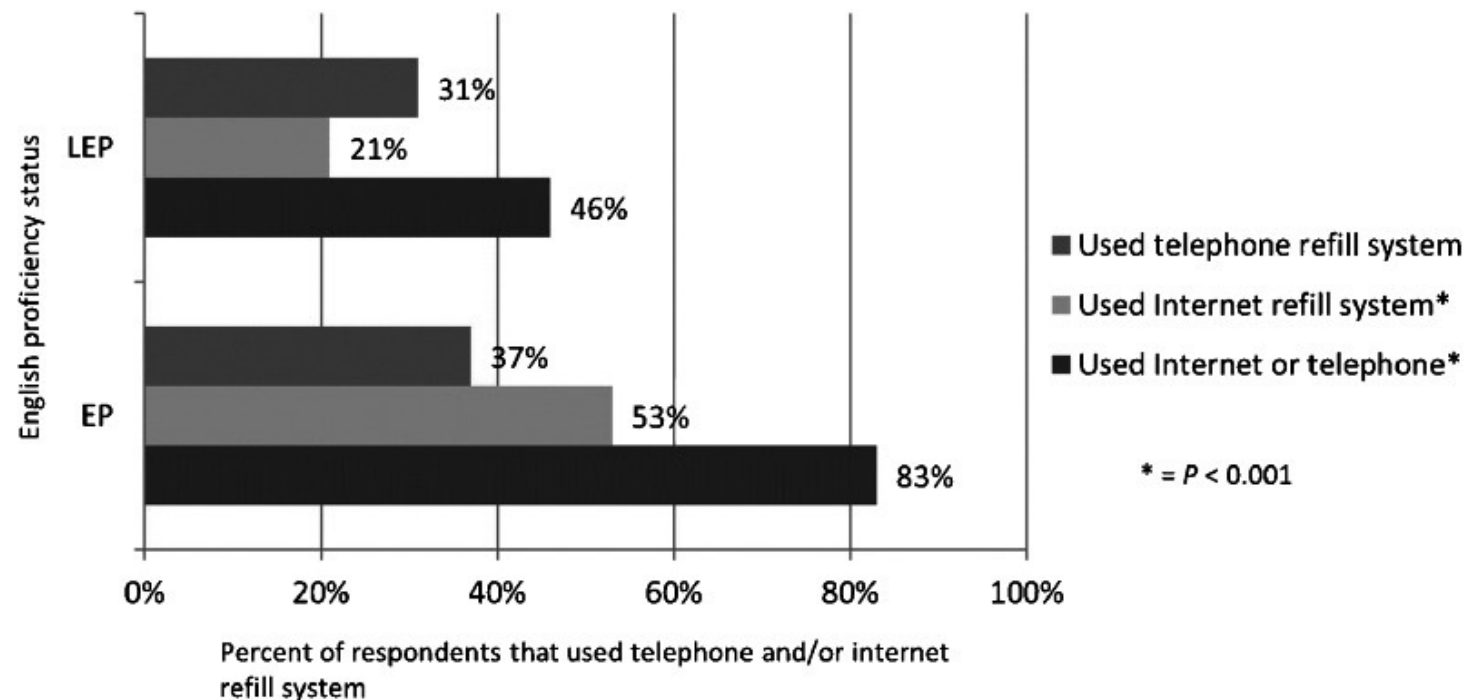
2x the prevalence
of undiagnosed
diabetes²



1. Kim et al, JGIM, 2017
2. Holman et al, Diabetes Care, 2022

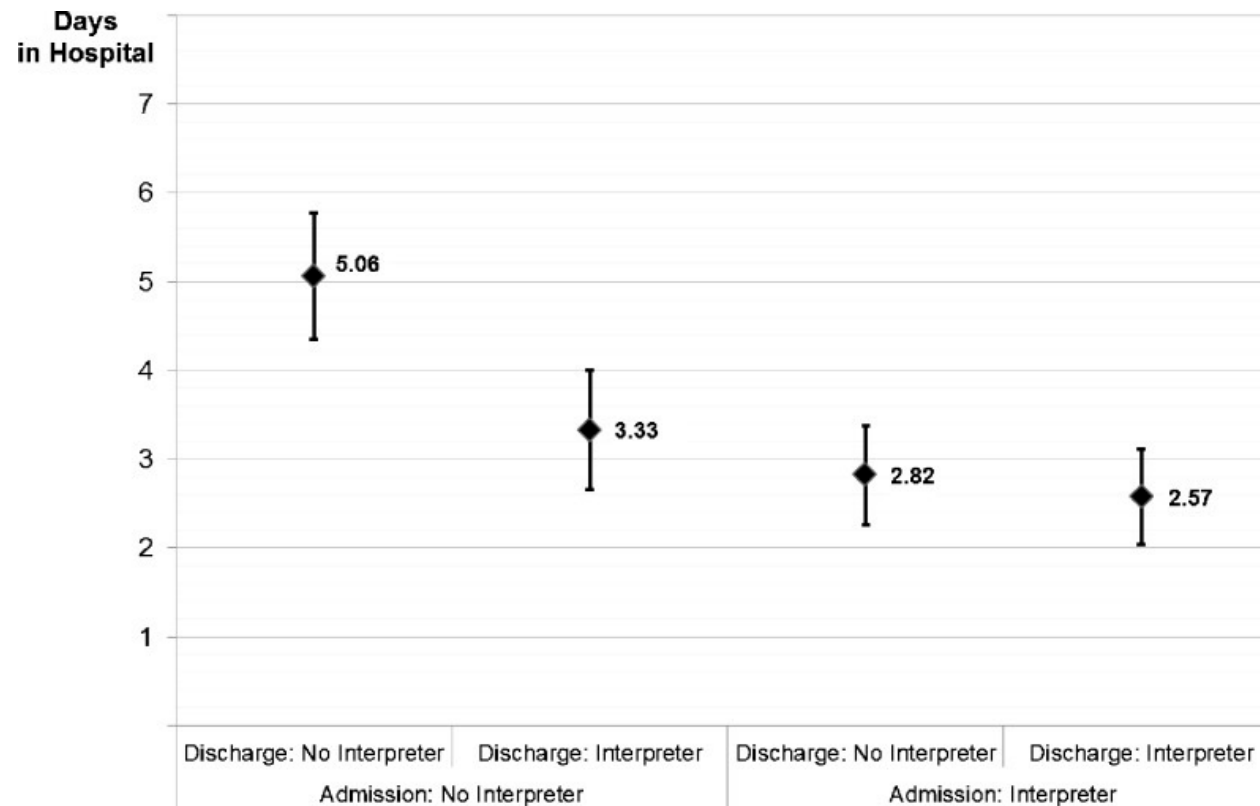
Health Disparities

Compared with English proficient (EP) patients, those with LEP are more likely to **under-utilize phone and internet refill systems for medication refills**



Importance of Interpreter Use

Patients with LEP experience **longer lengths of hospital stay** when professional interpreters are not used



Importance of Interpreter Use

Patients with LEP experience **higher re-admission rates** when professional interpreters are not used

Interpreter Use	30 Day Readmission Rate
Not used at admission or discharge	24.3%
Used at admission and discharge	14.9%

Barriers to Interpreter Use

- Insufficient training in interpreter use at all levels^{1,2}
- Interpreters are not available or difficult to access³
- Not enough time provided for interpreted visits³
- Culture of “getting by”⁴

1. Cardinal et al, *American Journal of Medicine*, 2016

2. Weissman et al, *JAMA*, 2005

3. <https://www.ahrq.gov/sites/default/files/publications/files/lepguide.pdf>

4. Diamond et al, *JGIM*, 2009



Culture of "Getting By"

- IM residents at 2 teaching hospitals interviewed about decision to use interpreters when communicating with LEP patients
- Residents at these hospitals:
 - Had excellent access to interpreter services
 - Knew how to use interpreter services
 - Recognized that interpreters contribute to better care

Culture of “Getting By”

Residents reported routine underuse of professional interpreters, and describe this as “getting by”

- Communicating through gestures
- Using own limited second language skills
- Obtaining history from family members and other non-trained interpreters



Culture of “Getting By”

Residents perceived that -

- Systems value efficiency over quality communication
- Underutilizing interpreters is the professional norm



Agenda

- Case
- Disparities and barriers
- **Best practices for working with interpreters**
- Challenging situations during interpreted encounters/FAQs
- Opportunities for advocacy

Who is a qualified medical interpreter?

- Trained professional who interprets verbal communication between different languages
- Different than a **translator** – converts written text from one language to another

What kind of qualifications do interpreters have?

Ideally, interpreters are certified

- National Board of Certification for Medical Interpreters
- Certification Commission for Healthcare Interpreters

Prerequisites	Exams	Certification Renewal
<ul style="list-style-type: none">• Language proficiency• 40 hours of training in healthcare interpreting	<ul style="list-style-type: none">• Written• Oral	<ul style="list-style-type: none">• Educational requirements• Work experience requirements

Guidelines for working with medical interpreters

Step 1: Assess the need for a medical interpreter

Step 2: Prepare for the encounter

Step 3: Mutual orientation

Step 4: Conduct the interpreted encounter



Step 1: Assess the Need for a Medical Interpreter

- Ideally, should occur before the encounter
- Be aware of signs that may indicate that an interpreter is needed
- You can ask the patient, “What is your preferred language for medical communication?”

Step 1: Assess the Need for a Medical Interpreter

- Be cautious about conducting the encounter in the patient's language
- Be aware of institutional policies
- Be aware of potential harms

Guidelines for working with medical interpreters

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Step 2: Prepare for the Encounter

Identify what options you have for an interpreter:

- In-person medical interpreter
- Telephone medical interpreter
- Medical interpreter through video conference
- Voice activated software



Accessing an Interpreter

Interpretation Decision Tree

UPMC
LIFE CHANGING MEDICINE



In-Person Interpretation

Why

- Allows interpreter to read facial expressions and body language
- Interpreter builds rapport with patient and provider

How

[See UPMC Live Interpreter Vendors \(System Contacts\)](#)

For support in the:

- Greater Pittsburgh area please contact International Patient Relations at Monday – Friday 412-648-6262, after hours 412-647-7243 or #6666.
 - > [UPMC Children's Hospital of Pittsburgh \(CHP\)](#)
[Main and associated clinics fill out this form \(requests require 72 hours of notice\).](#)
- Central Region contact the Office of Mission Effectiveness at 717-782-5522 or email pereze2@UPMC.edu.



Video Interpretation

- Allows some interpretation of facial expressions and body language
- Research indicates that video interpretation is superior to telephonic interpretation on both patient experience and quality and safety measures.

[Via CyraCom web app \(available on any Workstation on Wheels with a camera and speaker\)](#)

- CyraCom Carts, interpretation/telemedicine carts, tablets with CryaCom app

For routine appointments or scheduled conversation this can be arranged in advance.

For more information about CyraCom, search "[CyraCom](#)" on Infonet.



Audio Interpretation

- Provides the largest selection of languages available 24/7

Through any device where you access video interpretation services as well as via the Blue Phones. Campuses with CyraCom speed dials include:

- UPMC Presbyterian, Montefiore, Eye and Ear, and associated outpatient buildings - dial 647-9997
- UPMC Shadyside - Dial 864-7979
- UPMC Mercy - Dial 232-7770
- UPMC Passavant - Dial 748-7545
- UPMC Children's Hospital of Pittsburgh - dial BLUE or 692-2583.

What if it asks for PIN/Account #?

Search "CyraCom Hospital Codes" on Infonet

CyraCom Information at UPMC Facilities

Facility Name	Account Number	Main PIN
UPMC Children's Hospital of Pittsburgh		
UPMC Magee-Womens Hospital		
UPMC Altoona		
UPMC Bedford		
UPMC Chautauqua WCA		
UPMC East		
UPMC Hamot		
UPMC Horizon		
UPMC Jameson		
UPMC Kane		
UPMC McKeesport		
UPMC Mercy		
UPMC Montefiore		
UPMC Northwest		
UPMC Passavant		
UPMC Pinnacle		
UPMC Presbyterian		
UPMC Shadyside		
UPMC St. Margaret		
Western Psychiatric Institute and Clinic of UPMC		

Step 2: Prepare for the Encounter

What about free web-based translation resources?

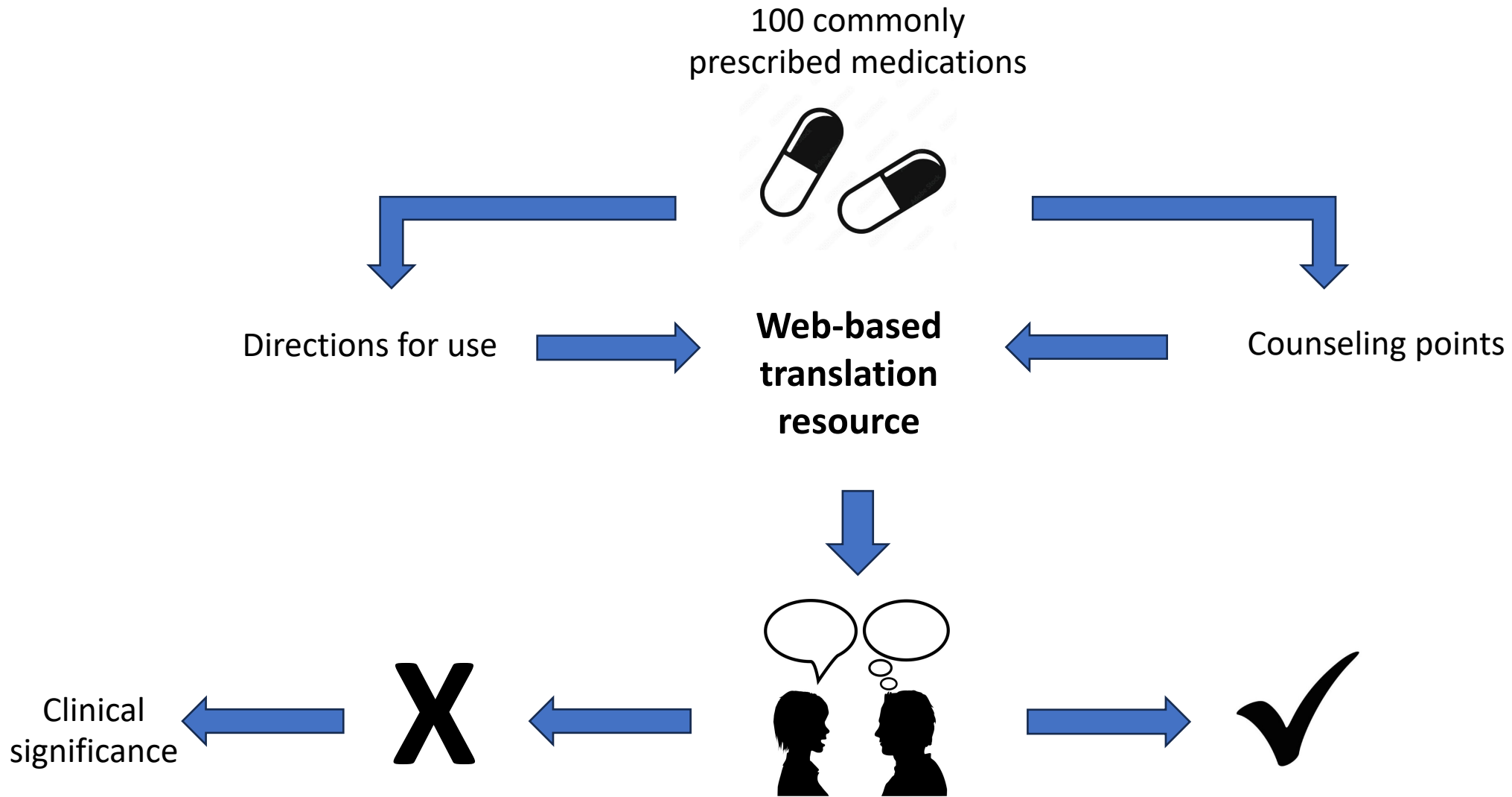
- A 2014 study evaluated use of Google Translate (GT) for 10 common medical phrases
- GT was used to translate phrases into 26 languages, native speakers then interpreted phrases back to English

Results for use of web-based translation service

Of total translations, 57.7% were correct

Phrase Translated	Sample Error	% Correctly Translated
Your wife is stable	Your wife cannot fall over	53.8%
Your child has been fitting (seizing)	Your child has been constructing	7.7%
Your husband had a cardiac arrest	Your husband's heart was imprisoned	53.8%
Did he have a high fever at home?	Your home temperature is high	65.4%

Use of web-based translation service



Use of web-based translation service

Directions for Use	% Correct	Mod High Significant (%)
Arabic	76.3	89
Chinese	89.5	50
Spanish	71	81

Counseling Points	% Correct	Mod High Significant (%)
Arabic	54.1	69
Chinese	76.5	45
Spanish	38.2	55

Step 2: Prepare for the Encounter

What about using non-trained (ad-hoc) interpreters?

- Patient's children, family members, friends
- Bilingual staff member
- Physician conducting the encounter who is partially bilingual

This is may be problematic.

Guidelines for working with medical interpreters

Step 1: Assess the need for a medical interpreter

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Step 4: Conduct the interpreted encounter



Step 3: Mutual Orientation

- Meet with the interpreter before the encounter if possible
- Discuss the purpose of the session
- Encourage interpreter to ask clarifying questions for accuracy
- Ask interpreter to clarify in their own words whenever a misunderstanding due to cultural differences might occur

Guidelines for working with medical interpreters

Step 1: Assess the need for a medical interpreter

Step 2: Prepare for the encounter

Step 3: Mutual orientation

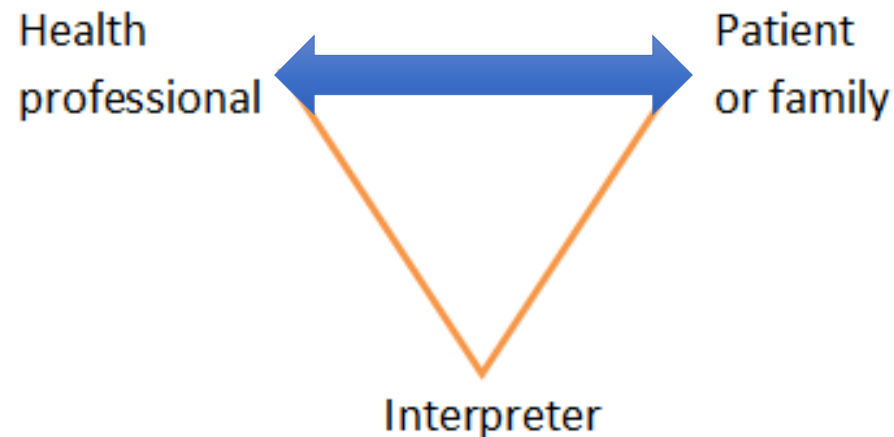
Step 4: Conduct the interpreted encounter



Step 4: Conducting the Interpreted Encounter

Positioning:

- Position yourself so that you face the patient
- Make eye contact with the patient during the encounter





Patient

Interpreter

Physician

Step 4: Conduct the Interpreted Encounter

- Allow the interpreter to introduce themselves
- Speak in short, clear, complete ideas
- Speak in the first person
- Use language you would use in any encounter (avoid jargon, but don't "dumb down" your speech)
- Pause often and give interpreter time to render interpretation
- **Check for understanding**

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Frequently Asked Questions

- What if the patient doesn't want an interpreter?
- What if you worry about accurate rendering?
- What do we do for telemedicine?

What if the patient doesn't want an interpreter?

- Patients may refuse interpretation services
- Check your institutional guidelines
- Consider informed consent
 - Risks of using ad-hoc or no interpreter
 - Benefits of using interpreter

Frequently Asked Questions

- What if the patient doesn't want an interpreter?
- What if you worry about accurate rendering?
- What do we do for telemedicine?

What if you worry about accurate rendering?

- Check with interpreter if you think something has been added or omitted
- Ask the interpreter to interpret line-by-line, if possible
- Don't assume malicious intent
 - Sometimes clarification or misunderstandings occur
 - Sometimes repeated phrases may just be interpreted once

Frequently Asked Questions

- What if the patient doesn't want an interpreter?
- What if you worry about accurate rendering?
- What do we do for telemedicine?

Telemedicine and COVID-19

- Before and during the pandemic, telemedicine was underutilized by individuals with LEP^{1,2}
- More phone visits than video visits (65% phone vs 35% video March-Oct 2020)³

SCIENCE

Telehealth wasn't designed for non-English speakers

In the US, it's already harder for them to access care

By NICOLE WETSMAN

1. Hsueh et al, JAMA, 2021
2. Rodriguez et al, Health Affairs, 2021
3. Hsueh, JGIM, 2022
4. <https://www.theverge.com/21277936/telehealth-english-systems-disparities-interpreters-online-doctor-appointments>

Telemedicine and COVID-19

Perfect storm of barriers:

- Accessing telemedicine is technologically complex
- Most patient-facing websites are not offered in multiple languages, including patient messaging, patient portals, and scheduling platforms
- Limited integration of interpreters in telemedicine platforms
- Limited training in provider use of interpreters in telehealth

Solutions: Efforts at Mass General Hospital

- Patient portal enhanced to include top 5 languages spoken
- Bilingual staff called patients to enroll them in the patient portal
- Tip sheets and short videos created in multiple languages on how to launch virtual visits on different devices
- HIPAA-compliant app (Doximity) identified for use when interpreters need to be incorporated



Telemedicine and Interpreters at UPMC

- It is possible to access a video interpreter in an Epic telemedicine visit!
- This includes non-English spoken language and ASL
- Infonet -> "MyUPMC Video Visits with Interpreters"

Spoken Language & American Sign Language Interpreter – MyUPMC Video Visits

Scenario: You have a patient that requires a spoken language interpreter or an American Sign Language (ASL) interpreter for their upcoming MyUPMC Video Visit.

- Available languages for MyUPMC Video Visits can be found at the bottom of this document.
- If you require audio-only interpretation services due to the inability to connect via video or if you are conducting a Telemedicine Phone Appointment (Visit Types: 8345), you can use this link to view the unique workflow:
[Telemedicine Phone Appt With Spoken Language Interpreter](#)

Advocacy for Language Equity at UPMC MUH/PUH

- Language Equity Taskforce formation
- Increased education for medical students and residents on best practices for interpreter use
- Added "interpreter needed" option in Cerner
- Increasing visit length during interpreted encounters
- Tablets on wheels with CyraCom access purchased for office visits
- Quality improvement initiatives with UPMC operators and schedulers through "test calls"

Advocacy Opportunities

- Identify the languages and communities represented in your area
- Find out what resources are available for interpretation in your health system and make these resources accessible to you
- Model best-practices to your peers and learners – change the culture of “getting by”
- If interested, find a local community of like-minded individuals who can push for systems- and individual- level change

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Thank You!

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