Optimizing Healthcare Quality for Children in Families with Limited English Proficiency

Lisa Ross DeCamp, MD, MSPH and Darcy A Thompson, MD, MPH
Objectives

• Understand the federal guidelines and standards for providing healthcare to LEP patients and their families

• Gain skills in applying best practices for working with LEP patients/families at the individual practitioner level

• Gain skills in applying best practice for working with LEP patients/families at the practice/hospital level

• Understand methods for teaching skills and competencies recommended for learners who work with LEP patients/families
Increasing US LEP Population

• >25 million people in the US have limited English proficiency (LEP)
  – Approx. 9% of US population
  – 11 million US children have one LEP parent
  – 2/3 of LEP population Latino, 20% Asian/Pacific Islander

• LEP Definition
  – Speak a language other than English at home
  – Report speaking English less than “very well” when responding to question: How well do you speak English?
Healthcare Quality and Safety disparities for children in LEP families

- Decreased healthcare access
- Worse parent/provider communication
- Decreased parent satisfaction with care
- Increased length of stay in the hospital and emergency department
- Greater risk of adverse events
Medical Malpractice and LEP patients

• Lack of use competent interpreters: Family members or friends were used as interpreters, including minor children

• Failure to translate important documents such as informed consent forms and discharge instructions

• Poor documentation of a patient’s limited English proficiency, the need for or offering of an interpreter, offering of interpreter, physician language competency
Linguistic Competence Part of Larger Network of Factors in Care of LEP Patients

Patient Factors
- Race/ethnicity
- Age
- Gender
- Socioeconomic status (education, income, etc.)
- Health literacy
- Insurance status
- Utilization (time constraints, transportation, etc.)
- English proficiency
- Expectations
- Religion/spirituality
- Beliefs and values
- Explanatory models

Provider Factors
- Race/ethnicity
- Age
- Gender
- Training/specialty
- Experience with diverse populations
- Language competency
- Communication style
- Religion/spirituality
- Beliefs and values
- Explanatory models

- Patient/provider communication
- Respect for patient preferences/shared decision-making
- Experiences leading to trust or distrust
- Experiences of discrimination
- Linguistic competency

Healthcare System Factors
- Access (ability to get appointments quickly, short wait time during visits, etc.)
- Healthcare facilities convenient for community
- Diverse workforce reflecting patient population
- Coordination of care between different providers and healthcare settings
- Quality improvement environment with continued patient feedback

Ngo-Metzger
Commonwealth Fund, 2006
Regulations Guiding Care of LEP populations

- Title VI of the Civil Rights Act mandates meaningful access to language services
- National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) provide guidance of Title VI Compliance
- Joint Commission Hospital Standards and Elements of Performance operationalize CLAS standards to specific actions to be performed by healthcare organizations
Appropriate Language Services Use: Interpreters

- Best outcomes and highest quality interpretation with certified professional interpreters
- Providers should be trained in use of an interpreter
- Use of family members, friends, or hospital staff not trained in interpretation or whose primary duty is not interpretation is NOT recommended
- Availability of interpreters and concerns about interpretation quality persist among providers and patients
- Lack of reimbursement also may limit use
Best Practices for Use of Interpreters

• Pre-session with interpreter
  – Introductions between provider and interpreter
  – Discuss nature of visit and provider’s visit priorities

• Providers should be positioned so they are directly facing the patient with both provider and patient able to see the interpreter

• Use first-person language and address patient directly

• Speak slowly and in short segments and ask patient to repeat back information to assess understanding

• Document use of interpreter
Changes in Pediatricians’ report of interpreter use from 2004-2010

% of Pediatricians Reporting Use

- Any Interpreter
  - 2004: 50
  - 2010: 56
- Professional Interpreter
  - 2004: 40
  - 2010: 43
- Telephone Interpreter
  - 2004: 28
  - 2010: 38

*p<.001  **p<.05
Data from AAP Periodic Surveys of Fellows
Appropriate Language Services Use: “Bilingual” Providers

- “Bilingual” providers have been associated with improved patient outcomes and experience
- Federal mandates state healthcare organizations must assure language competence
- Healthcare providers often overestimate their target language competency/fluency
Identifying providers with adequate proficiency for safe communication

• Guided assessment using scale such as Interagency Language Roundtable improves proficiency characterization by providers
  – Providers self-report language skills based on detailed skill descriptions

• “Best practice”: Formal testing of language proficiency
  – Validated test: Clinician Cultural and Linguistic Assessment
  – Interpreter certification testing acceptable but may not be needed
Healthcare Organization Level Responsibilities

- Identification of patients/families with a language need
- “Meaningful Use” and language needs
- Provision of appropriate and timely language services
- Tracking and reporting outcomes according to language needs
Identification of Language Need

• Question(s) used to elicit this information

• All staff should receive some training on usefulness of data for identifying and addressing healthcare needs & promoting healthcare equity

• Specific training with periodic updates for “front-line” staff that provides practical skills in collecting accurate patient-reported data

• Health IT challenges: patient registration screens and data flow
Questions to Elicit Language Need

How well do you speak English? (N=302)

- Not at all
- Not well (n=166)
- Well (n=32)
- Very well (n=104)

In what language do you prefer to receive your medical care?

- Spanish only (n=5)
- English or Both equally (English/Spanish) (n=27)

Likely to benefit from language assistance (n=171)

Unlikely to benefit from language assistance (n=131)
Staff Training Elements

- Importance of data and how they will be used
- Techniques to gather data in respectful, accurate, and efficient manner
- Address staff discomfort with data collection
- Provide strategies to respectfully address patient/family resistance to providing information
- Sample training program: http://www.hretdisparities.org/
Health IT Challenges

• How many and which languages to have in language field
  – Use local data to develop list of top 10-15 languages
  – Additional field for other with opportunity to specify
• Data editing rights & field autopopulation
• Data inclusion in reporting features
• Additional information
  – Variation between caregivers
  – Information on language spoken at home or written language preferences
Meaningful Use and Language Needs

- **Stage 1 Core Measure: Documentation of Preferred Language**

- **Measure limitations**
  - No guidance about how to display this information in the EMR
  - No requirement for assessment of accuracy of the data in the field
  - No requirement to demonstrate communication with the patient in their preferred language

- **Recommendations**
  - Prominent display of language need (e.g. EMR “banner”)
  - Periodic assessments of accuracy
  - Structured recording by providers about language used for communication or interpreter use
Opportunities for Innovation using Health IT

• Remote Video Interpretation (Sutter Health, CA)
  – Interpreters located in call center
  – All rooms have two-way video equipment
  – Doubled interpreter capacity, maintained continuity with patients, expanded patients receiving services

• EHR “Best Practice” Alerts (St. Mary’s, WI)
  – Language preference recorded in header
  – Best Practice Alert includes prompt to request, information on how, dot phrase for documentation
  – Interpreter use increased 66% at admission, 130% at discharge
Training in the Care of LEP Patients/Families
Increasing Attention

• Increasing attention over the last decade to training individuals in areas particularly relevant to the care of LEP patients/families.
  – Cultural competency
  – Health literacy
  – Linguistic competency
ACGME competencies

- Residents are expected to:
  
  communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds (IV.A.5.d)
Inadequate training

• Studies show current training is inadequate
  • 51% of pediatric residents rated their overall self-efficacy in the care of LEP families as low (Hernandez, 2014)
  • >50% of pediatric residents reported never receiving training in the use of interpreters during residency (Thompson D, 2013)
  • Feedback/Testing on proficiency level of language skills is not common.
“The biggest thing (in caring for LEP families) is cultural competency, which I don’t think we get enough of.”
“I always do worry about my communication and Spanish. I don’t know 100% how I sound to the patient and what they think about that. I have never gone to a doctor who didn’t speak English fluently. I do worry about how they see the interactions and if they’re always understanding 100% of what I’m saying.”
Inappropriate care

• Getting-by
  – Refers to using less than adequate language skills to communicate with LEP families
    • 63% of residents testing non-proficient in Spanish, reported using their Spanish language skills in varying clinical scenarios. (Lion, 2012)
    • Physicians with “medium” proficiency in Spanish report varying use of using their own language skills vs using an interpreter. (Diamond et al, 2011)

• Variation in clinic practices in the care of LEP
• Impacts quality and safety for families with LEP
Goals of training

Miller’s Learning Pyramid

Knowledge
Knows how
Shows how
Does
Goals of training

Miller’s Learning Pyramid

- Does
- Shows how
- Knows how
- Knowledge
Content

• Content areas to enhance care for LEP patients/families
  – Cultural competency
  – Health literacy
  – Linguistic Competency
Health literacy

• Knowledge
  – Awareness of health literacy

• Skills
  – Communication
    • Oral
    • Written
Linguistic Competency

• Includes
  – Identify a language barrier
  – Best practices for working with interpreters
  – Appropriately utilize a professional interpreter
  – If applicable, demonstrating proficiency
How to implement curriculum?

• Considerations
  • Types of learners
  • Timing

Pre-clinical  Clinical  Practicing
Methods

- Didactic
- Web Modules (+/- Interactive)
- Language courses
- Simulation
- Testing
Didactic

- Lecture or lecture series
- Evidence suggest this may not be enough
  - Interaction and experiential may be needed
Web modules

• National level modules
  – Think Cultural Health website (Office of Minority Health)

• Local web modules
Medical Spanish

- Medical Spanish courses
  - Teach necessary Spanish language skills for clinicians
- Proficiency testing
Goals of training

Miller’s Learning Pyramid

- Does
- Shows how
- Knows how
- Knowledge
Simulation

• Value of experiential learning
  – skills practice

• Simulation
  – Practice interviewing with an interpreter
  – Practice using tools to enhance communication
CHICOS

• *Clínica Hispana de Cuidados de Salud* at Children’s Mercy Hospital, run by Dr. JC Cowden

• Goals
  – Provide Spanish-speaking families high quality pediatric medical home
  – Effective way to develop medical Spanish proficiency and cultural competency

• 3-year continuity care experience for bilingual pediatric residents
Program in Medical Education for the Latino Community (PRIME-LC)

• University of California–Irvine
• Goal
  – Improving health care provided to Latino community by equipping future physicians with needed skills for quality health care and advocacy for the broader Latino community
• Train medical students in linguistic skills and cultural understanding

Manetta A, Academic Med 2007
Training in Caring for LEP Patients

• Needs to address
  – Cultural competency
  – Health literacy
  – Linguistic competency

• Need to dedicate the time and resources
Summary

- Providers and hospitals still struggle to meet patients’ language needs and provide interpretation or language-competent provider at key points.

- Health IT advances lead to challenges and opportunities in the care of LEP patients.

- Progress has been made in training in areas related to the care of LEP patients and families including policies.

- Areas for improvement include:
  - Tie curriculum across the pre-clinical and clinical years.
  - Using innovative methods including experiential learning.
Question & Answer

• How is your healthcare organization using Health IT to improve care for LEP patients?

• What innovative methods is your healthcare organization using to train learners in the care of LEP patients?...or what challenges have you faced in expanding training?