Improving Care for Families with a Language for care other than English

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Objectives

- Update definitions regarding language use
- Review health disparities for families with LOE
- Discuss the current state of interpretation
- Describe best practices for interpreter use

Audience poll

What is your access to interpretation in the office?

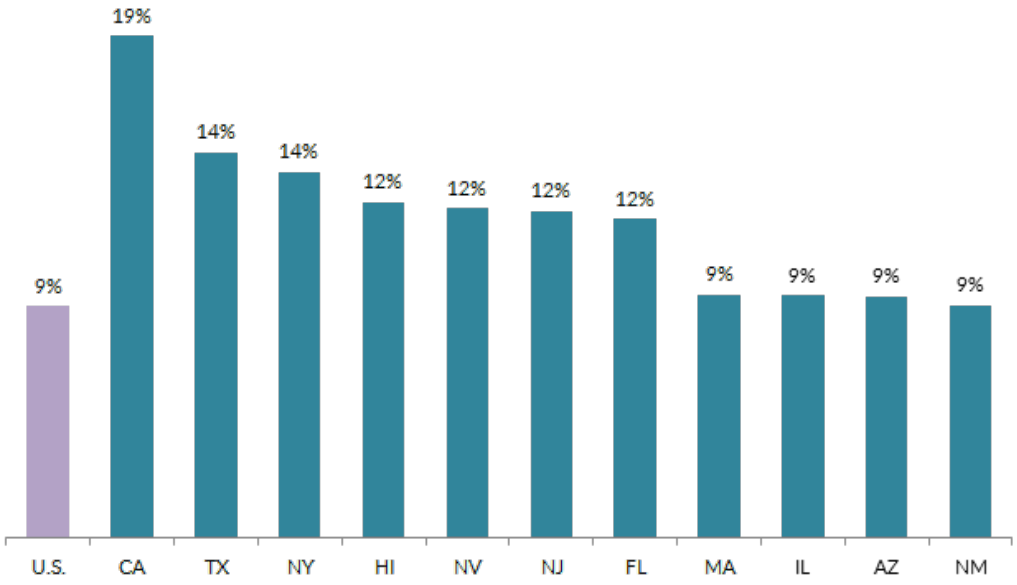
How reliable are your interpreter services?

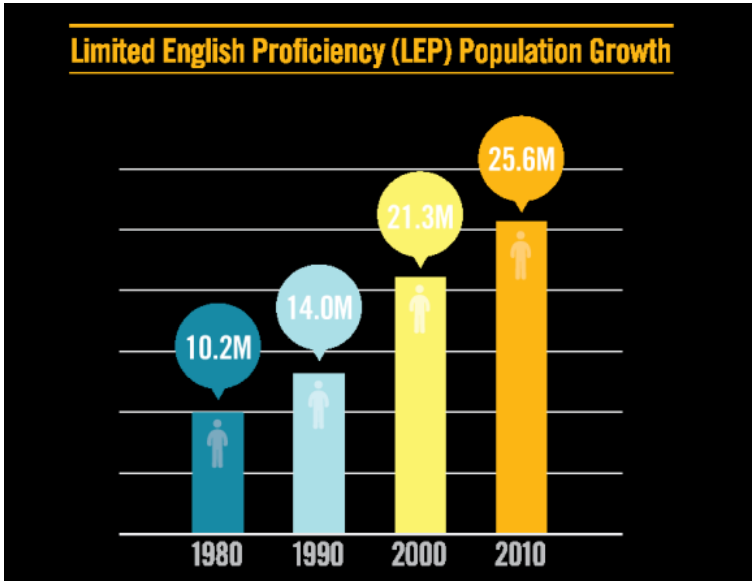
Can you schedule extra time for visits with families who speak other languages?

https://acutrans.com/top-10-most-commonly-spoken-languages-in-the-world/

Defining LEP: Limited English Proficiency

- LEP: anyone over the age of 5y who reports speaking English less than “very well”
- 9% of the US population, 7.6% in Washington





http://www.migrationpolicy.org/article/limited-english-proficient-population-united-state
2015 US Census Bureau

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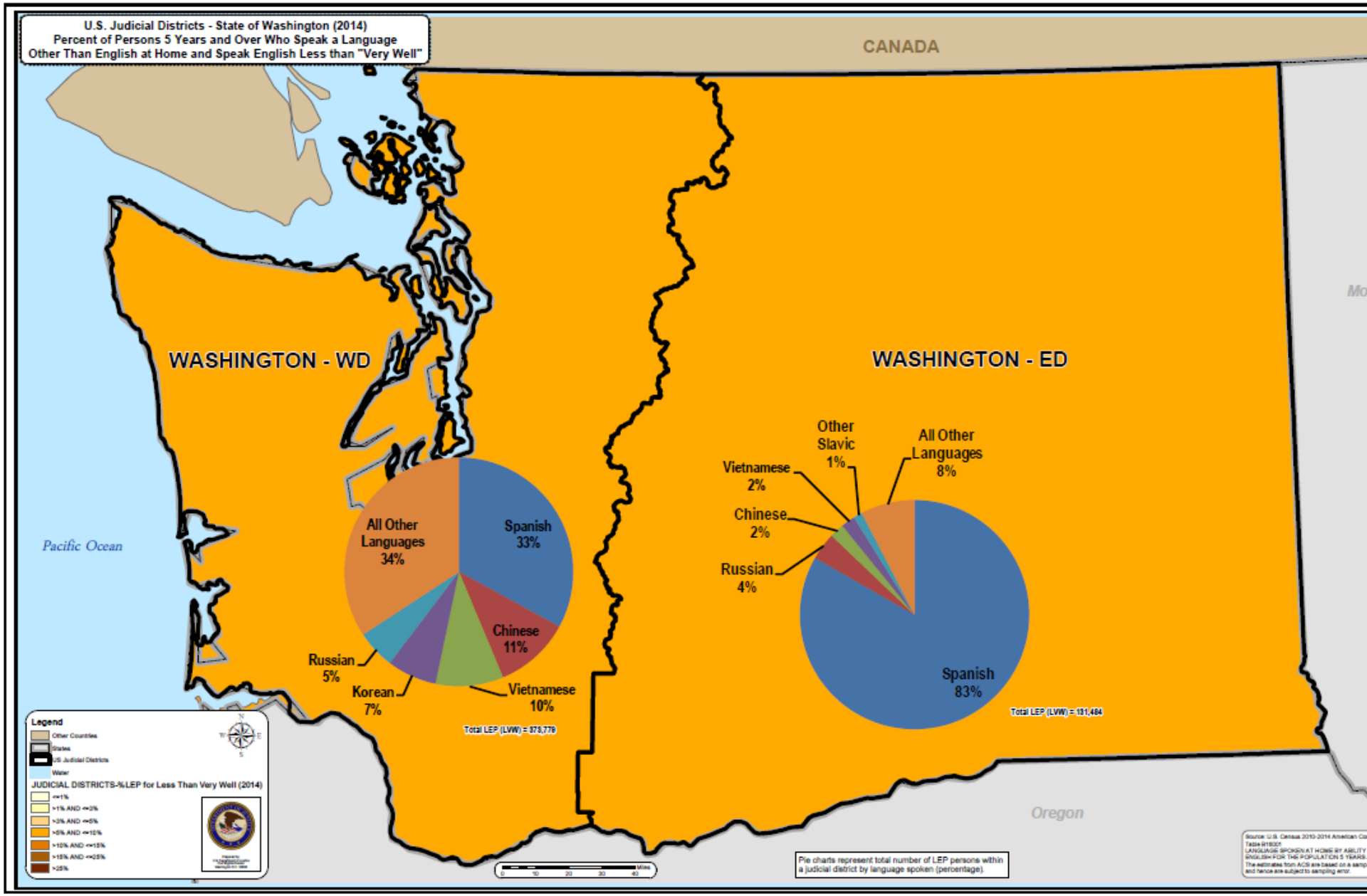

U.S. Judicial Districts - State of Washington (2014)
Percent of Persons 5 Years and Over Who Speak a Language Other Than English at Home and Speak English Less than "Very Well"
CANADA
WASHINGTON - WD
WASHINGTON - ED
Pacific Ocean
Oregon
All Other Languages 34%
Spanish 33%
Chinese 11%
Vietnamese 10%
Korean 7%
Russian 5%
Total LEP (LVW) = 979,776
Other Slavic 1%
All Other Languages 8%
Vietnamese 2%
Chinese 2%
Russian 4%
Spanish 83%
Total LEP (LVW) = 131,484
Legend
Other Countries
States
US Judicial Districts
Water
JUDICIAL DISTRICTS-%LEP for Less Than Very Well (2014)
<=1%
>1% AND <=3%
>3% AND <=6%
>6% AND <=10%
>10% AND <=15%
>15% AND <=25%
>25%
Pie charts represent total number of LEP persons within a judicial district by language spoken (percentage).

Defining LOE: Language for care other than English

- Most medical settings do not assess proficiency
- Removes assumption of a "limitation"
- Empowers families to identify their language for care
- All families, first question asked at check-in:

  “What is your language for care today?”

  If a non-English language, then 2nd question:

  “Can we provide free interpretation in _____?”

Identifying your population with LOE

What is your preferred language for care?

Measuring concordance of ability to communicate and language preference

15-25% of patients were missed, did not understand English well

31-45 % of those who preferred another language were able to communicate well in English

When assessing a patients' need for an interpreter, language preference may be insufficient as a stand-alone question

Okrainec, K et al J IMMIGRANT MINORITY HEALTH. 2014;16(4):756,760 5p.

Defining LOE: Challenges

- Language for care or "preferred language" doesn't always correlate well with comprehension
- Different caregivers have different needs
- Language needs change over time
- Balancing the power/empowering dynamic

Families with LOE still face enormous disparities in care

Children with special health care needs

- Families with LOE are more likely:
  - To be uninsured
  - To have no medical home
  - To report lower satisfaction with care, lower trust of care team
- Parents with LOE less likely to report family-centered care
- Disparities persist for children with LOE after adjustment for ethnicity and socioeconomic status
- **Conclusion: Health care providers should recognize LOE as an independent risk factor for poor health outcomes among children particularly with special health care needs.**

Eneriz-Wiemer M Acad Pediatr. 2014 Mar-Apr;14(2):128-36.

Resource Utilization for Families with LOE

- Higher numbers of visits/use of ED and urgent care
- In the ED:
  - lower acuity triage scores
  - longer wait times
  - longer ED and hospital LOS

- Higher rates of ED return visits requiring admission

Sanders L et al. PEDIATRICSVolume119,Number1,January2007
Hampers L and McNulty J. Arch Pediatr Adolesc Med. 2002; 156: 1108-1113.
Lowe JT, et al. Disparities in Pediatric Emergency Department Length of Stay and Utilization Associated With Primary Language. *Pediatr Emerg Care*. 2022;38(4)
Gallagher R et al. Pediatr Emer Care 2013;29: 579-583
Portillo EN, et al. Acad Emerg Med. 2021;28(9):1001-1011.

Resource Utilization for Families with LOE

Different resources utilized, example: gastroenteritis

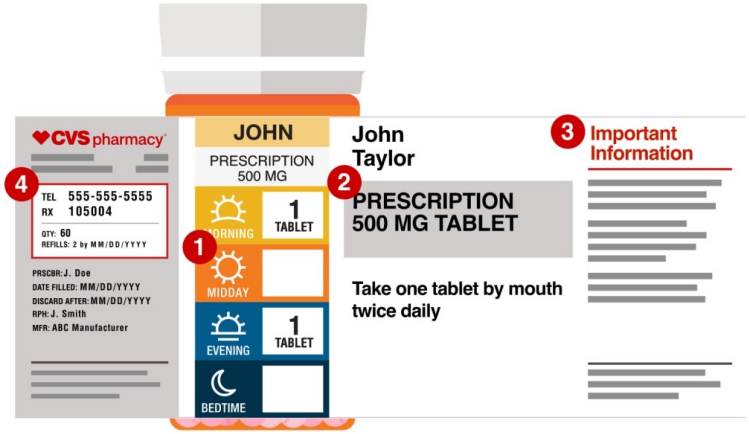
- No interpreter: higher testing rate/costs, higher admission rate, more IV fluids
- Professional interpreter: no difference in tests, more likely admitted, longer LOS
- Bilingual physician: no differences

Sanders L et al. PEDIATRICSVolume119,Number1,January2007
Hampers L and McNulty J. Arch Pediatr Adolesc Med. 2002; 156: 1108-1113.

Communication and Comprehension

- Families with LOE more likely:
  - To misunderstand a medical situation
  - To report difficulty with medication labels
  - Differences improved with language concordant physician

- Spanish-speaking families report:
  - More problems with care coordination and access
  - More problems with patient information and education



Wilson E et al J GEN INTERN MED 2005; 20:800–806.
Arthur K et al Academic Pediatrics Vol 15, Issue 2, March 2015, 218–224
https://www.cvs.com/content/pharmacy/rx-labels

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Clinical Outcomes

- 2-fold increase in adverse events for Spanish speaking patients
- Pain assessed and treated less in patients with LOE
  - Fewer pain assessments, lower use of opioid medications
  - Children with LOE reported a different score than RN documentation
  - Pain scores improved with ≥2 interpretations per day

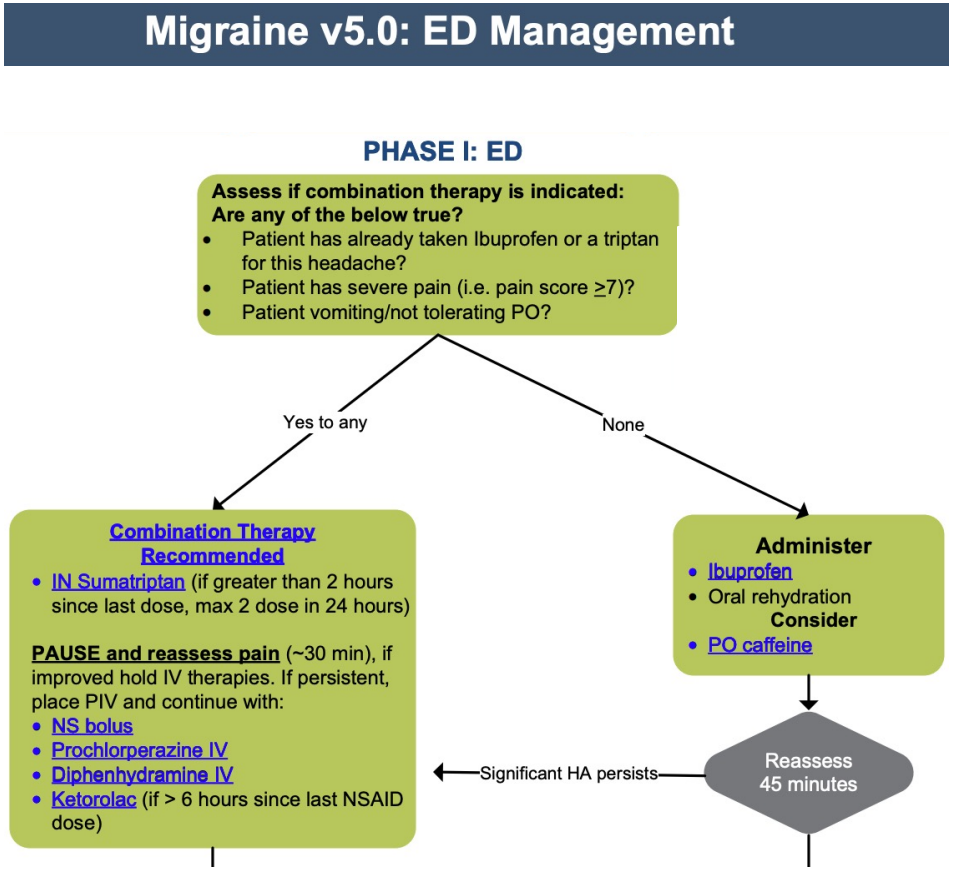
- Missed diagnoses: appendicitis
  - Perforated appendicitis more common in patients with LOE
  - Advanced imaging (CT or US) was less common for children with LOE
  - More likely to have a PCP or ED visit prior without definitive diagnosis

Cohen A et al. Pediatrics Sep 2005, 116 (3) 575-579
Jimenez N et al. Hosp Pediatr. 2014 Jan;4(1):23-30
Payson A, et al. Hosp Pediatr. 2022;12(6):561-568.
Levas M et al J Pediatr 2014;164:1286-91
Stokes SC, et al. J Surg Res. 2021;267:284-292.

Evidence based medicine

- Patients with LOE and **bronchiolitis** more likely to have guideline-discordant care

- Patients with LOE and **migraine** less likely to receive IV medications despite similar initial pain scores



Hartford EA, et al. Acad Emerg Med. 2022;29(9):1057-1066.
Zamor R, et al. Acad Pediatr. 2020 Apr;20(3):356-363.

ED LOS: interpretation takes some time

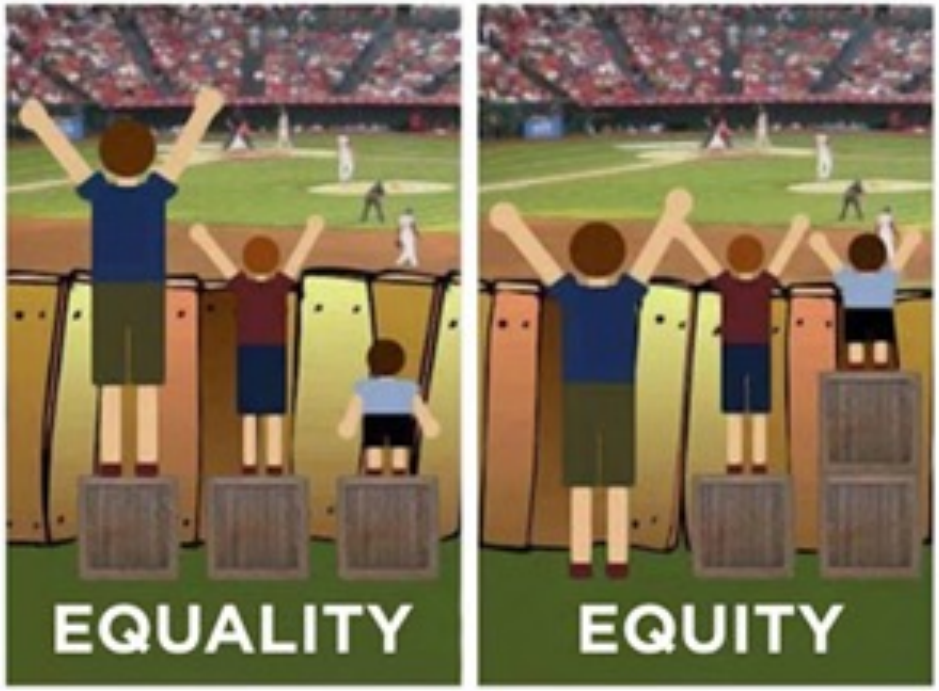
- Families with LOE receiving interpretation have a *slightly* longer LOS – just 14 minutes in our ED

- Interpreter modality and LOS:
  - In-person (116 min)
  - Telephone (141 min)
  - Bilingual provider (153 min)

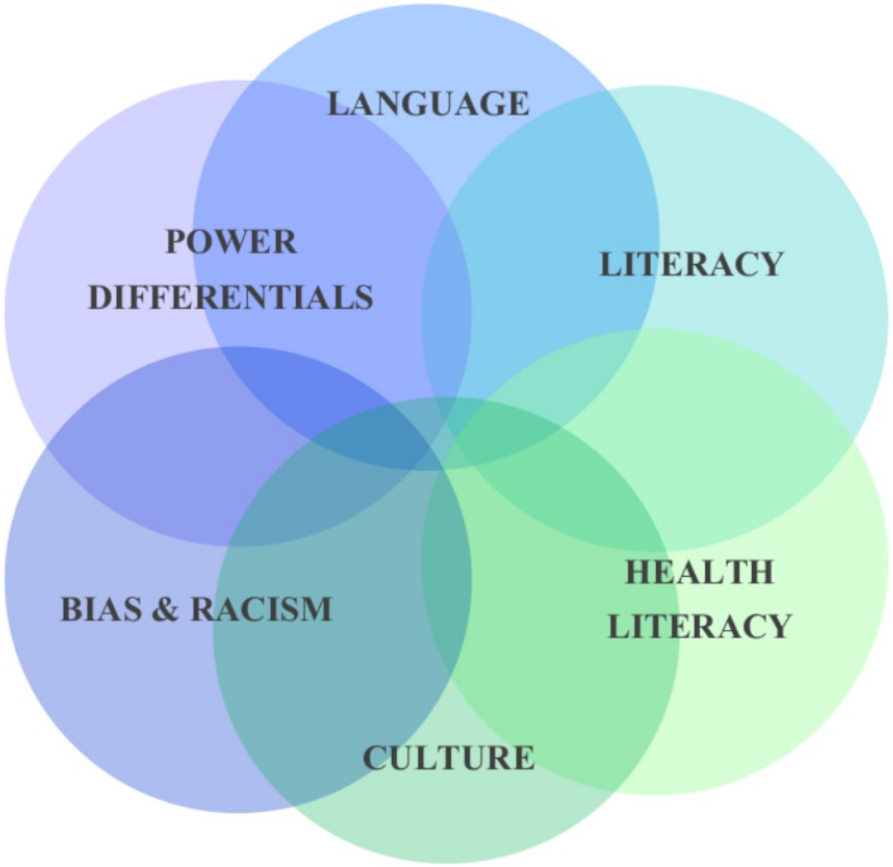
Grover, A., Deakyne, S., Bajaj, L. et al. J Immigrant Minority Health (2012) 14: 602
Wallbrecht J et al. Southern Medical Journal. Volume: 107 Issue: 1 January, 2014
Hartford EA, et al. Acad Pediatr. 2019;19(8):956-962.

Equality vs Equity

"But I already provide the same high-quality care to all of my patients. Aren't I doing enough?"



Communication Barriers are Additive



Interpretation is underutilized in clinical care

Interpretation used by Pediatricians: AAP poll

- Pediatrician use of interpreters has increased from 2004 to 2010
- 55.8% report regular professional interpreter use
- 57% still report use of family members to interpret

shutterstock.com · 1770410237

Ross DeCamp L, et al. Changes in Language Services Use by US Pediatricians Pediatrics Aug 2013, 132 (2) e396-e406;

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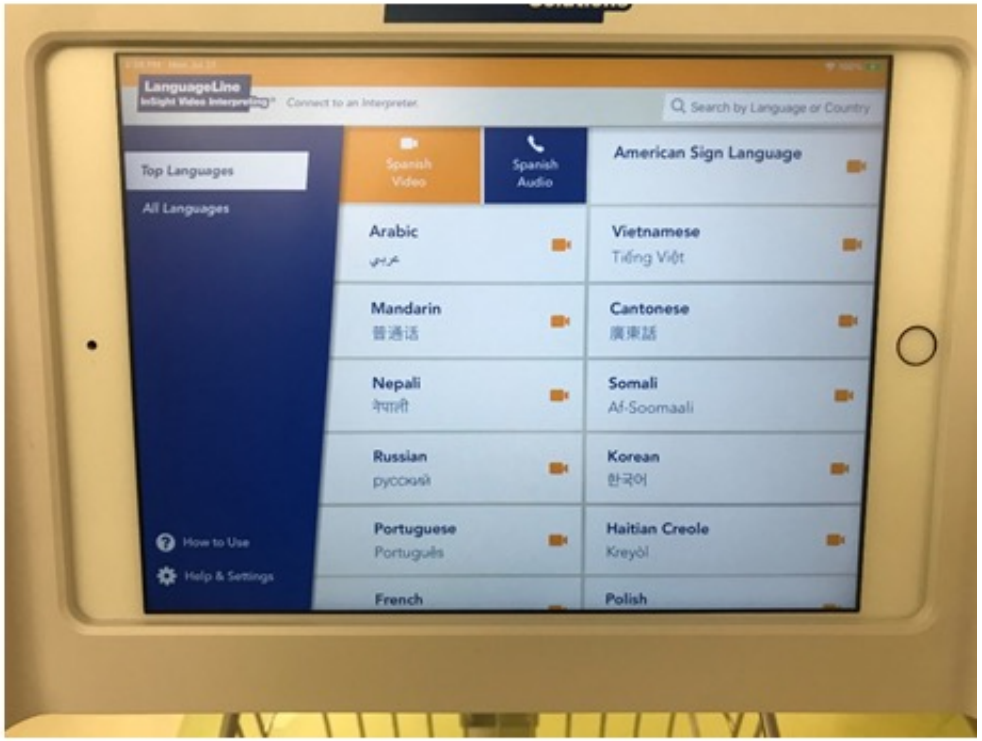
Current state in our ED: 5+ years of improvement work

- Universal 2 step language for care screening at check in
- Language for Care sticker on patient labels
- Language for Care signs on all doors
- Language for care column on EPIC tracking board
- In person Spanish interpreter 2p-12a
- Video interpreter units in ALL rooms
- Double headset phones in ALL rooms
- Data auditing, feedback, safety/equity stories



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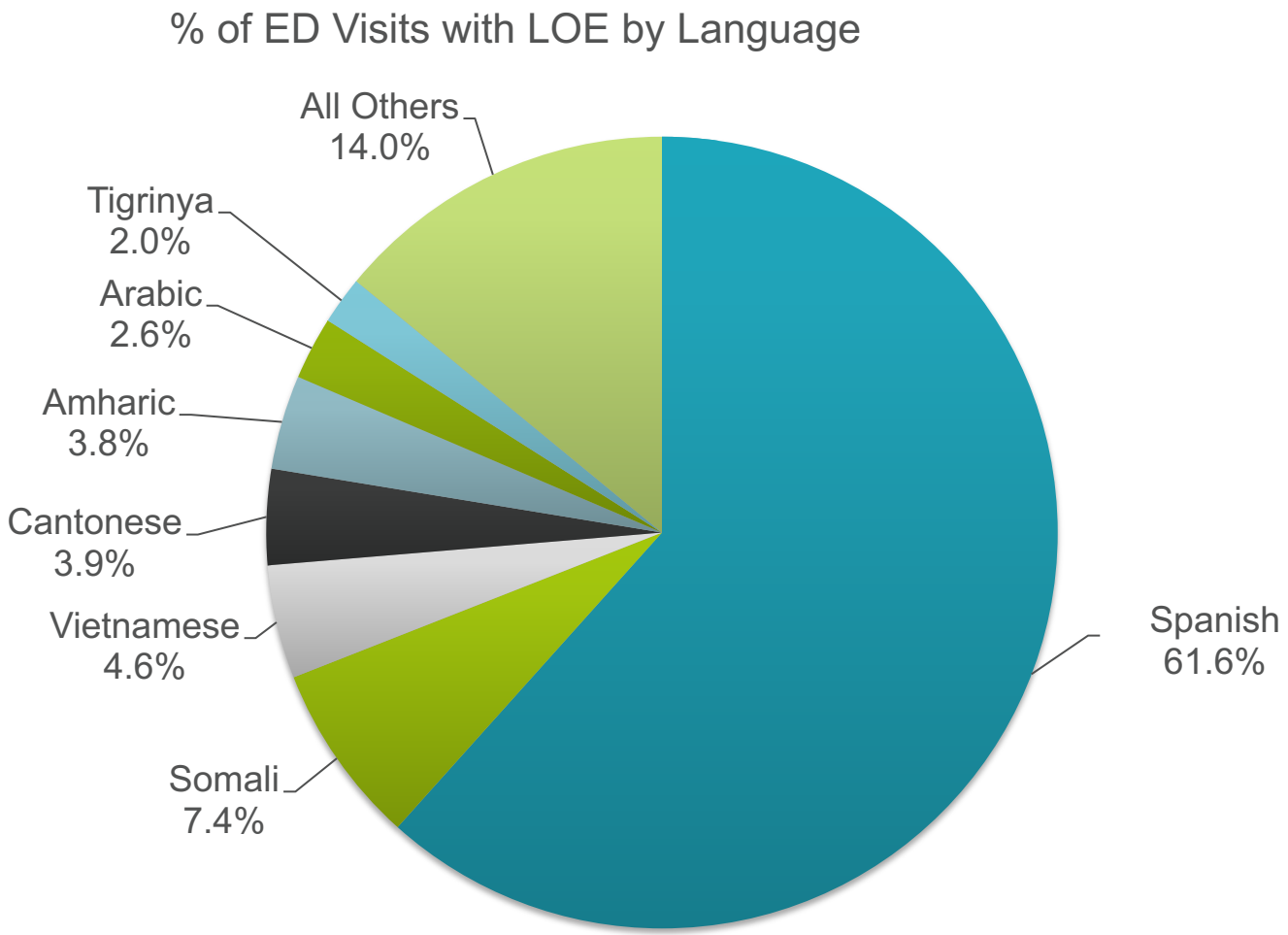
Current state in our ED



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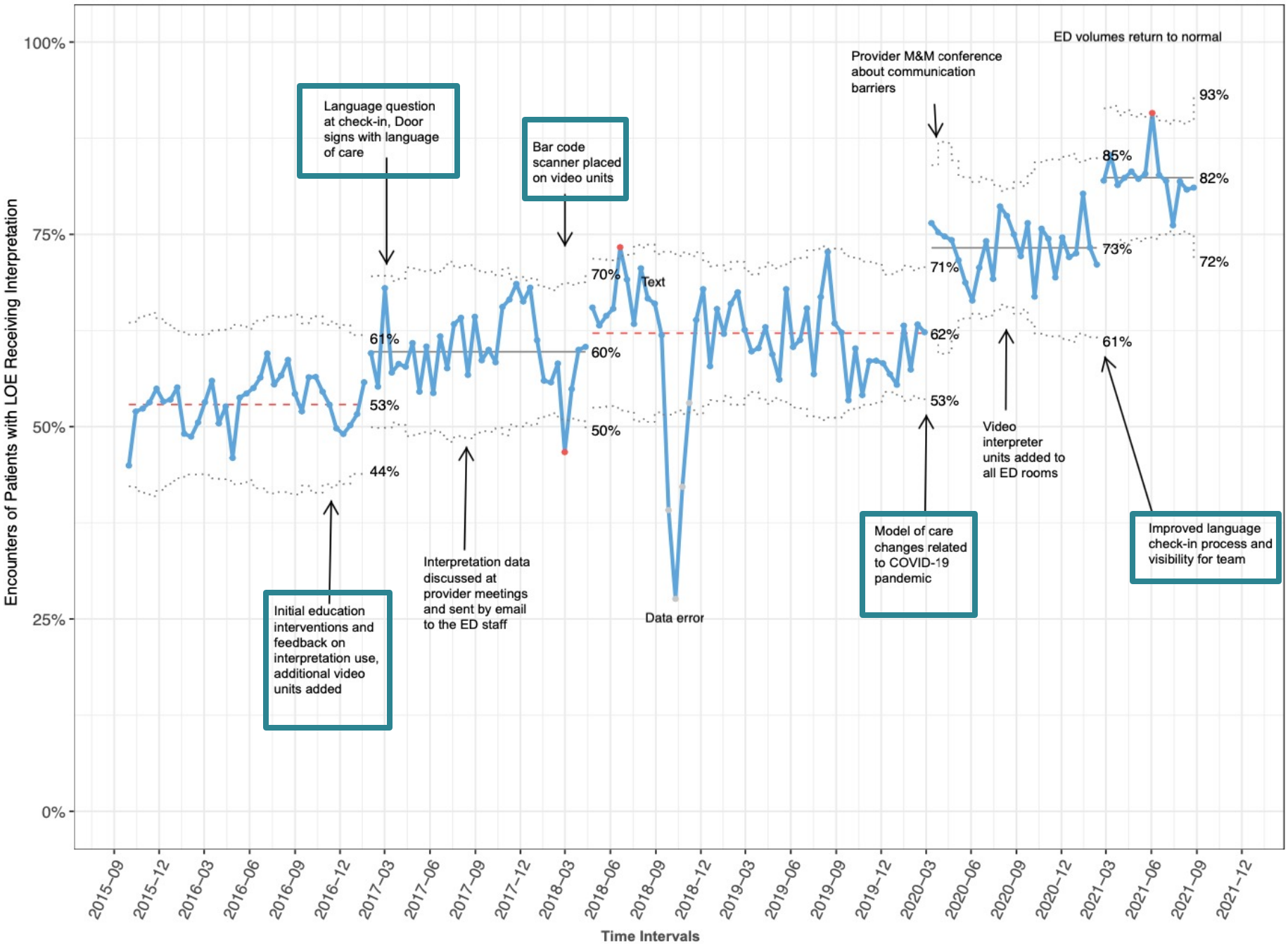
Encounters of Patients with LOE Receiving Interpretation
100%
75%
50%
25%
0%
Time Intervals
2015–09
2015–12
2016–03
2016–06
2016–09
2016–12
2017–03
2017–06
2017–09
2017–12
2018–03
2018–06
2018–09
2018–12
2019–03
2019–06
2019–09
2019–12
2020–03
2020–06
2020–09
2020–12
2021–03
2021–06
2021–09
2021–12
Language question at check-in, Door signs with language of care
Bar code scanner placed on video units
Provider M&M conference about communication barriers
ED volumes return to normal
Initial education interventions and feedback on interpretation use, additional video units added
Interpretation data discussed at provider meetings and sent by email to the ED staff
Data error
Model of care changes related to COVID-19 pandemic
Video interpreter units added to all ED rooms
Improved language check-in process and visibility for team
44%
53%
61%
50%
60%
70%
Text
53%
62%
71%
73%
61%
85%
82%
93%
72%

A note about cost

- Multiple options of phone or video vendors
- Cost analysis estimate in our ED
  - 2015: ~$5 per encounter of patients with LOE
  - 2022: ~$11 per encounter of patients with LOE

Best Practices for Communication with families with LOE

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Best practice: Interpreter Use

What should we be doing to communicate?

- Screening patients and caregivers for language for care
- Consistent use of professional interpretation to improve patient outcomes and quality of care
- Rare example where we already know how to address a disparity

Karliner 2007
Flores 2005

Providing Interpretation is the Law

Culturally and Linguistically Appropriate Services standards, within Title VI of the Civil Rights Act of 1964

- Any organization that received federal funding
- Requires provision of care in a language patients and families understand
- Requires that competence of those providing language assistance be ensured
- Unfunded mandate

Translating prescription information is law in WA state

HOUSE BILL REPORT
ESHB 1852

As Passed House:
February 9, 2022

Title: An act relating to language requirements for prescription drug labels.

Brief Description: Concerning language requirements for prescription drug labels.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Thai, Cody, Gregerson, Macri, Santos, Slatter, Valdez, Pollet and Riccelli).

Brief History:
Committee Activity:
Health Care & Wellness: 1/17/22, 1/31/22 [DPS].
Floor Activity:
Passed House: 2/9/22, 64-32.

Brief Summary of Engrossed Substitute Bill

- Requires the Pharmacy Quality Assurance Commission to adopt rules establishing requirements for the translation of prescription drug labels and other prescription information.

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Serious risks without interpretation

Use of languages the provider doesn't speak fluently

- 3 yo and 5 yo removed from parent custody
  "Se pegó" versus "le pegó"

- Adolescent with altered mental status
  "Me siento intoxicado"

Flores 2000
Ku 2005

What about ad hoc interpreters?

What qualifies as *ad hoc* interpretation?

- Family, friends, siblings
- Using one parent to interpret for the other (especially problematic if the non-proficient parent is primary caregiver)
- Talking only to the adolescent or pre-adolescent patient

Ad hoc interpreters

- Twice as likely to make an error than a professional
  - 54% of visits with *ad hoc* contained an error
  - Same error rate as using no interpretation

- 22% of errors had clinical consequences
  - Examples: Amoxicillin in the ears; omitting information about dose, frequency and duration of antibiotics
  - These errors are invisible to the provider

Flores G et al, Errors of Medical Interpretation and Their Potential Clinical Consequences: A Comparison of Professional Versus Ad Hoc Versus No Interpreters. Ann Emerg Med. 2012;60:545-553

What about Google translate?

Google translate performs poorly for medical translation

- 58% incorrect for grammar or content
- 42% provided incorrect, misleading, or alarming information
- Examples:
  - "Your wife is stable"→ "Your wife cannot fall over"
  - "Your child will be born premature"→ "Your child is sleeping early"

Borner 2005
Patil 2014

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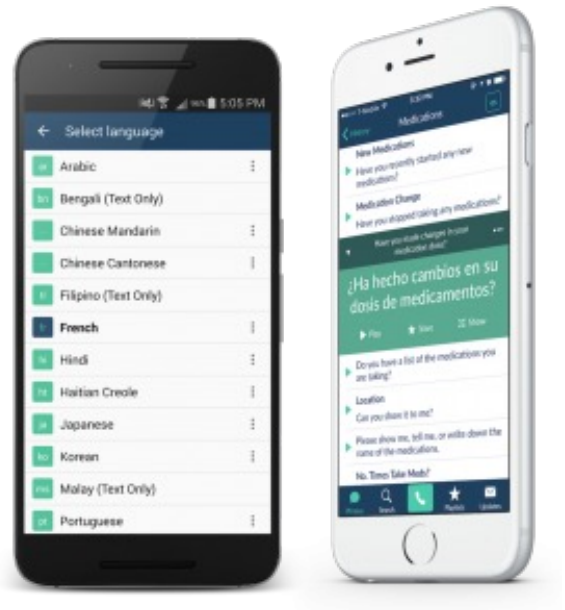
What about a phone app?



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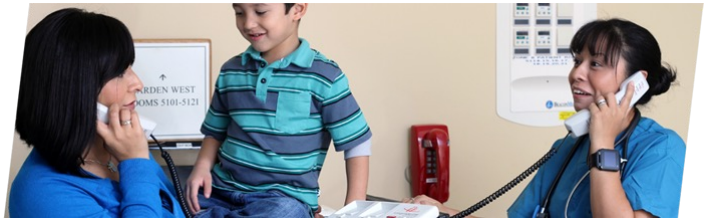
Best Practice: Interpretation Modality

What do we know about types of interpretation?

- All improve communication and patient outcomes
- Providers prefer in-person, video>phone
- Some studies have found different types equivalent
- One study found improved diagnosis comprehension with video



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Best Practice: Working with Interpreters

Professional interpreters are a crucial part of the team

- Consider a pre-meeting before entering a room
- Ask about relevant cultural considerations (if they know)
- Debrief after intense conversations
- Avoid asking too many questions at once
- Avoid jargon
- Use frequent pauses
- Talk to your patient, not about your patient

Common and Challenging Scenarios

- The patient refuses an interpreter
- Family members have different levels of English proficiency
- The interpreter quality seems low or they may not be interpreting everything

INTERPRETER REFUSAL

Possible scenarios:

1. They want to just communicate in English

2. They want to use a family member to interpret

What do you do?

RESPONDING TO INTERPRETER REFUSAL

Check your own bias

Elicit and address the patient's concern

Explain that you want them to be comfortable and understand everything well

If they want to use English:

- Offer to have the interpreter on and available if needed
- Frame the interpreter as there for you: **"I want to make sure I explain everything properly and I'm worried I won't have the right words to ensure I'm communicating effectively"**

If they want to use a family member or friend:

- Let them know using a trained interpreter is local policy and federal law, and you are required to comply
- Offer for the family member or friend to listen

ONGOING REFUSAL

- Clinician and patient characteristics will influence the outcome of the discussion
- If continuing to refuse, document reason and discussion
- Minor child should never be used to interpret, even if family's preference

Different Degrees of Comfort in English

Examples:

- Child or teenager speaks English well, while the parent does not
- One parent speaks English well, the other does not

What do you do?

Avoid only communicating with the one who speaks English well

1. Person who does not speak English will be left out of the discussion

2. The person talking freely will eventually be responsible for communicating what you said to the other person, as they will ask what was discussed when you leave

Even if someone in the room prefers English

Ask that the interpreter interpret everything, so all parties end up with a shared understanding

Concern about quality of interpretation

You may be concerned when:

- Interpreter is saying very little
- They have extended discussions with the patient without you
- They directly answer questions on behalf of the patient

Be aware that it may take more or less time to say something in another language; if unsure:

- Try to reframe message and repeat it
- Use teach-back to make sure your message is getting across

What do you do?

First thing to do:

Speak in short, clear, complete thoughts, and pausing frequently

Remind interpreter that you want to hear and understand everything

“I want to make sure I’m hearing everything my patient says, even if he’s just asking for clarification. Would you be able to interpret everything that’s being said, please?”

Direct feedback usually works well

Enlist interpreter as partner in understanding the encounter

Take Home Points

- Population of children and families in US with LOE is large and growing
- Patients with LOE are at risk for unequal care and poorer outcomes
- Knowing the patient/caregiver language for care requires asking (and updating) regularly
- Using and advocating for professional interpreters is something you can do to decrease inequity for your own patients today!

What can I do in my clinic?

1. Do you reliably know your patient's and caregiver's language for care?

2. Do you know much interpretation you are providing?

3. Can patients with LOE call/access after hours advice?

4. Are surveys/screening questionnaires and education provided in the appropriate language for care?

5. Are there other ways where you could work to improve communication equity?

Thank you!

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