Improving Quality of Patient Care for Non-English or Limited-English Proficiency Patients: Steps to improve quality and meet state and federal requirements.
Your Presenter Today

Jennifer Valentine, MSPH, Executive Director, Cascades East AHEC
On behalf of Oregon AHEC Statewide
We began this journey in 2001 and foresee the road will be long...

“The journey of a thousand miles begins with one step”- Lao Tzu, Chinese Philosopher

600-531 BC
AHEC Needs Assessment—Concerns Bubbling to Surface

- 141% Increase in % of population that is Spanish speaking (particularly LEP, NEP) 1990-2000 Census
- Concerns about Quality of Care & Experience for patients
- OCR & State Law passed in 2001
The Law

- HHS Title VI and New Guidelines – require healthcare organizations to provide qualified interpreter services for patients 24/7 at no cost to the patient
- Health care organizations must provide professional interpreters, not depend on family and friends
- There are crucial parts of patient care that require interpreters (vital documents, plan of care, diagnosis, complications, patient education & DC instructions etc.)

http://www.hhs.gov/ocr/lep/revisedlep.html
Oregon

Senate Bill 790 – July 4, 2001
ORS 409.615 to 409.623 – purpose is to establish procedures for testing, qualification & certification of health care interpreters who provide service to persons with LEP and improve access to care

- 2 levels - qualified and certified
- Education = 60 hours formal HCI training, includes: medical terminology, anatomy, physiology & concepts-modes-ethics for HCIs
“Off the Record” Legal Advice

Since Oregon has defined the education and training requirements for interpreters, this creates an expected standard.

Liability risks for not using trained interpreters may be of greater importance to hospitals and providers.
ORS 409.615 to 409.623

- 18 years of age or greater
- Demonstrate fluency in English, 2nd language and sight translations
- Complete health care orientation by Dept. of Human Services
- Signed code of professional responsibility for HCIs
- Complete required education for qualified level
- CE required to renew
Oregon AHEC’s Initial Focus

- Initial focus on Spanish only as this is the largest NEP, LEP group in Oregon
- Target working with hospitals and health systems
- Future potential language expansions to Chinese, Vietnamese, Russian or other languages is not as dire need outside of Portland metro area yet…
Access to Health Care Issues

Oregon State Data Collection is Poor So We Look at Neighbors

Less than 4% of physicians in California are Latino

A study in the journal “Pediatrics” found an average of 31 errors per visit for Hispanics using interpreters

Almost 2/3 of errors had clinical consequences

LCHC Fact sheet 1-05
A majority of all California immigrants are unaware that they have a right to ask for an interpreter.

Over 50% of Hispanics are confused by instructions when discharged from hospitals.

Over 50% report problems over how to use their prescription medicine.

LCHC Fact sheet 1-05
Diabetes & Cancer

- Nearly 1 out of 5 Latino adults over 50 have diabetes (20%) – twice the rate for whites and among the whites for all racial/ethnic groups.
- One out of 3 Latino diabetics are uninsured, compared to 1 out of 10 for whites.
- Latino diabetics are nearly 4 X more likely than whites to have no usual source of care.
- Latina women are 2X as likely as white women to develop cervical cancer and far more like to die from it.
- Latina women who have never had a Pap test is more than double that of Whites.

LCHC Fact sheet 1-05
Oregon’s Economy Relies on Migrant Workers

Every year, 10,000 Mexicans arrive in Oregon. Due to the lack of access to health care, this highly productive community has some of the worst health outcomes, including diabetes, HIV/AIDS, infant mortality and tuberculosis.

CROPS ACCOUNT FOR 60% OF TOTAL OREGON SALES EACH YEAR

—Oregon Agriculture in the Classroom Foundation
MSFW Total Population = 174,484

Data source: Oregon MSFW Enumeration Profile Study – Larson, 2002
GIS Mapping Courtesy of National Center for Farmworker Health, Inc.
The Health of Migrant Workers in Oregon

- Young (2/3 are under age 35)
- 80% Male
- Hispanic (90% Hispanic, mostly from Mexico)
- Low income (half of the workers earned less than $7,500 a year)

-League of Women voters in Oregon report, Fall 2000
The Health of Migrant Workers in Oregon

Oregon currently does not offer prenatal care to undocumented women. Washington and California do. Obtaining regular prenatal care for Migrant mothers is difficult and many pregnancies are high risk - Oregon CD Summary, Health Issue Among Migrant and Seasonal Farmworkers, 1999.

The infant mortality rate among Migrant Workers is 25% higher than the general population (Reducing Pesticide Exposure in Minority Families, OHSU, 2003).
Conclusions

- Oregon has a rapidly growing Hispanic population – many are migrant farm workers, construction industry has also attracted many Latinos.
- This population has limited access to health care (poverty and lack of health care benefits)
- Access is also impacted because of language barriers and lack of trained health care interpreters at point of care
RWJ Hablamos Juntos Project: More than Half of Providers Say Health Care Quality Doesn’t Earn the Highest Mark

PQ2: Please think broadly about the quality of health care offered in the United States today. By quality we mean health care that is safe, effective, patient-centered, timely, efficient, and equitable. Would you judge it to be:…. 
Providers Have More Favorable Perceptions of Quality Than Spanish Speaking Public

Providers

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<tr>
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Spanish Speaking Public

<table>
<thead>
<tr>
<th>Quality Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
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<td>27%</td>
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<tr>
<td>Good</td>
<td>43%</td>
</tr>
<tr>
<td>Not Good</td>
<td>30%</td>
</tr>
</tbody>
</table>

PQ2/HQ2: Please think broadly about the quality of health care offered in the United States today. By quality we mean health care that is safe, effective, patient-centered, timely, efficient, and equitable. Would you judge it to be:…
7 in 10 Providers See Addressing Barrier Issue as an Important Priority

Level of Priority

- Top priority: 10%
- One of a number of important priorities: 58%
- Moderately important priority: 30%
- Not an important priority: 2%

PQ5: Among all the issues currently facing the health care delivery system, how much of a priority should helping primarily Spanish-speaking health care consumers better use and benefit from the health care system be? Do you think it should be…
Clear Majority of Spanish Speaking Public Say Achieving Positive Outcomes Compromised by Language Barrier

31%: Language has no impact on care outcomes

68%: Positive outcomes are made more difficult when providers neither speak Spanish nor offer translators

HQ12: Now, please think about a time when you were with a doctor, nurse, pharmacist or other health care provider who only spoke English and there was no translator available. Please tell me for each of the areas, was it …
Areas Where Language Barrier Has Most Negative Impact: Patient View

HQ12: Now, please think about a time when you were with a doctor, nurse, pharmacist or other health care provider who only spoke English and there was no translator available. Please tell me for each of the areas, was it …
One in Five Have Gone Without Care When Needed Due to Language Obstacles

19% Have not sought care when needed due to language barrier

HQ11: In the course of the past year, how many times were you sick, but decided not to visit a doctor because the doctor didn’t speak Spanish or have an interpreter?
First Steps --2002

- Experiment with Distance Education – Portland Community College had a program based in Portland that they were video-broadcasting to multiple Portland based campuses.
- Pilot of four students – four best interpreters to become clinical preceptors for PCC for future classes.
- These four are still trainers!
Distance Classes—02-04

- Started as mostly Monday nights in 3 hour segments, later switched to largely Saturdays for much longer time periods which made it difficult for distance students to stay focused and attuned.
- Class would get disconnected at times and students would miss material while we reconnected.
- Community College class structure meant most classes were in English only.
- Financial challenge when state began charging overtime charges for evenings and weekends on “state bridge network” This doubled the $1300 tuition cost for students—became too expensive.
State Incentive Grant Opportunity--2004

AHEC Directors had been discussing the interpreter issue for a couple of years. We seized an opportunity to write a one-time incentive grant for labor funding from the Dept. of Community Colleges and Workforce Development.

Proposal was funded to develop curriculum and to run a first train-the-trainer program on a shoestring budget.

Hospitals were partners in this proposal.

Tight timeline for production – Jan to August 2005 for curriculum and training outcomes.
Curriculum Development

Team spent time discussing what it takes to educate an interpreter from a practice perspective and what the state law required in education for interpreters at the qualified level.

Team spent time researching materials, deciding on appropriate level of coursework, use of NCIHC standards and ethics documents, development of new educational tools.
Desire to build a program that had flexibility in the way it could be structured to meet – i.e. once per week for 3 hours or once bi-weekly for 6 hours

Desire to focus on partnerships with hospitals, healthcare outside Portland metro region—particularly rural areas

Focus on interpreting practice and ethics in each class to help students integrate material
Desire to build community capacity over the long haul to train own interpreters while still maintaining statewide monitoring of program quality and student outcomes.

Focus on fidelity to the curriculum and teaching all material to trainers in train-the-trainer.
Curriculum incorporates Seven Learning Styles
National Council of Healthcare Interpreters

- Standards of Practice
- Code of Ethics
- Documents outlining
  - Modes of Interpreting
  - Techniques such as Clarification, Transparency, Limited Advocacy
  - Positioning
  - Managing the Flow of the Session

http://www.ncihc.org/
Includes samples of clinical affiliation agreements, marketing timelines, other administrative tools

Includes required language pre-testing tools and process – must pass entry testing w/ 80% to get into program

Includes detail lesson plans for the program, powerpoints, classroom activities, etc.
The Program That Emerged
= 124 hours

- 8 hours Interpreter Basics Course
- 60 hours Integrated Anatomy, Physiology, Medical Terminology and Interpreting Skills Course (30 hours designed to be self-study)
- 24 hours Language and Interpreting Skills Lab (completed outside class)
- 32 (4 day) Interpreting Supervised Clinical Practical Experience
Students practice interpreting
Win-Win: Trainer Development

- Example – Klamath Falls trainer
- Resulted in new position, new department, new focus on interpreter services
- Role in training other employees
- Seen as professional by hospital leadership
- Support from AHEC gives credibility
Teaching the Program

- Students who barely pass the entry assessment will struggle in the class.
- Difficult to impress on students how much work the three-four month classroom program will be and how they need to structure time each day/week to stay on top of material and assignments.
Recent Distance Learning Additions

- New format of one weekend per month
- Added additional homework assignments for each unit that must be completed before class
- Software allows us to set expiration dates on assignments
- Only requires internet access — so those without computers use library
Building Statewide Infrastructure

- Statewide systems to support program and trainers
- Evaluation plan
- Revisions, updates and improvements to curriculum including addition of new distance elements to support a once per month weekend-based class structure
Building Bridge to 2009 TOT

- Realized need to teach in 2008 in other geographic regions of state to build potential trainer pool for 2009 Train-the-trainer program.

- Wrote grant to PacificSource Foundation that was funded which will support practicum costs ($500 per student) for 45 students statewide.
Building Bridge to 2009 TOT

Currently teaching once per month weekend-based course on Oregon coast. Plans to teach along Columbia River Gorge and other regions this year.

Will we find enough potential trainers?
Marketing & Promotion

Now searching for candidates for the Fall 2008 weekend-based classes in Hermiston.

Flyers on web, e-mail ready

Applications available and cost is reduced due to AHEC funding supports for participants in these classes.
AHEC Role in Advocacy

- Help hospitals and other providers understand benefits with trained interpreters
- Help hospitals and other providers understand risk to not using trained interpreters
- Help interpreters understand benefits to becoming trained
- Help interpreters link to state process.
2009 Train-The-Trainer

Opportunity for strong candidates to participate in our next train-the-trainer in Summer 2009.

Contact us to find out more about this opportunity.
For more information

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