

Addressing Language in Your Practice: Practical Approaches and Resources

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Target Audience: This activity is designed for family physicians and other primary care physicians and their practice teams.

Statement of Need/Program Overview/Goal:

As a medical provider in private practice, you lead a busy professional life. In addition to all your clinical work, you have to run a business as well. It seems as if you are always being asked to provide more services for less compensation. It may feel to you that addressing the language access needs of your changing patient population falls into this category. Still, it is up to you, as a physician, to make your own life easier, to provide quality care to each patient, and to communicate clearly with each patient who seeks out your services. Your patients are depending on you.

Communication is the absolute heart of medical practice. Studies have shown that more than 70% of the information on which providers base a diagnosis comes from the history and physical exam. Anything that compromises the quality of the communication between patients and providers represents a threat to the quality of the care provided. Clear communication is hard enough, even with English-speaking patients, especially when there are issues of low literacy or age to consider. When the patient does not speak English, communication becomes that much more difficult.

As the population in California becomes more diverse, effective communication across languages becomes a real selling point to attract new patients to your practice. In addition to the impact that language barriers can have on quality of care, there are also financial implications to unclear communication in health care, and legal implications when unaddressed language barriers lead to a poor health outcome or to unequal access to care. When communication is unclear, care is more expensive; that hurts individual providers, individual payors, public systems of reimbursement, and the system as a whole. Clear communication controls costs. In addition, federal Civil Rights law and a series of California regulations and contractual stipulations require language access in health care.

Because of these reasons, health care providers around the country are starting to view language access as an issue that must be addressed if medicine is to serve the patient populations of today. A growing number of medical schools and residency programs include training on working with interpreters as part of the standard curriculum. Continuing professional education classes are being taught, on-site and online. No longer a concern only of large medical centers, language access is an issue facing all providers.

Luckily, there are both a growing expertise and a growing number of resources available to assist you in bridging the language gap with your Limited English Proficient (LEP) patients. This session will provide you with a process for addressing those needs in a

systematic way, and links to all sorts of useful resources to assist you in making your practice linguistically accessible.

Additional resources, toolkits, and reference materials can be found at www.medicalleadership.org and www.familydocs.org.

Educational (Learning) Objectives:

At the conclusion of this activity, learners should be able to:

- Identify three reasons why we should work to bridge language barriers when communicating with our patients;
- List five ways to improve our ability to communicate with limited English speaking patients, including how to work with trained and untrained interpreters; and
- Identify available resources to make our practices friendlier to limited-English-speaking patients.

Accreditation Statements:

The California Academy of Family Physicians is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The California Academy of Family Physicians designates this educational activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity. [AAFP Prescribed credit is pending approval. When approved, it will be added to all CME certificates.]

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Disclosure and Conflict of Interest Statements:

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Dr. Chen declares that during the past 12 months neither she, nor any member of her family, has had a financial arrangement or affiliation with any corporate organizations providing monies to support this CME activity.

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Instructions:

To receive [contact hours/CE/a statement of credit], you must:

- Review the full content of the program.
- Download and return the post-test and evaluation, via fax, to CAFP, 415-345-8668.
- Your statement of credit will be issued upon receipt of the test and evaluation form.

Fee: There is no charge for this activity.

Commercial Support:

No commercial support has been received for this activity. The Medical Leadership Council is convened by the California Academy of Family Physicians Foundation and supported by a grant from The California Endowment.

Cultural/Linguistic Competency:

New CAFP policy and California state law requires that each learning activity have elements of cultural and linguistic proficiency included in the content. This activity includes these elements.

Viewing Requirements: Flash.