

Medical Leadership Council: November 2004 (Brief Summary)

Medical Leadership Council on Language Access Holds Sixth Meeting in Oakland

Members of the Medical Leadership Council on Language Access reported new collaborations and language access projects at their sixth meeting held November 8, 2004 in Oakland. Projects include a survey of local hospitals, best practice pilot projects, and physician office resource kits.

“We are proud of this group’s progress,” said Robert K. Ross, MD, President and CEO of The California Endowment, which sponsors the Council. “It’s going to take this type of collaboration to really make a difference.” The Council will continue meeting in 2005.

Documenting the Council’s progress, Leonard Fromer, MD, Past President of the California Academy of Family Physicians, announced a new publication, “Language Access Resources from the Proceedings of the Medical Leadership Council on Language Access,” a summary of information by topic from the five previous Council meetings, which began in June 2002. Copies of this resource guide are available at www.familydocs.org/mlc.

PRESENTATION 1: Local Language Access Activities in Alameda County

Hospital Survey

In 2003, the Alameda County Board of Supervisors agreed to sponsor a survey, written and supported by several community groups, of the county hospitals’ language assistance services.

Funded by The California Endowment, the WK Kellogg Foundation, and the Open Society Institute, the survey included 27 questions, answers were self-reported, and 13 of 14 hospitals responded. The findings, reported at the Council meeting by county Board of Supervisors member Alice Lai-Bitker, were:

- Local hospitals are generally aware of the importance of language access services;
- Lack of consistency in the manner and degree to which services are provided;
- All Alameda County hospitals have policies on the provision of services;
- All report offering trainings on securing an interpreter; 3 of 13 have a designated staff position responsible for coordination of services;
- 4 of 13 employ their own interpreters;
- 9 use contract interpreters, but often only for American Sign Language;
- All post signs to inform patients of their rights to a medical interpreter, but few have translated versions in a language other than English.

Based on the survey, the community groups are recommending that hospitals: (1) Upgrade their data collection and reporting; (2) Standardize and simplify procedures to request interpreters; (3) Designate at least one staff person to coordinate services; (4) Increase the availability of qualified medical interpreters, including bilingual staff who have been trained and tested in medical interpreting; and (5) Provide translated written materials and signs in commonly encountered non-English languages.

New Coalition

In October 2004, the Alameda-Contra Costa Medical Association convened the Alameda County Coalition for Language Access in Health Care. Frank Staggers, MD, Past President, Chief of Urology at Alameda County Medical Center from 1989 to 2001, provided an overview.

“The most difficult language access problems often are not in the hospitals because they at least have some services and are aware of legal and regulatory mandates,” he said. “We also need to focus outside the hospitals – in clinics and individual physicians’ offices. The solution is single source, efficient, quality interpreter services.”

The medical association has convened a number of local stakeholder groups that together are undertaking a six-month project to document the needs of medical providers for interpreter services; generate support across the medical community for comprehensive and efficient interpreter services; identify components and costs of effective interpreter services and recommend an approach for a pilot implementation; identify potential sources of funding; and assemble a steering group of medical community representatives to accomplish these goals.

Alameda Alliance for Health

The Alliance is a local Medi-Cal managed care plan providing care to 95,000 members, including 73% of Alameda county’s Medicaid managed care-eligible individuals and 57% of the county’s S-CHIP enrollees.

“Language access services are particularly important to us because 43% of our members speak a language other than English as their primary language,” explained Arthur Chen, MD, Chief Medical Officer at the Alliance.

The Alliance was chosen by the federal Office of Minority Health (OMH) in the Department of Health and Human Services for an 18-month case study of implementing the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS standards). (For more information see <http://www.omhrc.gov/clas/finalcultural1a.htm>.)

The Alliance applies the CLAS standards regarding language assistance services in the following ways:

- Interpreter services are offered free to members;

- In-person interpreter services are provided through several local vendors;
- Telephonic interpreters are provided 24 hours a day when in-person interpreters are not available;
- Records are maintained of interpreter use and are analyzed to monitor patient needs;
- The Alliance hires bilingual staff to help meet members' language needs.

The Alliance also pays the interpreter services vendors directly.

PRESENTATION 2 – Continuing Medical Education on Language Access

The California Academy of Family Physicians (CAFP) and CAFP Foundation has developed a Continuing Medical Education course on language access, funded by The California Endowment.

The objectives of “Addressing Language Access Issues in Your Practice” are to help physicians: identify why they should work to bridge language barriers with patients; learn ways to improve physicians’ and staff ability to communicate with limited-English-speaking patients, including how to work with trained and untrained interpreters; and identify and use insurance and community resources.

Alice Hm Chen, MD, MPH, Soros Physician Advocacy Fellow, Asian and Pacific Islander American Health Forum and practicing physician at Asian Health Services presented an overview of the course and an accompanying toolkit for physicians and their staff. The toolkit includes model language access policies and procedures for use in physician offices; suggestions on deciding what type of language access services are best for use in a practice; comparisons of face-to-face and telephonic interpreters; a case study; and a resource list. Dr. Chen and others have trained a group of physician master faculty who now will provide the CME course throughout the state.

PRESENTATION 3: USING CHILDREN AS INTERPRETERS

A panel of speakers from several Council organizations discussed the use of children as health care interpreters, which has been a topic of interest at prior Council meetings. The panelists agreed that children should never be used as interpreters except in an emergency situation when no other options are available. They cautioned the audience that it’s inappropriate to use family members, including children, as interpreters when there are issues that require privacy, like discussing sexuality, HIV status, domestic violence, or depression. There also are issues of drugs, alcohol, and other lifestyle issues that children should not be exposed to. Panelists also noted that one cannot predict when such issues might arise during a medical visit. In addition, in a discussion of technically complex medical issues that a child can’t understand, a patient may not actually understand all the treatment options, and one cannot then say the patient was fully informed. The panelists were encouraged by the interest of the Council organizations in language access issues and urged physicians to work with health care interpreters, health plans, hospitals and

other providers to address language access so that children and family members would not have to be used as health care interpreters.

PRESENTATION 4: Endowment-Funded Language Access Projects

Member organizations provided status reports on previously announced projects. These include:

St. Joseph Health System—Formalizing and strengthening how interpreters work throughout the system, and helping physicians better know how to access interpreters.

California Latino Medical Association—Working with medical schools to develop a curriculum on language access and working with the Office of Minority Health to help physicians and key staff improve their ability to speak Spanish. In January 2005, CALMA will offer a half-day CME seminar.

American College of Obstetricians and Gynecologists, District IX—Through surveys, task force meetings and focus groups, gathering information from members about what language access services and assistance they need and determining how to help provide it.

American College of Emergency Physicians, California Chapter—Cal ACEP has developed a compact disk with an educational lecture on the legal background and options for technology to meet the legal requirements for providing language access in emergency departments. They will present the information at meetings in 2005 and mail the CD to all members.

Catholic Healthcare West—CHW is improving the organization's ability to collect and track patients' primary languages and need for language assistance services and is establishing a demonstration project using in-house dedicated staff interpreters.

California Safety Net Institute, California Association of Public Hospitals and Health Systems—The Institute is working with the University of California, San Francisco Center for the Health Professions to create centers of excellence in language access and cultural competence. Work also continues on model hospital policies and procedures on language access.

PRESENTATION 5 – Legislative, Medical Board and California Endowment Updates

Medical Board

Linda Whitney, Assistant Director for Legal Affairs, Medical Board of California, said there are now 49 physicians participating in a loan repayment program created by

legislation the Medical Board co-sponsored. One of the selection criteria for participation is speaking a Medi-Cal threshold language. The Medical Board continues to seek additional funds for this program. More information is available at <http://www.medbd.ca.gov/MDLoan.htm>.

In another language access initiative, Assembly Bill 801—cosponsored by the California Medical Association and the Hispanic Healthcare Foundation—was signed into law in 2003, and calls on the Medical Board to establish a voluntary training program on linguistic and cultural competency in conjunction with county medical societies. The Medical Board is interested in partnering with the CMA and local medical societies on implementing this legislation.

Legislation

Endowment Program Officer Ignatius Bau underscored the importance of national, state and local legislative and regulatory strategies for increasing language access services. Recent successes include:

SB 853, passed last year, requires the California Department of Managed Health Care and Department of Insurance to adopt regulations to ensure enrollees have access to language assistance and culturally competent health care. Draft regulations are expected later this year.

California's Office of the Patient Advocate issued its 2004 Quality of Care Report Card and again included rankings of language access services in the "HMO Services in Other Languages" section. For more information, see http://www.opa.ca.gov/report_card.

The Council will continue its work for an additional two meetings in 2005. For more information about the presentations from the November, 2004 meeting, contact Laura Johnson Morasch at lmorasch@familydocs.org.