Medical Leadership Council Meeting: November 2004 (Long Summary)

Medical Leadership Council on Language Access Holds Sixth Meeting in Oakland

New levels of collaboration and attention to language access services in health care were reported at the sixth meeting of the Medical Leadership Council on Language Access held November 8, 2004 in Oakland. Council member organizations described current projects ranging from hospital surveys to physician office resource kits to newly developed Continuing Medical Education courses for physicians and other health care providers.

"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 that ties practical changes in physician offices to policy work in Sacramento to impress on our policymakers – with the weight of all these organizations behind them – to do the right thing and the smart thing."

"We'll be here as long as needed," he said, pointing out that far too many patients in California still have inadequate access to language services. The Council will meet twice in 2005, with dates and locations to be announced.

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

The November 8 meeting centered around five presentations by representatives of several member organizations. The topics were:

1. Local language access activities in Alameda County;
2. New physician CME course by California Academy of Family Physicians;
3. Difficulties in using children as interpreters in health care;
4. Updates on Medical Leadership Council organization projects; and
5. Legislative and regulatory updates.

PRESENTATION 1: Local Language Access Activities in Alameda County

During a panel moderated by Bill Guertin, executive director of the Alameda-Contra Costa Medical Association, panelists provided overviews of a survey of local hospitals' language access services, a new coalition effort to conduct a needs assessment and create a feasibility plan for providing language access services, and language access services at the Alameda Alliance for Health.

Hospital Survey

In 2002, the findings and recommendations of a Latino community survey of language barriers in the Alameda County Medical Center were presented to the Health Committee of the Alameda County Board of Supervisors, and in 2003, the Board agreed to sponsor a survey of the county hospitals' language assistance services. The resulting survey was written and supported by several community groups.

"This work is a priority for us because the 2000 US Census shows that 27 percent of Alameda County's residents are immigrants and 37 percent speak a language other than English at home," explained county Board of Supervisors member Alice Lai-Bitker.

The hospitals' survey, funded by The California Endowment, the WK Kellogg Foundation, and the Open Society Institute, consisted of 27 questions, answers were self-reported, and 13 of 14 hospitals responded. The findings were:

- Local hospitals are generally aware of the importance of language access services;
- Lack of consistency and a large disparity in the manner and degree to which services are provided by the hospitals;
- 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 systems; (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 to ensure basic communication and quality of care.

"Local government leadership was key to the success of this effort," said Linda Okahara, Program Director for the Language and Cultural Access Program at Asian Health Services. "It was also important to build on community expertise and focus on best practices."

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, who served as 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 use continuous quality improvement principles to document the needs of medical providers for interpreter services; identify potential impacts on physicians and patients when services are not available; 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; identify potential barriers to implementing a successful pilot; and assemble a steering group of medical community representatives to accomplish these goals.

Key stakeholders include major ethnic physician organizations, Medi-Cal managed care plans, commercial health plans, hospitals, community clinics, Board of Supervisors representing county medical services, public health officers, and others.

Alameda Alliance for Health

The Alliance is a local Medi-Cal managed care plan providing care to 95,000 members, including 73% of the 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 and a practicing family physician at Asian Health Services. "Providing these services is an important part of eliminating racial disparities in health care."

The Alliance was chosen by the federal Office of Minority Health (OMH) in the Department if 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). OMH developed the 14 standards, released in December 2000, as a means to help correct inequities in health services. (For more information on the CLAS Standards see http://www.omhrc.gov/clas/finalcultural1a.htm.)

CLAS Standard #4, for example, states: Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation." The Alliance applies CLAS #4 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.

A key bilingual tool for patients and providers alike is the "I Speak" card, which helps LEP patients tell offices which language they speak. "I Speak" cards are available in nine languages at http://www.dss.cahwnet.gov/civilrights/ISpeakCard_1304.htm.

"The health plan also compiles data by race, ethnicity, and language to help identify health disparities," said Chen. "This data is voluntarily self-reported by patients, and allows us to look at things like the race or ethnicity of patients diagnosed with asthma, hospitalizations, emergency room visits, and clinic utilization rates by ethnicity."

PRESENTATION 2 – Continuing Medical Education on Language Access

The California Academy of Family Physicians (CAFP) and CAFP Foundation this year sponsored the development of the first-of-a-kind Continuing Medical Education curriculum on language access, funded by The California Endowment.

The objectives of the course, "Addressing Language Access Issues in Your Practice," are to: help physicians identify why they should work to bridge language barriers with patients; teach physicians five ways to improve physicians' ability to communicate with limited-English-speaking patients, including how to work with trained and untrained interpreters; and help physicians identify available insurance and community resources and incorporate them to make their practices more accessible to LEP patients.

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 CME course and accompanying toolkit for physicians and their staff.

Chen served as lead faculty on curriculum development, along with a physician advisory panel, and Cynthia Roat, MPH, a professional health care interpreter, created the toolkit that covers these issues in depth and 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; a resource list; and more.

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

Panelists included Susan Fleischman, MD, Medical Director at Venice Family Medicine Clinic and Past President, Board of Directors, California Primary Care Association; Alice Hm Chen, MD, MPH; Pradeep Gidwani, MD, MPH, Pediatrician and Researcher at San Diego Children's Hospital and Health Center; Martha Bernadett, MD, Executive Vice President of Research and Development at Molina Healthcare and Board of Directors member at the California Healthcare Interpreting Association; Rosario Nevado, a medical interpreter at Stanford Hospital and Clinics; and Luis Alberto Molina, acting interpreter services coordinator, Stanford Hospital and clinics. Ignatius Bau, a program officer at The Endowment, moderated the session.

Fleischman summed up the panelists' views when she said, "We have to consider when and whether it's appropriate to work with any family members, including children, as interpreters because there are issues that require privacy, like discussing sexuality, HIV status, domestic violence, depression, or a power play between two people in the room. There also are issues of drugs, alcohol, and other lifestyle issues that you don't want children exposed to. Interpreting in health care also can place an unfair burden of responsibility on children, including when we give a patient bad news, like a cancer diagnosis."

Another shortfall is the discussion of technically complex medical issues that a child can't understand. If a patient does not actually understand all the treatment options, for example, then one cannot say the patient was fully informed.

Speakers agreed that children should never be called on to translate unless it is an emergency situation and absolutely no other options are available. Children aren't mature enough to act as translators, and don't know the limits of their abilities. Some pointed to technological solutions that will make interpreting in offices and clinics much easier than it is now.

Ultimately, the group agreed, the decision of when and how to work with an interpreter is the judgment call of the physician. It's important to have options in place so physicians can make those decisions.

PRESENTATION 4: Endowment-Funded Language Access Projects

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

St. Joseph Health System - Maya Dunne, Vice President, Community Outreach and George Avila, Community Outreach Analyst: Formalizing and strengthening how interpreters work throughout the system, and helping physicians better know how to access interpreters.

California Latino Medical Association – Margaret Juarez, MD: 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 - Tracey St. Julian, Executive Director: 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 – Katie Hurt, MD, Board member: 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 – Eileen Barsi, Director, Community Benefit: CHW is launching several language access improvement measures, including improving the organization's ability to collect and track patients' primary languages and their need for language assistance services. They also are educating all staff about the critical role of these services for patients and ways to effectively use available language access tools. The organization also is establishing a demonstration project using in-house dedicated staff interpreters at one of its hospitals.

California Safety Net Institute, California Association of Public Hospitals and Health Systems – Wendy Jameson, MPH, MPP, Executive Director: (1) 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. Eight hospitals will undergo a process to determine where they are now, and then will receive technical assistance to improve their standing. (2) Work continues on the model hospital policies and procedures on language access. Consultant Melinda Paras reviewed existing policies; conducted site visits; drafted model policies and procedures; and had a wide review process. The Institute now is testing policies and procedures by putting them through the regular process at the executive administrative and medical offices at Los Angeles County/ University of Southern California medical center.

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 the loan repayment program created by legislation that the Medical Board co-sponsored. To be eligible, physicians must speak a Medi-Cal threshold language. The Board has also received a $500,000 matching grant

from The California Endowment and another $1 million grant, to be added to the $3 million allocated from physician licensing fees. The Medical Board continues to seek additional funds for this program through foundations and individuals. More information on the loan repayment program 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.