

**Meeting Summary – Brief**  
**May 28, 2008 Meeting**  
**Medical Leadership Council on Cultural Proficiency**

The Medical Leadership Council on Cultural Proficiency (MLC) met in May in San Francisco. Convened by The California Endowment since 2002, the MLC member organizations – primarily county medical societies, statewide specialty associations and health systems – work to guarantee language access, cultural proficiency, and workforce diversity in health care statewide. Following are highlights of the May 28, 2008 meeting.

**Videoconference Medical Interpretation (VMI) – State-of-the-Art Services**

At San Francisco General Hospital (SFGH), approximately 20% of patients do not speak English. Presentations by Alice Chen, MD, MPH, Medical Director of the General Medicine Clinic, and Alicia Fernandez, MD, an associate professor at the University of California, San Francisco, provided context, followed by a clinic tour in which MLC members observed first-hand how SFGH provides language access services in outpatient settings.

The clinics and hospital make 80,000 to 90,000 requests for interpreters each year; about half of these requests are handled using VMI. The hospital employs staff interpreters who provide VMI, in-person, and telephone interpreting 16 hours a day, 7 days a week and also contracts with external agencies that provide backup telephone interpreting.

VMI is the preferred method for providing interpreter services in outpatient clinics, though in-person and telephone interpreting are also provided when a physician or other provider requests them.

Video interpreting is provided using a video monitor on a rolling cart, which can be moved to different exam rooms. Providing consecutive interpreting, the interpreter appears on the monitor as a third party in the exam room. Linking to an interpreter takes an average of 20 seconds. (Before VMI, it took an average of 40 minutes to secure an in-person interpreter.)

**Ensuring Interpreter Services Are Integrated into Medical Practice**

Demonstrating that the capacity to provide interpreter services works only as well as the medical staff trained to use these services, Fernandez presented an SFGH study showing that hospitalized patients who do not speak English are less likely to have documentation of informed consent in their medical charts.

Researchers found that the charts of English-speaking patients were more likely than those of LEP patients to contain full documentation of informed consent (53% vs. 28%), and were more likely to contain a signed consent form (85% vs. 70%). Researchers

believe the low rates of documented interpreter use (fewer than one-third of LEP patients had documentation of interpreter services in the process of informed consent), combined with fewer signed consent forms, is due to an under use of interpreters. SFGH has since developed a new consent form so that those with lower-level reading skills can understand it. The form also prompts physicians to call interpreters and is available in a number of languages.

### **Solo and Small Group Practice Physicians - Essential to the Safety Net**

Elissa Maas, MPH, the California Medical Association Foundation's (CMA-F) Vice President for Programs, described three recent projects aimed at improving care for diverse populations. In one, the CMA-F served as the lead organization for a National Center for Quality Assurance (NCQA) pilot project to understand and address barriers to care for minority patients in small primary care practices, and to provide demonstration grants to solo and small group practices to improve that care. Another project examined ways physicians in solo and small were providing language access. Recommendations: Exploring ways medical school curricula can include training about multilingual and multicultural medical practice; publicizing health plan compliance plans in response to Department of Managed Health Care and other language access regulations; and supporting increased opportunities for health care interpreter training.

The third project considered ways to help sustain primary care ethnic physician solo and small practices to ensure safety net patients' access to care. Recommendations: Increasing Medi-Cal and other payments to physicians and developing community partnerships between primary care physicians and other safety net providers to improve access to care.

### **Physician Workforce Diversity in California**

Kevin Grumbach, MD, director of the University of California-San Francisco Center for California Health Workforce Studies, reported on a study of the ethnicity and language diversity of physicians in the state, using Medical Board data. His findings include:

- The under representation of Latinos and African Americans in California medicine is “dire”;
- Minority physicians are much more likely to serve in Medically Underserved Areas, Health Professional Shortage Areas, and minority and low income communities; and
- Minority physicians are much more likely to work in primary care.

Dr. Grumbach recommends investing in the educational pipeline; promoting diversity as a key element in expanding medical education; and more.

### **Leveraging Federal Funds for Language Access in the Medi-Cal Program**

A statewide Medi-Cal Language Access Services Task Force exploring ways to draw down federal matching funds to help pay for language access for the state's 2.5 million limited English proficient Medi-Cal beneficiaries will release a final report in July,

according to California Healthcare Interpreting Association Executive Director Don Schinske. The National Coalition on Health Care Interpreter Certification is working on elements of national certification, likely to be a future requirement, said Elizabeth Nguyen, Chair of the CHIA Board of Directors.

*Download speakers' slides and other resources at [www.MedicalLeadership.org](http://www.MedicalLeadership.org).*