Provision of Language Services

WellSense HEALTH PLAN

Disclaimer

This training involves an open and honest discussion of topics related to collaboration and mutual respect in our work environment. It aims to enhance our understanding of these issues and improve our team dynamics and relationships. The content is not designed to attribute blame to any individuals or groups.
If you have any concerns or questions regarding the material or discussions, please reach out to your manager or the designated point of contact. Your feedback is valued and essential for fostering a supportive learning environment.

Introduction

Welcome to the **Provision of Language Services** training! This training explains how to make sure your communications and services are accessible to all patients, especially those with Limited English Proficiency (LEP). It covers how to identify the language and other needs of patients and how to regularly review your materials to keep them accessible.

The goal is to ensure that all patients and potential patients can easily communicate with you and understand your information, no matter their language or communication preferences.

Learning objectives

- Culturally and Linguistically Appropriate Services (CLAS) and its importance to public health
- How language access leads to more equitable healthcare
- Existing language access laws which contribute to greater health equity
- Obtaining WellSense Interpreter services and working with interpreters

Note: Course completion will be tracked with a course attestation. Attestation is required to receive credit for taking the course.

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What is CLAS?

Culturally and Linguistically Appropriate Services (CLAS)

- CLAS is a set of standards dedicated to:
  - Achieving health and racial equity
  - Improving quality of care to patients
  - Helping to eliminate healthcare disparities

- Click here for 15 action steps establish a blueprint for individuals and healthcare organizations to implement CLAS standards.

- These standards were created and administered by the United States Department of Health and Human Services in conjunction with the Office of Civil Rights.

- Click here for a document outlining the CLAS standards to view and download.

Culturally and Linguistically Appropriate Services

CLAS standards and the 15 action steps

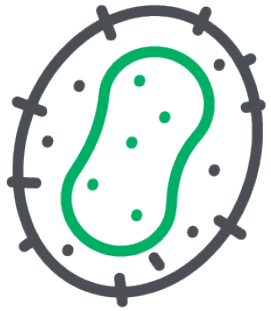
While CLAS standards are not laws, they have close ties to current language access laws. For example, CLAS standards exist in part because of the Title VI mandate that all healthcare organizations receiving federal funds must provide language access services to limited-English proficiency patients.

In fact, CLAS Standard #5 specifically says: *"Offer language assistance to individuals who have limited-English proficiency and or other communication needs at no cost to them, to facilitate timely access to all health care and services."*

Much like actual language access laws, CLAS standards exist to reduce health disparities, improve patient-provider communication, and enhance healthcare quality for diverse populations.

Both language access laws and CLAS standards share the goal of promoting equity, inclusivity, and non-discrimination in healthcare in that they respect all patients' cultural and linguistic backgrounds.

Meet Dr. Ignaz Semmelweis



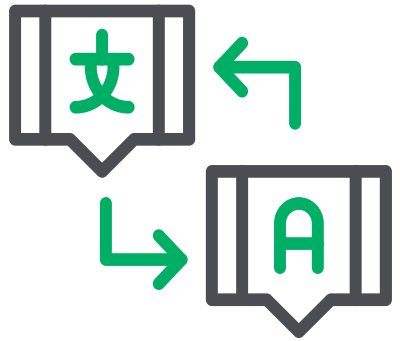
Dr. Semmelweis was a 19th century Hungarian physician in obstetrics and surgery. He is known for his discovery of the causes and prevention of postpartum infections.

One of his biggest breakthroughs was discovering how simply washing his hands helped prevent disease in a time before there was much knowledge about bacteria or infections. Unfortunately, doctors resisted and opposed his findings, and he died before medical professionals began to accept his teachings.

What does this have to do with language access laws?

Dr. Semmelweis had to convince colleagues that hand washing saves lives. As we know, he was right that consistent hand washing prevents infection in health care and keeps patients and providers healthy.

Similarly, we have evidence that CLAS saves lives; however, we still must convince providers and healthcare organizations to work only with professionally trained interpreters consistently.



There's a common misconception that hospitals can use any bilingual person as an interpreter, or that there's no time to find a professionally trained interpreter. This can lead to serious health issues for limited-English proficient (LEP) patients.

Impact of communication barriers on LEP patients

When communication barriers exist, patients with Limited English Proficiency (LEP) feel less satisfied with their care, struggle to understand medication instructions, and are less comfortable with their post-discharge plans. This poor communication also makes it harder for clinicians to understand patients' concerns, leading to complications in diagnosis and treatment. As a result, LEP patients may face longer hospital stays and higher rates of health issues compared to English-proficient patients.

In 2021, only 13% of hospitals met all four National Standards for Culturally and Linguistically Appropriate Services (CLAS) in healthcare.

> “The pursuit of health equity must remain at the forefront of our efforts; we must always remember that dignity and quality of care are rights of all and not the privileges of a few.”
> -U.S. Department of Health & Human Services

Why implement CLAS standards?

Seek to improve...

Staff:

- Cultural competency
- Language services use
- Quality of services

and thereby increase...

Client:

- Satisfaction
- Enagement
- Experience

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Case study: Willie Ramirez,18

Willie Ramirez, an 18-year-old baseball player, was admitted to a South Florida hospital on January 22, 1980.

He spoke only Spanish, so the hospital provided an untrained interpreter. When Willie said, “Me siento intoxicado,” the interpreter translated it as “I feel intoxicated,” leading staff to believe he had overdosed. In his dialect, however, it meant he was experiencing food poisoning. He thought he had eaten a bad hamburger the night before.

Willie was actually suffering from a brain aneurysm. Due to the communication breakdown, staff did not treat Willie for these symptoms, and he ended up laying comatose for two days. Ultimately, Willie Ramirez became quadriplegic as a result of this misdiagnosis.

Willie Ramirez case study continued

Willie’s case resulted in a $71 million settlement, but it nearly cost him his life. This unfortunate situation arose because neither the emergency room doctor nor the family requested a professional interpreter, leading both parties to believe they were communicating effectively. The power dynamic between the Ramirez family and the hospital staff contributed to the family's trust in the staff's expertise. Meanwhile, the hospital staff believed that their use of an untrained interpreter was sufficient and that they were fulfilling their responsibilities. If the hospital staff had employed a trained interpreter, Willie Ramirez might have been able to leave the hospital on his own.

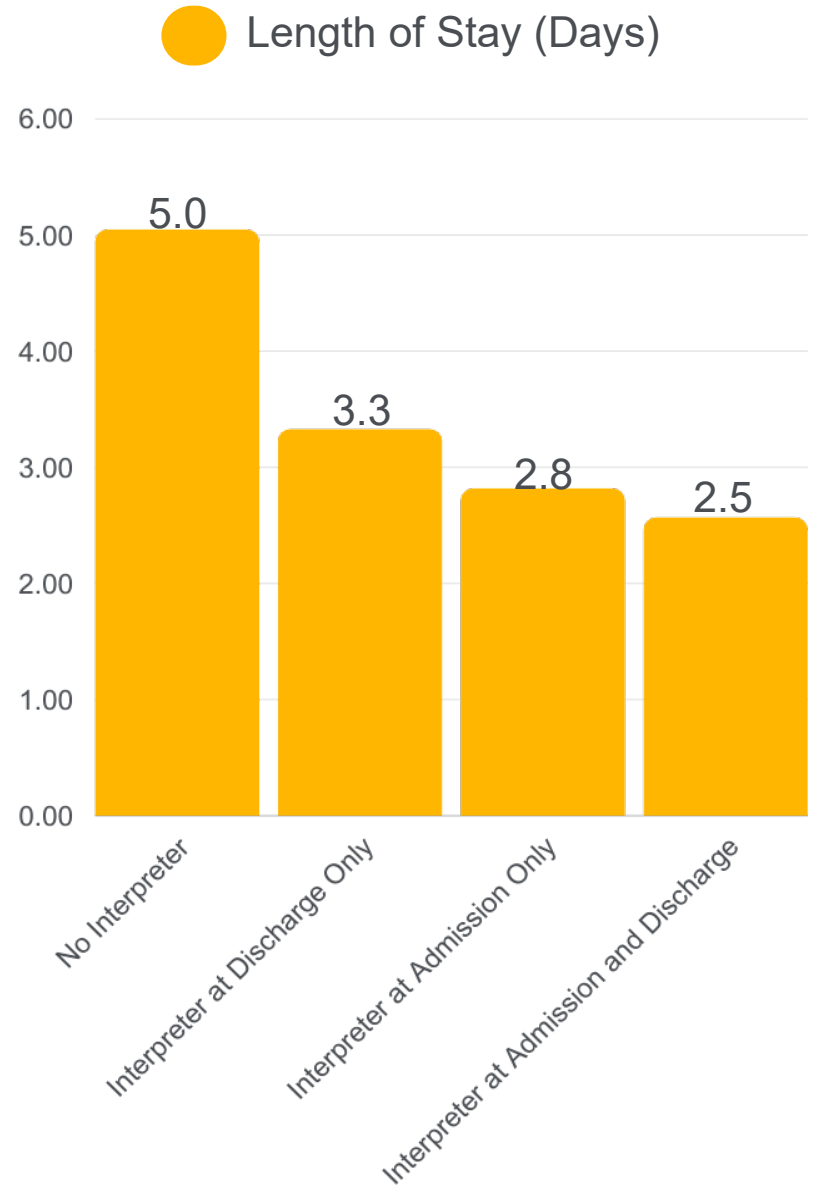
Willie's case is just one example of the many patients affected by a lack of culturally and linguistically appropriate services. To learn more about Willie, click the following link: Language, Culture, And Medical Tragedy: The Case Of Willie Ramirez | Health Affairs.

In the following slides, we will present data illustrating how culturally and linguistically appropriate services (CLAS) and language access laws contribute to patient health and help save lives.

Lenth of stay vs. access to interpretation

- Without an interpreter, LEP patients stay in the hospital for just over five days on average.
- The length of the stay goes down if the hospital provides an interpreter only at discharge, and further down if they provide one only at admission.
- Patients who receive an interpreter at both admission and discharge stay on average for just over two and a half days, which is half as long as patients who do not receive an interpreter at all.

This shows that language access gets patients faster care, meaning faster recovery and less time and money spent at the hospital.



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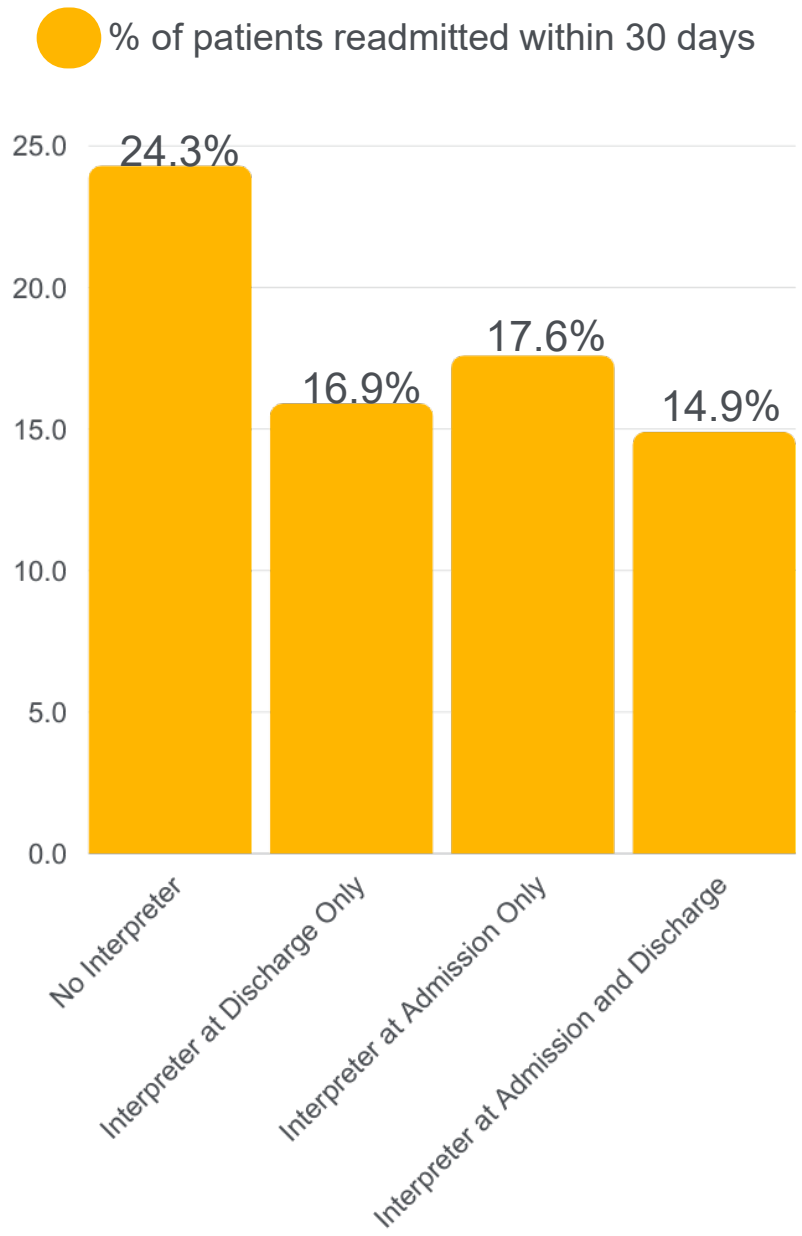
30-day readmission rates vs. access to interpretation

- Hospitals readmit about a quarter of LEP and hard-of-hearing patients within 30 days of discharge if they do not provide an interpreter. This is twice as high as the overall general 30-day patient rate of 11.6 percent.
- About one in six patients are readmitted if the hospital provides an interpreter only at discharge. Almost the same goes if the hospital only provides an interpreter at the initial admission.
- Only about 15 percent of LEP patients get readmitted to the hospital within 30 days if they receive an interpreter at admission and discharge.

Language access helps patients get the proper care the first time around and reduces repeat hospital visits, personal stress, and inconvenience.



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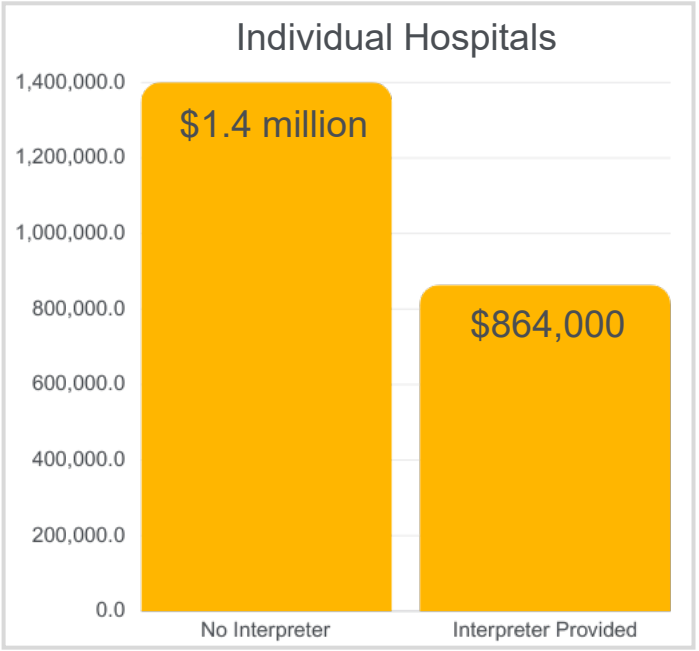
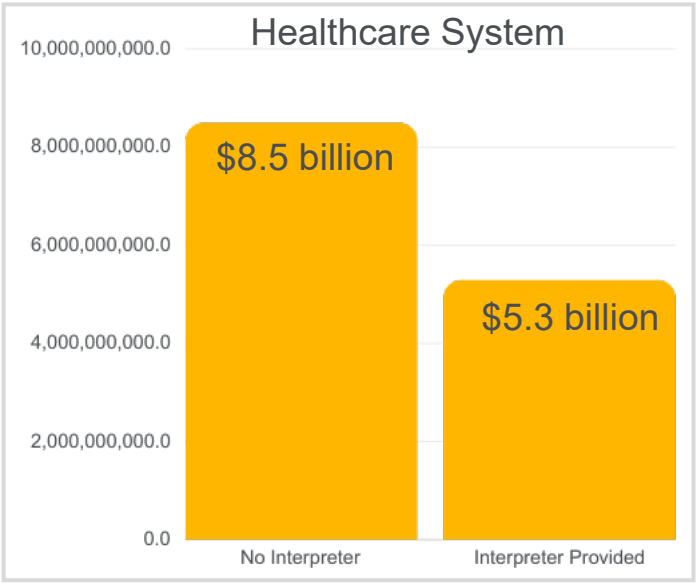
Cost to healthcare system vs. access to interpretation

- Between long stays and readmissions, hospitals can cost themselves money if they don't provide proper learning access to patients.
- When hospitals and providers don't offer an interpreter to LEP or hard-of-hearing patients, they cost themselves $2,400 per patient day. Annually, this amounts to just under $1.4 million, and the US healthcare system is almost $8.5 billion.
- Costs drop dramatically when properly providing language access services to these patients.
- When hospitals provide interpreters at admission and discharge, for example, they save almost $864,000 per patient per year. The US healthcare system as a whole, saves over $5.3 billion.

Time is money, especially in healthcare. Providing patients with proper care means saving not only time and money but lives as well.





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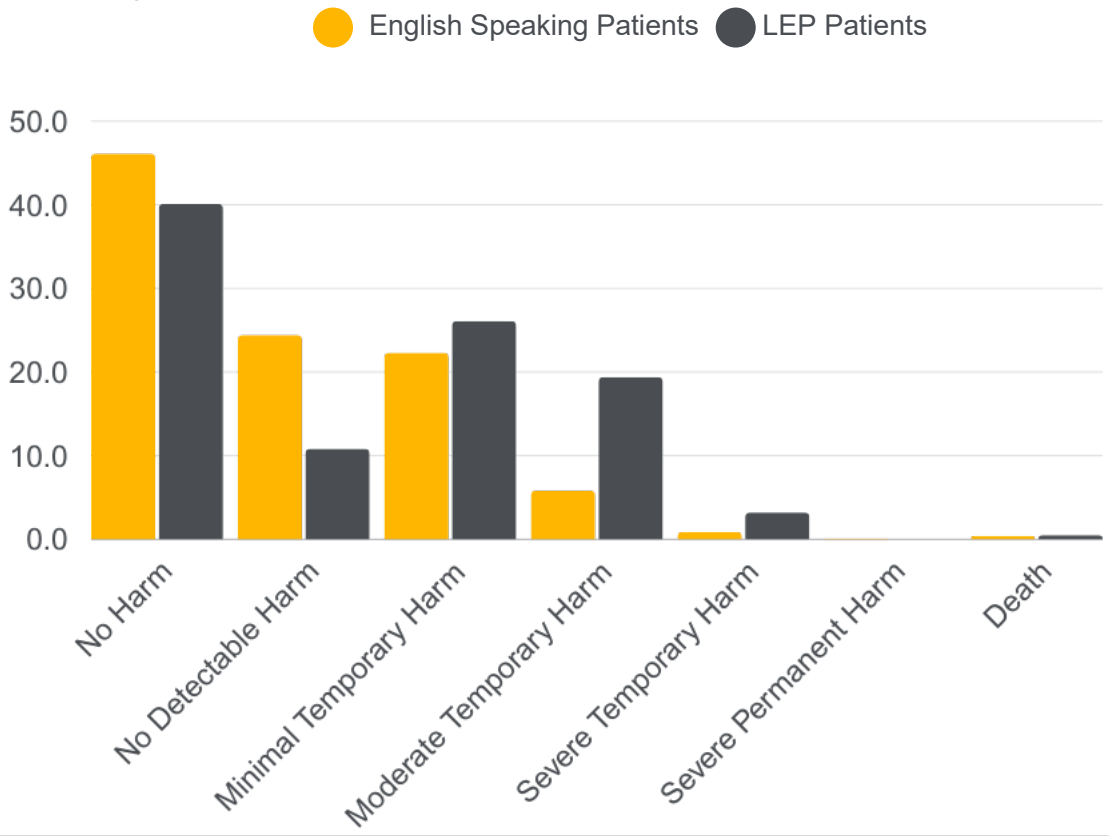
Physical harm experienced by English speaking vs. LEP patients

- Bars in yellow show English-speaking patients, while bars in purple show LEP patients. For example, 46.1% of English-speaking patients experience no harm compared to 40.1% of LEP patients. Over twice as many English-speaking patients have no detectable harm compared to LEP patients.
- The most important categories are Minimal, Moderate, and Severe Temporary Harm, where more LEP patients suffer physical pain due to adverse healthcare effects. For example, 19.4% of LEP patients suffer moderate temporary harm compared to 5.8% of English-speaking patients.
- The reason for this is a lack of language access, preventing the patient from getting the care they need and, therefore, suffering further harm due to improper treatment.
- **Data Source:** Agency for Healthcare Research & Quality (AHRQ)

- The graph below shows physical harm experienced from adverse events in medical care by English-speaking vs. LEP patients.
- Generally, LEP patients are more likely to experience physical harm than English-speaking patients.



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Language Access Laws

The primary laws safeguarding language access for patients are:

- The Americans with Disabilities Act or ADA
- Title VI of the Civil Rights Act of 1964
- The Affordable Care Act: Section 1557

Americans with Disabilities Act (ADA)

The ADA requires certain entities to communicate effectively with people who have communication disabilities. These include Title II entities – state and local governments – and Title III entities, businesses, and nonprofits that serve the public.

The goal of the ADA is to ensure that communication with people with disabilities is as effective as communicating with people without them. Examples of this are:

- **Sign Language Interpreters:** A hospital providing a sign language interpreter for a deaf patient during consultations and medical procedures, ensuring the patient fully understands their diagnosis and treatment options.
- **Braille and Large Print Materials:** A clinic offering patient education materials in Braille or large print for patients with visual impairments so they can access important health information independently.
- **Captioning Services:** Telehealth platforms that include real-time captioning for patients who are deaf or hard of hearing, allowing them to engage fully in virtual appointments.

Title VI of the Civil Rights Act of 1964

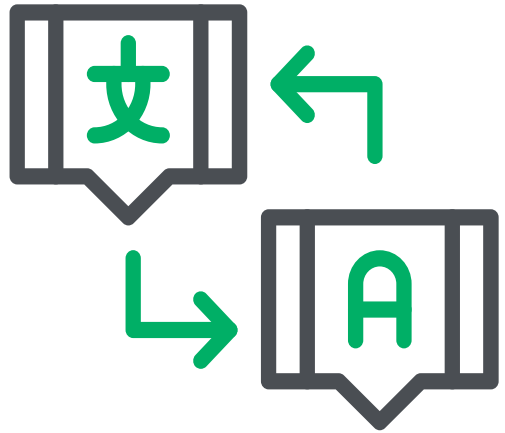
- Title VI of the Civil Rights Act of 1964 prohibits discrimination based on national origin. Any entities receiving federal funds must provide meaningful communications access to people with limited English proficiency.
- In 2023, the Health and Human Services (HHS) Office of Civil Rights emphasized that states must ensure meaningful access for individuals with Limited English Proficiency (LEP) under federal civil rights laws.
- Best practices include funding accessible call centers, providing notices in the top 15 languages spoken by LEP individuals, using plain language in forms, informing about free language assistance, ensuring access to qualified interpreters and translators, and engaging with local communities for outreach.

The Affordable Care Act: Section 1557

One more law protecting language access exists as part of the Affordable Care Act. This is called Section 1557, titled Nondiscrimination. It prohibits discrimination on the basis of race, color, national original, sex, age, or disability in order to ensure equitable access to health care.

The Department of Health and Human Services Office of Civil Rights further refined Section 1557 in 2016 by:

- Defining the term “qualified interpreter.”
- Making it illegal for providers to tell a patient to bring their own interpreter or use a family member, unless the patient initiates the request.
- Making it illegal for minors to act as interpreters except in rare cases of imminent threat to the patient’s life.
- Prohibiting use of bilingual staff from interpreting unless they are vetted as proficient.
- Expanding patient rights to sue for practices or policies that have disparate or discriminatory impacts, including healthcare services that involve telehealth or the use of clinical algorithms an AI-assisted tools and workflows.



Qualified bilingual or multilingual

Qualified bilingual or multilingual staff refers to a worker in a covered organization who is chosen to provide language assistance as part of their job. This person has shown the organization that they are proficient in doing this effectively:

- Proficient in speaking and understanding both spoken English and at least one other spoken language, including any necessary specialized vocabulary, terminology, and phraseology; and
- Able to effectively, accurately, and impartially communicate directly with individuals with limited English proficiency in their primary languages.
- If your office does not have access to a qualified interpreter to assist a patient, please reach out to Provider Service at WellSense, and a representative will be able to assist you and your patient.
- Click here for more information on Section 1557 requirements

Communicating with a member who is LEP

Choosing a method

WellSense ensures that our bilingual Member Service Representatives are proficient in both English and Spanish to effectively serve our members.

- For members that require a language other than Spanish, WellSense has partnered with a supplier named CyraCom, which offers interpretation services in over 250 languages.
  - Language List - CyraCom International
- In-person interpreters are also available for members enrolled in Care Management. This service can help ensure that members fully understand their benefits, particularly when discussing sensitive topics.
- If a member needs documentation translated, a request is submitted to our Marketing team, which has partnered with United Language Group (ULG). Requests can be made for items such as the Member Handbook or online documents and forms.
- The Member Handbook and frequently used forms are already accessible on our website in both English and Spanish.

Working with an interpreter

Preparing for an LEP call

- Confirm the patient's preferred language.
- If possible, brief the interpreter on what to expect before the conversation begins. This can include providing background information, building rapport, and outlining goals.
- Inform the interpreter if the discussion may involve serious or sensitive topics, such as end-of-life goals or legal matters.
- For in-person meetings, ideally position the interpreter next to or slightly behind the patient.

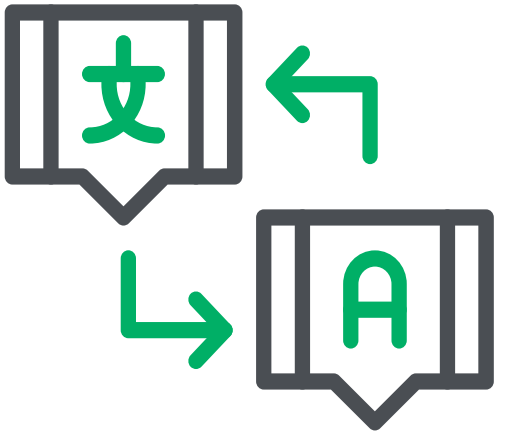
Working with an interpreter

During an LEP conversation:

- Assume and insist that everything spoken during the encounter will be interpreted.
- Speak directly to the patient rather than the interpreter; use second-person language (e.g., "Do you...?") instead of third-person (e.g., "Does she...?").
- Be aware that most patients may understand some English, so avoid making comments you would not want them to hear.
- Focus on three key points or fewer to ensure clarity and effectiveness.
- **For in-person meetings** face the patient and maintain eye contact.
- Keep cultural differences in mind.
  - A patient’s nodding, saying "yes," or smiling may indicate attentiveness or respect rather than comprehension.
  - Gestures can have different meanings across cultures.

Working with an interpreter

Tips on language and speech



- Humor and idiomatic expressions may not translate well - use them sparingly.
- Maintain a comfortable pace to allow time for interpretation.
- Speak slowly rather than loudly.
- Use an appropriate level of language complexity; low English proficiency does not equate to low cognitive ability, so avoid making assumptions about formal education.
- Organize your thoughts before speaking.
- Avoid using sentence fragments, complex sentences, or changing your mind mid-sentence, as these can be confusing.
- Speak in short sentences or concise thought groups.
- Ask only one question at a time.
- Be ready to repeat, rephrase, and summarize as needed. Patience is key.
- Encourage the patient to "teach back" to confirm their understanding, as you would with English-speaking patients.

Best practices

With these laws and guidelines in place, what are the best practices for ensuring meaningful communications access for healthcare patients?

- It is the provider's right to have a professional and qualified interpreter present.
  - Patients have the right to ask family or friends to interpret.
  - ***Federal and state laws hold the provider liable for ensuring effective communication with the patient, regardless of who interprets for them.***
  - The provider is responsible for anything interpreted during an encounter with the patient; therefore, the provider must ensure the interpreter's competency regardless of their relationship with any party involved in the encounter.

- The provider should ensure they have written materials available in the patient's language or that they can be translated.

- The provider should have auxiliary aids available to patients with communication disabilities, such as hearing aids for the hearing impaired, sign language interpreters for deaf patients, and Braille materials for patients with limited vision.

Attestation

Thank you for completing the Provision of Language Services training.

To complete the required attestation that confirms you completed this course, **click here**

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