

Meaningful Language Access Metric: CCO Needs Assessment Executive Summary

Oregon Health Authority (OHA) staff are exploring coordinated care organization (CCO), provider and Oregon Health Plan member experiences with providing language access in compliance with Oregon Administrative Rules (OARs) and the Health Equity Measure: Meaningful Access to Health Care Services for Persons Who Prefer a Language Other than English and Persons Who Are Deaf or Hard of Hearing (Meaningful Language Access) metric. The goal is to better understand gaps and what types of technical assistance are needed. OHA believes additional technical assistance will help CCOs improve language access, move OHA closer to its 2030 health equity goal, respond to community calls for improving quality language access services, and help CCOs and providers better conform with existing federal and state law.

This summary focuses on one piece of the larger needs assessment: individual calls with CCOs in January 2024. Twelve CCO systems participated, representing all CCOs. OHA created themes based on CCO responses, and after each theme listed below is the number of CCOs who made comments related to the theme. While CCOs sometimes differed greatly in their experience with the metric, most recognized meaningful language access is critical to centering equity in health care.

OHA acknowledges some themes shared in this document may cause harm to communities that have worked very hard to be heard and advance language access in health care. We apologize for that potential harm and pledge to center community voices in designing technical assistance to address this metric. For more details, see OARs [410-141-3515](#), [950-050-0160](#), and [950-050-0170](#) and the full [Meaningful Language Access Metric CCO Needs Assessment Summary](#). The following is a high-level summary of the interviews with CCOs.

CCO perception of how the meaningful language access metric centers equity

Promoting equity

- Renews focus on language access; makes a priority; opens discussion with clinics/providers (6)
- Focuses on meeting member needs; patient safety (4)
- Increases access to health care services (3)
- Supports quality interpretation — differentiates between medical proficiency and casual fluency (2)

Equity concerns

- Requiring certified/qualified interpreters can delay care or require phone interpretation (certified/qualified) instead of available in-person interpreter who isn't certified or qualified (3)

CCO experience with the meaningful language access metric

What CCOs are trying

- Paying for health care interpreter training — CCO staff, clinic staff, community members (5)
- Incentivizing providers; value-based payment models (4)
- Provider education (4)
- Working with vendors on data collection/EHR reporting, Oregon-specific training (3)
- Reducing provider reporting burden (2)

What's working for CCOs

- Metric has focused CCO's equity work (4)
- Interpreter trainings; scholarships (4)
- Working with interpreter vendors (4)
- CCO teams; work groups (4)
- Provider data collection/reporting (3)
- Provider engagement in quality improvement (3)
- Member and community engagement (3)
- Value-based payment; incentives (2)

What CCOs are finding challenging

- Data collection/reporting/validation; data quality (8)
- Availability of Oregon certified or qualified interpreters (8)
- Metric specifications, timing and OHA communication (5)
- Rural-specific challenges (4)
- Member preference to use family members instead of interpreters (3)
- Providers/other professionals not understanding requirements (3)
- Difficulty identifying who needs an interpreter (3)
- Cost to clinics (2)

Technical assistance requested

- Provider training/engagement (8)
 - Data, reporting, electronic health record best practices (3)
 - Increase buy-in, engagement (3)
- Data collection/validation/reporting; MMIS provider portal updates (8)
- Improve measure specifications, timing, exemption process (6)
- CCO learning collaborative; peer sharing (4)
- Member education/engagement (3)
- Support for interpretation vendors to make changes; standardization (3)
- Engage with Health Care Interpreter Council (2)
- Connect interrelated work across OHA (2)

OHA also asked CCOs to rank types of technical assistance needed in a poll:

- **System-level technical assistance topics (top three)**
 1. Data-informed quality improvement planning
 2. Increasing CCO capacity to spread best practices
 3. Data access and analysis/health information technology
- **Clinic-level technical assistance topics (top three)**
 1. Patient engagement
 2. Data-informed quality improvement planning
 3. Care coordination