Meaningful language access metric: CCO needs assessment summary

May 2024

Oregon Health Authority (OHA) staff from the Transformation Center and Equity & Inclusion Division are exploring current health system 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) incentive metric. The goal is to better understand what additional technical assistance would improve Oregon Health Plan (OHP) members' access to certified and qualified health care interpreters. OHA will assess the needs of coordinated care organizations (CCOs), providers and OHP members.

Helping CCOs improve their performance on the incentive metric is only one goal of providing technical assistance regarding this metric. More importantly, OHA views this as an important step to bring the agency closer to its strategic goal of eliminating health inequities by 2030.

Additionally, communities have expressed interest, support and pressure to provide quality language access services in health care and social service settings. Quality language access services for members who prefer a language other than English and Deaf and hard of hearing members continues to be a health and service equity issue. Addressing the health needs of the people of Oregon is the core of our work.

Finally, providing quality language access services isn't just a good idea, it's the law. The legal requirements for meaningful language access services are outlined in the OARs.

- OAR 410-141-3515 requires that CCOs shall:
    - Ensure the provision of certified or qualified interpreter services for members with hearing impairment or in the primary language of non-English-speaking members;
    - collect and actively monitor data on language accessibility and interpretation utilization by the CCO and the CCO's provider network; and
    - report to OHA via the annual language access self-assessment and quantitative report on language access and interpreter services.
- OARs 950-050-0160 and 950-050-0170 also require that CCOs work with OHA-approved certified or qualified health care interpreters (HCI) from the Oregon HCI Registry. Exceptions are addressed in rule when no certified or qualified health care interpreter is available. Providers must document the good faith efforts made in cases when no certified or qualified health care interpreter is available.

Current OHA support for increasing health equity through language access

The CCO Quality Incentive Program pays CCOs for exceptional care. Lack of follow-up and measurement of quality language access services for members who prefer a language other than English and Deaf and hard of hearing members is a health and service equity issue. The incentive measure looks at how often high-quality language access services are provided. The CCO incentive metric — meaningful access to health care services for persons who prefer a language other than English and persons who are Deaf and hard of hearing — is an opportunity to incentivize CCOs to do this important work for health equity. This metric

helps us collect data to evaluate the quality and relative effectiveness of language service delivery in our health system.

Since this measure was first adopted, OHA has provided several methods of technical assistance for CCOs to improve language access services for their members, including:

- Bimonthly CCO Technical Assistance Group (TAG) meetings,
- Quarterly report feedback,
- Individualized communications,
- Frequently Asked Questions documents, and
- A five-session learning collaborative to share strategies for improving services and CCO performance.

This measure has helped OHA measure progress by year, continue to aid CCOs in using the self-assessment survey as a tool to improve language access infrastructure, and align efforts among CCOs to focus on language access across their organizations and provider networks. Over time, there has been some measurable progress in language access in the self-assessment domains and utilization reporting from prior years. OHA plans to continue recentering the experiences of community members in this measure and all its health equity work.

In addition to creating accountability and bonus funds with the incentive measure, OHA has a variety of initiatives to strengthen language access. On the member-level, OHP certified navigators have been made available for people with language access needs through the Community Partner Outreach Program. Navigators help OHP members understand how to access health care services as well as gain access to transportation, scheduling, and interpreters. To support providers, hospitals will receive funds through the Qualified Direct Payment program to incentivize the improvement of language access services. OHA has also worked to increase payments to culturally and linguistically specific services (CLSS) payments for culturally and linguistically appropriate services for many behavioral health workers and is currently working to expand to additional provider types.

CCO TA requests

This summary outlines one piece of a broader needs assessment for the language access metric: individual needs assessment calls with CCOs in January 2024. Twelve CCO systems participated, representing all CCOs. PacificSource and Trillium are both counted once in the answers below despite each representing more than one CCO. After the calls, OHA organized the CCO responses into themes. The summary below includes the questions, OHA-developed themes, and select CCO responses for more detail. The number after each bolded theme indicates number of CCO systems with related comments. OHA will use this information to help design future technical assistance.

It is important to note that the themes identified and the comments paraphrased below reflect what the interviewers heard from CCO representatives taking part in the calls. Most CCOs expressed recognition of the critical role the incentive metric plays in centering equity and renewing a focus on language access. CCOs sometimes differed greatly in their experience with the metric and understanding of Oregon Revised Statute and Administrative Rule requirements to use certified and qualified health care interpreters. For

example, three CCOs noted that the metric increases access to health care services, while three shared that requiring certified/qualified interpreters may delay care or reduce quality.

OHA acknowledges that some comments shared here may cause harm to communities that have worked very hard to be heard and advance meaningful language access in health care. We apologize for the harm and pledge to center community voices in designing technical assistance to address the metric.

1. How do you see this metric centering equity?

Promoting equity

- Renews focus on language access; makes it 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)
- Focuses on in-person interpretation (1)
- Illuminates differences not seen when only looking at race and ethnicity (1)
- Hopefully leads to more equitable outcomes (1)

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)
- Metric misses members who can't get to an appointment (1)
- Issues with separating REALD & SOGI and language access initiatives (1)
- Provider proficiency test enforces power dynamics (1)

2. How would you characterize your experience with this metric to-date?

Strategies

The following themes are pulled from CCOs' responses about their experiences with the metric. They relate to what CCOs are trying. CCOs spoke to what's working in question 5.

- Paying for health care interpreter training – CCO staff, clinic staff, community members (5)
- Incentivizing providers; value-based payment models (4)
- Provider engagement and education (4)
- Working with vendors on data collection/EHR reporting, Oregon-specific training (3)
- Reducing provider reporting burden (2)
- Other strategies
    - Performance improvement project on language access work
    - Inventory of what delegated partners are doing in quality improvement
    - CCO often acts as a convener, provider of data, sometimes a funder
    - Visioning exercise within plan partner group to reimagine how to make this not just checking a box; want to hear more from interpreter workforce, language service providers

- Self-assessment survey as foundation for CCO workflows and made a step-by-step plan
- Marketing campaign to encourage folks to become health care interpreters

Perceived barriers

- Challenging metric for data collection/reporting/validation; poor 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)
- Other barriers
  - Partner frustration/concern that the rates being reported are not necessarily the best (or most accurate) means for quantifying services that are being provided.
  - Workflows for small offices are difficult.
  - CCO folks on data component and on self-assessment component are two separate streams.
  - Pushback from interpreter vendors on needing to change what they do for one state.
  - First piece of meaningful access is appointment scheduling. We're losing people before they come in for an appointment. Want to focus on making sure those members are getting in first.
  - Metric does well from a clinical perspective/claims data. One thing not as reflected in metric was SDOH community-based organizations who are also doing good work around language access. Hard to capture/quantify the work those organizations are doing (no claims).

3. What kind of technical assistance can OHA/Transformation Center provide to make it easier for you comply with state law?

4. What kind of technical assistance can OHA/Transformation Center provide to help you make progress on the incentive metric?

Answers to questions 3 and 4 are combined below. CCOs requested:

- Provider training/engagement (8)
  - Data, reporting, EHR 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 (HCI) (2)

- Connect interrelated work across OHA; better alignment between Health Policy & Analytics (HPA) and Equity & Inclusion (E&I) divisions (2)
- Centralize interpreter information (1)
- Add a modifier code for interpreter services (1)
- Health care interpreter resources/FAQ for CCOs (1)
- Make data available online — not just wait for quarterly update (data out of sync with performance improvement project reporting) (1)
- Allow interpreters to bill a code to help to gather data for those services (1)
- Create a hub model for interpreters (1)

In addition to asking for narrative responses to this question, OHA asked CCOs to rank types of system- and clinic-level technical assistance needed in an online poll. Responses are included in aggregate below. Items with strong agreement about need (ranked in the top three by eight or more CCOs) are highlighted in green. Those with less agreement (ranked in the top three by five–seven CCOs) are highlighted in yellow. Those with weak agreement (ranked in the top three by four or fewer CCOs) are not highlighted. Twelve CCO systems took part in the needs assessment calls, representing all CCOs.

System-level technical assistance poll results

Topics in order of preference	# of CCOs that ranked the topic in their top 3
Data-informed quality improvement planning	11
Increasing CCO capacity to spread best practices	7
Data access and analysis/HIT	6
Care coordination	5
Patient engagement	5
Social determinants of health	3
Value-based payment	0
Compliance	0

Clinic-level technical assistance poll results

Topics in order of preference	# of CCOs that ranked the topic in their top 3
Patient engagement	11
Data-informed quality improvement planning	8
Care coordination	7
Data access and analysis/HIT	4
Social determinants of health	3
Increasing CCO capacity to spread best practices	1
Compliance	1
Value-based payment	1

5. What is working for your CCO?

- 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)
- Other
    - Appreciate opportunity to have conversations with OHA about driving improvements throughout the state and how best to align efforts. Hearing us out.
    - Clear guidelines and structure for how to do language access, expectations for providers. Presenting standardized process is useful.

6. What specific resources or consultants would you recommend? Have you consulted your community advisory councils (CACs) or other community partners about interpretation services?

Recommended resources or consultants

- Oregon State University
- Community Partner Outreach Program team at OHA
- Rural strategists when workforce isn't as robust as urban areas of state.
- Oregon Health Care Interpreter Association helps with workforce and training, sets up communities of practice.
- Passport to Language and Linguava
- Working on an agreement with Immigrant and Refugee Community Organization (IRCO).
- Oregon Rural Practice-based Research Network (ORPRN) for SDOH metric has been very helpful.
- External party delivering TA is often helpful vs just OHA giving TA.

Consultation with CAC

- Yes (6)
- No or not recently (3)

Consultation with other community partners

- Getting feedback from partners about their contracts with language companies.
- Community-based organization (CBO) with Spanish-speaking survey.

- Sometimes CBOs are doing the work and very passionate about getting services beyond health care — would be great to be able to help these community members get those services.
- Focus groups with providers (and community members) in rural areas to get sense of their reporting challenges. Would like to reach out to more community organizations.
- Provider feedback in addition to CCO (could connect OHA with providers if needed).
- Continuing to be involved with and elevate CBOs that provide interpretation services. Expanding relationships with orgs that have interpreter services.
- Common conversation with clinic advisory panel.
- Board of directors.
- Early learning hub.

7. What else would you like us to know?

- Mental health interpretation is often declined due to member's privacy concerns — have sometimes used Google translate as a compromise.
- Developing relationship and trust with providers is already difficult, let alone adding an interpreter. It's an additional hurdle to overcome.
- How are other CCOs collecting data on wait times (question on self-assessment [D1, Q12-13])? We don't even know where to begin doing this.
- Bilingual provider for culturally and linguistically specific services enhanced payments is high intermediate (https://www.oregon.gov/oha/HSD/OHP/Tools/CLSS-Application-FAQ.pdf) — why is the requirement for in-language providers for the metric higher?
- Metric will either fall heavily on CCO or providers. Does OHA also have conversations with electronic medical record systems? If flag is chosen, this question automatically pops up, etc.
- Registry shows many interpreters available, but they're not all open to work in certain regions of the state. Wanted to make sure we've exhausted that resource (reached out to everyone listed in county); most are not available to contract or work with the CCO. We're pursuing another contract with individual who doesn't live in county.
- Contracting with one individual at a time is difficult. We were referred to one national interpreter.

TA next steps

The needs assessment with CCOs has uncovered a few areas for immediate follow up and additional needs for data gathering. These include:

- A multi-session learning collaborative for CCOs to share best practices
- Technical assistance on data collection for component 2 (percent of member visits with interpreter need in which language access services were provided)
  - Walkthrough of in-language medical/dental/behavioral health provider reporting for component 2 template
  - Revisit standardized template for tracking interpreter services
- Provider engagement webinars for both provider and CCO audiences

- Needs assessment with providers
- Analysis of existing OHP/HOP member and community feedback; potentially additional outreach to understand community needs