Health Equity Metric: Meaningful Language Access provider interview analysis

Executive Summary

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Interview process and questions

Interviews were held during July 2024 over video conference, except for one clinic that responded in writing. Each 30-minute interview focused on these five questions.

1. Could you walk us through what happens when a patient requests interpretation for an appointment?
2. What about providing interpretation services has been working well for your clinic/office?
3. In your experience, how do interpretation services affect patient visits?
4. How do you bill for interpretation services?
5. What other resources for interpretation have you encountered that you would want other providers to know about?

Interviewee demographics

Interviewees represented 18 clinics or clinic systems. Each clinic or clinic system may represent multiple care types, geographic regions and sizes below.

Care type

Primary care	**12**	**Behavioral health**	**6**
Integrated	4	Integrated	4
Pediatric	3	**Specialty**	**3**
School-based	2	Optometry	1
In-home	1	Occupational/physical/speech therapy	1
Mobile	1	OB/GYN	1
Oral health	**6**	**Public health**	**1**
Integrated	3		

Region(s)

Portland metro	7	Central	3
Coast	3	Southern	3
Eastern	1	Gorge	1

Size

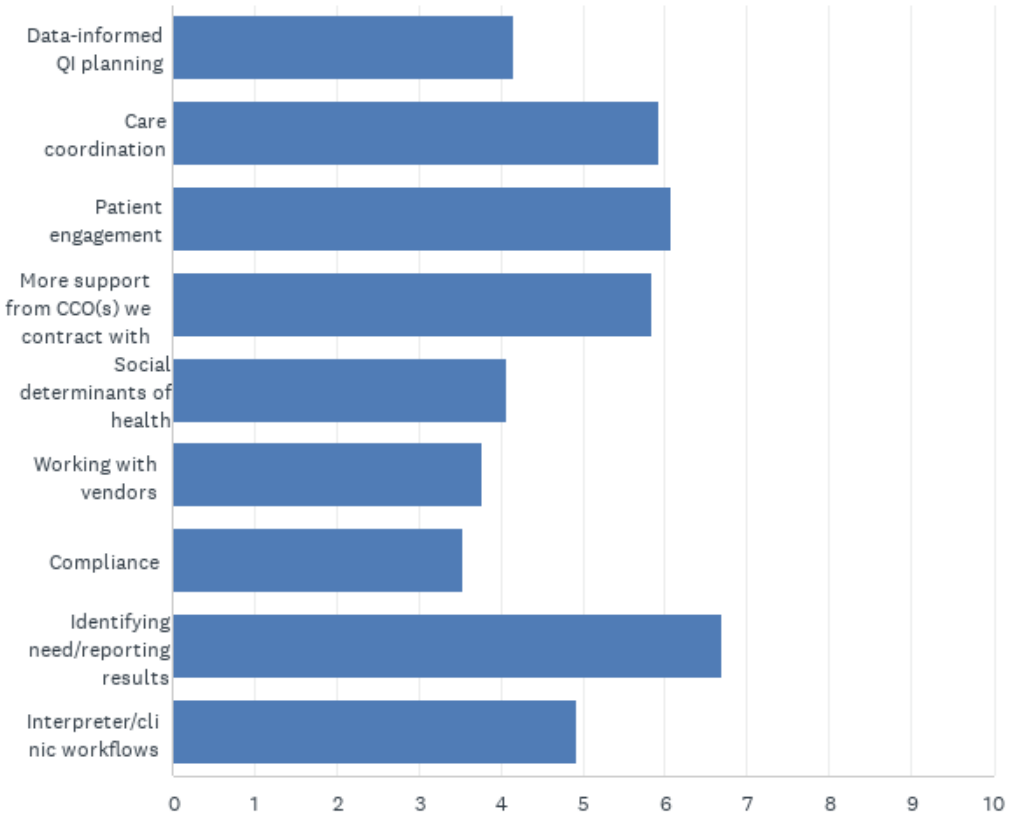
Networks	9	Individual clinics (or just a couple)	9

Poll results (13 responses)

Interviewees were asked to respond to a poll to rank potential technical assistance topics. Limitations include the following:

1. We only asked clinics to rank topics, not whether they wanted assistance.
2. The highest-rated topic is actually two topics related to data: Identifying who needs interpreters and reporting results.

How would you prioritize technical assistance to improve meaningful language access at your clinic or setting?



QI = quality improvement

Emerging themes

Clinics understand the value of quality interpretation.

- Interviewees believe that providing interpreters is a high value for patients, increasing understanding of their care with better follow-up.
- Clinics believe working with bilingual staff and staff interpreters is the best strategy for providing interpretation services.

- Low-quality interpreters, mismatched dialect, poor technology, and poor experience with interpreter services impede care.

Clinics describe administrative burden of scheduling, billing and reporting.

- Many interpretation vendors don't meet Oregon requirements for qualification, certification or reporting. Some clinics stick with those vendors because they meet the clinic's needs for scheduling and availability, regardless.
- Each CCO contracts with different interpretation vendors, which is administratively burdensome for clinics to navigate if they work with multiple CCOs (scheduling, invoicing, etc.).
- Appointments using interpretation services add more variables to clinic workflows.
- Sometimes it's difficult to identify whether patients need interpreters.
- Clinics report a large administrative burden to document everything and report to CCOs in the right way.
- Many interpretation vendors are unable or unwilling to provide the data clinics need (e.g., full name, interpreter ID number).
- It's difficult to document and report interpreter names and numbers.
- When patients don't need an interpreter, clinics have a hard time updating the information, which they receive from CCOs.
- Providers aren't happy about all the documentation needed outside of clinical care (REALD, chaperone, interpreter, etc.).
- Electronic health record (E.H.R.) workflows related to health care interpretation are cumbersome, so providers haven't fully adopted them.
- CCOs generally pay or reimburse for interpretation, unless it's part of capitation. Some CCOs only pay if interpreter is from a vendor the CCO is contracted with, which interviewees reported as a concern. Experience varies by CCO.
- Commercial insurance doesn't pay for interpretation.
- Clinics struggle with added expenses because of longer visits and un-reimbursable expenses.

- Clinics are often paying for interpretation services (not reimbursed by insurance or provided by specialists).
- Reimbursement rate doesn't cover the true cost of interpretation.
- DCOs (subcontractors) aren't paying for interpretation.
- Reimbursement rate is too low to make interpreters want to stay and wait if provider or patient are late; minimum payments would be supportive.

Clinics have issues with certification, qualification and proficiency.

- Clinics may not understand differences among requirements for certification, qualification and language proficiency.
- Clinics have difficulty finding certified/qualified interpreters, and they have difficulty helping staff and providers demonstrate they meet certification/qualification or proficiency requirements.

Clinics find that some members do not want interpreters.

- Some members don't want "strangers" in their visit.
- Some interpreters don't understand local dialects (for example, "Woodburn Spanish").
- Often when children become teens, they don't need interpreters any longer because parents aren't in the visit.

Find more details in the full report.

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Health Policy and Analytics
Delivery System Innovation/Transformation Center
421 SW Oak Street, Suite 775
Portland, OR 97205
503-793-1920
https://www.oregon.gov/oha/hpa/dsi-tc/Pages/index.aspx

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