

Improving Communication with Limited English Speaking Patients in a Resident Clinic

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Introduction

In the U.S. over 25 million people are considered LEP (2013) and Arizona has consistently been in the top five states settling refugees in the U.S. since 2007. Refugee and LEP patients represent a vulnerable population for whom barriers to quality care have major consequences including decreased rates of preventative screening, increased risk of drug complications, and increased risk of major morbidity among hospitalized patients. Research and capacity building aimed at improving quality to these populations has significant health system implications both nationally and locally.

Residency training programs are uniquely positioned to carry out such research and empowering physicians in training to meet the communication needs of diverse patient populations. Building Bridges to Care is a quality improvement study aimed at improving the ambulatory clinical environment and quality of care for LEP patients at Banner University Medical Center-Tucson Family Medicine clinic. The goals of this scholarly project are to:

- 1) Increase training opportunities among residents including didactic and practical skills based sessions,
- 2) Improve access to health information for patients of diverse language and literacy levels,
- 3) Survey residents regarding provider perspectives to improve communication with LEP patients



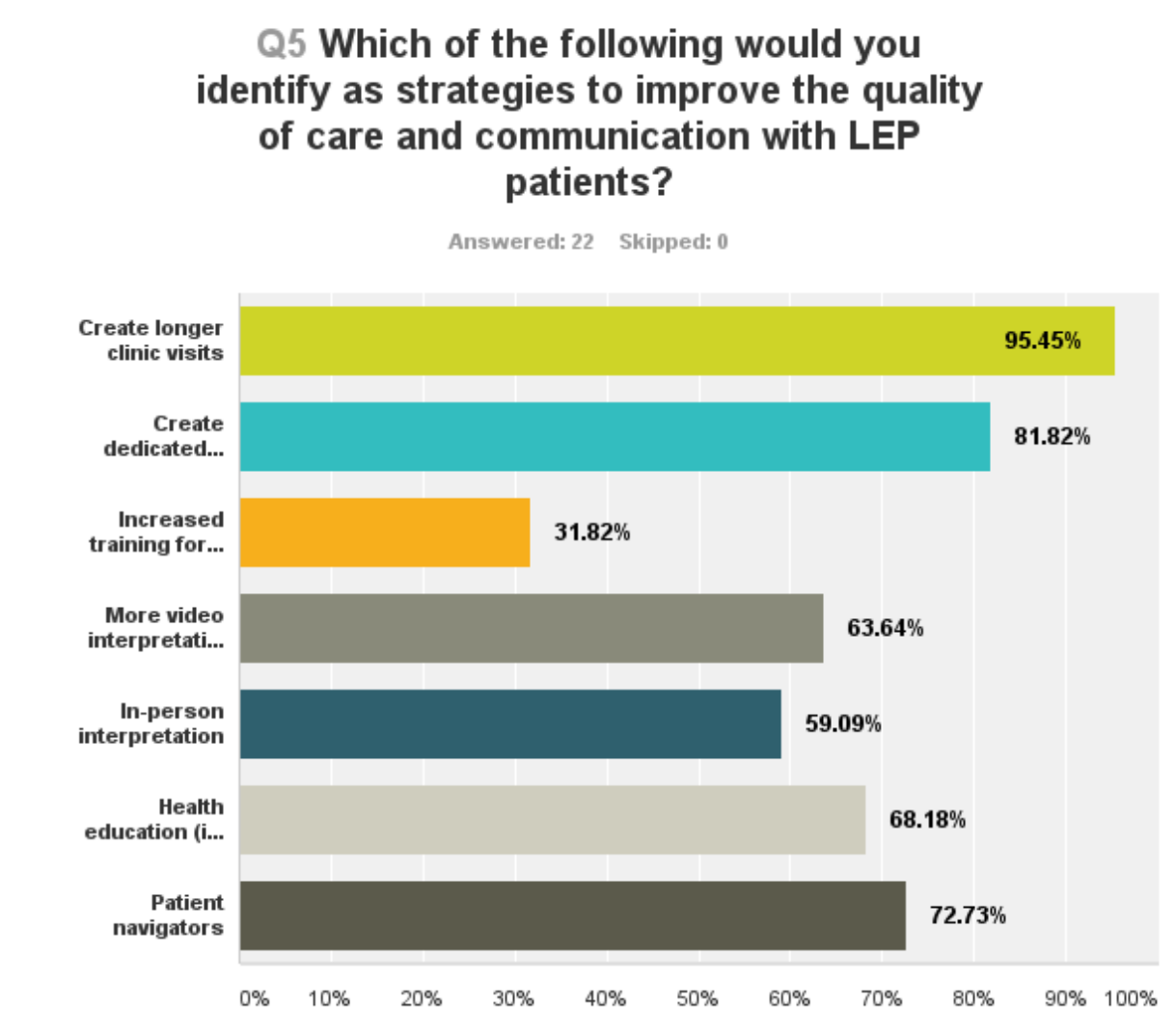
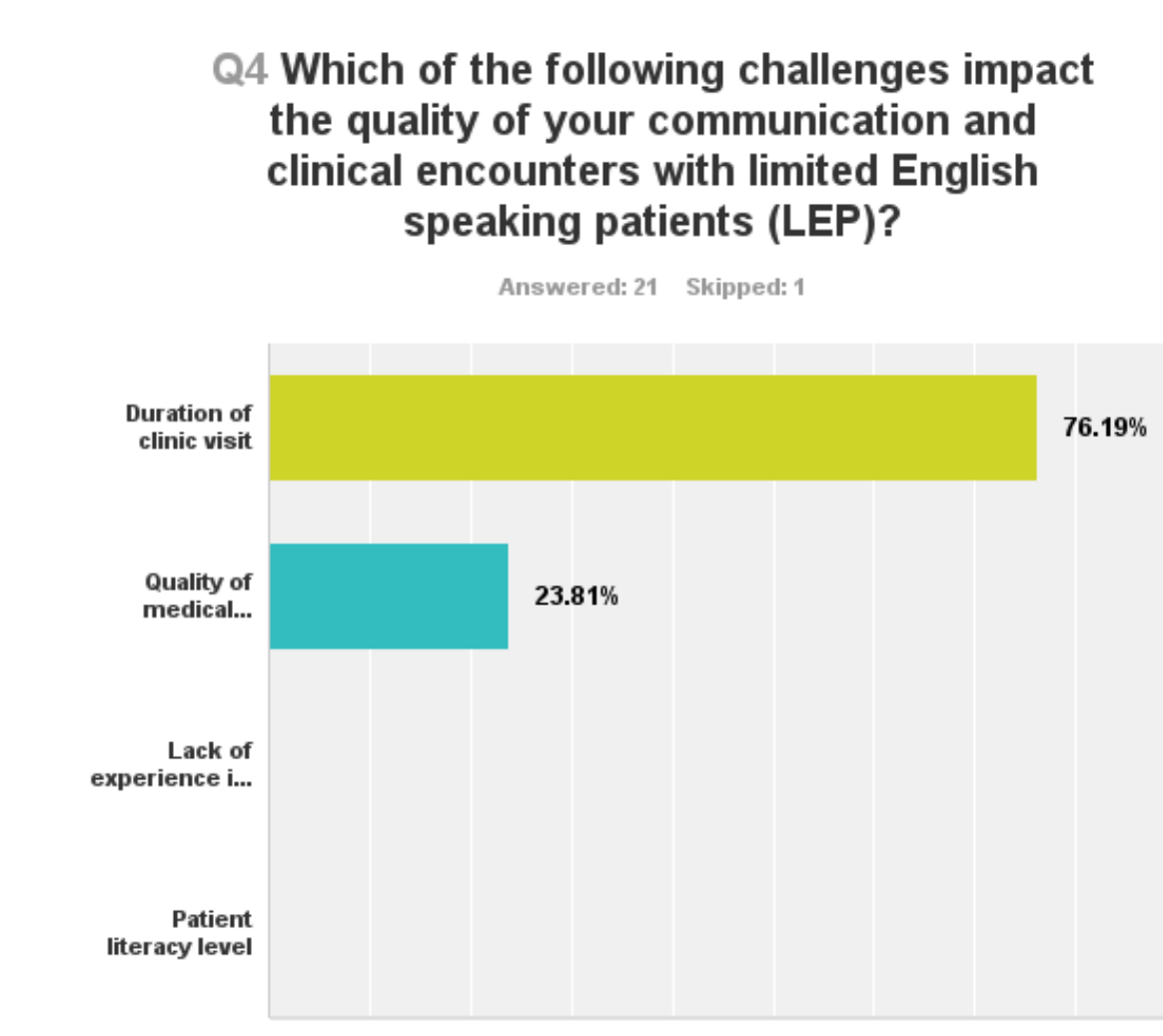
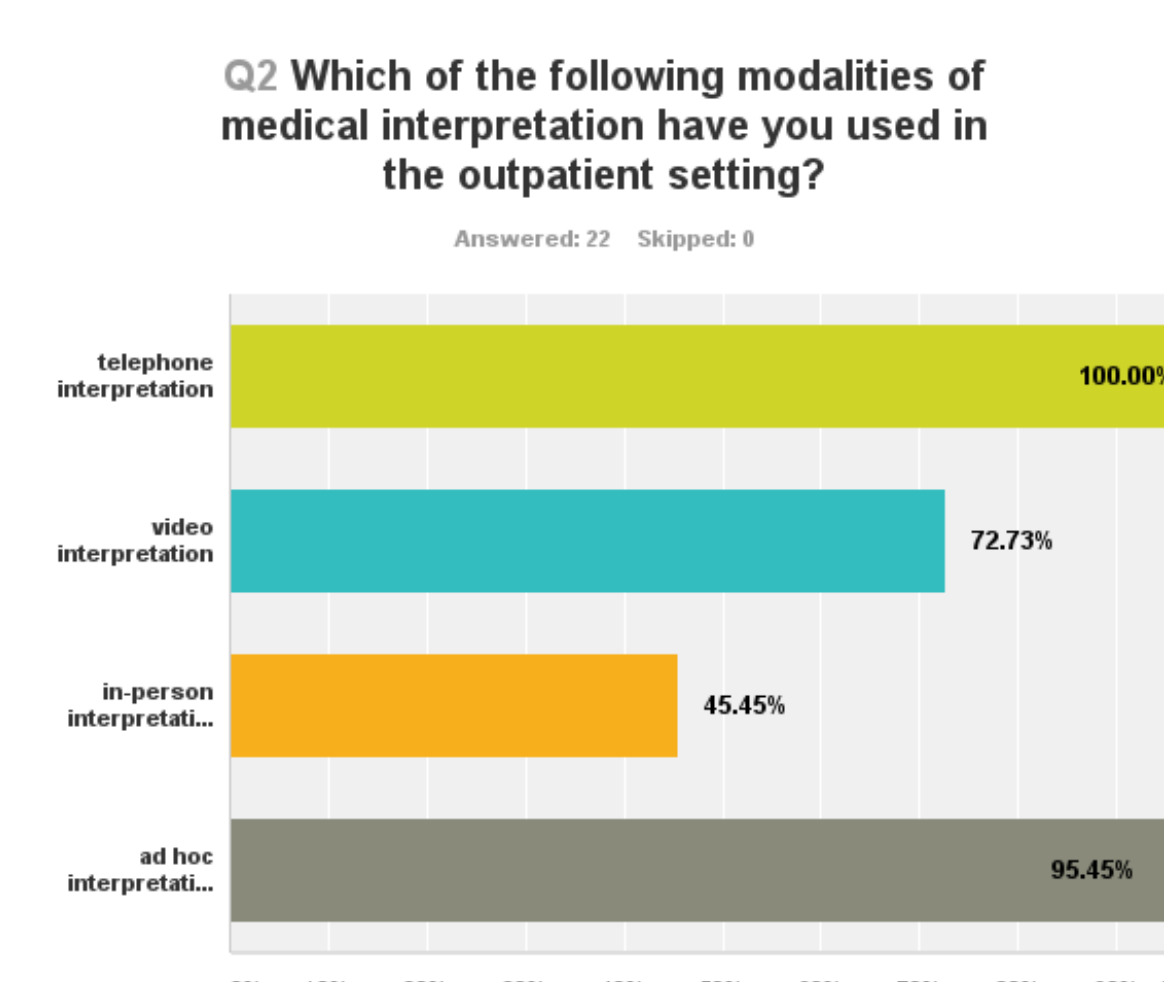
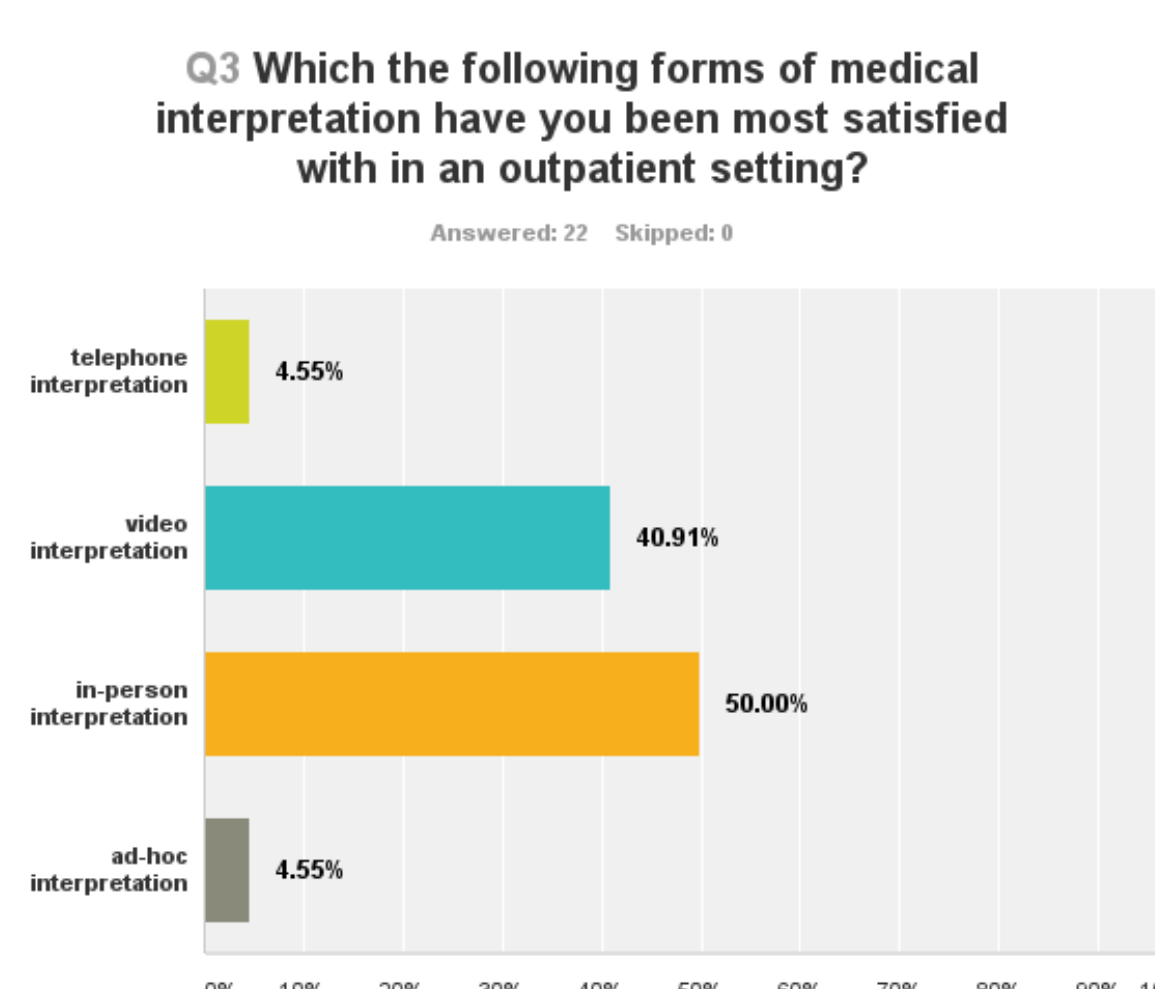
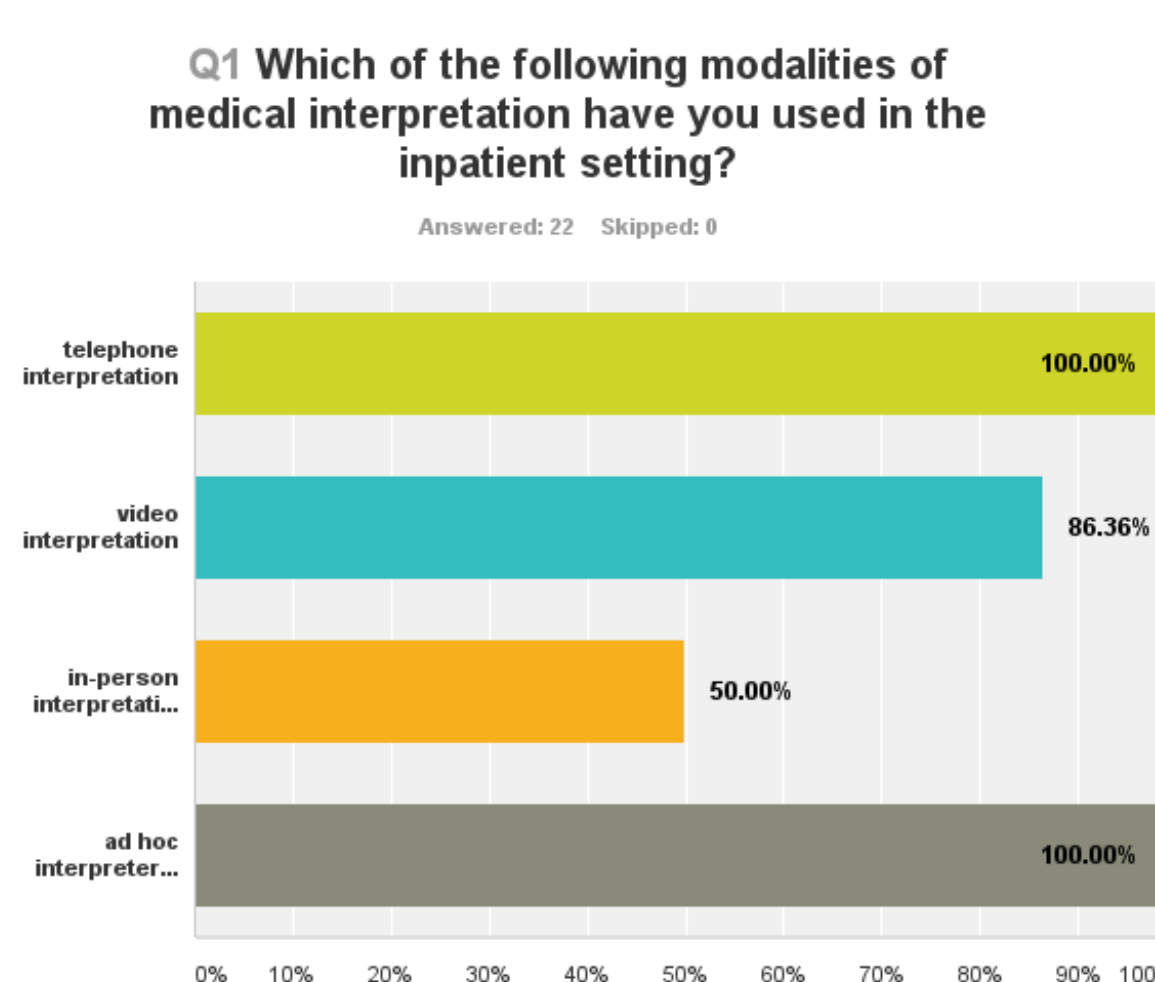
Methods

To address project goals the following activities were undertaken:

- 1) A didactic presentation was developed, “Language Matters”, to educate providers about the legal requirements of adequate medical interpretation, modalities of interpretation, the impact of adequate LEP patient on health outcomes, and resources for providers and organizations that serve LEP patients.
- 2) Providers were educated regarding resources for print materials and health education was made available in clinic in Somali, Arabic, and Tigrinya for diabetic patients, with plans to expand to include more diverse languages and conditions. Arizona Department of Health Services provided additional print materials.
- 3) Resident perspectives on medical interpretation were gathered with a 5 question survey aimed at informing quality improvement activities of the Banner University-Alvernon Family Medicine clinic aimed at improving care for refugee and LEP patients.

Resident Perspectives on Medical Interpretation

- Survey completed by 22 (91.7%) residents
- Responses to the five question survey were collected via the online survey platform “Survey Monkey”



Conclusion and Next Steps

- Residents physicians are most satisfied with live and video interpretation modalities in the ambulatory setting; telephone interpretation is not a preferred modality among providers
- Longer clinic visits, dedicated clinic sessions for refugee patients, or the development of patient navigators were most commonly selected strategies to improve quality of care to refugee and LEP patients
- Next steps include increased utilization of telephone interpretation (i.e. increased number of units, live interpreters, and study of patient perspectives on medical interpretation in our ambulatory clinic)

Resources for LEP patients

- Arizona Department of Health Services,
- National Center for Interpretation at the UofA,
- Arizona Resources Arizona Interpreters and Translators Association
- National Council on Interpreting in Health Care
- Hablamos Juntos (Robert Wood Johnson Foundation), American Translators Association, www.atanet.org
- The Cross Cultural Health Care Program, California Healthcare Interpreters Association, www.chia.ws/
- Massachusetts Medical Interpreter Association

References

- Levinson, W., Lesser, C.S., & Epstein, R.M. (2010). Developing physician communication skills for patient-centered care. *Health Affairs*. 29(7): 1310-8. doi:10.1377/hlthaff.2009.0450
- U.S. Department of Health and Human Services, Office of Minority Health. (2013). *National standards for culturally and linguistically appropriate services in health and health care: A blueprint for advancing and sustaining CLAS policy and practice*. Retrieved from <https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>
- Dreachslin, J.L., Gilbert, M.J., & Malone, B. (2013). *Diversity and cultural competence in health care: A systems approach*. San Francisco, CA: Jossey-Bass.
- Divi, C., Koss, R. G., Schmaltz, S. P., & Loeb, J. M. (2007). Language proficiency and adverse events in US hospitals: A pilot study. *International Journal for Quality in Health Care*, 19, 60-67.
- Institute of Medicine. (2001). *Crossing the quality chasm: A new system of health for the 21st century*. Retrieved from <http://www.nap.edu/openbook.php?isbn=0309072808>