

CULTURAL COMPETENCY

As a reminder, California law requires HMO health plans to provide language assistance services to their enrollees whose proficiency in English is limited. Language assistance services, which are available at no cost to patients and physicians, include oral interpreter services at each patient point of contact, such as at a doctor's office or when calling a customer service number.

Accessing an HMO Health Plan's Language Assistance Services

If an HMO patient contacts your office by phone or in person and is in need of an oral interpreter, please help facilitate the patient's access to language assistance services by contacting the patient's HMO health plan at the phone number listed below.

| CPMG Contracted Health Plans | Phone Number for Oral Interpreter |
|------------------------------|--|
| Aetna | 800-525-3148 |
| Anthem Blue Cross | 888-254-2721 |
| Blue Shield | 866-346-7198 |
| CIGNA | 800-806-2059 |
| Health Net Commercial HMO | 800-522-0088 |
| Health Net Medi-Cal HMO | 800-675-6110 |
| United Healthcare | 800-730-7270 (Spanish) 800-938-2300 (Chinese) 800-624-8822 (All Other Languages) |
| Scripps Health Plan | 844-337-3700 |
| Sharp Health Plan | 800-359-2002 |

Documenting Patient Refusal of Language Assistance Services

Best Practice Tip: If a patient whose English proficiency is limited refuses to access the patient's HMO health plan's language assistance services, it is recommended that the physician office notate the patient's refusal of the language assistance services in the patient's medical record.

Use of Bilingual Staff as Interpreters

Best Practice Tip: To ensure access to trained healthcare interpreters, it is recommended that practices direct patients with limited English proficiency to the HMO health plan's free language assistance services, rather than rely on their own bilingual staff. The health plan's interpreters are trained in medical and insurance terminology in addition to being proficient in – and culturally sensitive to – diverse ethnic and linguistic nuances. However, the law does not require a limited English proficient patient to access a health plan's interpretation services or prevent a patient from speaking with bilingual provider staff.

Use of Family Members for Interpretation

The law does not prohibit family members from serving as interpreters for patients, but patients need not feel dependent on using family members as interpreters. Patients can now access their HMO health plan's language assistance services at no cost and keep information about their healthcare private and confidential from their family or relatives.

Documenting Language Preference

Best Practice Tip: It is recommended that physicians document each patient's preferred language in the patient's medical record.

Additional Information

HMO health plans are required to notify their enrollees of their free language assistance services. CPMG/RCHN physicians may obtain additional information on language assistance, including tips on working with interpreters and patients, by visiting our website, www.CPMGSanDiego.com.

- To assist you with culturally diverse patients, the following Industry Collaboration Effort (ICE) documents have been included:
 - Tips for Documenting Refusal of Interpretive Service
 - Tips for Working with Interpreters
 - Tips for Working with Limited Proficient English Members



Tips for Documenting Interpretive Services for Limited English Proficient (LEP) Patients: Notating the Provision or the Refusal of Interpretive Services

California law requires that health plans and insurers offer free interpreter services to both LEP members and health care providers and also ensure that the interpreters are professionally trained and are versed in medical terminology and health care benefits.

- **Documenting refusal of interpretive services** in the medical record not only protects you and your practice, it also ensures consistency when your medical records are monitored through site reviews/audits by contracted health plans to ensure adequacy of the plan's Language Assistance Program.
 - It is preferable to use professionally trained interpreters and to document the use of the interpreter in the patient's medical record.
 - If the patient was offered an interpreter and refused the service, it is important to note that refusal in the medical record for that visit.
 - Although using a family member or friend to interpret should be discouraged, if the patient insists on using a family member or friend, it is extremely important to document this in the medical record, especially if the chosen interpreter is a minor.
 - **Smart Practice Tip:** Consider offering a telephonic interpreter *in addition* to the family member/friend to ensure accuracy of interpretation.
 - For all LEP patients, it is a best practice to document the patient's preferred language in paper and/or electronic medical records (EMR) in the manner that best fits your practice flow.*
 - For a paper record, one way to do this is to post color stickers on patient's chart to flag when an interpreter is needed. (For example: Orange = Spanish, Yellow = Vietnamese, Green = Russian)*
 - For EMRs, contact your IT department to determine the best method of advising all health care team members of a preferred spoken language.

**Source: Industry Collaboration Effort (ICE) Tips for Communicating Across Language Barriers;
www.iceforhealth.org*

***The universal symbol for interpretive services at the top left of this document is from Hablamos Juntos, a Robert Wood Johnson funded project found at:
http://www.hablamosjuntos.org/signage/symbols/default.using_symbols.asp#bpw*



Tips for Working with Interpreters

Telephonic Interpreters

- Tell the interpreter the purpose of your call. Describe the type of information you are planning to convey. *
- Enunciate your words and try to avoid contractions, which can be easily misunderstood as the opposite of your meaning, e.g., “can’t - cannot.” *
- Speak in short sentences, expressing one idea at a time.*
- Speak slower than your normal speed of talking, pausing after each phrase.*
- Avoid the use of double negatives, e.g., “If you don’t appear in person, you won’t get your benefits.” * Instead, “You must come in person in order to get your benefits.”
- Speak in the first person. Avoid the “he said/she said.” *
- Avoid using colloquialisms and acronyms, e.g., “MFIP.” If you must do so, please explain their meaning.*
- Provide brief explanations of technical terms, or terms of art, e.g., “Spend-down” means the client must use up some of his/her monies or assets in order to be eligible for services.” *
- Pause occasionally to ask the interpreter if he or she understands the information that you are providing, or if you need to slow down or speed up in your speech patterns. If the interpreter is confused, so is the client. *
- Ask the interpreter if, in his or her opinion, the client seems to have grasped the information that you are conveying. You may have to repeat or clarify certain information by saying it in a different way. *
- ABOVE ALL, BE PATIENT with the interpreter, the client and yourself! Thank the interpreter for performing a difficult and valuable service. *
- The interpreter will wait for you to initiate the closing of the call and will be the last to disconnect from the call.

When working with an interpreter over a speakerphone or with dual head/handsets, many of the principles of on-site interpreting apply. The only additional thing to remember is that the interpreter is “blind” to the visual cues in the room. The following will help the interpreter do a better job. **

- When the interpreter comes onto the line let the interpreter know the following: **
 - Who you are
 - Who else is in the room
 - What sort of office practice this is
 - What sort of appointment this is
- For example, “Hello interpreter, this is Dr. Jameson. I have Mrs. Dominguez and her adult daughter here for Mrs. Dominguez’ annual exam.” **
- Give the interpreter the opportunity to introduce himself or herself quickly to the patient. **
 - If you point to a chart, a drawing, a body part or a piece of equipment, describe what you are pointing to as you do it. **

On-site Interpreters

- Hold a brief meeting with the interpreter beforehand to clarify any items or issues that require special attention, such as translation of complex treatment scenarios, technical terms, acronyms, seating arrangements, lighting or other needs.
- For face-to-face interpreting, position the interpreter off to the side and immediately behind the patient so that direct communication and eye contact between the provider and patient is maintained. For sign language (ASL) interpreting, it is best to position the interpreter beside the patient so the patient can capture the hand signals easily.

- Be aware of possible gender conflicts that may arise between interpreters and patients. In some cultures, males should not be requested to interpret for females.
- Be attentive to cultural biases in the form of preferences or inclinations that may hinder clear communication. For example, in some cultures, especially Asian cultures, “yes” may not always mean “yes.” Instead, “yes” might be a polite way of acknowledging a statement or question, a way of politely reserving one’s judgment, or simply a polite way of declining to give a definite answer at that juncture.
- Greet the patient first, not the interpreter. **
- During the medical interview, speak directly to the patient, not to the interpreter: “Tell me why you came in today” instead of “Ask her why she came in today.” **
- A professional interpreter will use the first person in interpreting, reflecting exactly what the patient said: e.g. “My stomach hurts” instead of “She says her stomach hurts.” This allows you to hear the patient’s “voice” most accurately and deal with the patient directly. **
- Speak at an even pace in relatively short segments; pause often to allow the interpreter to interpret. You do not need to speak especially slowly; this actually makes a competent interpreter’s job more difficult. **
- Don’t say anything that you don’t want interpreted; it is the interpreter’s job to interpret everything. **
- If you must address the interpreter about an issue of communication or culture, let the patient know first what you are going to be discussing with the interpreter. **
- Speak in: Standard English (avoid slang) **
 - Layman’s terms (avoid medical terminology and jargon)
 - Straightforward sentence structure
 - Complete sentences and ideas
- Ask one question at a time. **
- Ask the interpreter to point out potential cultural misunderstandings that may arise. Respect an interpreter’s judgment that a particular question is culturally inappropriate and either rephrase the question or ask the interpreter’s help in eliciting the information in a more appropriate way. **
- Do not hold the interpreter responsible for what the patient says or doesn’t say. The interpreter is the medium, not the source, of the message. **
- Avoid interrupting the interpretation. Many concepts you express have no linguistic, or conceptual equivalent in other languages. The interpreter may have to paint word pictures of many terms you use. This may take longer than your original speech. **
- Don’t make assumptions about the patient’s education level. An inability to speak English does not necessarily indicate a lack of education. **
- Acknowledge the interpreter as a professional in communication. Respect his or her role. **

Footnotes:

** **“Addressing Language Access Issues in Your Practice - A Toolkit for Physicians and Their Staff Members,” California Endowment website.**

* **“Limited English Proficiency Plan,” Minnesota Department of Human Services: Helpful hints for using telephone interpreters (page 6).**



Tips for Working with Limited English Proficient (LEP) Members



- **California law** requires that health plans and insurers offer free interpreter services to both LEP members and health care providers and also ensure that the interpreters are professionally trained and are versed in medical terminology and health care benefits.
- **Who is a LEP member?**
Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English, may be considered limited English proficient (LEP).
- **How to identify a LEP member over the phone**
 - Member is quiet or does not respond to questions
 - Member simply says yes or no, or gives inappropriate or inconsistent answers to your questions
 - Member may have trouble communicating in English or you may have a very difficult time understanding what they are trying to communicate
 - Member self identifies as LEP by requesting language assistance.
- **Tips for working with LEP members and how to offer interpreter services**
 - 1) Member speaks no English and you are unable to discern the language
 - Connect with contracted telephonic interpretation vendor to identify language needed.
 - 2) Member speaks some English:
 - Speak slowly and clearly. Do not speak loudly or shout. Use simple words and short sentences.
 - How to offer interpreter services:
“I think I am having trouble with explaining this to you, and I really want to make sure you understand. Would you mind if we connected with an interpreter to help us? Which language do you speak?”
 - Or
 - “May I put you on hold? I am going to connect us with an interpreter.”* (If you are having a difficult time communicating with the member)
- **Best practice to capture language preference**
For LEP members it is a best practice to capture the members preferred language and record it in the plan’s member data system.
“In order for me (or Health Plan) to be able to communicate most effectively with you, may I ask what your preferred spoken and written language is?”

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http://www.hablamosjuntos.org/signage/symbols/default.using_symbols.asp#bpw