TELEHEALTH Resources for Patients with Limited English Proficiency in Health Centers

JUNE 2020

THE CHALLENGE

Telehealth has the power to provide care to people in ways that were not possible before rapid communication via internet and video services. For many, telehealth has removed barriers and ensured that people receive care when and where it is most convenient. Telehealth has been especially powerful during the COVID-19 pandemic, when non-emergency services such as primary care, behavioral health, and other in-person visits have been postponed to reduce the spread of the virus. However, while telehealth can remove obstacles, if not used deliberately and thoughtfully, it can exacerbate many inequalities that exist in the United States health system. One factor that is essential to account for is **language accessibility**, which, if not provided, limits the number of patients who are able to utilize telehealth services.

People with limited English proficiency are historically less likely to visit the doctor and less likely to get preventative care services, even when controlling for literacy, health status, health insurance, regular source of care, ethnicity, and economic indicators. With the rapid move to telehealth, there is concern that these patients may be left further behind because of limited ability to address language needs via telehealth.

Telehealth efforts may fail to reach patients who are not best served in English. In 2018, there were 6,706,410 Federally Qualified Health Center (FQHC) patients best served in a language other than English, which represents 23.63% of the total FQHC patient population[2]. In section 1557 of the Affordable Care Act[3], HHS **mandates that healthcare professionals make reasonable language accommodations for people with Limited English Proficiency (LEP)[4], which also applies to telehealth services.** However, even with this policy, LEP individuals are not always able to receive adequate care.

Many LEP people have a difficult time initially seeking care if resources do not exist in their primary language. In fact, there have already been articles highlighting that LEP patients are at a disproportionately high risk of contracting COVID-19, due to their higher representation in essential service jobs with various occupational hazards, as well as the lack of multilingual resources that describe the risks of the virus[5].

THE CHALLENGE, CONTINUED

Masland et al. conducted a literature review on language barriers in healthcare, finding that LEP people are less likely to go to the doctor and undergo preventive care, even when controlling for "literacy, health status, health insurance, regular source of care, ethnicity, and economic indicators[6]." Flores et al. found that **parents who speak limited English were three times more likely to report that their children have poor or fair health status.** These patients were also less likely to seek out medical care for their children[6]. If and when they do receive care, they may have lower comprehension of what their provider explains, which can lead to poor health outcomes such as adverse reactions to medication[7]. A different study by Sue et al. examined the effect of having a shared language and ethnicity among mental health providers and patients seeking care. They found that **among LEP clients, having a provider who spoke their same language positively impacted the length and outcome of their treatment**[8].

These studies highlight the gaps in access to care due to language barriers, as well as opportunities to improve length and outcome of care by ensuring that patients and providers effectively communicate with each other. While ideally all patients would be served by providers who speak their primary language, there are various reasons why this is not always possible, such as the commonality of the language, the quantity and availability of multilingual providers, and various administrative intricacies of the healthcare system such as insurances accepted. Some practices seek to mitigate this hurdle by listing the languages that each provider speaks on their websites so that patients can filter for their language of choice. Yet many patients are still served by a provider who speaks a language different from their own. For this dilemma, there must exist translation services or other solutions to mitigate the risk of exacerbating limitations to access to care for people who are not best served in English. **Telehealth has the opportunity to make sure health care meets the needs of LEP patients by utilizing technological approaches to improve communication.**

> *Effectively providing linguistically appropriate care to patients with limited English proficiency improves care and reduces costs. As telehealth services expand, incorporating interpretation is extremely important. As the CEO of Language Line notes, "When healthcare organizations use qualified medical interpreters, fewer errors are made, fewer unnecessary tests are ordered, and quality care improves. Likewise, when patients receive their discharge instructions and patient educational materials in the language they speak, they are less likely to return to the emergency room."*[1]

Near-Term Strategies to Support LEP Patients with Telehealth

Various solutions can help health centers utilize telehealth during the COVID-19 pandemic and beyond. In the long term, it will be advantageous to advocate for greater language variability among the provider population. LEP patients will greatly benefit once the number of multilingual providers matches the demographic makeup of language variability in the United States. However, even if and when this goal is achieved, there will still be instances when interpretation services or other forms of multilingual care are needed. The following resources and solutions are provided for health centers to increase their telehealth capacity for LEP patients.

NEAR-TERM STRATEGIES

Interpretation Services Interpretation services have been shown to be effective in improving quality of care regardless of the method in which the visit is conducted. However, it is especially important to be mindful of language accessibility during telehealth, where there are more opportunities for information to get "lost in translation." For example, it might be less evident to a provider that their patient is not comprehending their recommendations when they are delivered virtually. Further, patients and providers both might not be able to pick up on each others' non-verbal cues, such as body language and hand gestures over the phone or video. Providers also may not be able to utilize visual aids such as charts or illustrations that exist in typical healthcare settings. Therefore, it is imperative that LEP patients have the resources to utilize translation services when participating in telehealth visits with providers who do not speak their language.

Translation through telehealth technology is one of the most promising interventions for ensuring that LEP individuals receive care in their language. The following resources offer potential solutions for FQHCs:

1. USE THIRD-PARTY SERVICES TO PROVIDE REAL TIME INTERPERTATION IN TELEHEALTH VISITS. Third party interpreters may provide audio-only remote interpretation, either during a video visit or audio-only visit, or video remote interpretation. There are many options, below are a few that some health centers use:

Language Line

Certified Languages International

Boostlingo

Propio

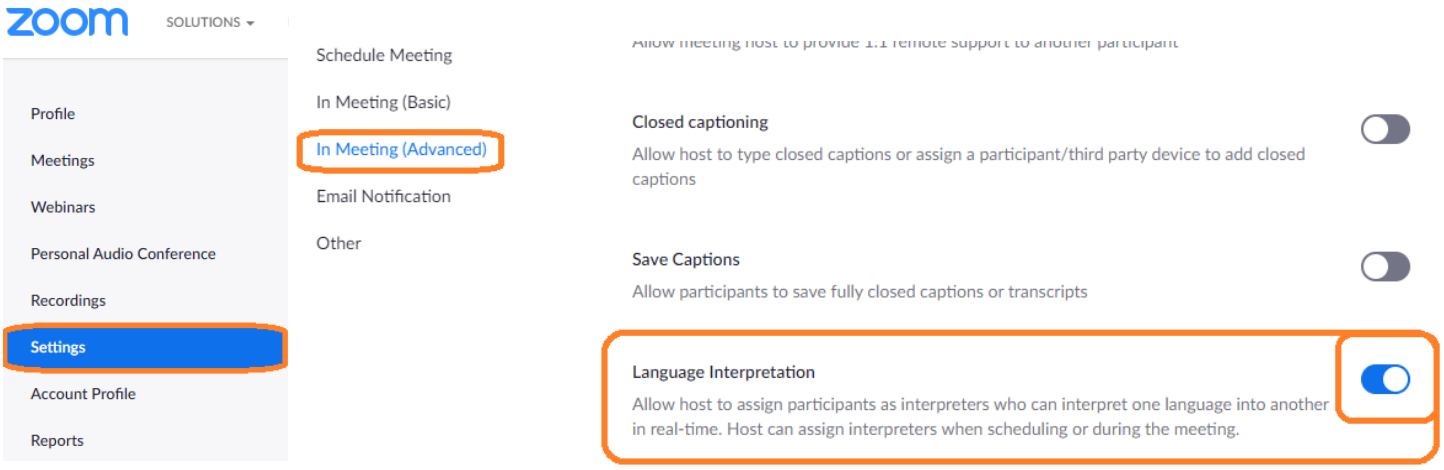
Using Third-Party Interpretation in Telehealth Visits, Continued

Considerations for third-party translation services:

- These solutions can be used with audio-only visits which may be better for low-broadband regions. Note: The use of video conferencing for telehealth should be a long term goal because it is demonstrably better for providing care[9]. Audio-only visits are reimbursable by many payers during the COVID-19 public health emergency, and provide a beneficial interim step for care management, but are unlikely to be a long-term solution for telehealth.
- To comply with HIPAA, third-party medical interpretation services are considered business associates and are required to protect patient data. Personal and health details about a patient are considered Protected Health Information (PHI). Medical interpreters must take special care with PHI. Specifically, provision of interpretation services is usually a health care operations function of the covered entity as defined by 45 CFR 164.501. When the covered entity (in this case, the health center) engages the services of a person or entity who is not a workforce member, to perform interpretation services on its behalf as a business associate (in this case, the third party interpretation service), a covered entity may disclose protected health information as necessary for the business associate to provide interpreter services on the covered entity's behalf[10]. Read more about HIPAA and interpretation services here.
- Third-party interpreters can generally be located anywhere, thereby increasing a health center's access to interpreters when needed.

2. USE TECHNOLOGY FUNCTIONALITY THAT SUPPORTS EXPEDIENT AND EFFECTIVE INTERPRETATION. Often using interpretation services for telehealth involves circuitous solutions. As one organization described it: "Once a patient gets set up on a Zoom call, [the provider] has to turn to the next logistical challenge: integrating a medical interpreter onto that call who is trained to serve as the linguistic go-between for the visit. To make it happen, she has to call the interpreter on her personal phone and conference them into the Zoom line. Then, she has to rename that caller so that the patient doesn't see her phone number.[11]" Zoom Language Interpretation offers a strategy to address some of this. Zoom does not provide third-party interpreters but the Zoom platform allows the host, such as the provider, to designate a participant as a translator, such as an health center interpreter on staff or third party interpreter. Then, if desired, Zoom projects audio in the participant's dominant language from the interpreter instead of the speaker's language (e.g., so the patient would hear the interpreter speaking in Spanish instead while the provider is speaking in English). This serves the purpose of reducing the length of a bilingual visit, because the interpreter does not have to wait for the provider or patient to finish speaking, and potentially improving rapport with a more natural-style conversation.

Use Technology Functionality that Supports Expedient and Effective Interpretation, Continued



- *Instructions for enabling this Zoom functionality:* According to Zoom, this feature cannot be used with Personal Meeting ID, it must be used with a unique meeting ID. To enable the feature, sign into your Zoom web portal (for example, examplehealthcenter.zoom.us), then click ***Settings*** in the navigation panel on the left side of the screen. Then click ***In Meeting (Advanced)***, then look for ***Language Interpretation***, and click the slider to move it to the right and make it blue, showing the feature is enabled. See screenshot above as well as full instructions from Zoom.
- *Instructions for using interpretation feature in visit:* When the session starts, the Zoom host (e.g., the provider) can start the interpretation feature by clicking ***Interpretation*** with a globe-style icon, and then add or remove interpreters, including naming the interpreter and starting the interpretation session from that menu. Once the host starts the interpretation, then the interpreters access to their own audio channels. **Attendees (e.g., patients) can select an audio channel to hear their language of choice.** Attendees will hear the translated audio and can choose if they want to hear the original audio at a lower volume. Again, see full instructions from Zoom.
- *Adding Interpreters in Other Telehealth Platforms:* **Doxy.me:** Using a Professional or Clinic account, it is possible to have an interpreter or translator join a call using the group call feature. First, the patient checks into provider's room, then the interpreter checks into provider's room, then the provider starts group call with both patient and interpreter. **Doximity:** Doximity's Dialer Video allows one click video calls, where a third-party, such as an interpreter, can be added via email or text message.

Identify or Create Resources that Assist LEP Patients with Use of Telehealth

3. IDENTIFY OR CREATE RESOURCES THAT ASSIST LEP PATIENTS WITH USE OF TELEHEALTH. These are an initial set of tools to set up LEP individuals for success regarding the logistics of participating in telehealth.

- Resources in languages other than English to raise awareness about the efficacy and ease of telehealth. Here are some examples for common health center EHRs:
    - Doximity, a telehealth platform, offers patient-facing instructions in several languages.
    - eClinicalWorks offers videos for patients on how to use Healow Telehealth in Spanish.
    - LA LGBT Center, a health center in Los Angeles, has written and video instructions in Spanish as well as English on how to download Allscripts FollowMyHealth patient portal to access video visits.
    - El Rio Health, a health center in Tucson, offers a Patient Quick Start Guide in Spanish and flyer for using Otto, a NextGen telehealth platform.
- See instructional videos on how to download Zoom in more than ten languages.
- Multilingual EHR patient portals: This is a previous HITEQ database of patient portals and online patient education libraries that are available in multiple languages.

4. REMEMBER TELEHEALTH IS MORE THAN JUST VIDEO/AUDIO CALLS When thinking about telehealth, it is important to consider that care can be provided in forms other than video. For example, providers can utilize SMS text check-ins, asynchronous questionnaires, electronic intake forms, etc. that are available in multiple languages. This could increase screening rates, capture needed information in a way that works for LEP patients and the clinic, and help set context for future telehealth visits. Many of the third party interpretation services mentioned earlier offer translation services as well.

- SMS/text message check-ins with patients can be used to remind them of upcoming appointments as well as follow up on their health status or care plans. Texting can also be used to disseminate telehealth information or instructions, as outlined above. Review this HITEQ resource on HIPAA-compliant texting for helpful information.
- Ensure that intake forms, pre-visit questionnaires, and information for any asynchronous visits are available in appropriate languages and that the system is set up to use them appropriately.
    - Health centers may set up telehealth visits in the EHR's admin and scheduling functionality in languages other than English, such that the appropriate pre-visit questionnaires (e.g., intake forms, PHQ-9 depression screening, etc.) are populated and electronically sent to the patient in the patient's primary language. For example, within the system, set up *Televisit-Spanish* as a visit type, then modify the settings for that visit type to use welcome messages, consent forms, and pre-visit questionnaires in Spanish.

Remember that Telehealth is more than just Audio/ Video Calls, Continued

  - Regarding how the information can be brought into the health center's health IT system for the provider to see and act on: Companies like Accredited Language Services translate intake forms for providers, but may not translate patients' unstructured or narrative responses.

- Many third-party services, such as Language Line and Certified Languages International, provide translation services in addition to live interpretation. These services can be used to translate patients' responses to intake forms, asynchronous telehealth visits, or secure messages from patients at a cost.

Other Useful Information for Clinics serving LEP Patients via Telehealth

During COVID-19, UC San Francisco is compiling resources for providers who are caring for LEP patients using interpretation services in a Google Drive folder, and offers workflows for various approaches to including an interpreter in a visit. It also includes additional resources on telehealth and COVID-19 in general. It also links to this Google Drive folder with COVID-19 resources in 50+ less common languages. There is also a helpful webpage that has COVID-19 Fact Sheets in 35 languages.

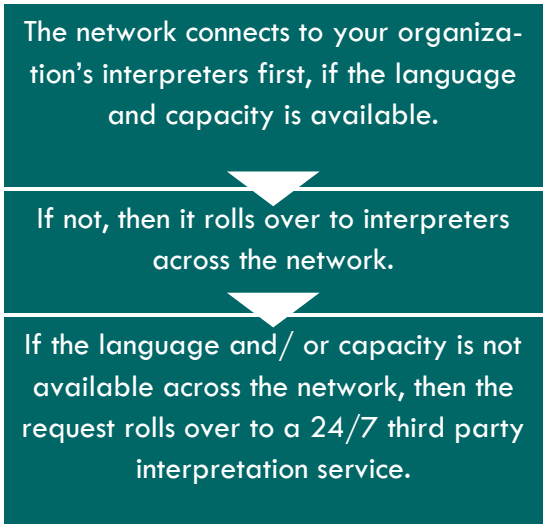
There are also a number of FQHC websites housing prominent fact sheets in multiple languages. For example, this page from Community Health Center Network in East Bay.

LONGER TERM STRATEGIES

There are a number of longer term options that require more planning and/ or resources, but may be worth pursuing to address the needs of LEP patients in utilizing telehealth if that is a significant or persistent need for your health center.

1. SHARE INTERPRETATION CAPACITY AND NEED WITH OTHER ORGANIZATIONS. Third party interpretation is widely used due to its ease of use and breadth of language options, however the high cost can be a significant challenge. Many health centers may employ a number of on-site interpreters as well. Health Care Interpreter Network implemented pooled video interpretation across a network of organizations using VoIP technology instead of traditional phone line/cell service to a single organization. VoIP phones use internet technology to place phone calls, and are often more inexpensive and flexible in their usage than traditional phone lines. This allowed a number of member organizations to achieve economies of scale by sharing interoperation through a high quality video network.

In a study of this approach[5], clinics automatically routed



Description adapted from HCIN: How It Works.

interpretation requests in 15 languages to a pool of 35 interpreters/ bilingual staff to streamline the translation process across member organizations. Results indicated that, "Interpreted LEP patients, compared to English-speaking and non-interpreted LEP patients, had the shortest emergency department stays; had the fewest tests, intravenous catheters, and medications; were more likely to follow-up in a clinic and less likely to return to the emergency department; and had the lowest overall charges." While this study did not take place using telehealth, it highlights the importance of comprehension for LEP patients and the potential for creating health center networks to address interpretation needs. The impacts of misunderstandings between patients and providers are only exacerbated in a telehealth setting.

2. MATCH PROVIDERS WITH PATIENTS' LINGUISTIC NEEDS. One ultimate long term goal of providing care to LEP patients is to effectively match providers and patients who speak the same language in a streamlined manner. This would first and foremost entail training bi– or multi-lingual individuals to become providers to the extent that they are able to serve communities of LEP patients proportional to the need. The availability of multilingual providers able to provide telehealth hinges on the removal of various barriers:

Language and Telehealth in Graduate Medical Education

Learning and using specific medical terminology in languages other than English is necessary for bi– and multi-lingual providers to be able to comprehensively offer care in those languages. This and may be able to be facilitated in health centers that have residency or training programs and are caring for multilingual populations. Residency program investment in live interactive video services is also important to ensure that residents are offered opportunities to use telehealth services, particularly with LEP patient populations.

Health System Trainings

Bilingual training programs can help increase the linguistic capacity of existing providers within organizations. For example, Kaiser Permanente has implemented the Qualified Bilingual Staff Model, which serves to "identify, qualify, educate/enhance, mobilize and monitor an internal workforce as a key strategy to promote culturally competent care, improve health outcomes and reduce health care disparities." This model has resulted in an increased linguistic capacity for staff in eight languages. Similar programs either in clinics or networks could expand the availability of multi-lingual staff to support telehealth and other needs of LEP patients.

Retention

Long after multilingual staff are hired/trained in an organization, it is important to think about retention efforts. Leadership must recognize the burden of multilingual care and support staff accordingly, including ensuring care team support or technical solutions that ease the burden on multilingual providers.

Shorter Term Strategies to Match LEP Patients with Multilingual Providers, As Available

In the meantime, one temporary solution is to create a database of providers' proficient languages on FQHC website, call centers, fact sheets, etc. This can be done at the clinic level, as we see with Petaluma Health Center's provider page which lists individual languages spoken. If patients are able to schedule their own telehealth or virtual visits through the website or patient portal, then allow patients to sort or search by language. There also could exist a process for intake staff to review a patient's preferred language in the EHR and recommend providers or care teams who are proficient in that language.

ADDITIONAL RESOURCES

- Centers for Medicare and Medicaid Services (2017). How Healthcare Providers Meet Patient Language Needs: Highlights of a Medscape Provider Survey
- Centers for Medicare and Medicaid Services Providing Language Services to Diverse Populations: Lessons from the Field

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HITEQ is a national Training and Technical Assistance (TA) Center operated by JSI and Westat. Visit the HITEQ website, www.HITEQcenter.org for more information and resources, as well as to request training or TA. This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $630,000 with 0 percentage financed with nongovernmental sources. The contents are those of the author and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.