

Facilitators and Barriers to Adopting Video Remote Interpretation

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Background and Significance

AltaMed is committed to serving underinsured and uninsured patients as well as the growing population of Limited English Proficient (LEP) individuals. The migration policy institute reported the total LEP population in the U.S. is 25.1 million (8.5%), the majority of whom (64%) are Spanish monolingual or have limited English skills. The trend suggests that 10% of the total LEP population lives in Los Angeles, making LA county the largest LEP population in the country. As a result, the patients presenting for care face a language barrier that may lead to adverse events that may impair their safety, if healthcare providers are not equipped. Patients are exposed to a higher probability of medical errors and misdiagnosis along with incomprehension of clinical instructions and/or medication. Studies have demonstrated that LEP experience disproportionate adverse events that were attributable to communication failure (52.4%) than did English Proficient patients (35.9%) (Koss et al. 2007).

AltaMed provides several modes of interpretation to ensure quality communication between provider and the LEP population. Interpretation services provided include: over the phone interpretation, in-person interpretation; and video remote interpretation (VRI). VRI service provides two way audio-visual communications with a live interpreter. In a Pediatric Emergency Dept., VRI increased access to professional interpreters without compromising quality of interpretation, communication and clinician satisfaction (Napoles et al. 2010). In the same study, VRI service improved the parent's understanding of the diagnosis in comparison to the telephonic interpretation (Lion et al. 2015). VRI provides a cost effective, practical and feasible way to access a certified medical interpreter and prevent ad-hoc interpretation. Ad-hoc interpreters are uncertified, untrained typically comprised of family, friends, or staff providing the interpretation. Ad-hoc interpretation raises the risk of harm to the patient.

Before fully deploying VRI, AltaMed conducted a pilot to evaluate the feasibility of video remote interpretation services. During the pilot, the patients and providers reported to be satisfied with the ease and access to live interpreters via the VRI service. Providers and patients alike reported improvement with communication. As a result, AltaMed launched the full deployment of video remote interpretation in a span of four months. The deployment phase of VRI serves to explore several questions that will eventually lead to a more comprehensive analysis impacting health outcomes.

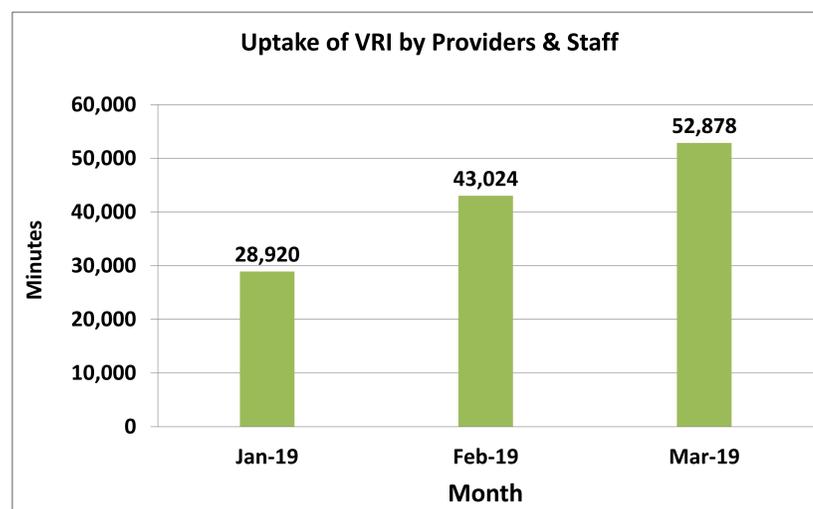
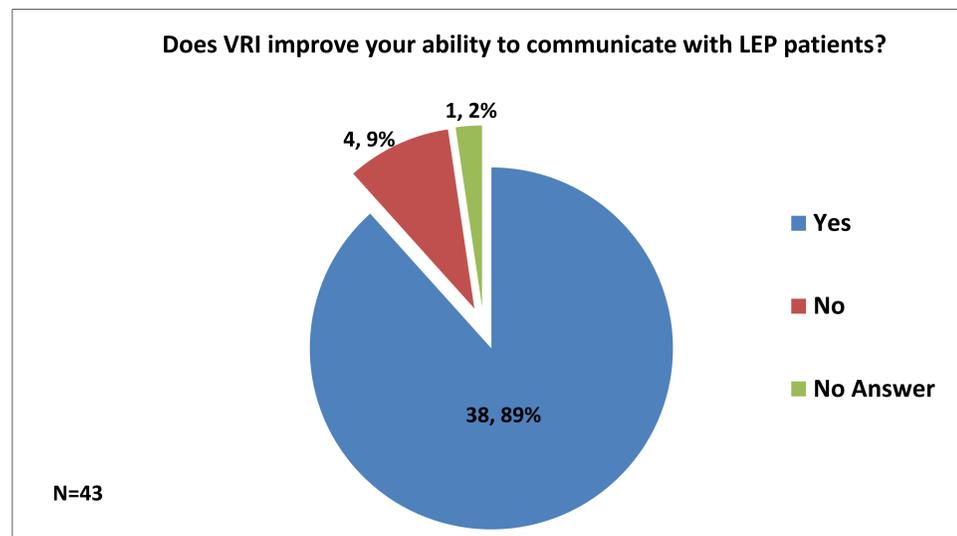
Questions

1. Will the healthcare team use the Video Remote Interpretation service?
2. Does VRI improve the quality of the patient-provider communication?
3. What are the common languages used with VRI?
4. Will interpretation with VRI assist patients with understanding their health management?
5. Are there other benefits to using VRI among healthcare team members?

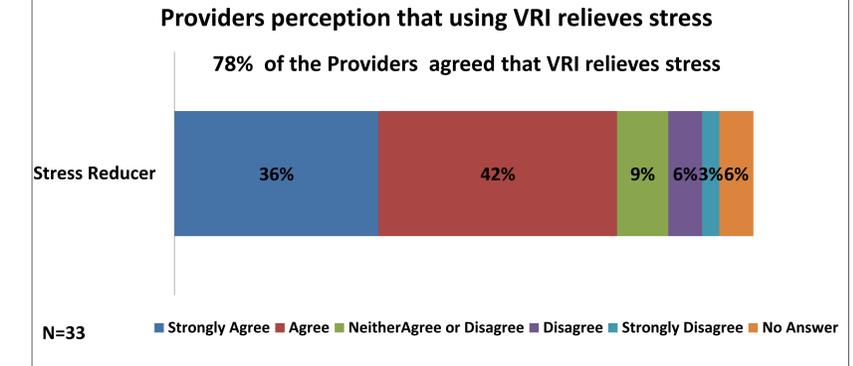
Methods

The Cultural and Linguistic (C&L) Competency Department administers surveys to examine the perceptions and experiences of providers, staff and patients who use VRI. The provider and staff surveys are administered via Survey Monkey. The patient surveys are available in English, Spanish and simplified Chinese. The patient surveys are administered in-person by a member of the C&L team. Additionally, service levels, interpreter ratings, and VRI usage are monitored weekly via a dashboard. All data is analyzed on a monthly basis for trends and quality.

Results



Providers and staff are increasingly using VRI overtime.



Top 5 Languages

1. Spanish
2. American Sign Language (ASL)
3. Mandarin
4. Cantonese
5. Vietnamese

Highlights the importance of interpreter availability for patients who speak ASL in a timely matter.

Lessons Learned

- The quality of interpretation enhances LEP patients' opportunity to improve their health management by understanding the doctors' message.
- Biases about adoption rate should be challenged as patients and providers are willing to use the VRI services.
- LEP patients have expressed their willingness and openness to using technology during their visit with their providers.
- Technology and user perceptions should be monitored equally to make adjustments in a more timely fashion.
- VRI can be perceived as useful tool that expands beyond the patient experience.

References

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