California Healthcare News®
cahcnews.com
Articles, Interviews and Statistics for the Healthcare Executive

Breaking Language Barriers in Health Care

By Craig B. Garner
Principal
Garner Health

"Most of the fundamental ideas of science are essentially simple, and may, as a rule, be expressed in a language comprehensible to everyone." – Albert Einstein

Imagine finding yourself in a hospital, only to discover that you no longer have a mouth or ears. You cannot explain your symptoms, identify next of kin, or describe your medical history, nor can you understand the doctor's diagnosis, instructions, or prognosis. For the growing number of patients in Emergency Rooms across the United States who arrive unable to communicate effectively in English, this is no dream, but a frightening reality.

In an emergency time is short, and swift, accurate communication is essential for establishing a foundation from which the doctor can attempt a diagnosis. According to a survey by the Health Care Interpreter Network, more than 70 percent of American health care providers admit that language barriers regularly compromise patients' understanding of their disease, increase the risk of complications, and make it difficult for patients to communicate effectively with their doctors, often leading to costly delays in treatment. Furthermore, in some cases the stigma and frustration attached to having limited English proficiency (LEP) is enough to discourage people from seeking treatment altogether, while those who are able to overcome their fear or embarrassment run the risk of misunderstanding the physician's instructions, especially when it comes to home follow-up care and the taking of medication.

Many of the facts surrounding issues of language in a hospital setting are surprising. Statistics from the United States Census show that nearly one in five legal American residents speaks a language other than English at home, adding up to nearly 60 million people nationwide, and that number continues to rise with each passing year. However, this growth is no longer limited to large urban environments, as many of today's immigrants are finding pockets among smaller towns in states not often associated with immigrants, such as Arkansas, Kansas, Colorado, Kentucky and Tennessee, leaving local hospitals scrambling to find the appropriate means to deal with newly presented language barriers.

Furthermore, Spanish is by no means the only issue. Though by far the most common language encountered, it is joined by such disparate tongues as Chinese, Russian, Arabic, Vietnamese, Portuguese, Hindi, Japanese, Korean, and American Sign Language, to name a few, making it nearly impossible for most hospitals to cover the needs of their entire patient-base. Even in situations where a low-level translator is available, errors in diagnosis may occur as a result of "false friends." For example, in Spanish the word "constipado" refers to a respiratory rather

than a digestive condition, meaning "unable to breathe." Similarly, "intoxicado" means simply "dizzy," without regard for reason why.

While such communicative chaos is certainly bad for patients, it also places burdens on hospitals, as the cost of the resultant unnecessary tests, longer treatment times, decreased provider efficiency, and repeat visits are often thrust onto the shoulders of the facility. Under Title VI of the Civil Rights Act of 1964, hospitals receiving Medicare or Medicaid are obligated to provide free translation services to patients, though the government provides little or no reimbursement. Neither Medicare nor the vast majority of private health insurers covers issues of interpretation, though both deal in high volumes of LEP beneficiaries. Depending on the language involved, medical translation services can run as high as $400 per hour.

Recognizing the effect on both patient and facility, many hospitals have begun to address this burgeoning issue with the attention it deserves. With the added incentive put forth by the Joint Commission accreditation standards begun in 2008 and effective January 2011, today's medical facilities have started to focus more keenly on their commitment to supporting numerous languages and providing new solutions to the problems caused by the inability to communicate in a healthcare-related setting. For example, many larger hospitals now boast a combination of in-house and freelance interpreters to cover the needs of their community, as well as hiring more bilingual employees in both medical and non-medical capacities. Recent years have also shown greater emphasis on training in-house staff to work in conjunction with interpreters and an increase in overall cultural awareness. Though expensive, phone interpretation is another way in which hospitals can effectively procure important information in an emergency.

Since the aftermath of Hurricane Andrew in 1992, picture boards have increased dramatically in popularity among hospitals with high numbers of LEP patients. These laminated panels provide simple icons depicting health issues such as cuts, burns, trouble breathing and chest pain, as well as images of body parts to show where the patient is affected. Though limited in scope and detail, the boards are an effective way to give the physician a quick overview of the situation while an interpreter is being located, and they work equally well for those patients who are deaf, mute, or unable to speak due to a medical condition or as a result of a breathing tube or apparatus.

Though only an initial step, the edict put forth by the Joint Commission serves to publicize the need for more effective translation services in America's hospitals while adding incentive for health care facilities who do not wish to lose Medicare and Medicaid funding due to non-compliance. Bettering doctor-patient communication in the future is essential to the vitality of our health care system, as it is a proven and effective way to cut costs, improve care, and save lives.

Between 2002 and 2011, Craig was the CEO at Coast Plaza Hospital, an acute care hospital-serving Southeast Los Angeles County. Craig's nine-year tenure ended with the negotiation, sale, and transfer of the hospital to a larger health care system.

Craig is an attorney concentrating on legal issues pertaining to contemporary American health care law. Last fall, Craig published a book called "Hospital Stay", a guide for patients and family members who find themselves in the confusing confines of a hospital environment.

Next January Craig will be teaching a Hospital Law course at Pepperdine University School of Law. He can be reached at craig@craiggarner.com.

Reprinted with permission from the California Healthcare News. To learn more about the California Healthcare News visit cahcnews.com.