



Qualified/Certified Health Care Interpreters

An essential part of the care team

HB 4115 requires health care providers and agencies to utilize qualified or certified Health Care Interpreters.

Current state and Federal law require the provision of adequate language assistance with limited English proficiency (LEP) patients however, there is no current standard that **requires** the use of trained, certified/qualified interpreters in the health care setting.

Why certification/qualification?

Evidence shows **that high quality health care interpreters help achieve the Triple Aim**. A trained and certified/qualified interpreter understands medical terminology, standards of practice and cultural competencies necessary to provide accurate interpretation. This ensures proper communication for LEP patients to receive **quality medical care**.

How do high quality health care interpreters achieve the Triple Aim?

High quality health care interpreters **reduce costs**

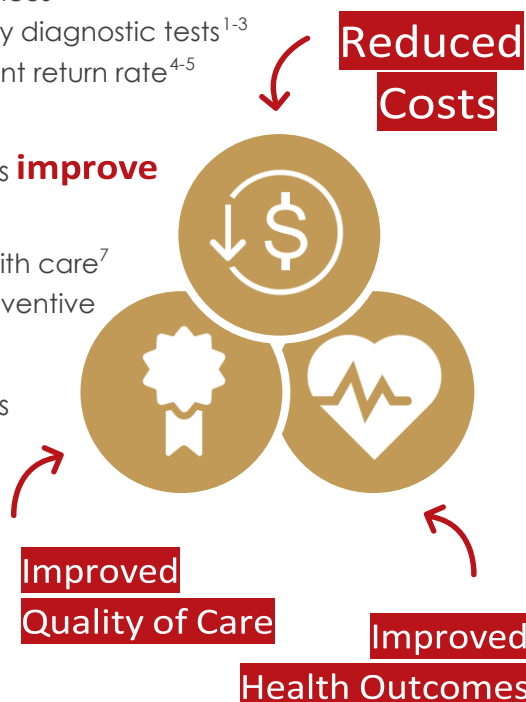
- Reduce utilization of costly services¹
- Reduce unnecessary and costly diagnostic tests¹⁻³
- Reduce emergency department return rate⁴⁻⁵ and hospital length of stay⁶

High quality health care interpreters **improve quality of care**

- Increase patient satisfaction with care⁷
- Increase patient access to preventive and primary care⁸⁻⁹

High quality health care interpreters **improve health outcomes**

- ✦ Make fewer clinically significant errors¹⁰⁻¹²
- ✦ Improve comprehension and increase adherence to follow-up treatment¹³⁻¹⁵



Who are health care interpreters?

A health care interpreter is an **essential part of the medical team**. Interpreters offer a language and cultural bridge between a health care professional (doctor, nurse, dentist) and a patient with limited English proficiency.

How many Oregon Health Plan members may benefit from a health care interpreter?

Of the 1.2 million people registered with Oregon Health Plan, approximately **120,000–140,000** (10% - 12%) are limited English proficiency patients.¹⁶

- ¹ Hampers, L. C., and J. E. McNulty. 2002. Professional interpreters and bilingual physicians in a pediatric emergency department. *Archives of Pediatrics & Adolescent Medicine* 156:1108-11
- ² Ribera, J. M., Hausmann-Muela, S., Grietens, K. P., & Toomer, E. (2008). Is the use of interpreters in medical consultations justified? A critical review of the literature.
- ³ Hampers, L.C.; Cha, S.; Gutglass, D.J. ; Binns, H.J. & Krug, S.E. (1999) Language barriers and resource utilization in a pediatric emergency department. *Pediatrics*, 103(6): 1253-1256.
- ⁴ Bernstein, J., Bernstein, E., Dave, A., Hardt, E., James, T., Linden, J., ... & Safi, C. (2002). Trained medical interpreters in the emergency department: effects on services, subsequent charges, and followup. *Journal of immigrant health*, 4(4), 171-176.
- ⁵ Jacobs, E. A., Sadowski, L. S., & Rathouz, P. J. (2007). The impact of an enhanced interpreter service intervention on hospital costs and patient satisfaction. *Journal of general internal medicine*, 22(2), 306-311.
- ⁶ Lindholm M, Hargraves JL, Ferguson WJ, Reed G. Professional language interpretation and inpatient length of stay and readmission rates. *J Gen Intern Med* 2012;27:1294-9.
- ⁷ Ngo-Metzger, Q., Massagli, M. P., Claridge, B. R., Manocchia, M., Davis, R. B., Iezzoni, L. I., & Phillips, R. S. (2003). Linguistic and cultural barriers to care. *Journal of general internal medicine*, 18(1), 44-52.
- ⁸ Jacobs, E. A., Shepard, D. S., Suaya, J. A., & Stone, E. L. (2004). Overcoming language barriers in health care: costs and benefits of interpreter services. *American journal of public health*, 94(5), 866-869.
- ⁹ Bell, T. S., L. K. Branston, R. G. Newcombe, and G. R. Barton. 1999. Interventions to improve uptake of breast screening in inner city Cardiff general practices with ethnic minority lists. *Ethnic Health* 4:277-84.
- ¹⁰ Flores, G., M. B. Laws, S. J. Mayo, B. Zuckerman, M. Abreu, L. Medina, and E. J. Hardt. (2003). Errors in medical interpretation and their potential clinical consequences in pediatric encounters. *Pediatrics* 111:614
- ¹¹ Flores, G., Abreu, M., Barone, C. P., Bachur, R., & Lin, H. (2012). Errors of medical interpretation and their potential clinical consequences: a comparison of professional versus ad hoc versus no interpreters. *Annals of emergency medicine*, 60(5), 545-553.
- ¹² Drennan, G. 1996. Counting the cost of language services in psychiatry. *South African Medical Journal* 86:343-45.
- ¹³ Baker, D. W., R. M. Parker, M. V. Williams, W. C. Coates, and K. Pitkin. 1996. Use and effectiveness of interpreters in an emergency department. *Journal of the American Medical Association* 275:783-88.
- ¹⁴ David, R. A., and M. Rhee. 1998. The impact of language as a barrier to effective health care in an underserved urban Hispanic community. *The Mount Sinai Journal of Medicine* 65:393-97.
- ¹⁵ Karliner, L. S., Jacobs, E. A., Chen, A. H., & Mutha, S. (2007). Do professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of the literature. *Health services research*, 42(2), 727-754.
- ¹⁶ Telephone communications with Oliver Vera, OHP Community Partner Outreach Program Manager