It is not what you say; it is what they hear!

Working Effectively With Patients with Limited English Proficiency

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Resources

- Schedule group training
  - email periyakoil@stanford.edu

- Web-based resources:
  - [https://geriatrics.stanford.edu/medical-interpreters.html](https://geriatrics.stanford.edu/medical-interpreters.html)
Learning Objectives

Objective 1: Gain an initial understanding of how health literacy impacts communication and decision making with multi-cultural patients and families.

Objective 2: Identify the 4 levels of health literacy and one tool to evaluate health literacy at the bedside.

Objective 3: List 3 common challenges in communicating with patients with Limited English Proficiency (LEP) across the language barrier.

Objective 4: Use a simple step by step table to work effectively with medical interpreters in clinical encounters.
Care plan effectiveness is directly proportional to patient’s understanding of it.
First Ask Yourself

Do they have installed *in their heads*.....

...the medical dictionary to understand my words

...what was lost across the language desert?
PROVIDING HIGH QUALITY CARE FOR PATIENTS WITH LIMITED ENGLISH PROFICIENCY:

WHY IS THIS IMPORTANT?
ACA insures ethnic minorities

Racial gap in percent uninsured

Bolus of patients with limited health literacy and language proficiency into the system
Patient safety and LEP

- Big disparities in patient safety between English-speaking and LEP patients

- Joint Commission's Sentinel Event Database: Top 5 in 2013
  1. Human factors— staff quality
  2. Communication—esp with LEP patients
  3. Leadership— organizational culture
  4. Assessment— patient assessment and care decisions
  5. Information management— medical records
Poor English proficiency is associated with more adverse events during hospitalization.
Safety, quality and cost

- Poor quality care associated with lower safety and higher costs of care.
- LEP patients’ have longer hospital stays compared to English-speaking patients with the same clinical condition.
- Readmission rate is higher due to difficulty with:
  - Following post-hospitalization instructions
  - Adhering with treatment due to lack of comprehension
  - Knowing which symptoms should prompt return for early follow up
- LEP patients consume more high-intensity care including at the end of life.
Joint Commission stresses effective communication, cultural competence, and patient-centered care as important elements of safe quality of care.

VULNERABLE POINTS: LEP Care

1. **WE DON’T UNDERSTAND THEM:** history, current symptoms, response to treatments, goals of care, satisfaction with care

2. **THEY DON’T UNDERSTAND US:** informed consent, treatment plan, discharge instructions, correct use of medications, return for complications and follow up
2 challenges to overcome to cross the quality chasm

1. Crossing the health literacy divide
2. Communicating nuanced information across the language barrier
HEALTH LITERACY
Self assessment Activity

- What grade level should we be aiming at in order to communicate well with most patients?

- Summarizing several studies, the average reading skill level was estimated to be at around the 8th to 9th grade.
Four performance levels

- Below Basic = 14%
- Basic = 22%
- Intermediate = 53%
- Proficient = 11%
Over 75 million adults combined had *Basic* and *Below Basic* health literacy.
LANGUAGE BARRIER
Barrier 1: Language and medical interpretation issues

“Language barrier: inability to communicate with patients/families and ensure they understand the discussion”

“Ability to communicate the message in the different language, nuances about meaning of certain words that may not be well accepted in the (other) culture”

“Inherent language barrier—medical-ese is difficult enough for fluent speakers”

“(It is) hard to talk about sensitive topics through an interpreter”

“Difficulty in translation, sometimes interpreters may not exactly translate the feeling and meaning of a conversation.”

“Connecting emotionally to the patient and/or family through an interpreter (is a barrier)”

“Communicating end-of-life discussions through a translator is extremely awkward.”

Periyakoil et al. PLOS One, April 2015
Barrier 5: Patient/family's limited health literacy

“Certain medical terms may be difficult to explain in a way the patient can understand.”

“They may not be used to the health system they find themselves in and it may be overlooked that they lack what we would consider common knowledge”

“Incomplete understanding of what resources/therapies that can be versus should be provided for a patient.”

“Misunderstanding what is described by resuscitation, thinking it means we are giving up completely on treatment”

*Periyakoil et al* PLOS One, April 2015
Common causes of adverse events in caring for LEP patients

- Having no interpretation done
- “Getting by” with high school language skills
- Using non-qualified people as interpreters
- Committing cultural faux pas

Source: AHRQ
The S.A.L.A.D word problem:

- Sound Alike, Look Alike, Delusory (SALAD) Words
- Perils of “Getting By”
  - ‘Intoxicado’ vs Intoxicated: 74 million dollar mistake
  - ‘Molestar’ vs. molested
  - ‘Embarazada’ vs. “Embarrassed”
Three common issues

- a. Routine American procedures are scary to ethnic patients
- b. Decision making is often done as a family in ethnic cultures. The patient may be able to speak and make decisions but will still defer to family.
- c. Nondisclosure and attitudes toward truth telling
Routine American procedures are scary to ethnic patients.
Group Decision Making
Nondisclosure and truth-telling
Step by step guide

- How to work with a medical interpreter:
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