Heartland Health Centers
FQHC Improvement Grants
A Three-Fold Approach to Addressing the Triple Threat to Communication

II. Project Narrative

A. Statement of Need

Effective communication is a critical component of high quality health care. The Joint Commission states that patients have a right to be fully informed about their health care and that effective communication is a requirement for the delivery of safe, quality health services.[1] In 2014, communication issues were the third most frequent root cause of serious adverse events nationally.[2] Without effective communication, those with limited English proficiency experience health disparities, such as high rates of infectious disease, infant mortality, and risk factors for chronic disease.[3] When patients do not understand their health care, they may misunderstand medical instructions such as prescription information, and they may not fully understand basic health risks, the importance of health screenings, and how to navigate the healthcare system.

The Joint Commission identifies a "triple threat" to communication that can adversely impact patients' health: language differences between provider and patient, cultural differences between patient and healthcare system, and low health literacy in English or native language.[4] Language is widely reported by Chicago immigrant and refugee serving organizations (as well as from Heartland Health Centers' internal focus groups and survey) as a major factor keeping many from accessing and utilizing healthcare services. Achieving effective communication with a diverse patient base has received much attention from large government institutions and NGOs,

[1] Schyve, P. M. (2007). Language differences as a barrier to quality and safety in health care: the Joint Commission perspective. *Journal of general internal medicine*, *22*(2), 360-361.
[2] The Joint Commission (2015). Sentinal event statistics released for 2014 clarification. Retrieved from http://www.jointcommission.org/assets/1/23/jconline_April_29_15.pdf
[3] Robert Wood Johnson Foundation (2008). Language barriers in health care. Retrieved from http://www.rwjf.org/en/library/research/2008/09/language-barriers-in-health-care.html
[4] Schyve, P. M. (2007)

such as the Centers for Disease Control and Prevention, the Joint Commission, and the Robert Wood Johnson Foundation, but these threats are not easily overcome. Many hospitals and FQHCS continue to struggle with providing tailored, high-quality communication assistance. For example, this organization's research suggests that no other FQHC in Chicago is offering video interpretation services, which can enhance communication.

The issue of effective communication is of particular importance to Heartland Health Centers (HHC), which provides accessible, high-quality health care throughout 16 sites on the North and Northwest sides of Chicago. Immigrants and refugees make up a large portion of HHC's service area and patient population. The North side of Chicago is among the most culturally and racially diverse areas in the nation, as it serves as an entry point for Chicago's immigrant and refugee populations. The US Census reports that 40% of all community residents in HHC's core service area are foreign born, and 47% of these are from countries with primary languages other than English and Spanish. This area is far more linguistically diverse than the national average; 4.8% of households are considered linguistically isolated nationally, compared to 12.4% of households in HHC's core service area.[5] Compounding language challenges are education levels. In some of the community areas in HHC's broader service area, between 20 and 41% of people 25 and older do not have a high school diploma. Linguistic isolation and low educational attainment suggest that many of these individuals have low literacy levels as well.

HHC's patient population reflects these statistics. In 2016, 6,920 (or 34%) of HHC's 20,500 patients preferred a language other than English in 2016. In total, patients spoke 130 different languages, the most common being Spanish, Arabic, Nepali, Amharic, Burmese, French, Vietnamese, Urdu, Tigrigna, Karen, Somali, Chinese, and Swahili. There is a high

[5] Linguistic isolation is defined as a person aged five plus that speaks a language other than English at home.

demand for telephonic interpretation services; in 2016, patients used these services for a total of 60,000 minutes.

While telephonic interpretation services are an important component of achieving effective communication with a patient population that speaks a myriad of languages, HHC strives to implement an even more comprehensive language program—Enhanced Interpretation Services—to have a greater impact on the quality of health care delivery for immigrants and refugees. HHC is piloting a three-fold approach at three of its health centers. First, we will expand the use of video interpretation services, which HHC is piloting for the first time in February. Second, we will purchase and install dual handset telephones, which allows for bi-directional communications between patient, provider, and interpreter to improve confidentiality and sound quality. Finally, HHC will pilot tailored in-person interpretation by better pairing patients with doctors fluent in their preferred language or by using an in-person interpreter. HHC will evaluate processes and outcomes for these approaches, using findings to adjust implementation procedures and to determine if/how to take enhanced interpretation to scale at other sites. HHC believes that these enhancements will allow interpretation to better address cultural differences and low literacy, thereby addressing the Joint Commission's triple threat to effective communication.

During the six-month funding period, HHC estimates that 1,600 patients will be impacted across three sites. If taken to scale, almost 7,000 HHC patients who prefer a language other than English could benefit.

B. Project Objectives

By offering Enhanced Interpretation Services, HHC strives to achieve more effective communication between patients who prefer a language other than English and their providers,

ultimately resulting in higher quality health services. Specifically, HHC will achieve three primary objectives for immigrant and refugee patients through Enhanced Interpretation Services:

1. Improved provider understanding of patient needs, measured through patient and provider perception
2. Improved patient understanding of his/her healthcare needs and treatment plans, measured through patient perception
3. Improved patient experience, measured through provider perception

C. Plan of Operations

1. Describe how funds will be used

HHC is asking for $20,000 to support Enhanced Interpretation Services, with $20,000 of organizational dollars used as matching funds.

HHC requests $16,520 for two equipment purchases. First, $15,300 will purchase four InDemand Envy interpreting devices, which are tablets on wheels that are necessary for utilizing Video Remote Interpreting (VRI) services. InDemand's VRI application delivers language interpretation via video and audio to allow for better communication between patients and providers to support better health outcomes. InDemand offers interpretation in 20 languages, including Arabic, Burmese, Nepali, and Spanish. It also features American Sign Language, and it allows patients to choose the gender of the interpreter. InDemand was chosen because its devices have large screens, and its interpreters are highly trained in medical and virtual interpreting. Second, $1220 will be spent on purchasing and installing eight dual handset phones at one clinic site—$960 for the phones and $260 for installation and supplies. These handsets allow two individuals to utilize a phone at the same time—thereby allowing both provider and

patient to hear the interpreter simultaneously. These handsets facilitate smoother and more confidential interpreting services.

HHC will spend $20,000 of its own funds on personnel costs, all of which will be supplied by HHC. This will support 0.45 FTE (salary and benefits) for the recently hired Manager of Cultural Competency. She will facilitate this project, managing purchases, installation, staff training, patient coordination, and evaluation.

HHC will spend $9,480 on consultants. First, $3,480 will go to InDemand's certified medical interpreters for in-person interpretation. The contract will cover six hours of interpreting a week for 12 weeks, plus travel and parking reimbursement. These in person medical interpreters will attend appointments with the most high-need patients at HHC-Devon. Second, $6,000 will pay for a technology consultant. HHC's technology (i.e., electronic medical records and video interpreting) requires an additional wireless network to enhance security and speed. The technology consultant will build this network, which will improve implementation of video interpretation. The $6,000 will be provided by HHC.

2. Describe the implementation plan to achieve the project objectives

The Enhanced Interpretation Services initiative will improve quality through a three-pronged approach.

First, HHC will purchase and use four InDemand interpreting devices. InDemand was chosen in part because of the number of languages available through video interpreting, compared with other companies. Approximately 85% of current HHC patients prefer a language that is offered through InDemand's video interpretation. In February and March, HHC is conducting a 40-day pilot with these interpreting devices at HHC-Wilson and HHC-Devon, our clinics with the largest number of patients who prefer a language other than English. The goal of

the pilot is to assess the most effective way to use these devices, and to address any technological challenges that arise. The Manager of Cultural Competency has begun training providers and medical assistants to prepare for the pilot. HHC is leasing the InDemand devices for the pilot; purchasing four devices will allow HHC to sustain this enhanced form of interpretation.

Operational procedures for the use of the devices will be finalized during the pilot, but HHC anticipates the following. The four purchased devices will be stored in the supply area of the clinic. Patients who prefer a language other than English are noted as such in HHC's electronic medical records system. When preparing to meet with the patient, the medical assistant (MA) will identify the patient as someone needing interpretation services from the patient record. S/he will then retrieve the device, wheel it into the exam room, and confirm if the patient wants to use it. The MA will select a language and connect with the interpreter, who will stay online with the patient through the provider visit also. In this way, patient, MA, provider, and interpreter can all interact with each other—thereby enhancing communication and quality of the visit.

The second approach focuses on interpretation services via telephone. Currently, patient and provider must pass the phone back and forth for telephonic interpretation services, so that they can only individually speak with the interpreter; or, the interpreter is put on speaker phone, resulting in a loud interaction that can make the patient worry about confidentiality. HHC will purchase eight dual handset phones and replace existing phones at HHC-Lincoln Square, the clinic with the third largest number of patients preferring a language other than English. Dual handset phones eliminate the need to pass the handset back and forth and ensure a more confidential interaction. Over the course of one day, these phones will be installed in the exam rooms and the reception area at HHC-Lincoln Square. Operational protocols for using

telephonic interpretation services are well-established and will not need to be changed with the new phones. If these dual handset phones improve the patient and provider understanding, HHC will evaluate whether to introduce dual handset phones throughout all its facilities.

Finally, HHC will pilot targeted in-person interpretation. While HHC has a number of bilingual and even trilingual providers on staff, patients are not always scheduled with a provider who speaks their preferred language. Therefore, the Manager of Cultural Competency will develop and implement a process to better match patients and providers based on language. She will conduct an analysis of current patient/provider matching, using language preferences listed in electronic medical records. Based on this, she will identify providers who could be better matched with patients. She will also establish a workflow so that patient support specialists can easily implement this matched scheduling. This process will allow for a more efficient use of internal language resources, and it will facilitate better relationships between patients and providers who speak the same language.

The second part of the in person pilot involves the use of InDemand's in-person certified medical interpreters for limited English or Deaf patients with complicated chronic conditions or co-morbidities. The Manager of Cultural Competency will work with the HHC-Wilson site leader to identify which patients are eligible for this service. She will also establish a scheduling workflow to maximize the interpreter's time, blocking appointments for patients who can take advantage of the interpreter's language skills during a six hour period. The interpreter would then be available for the entire patient visit.

In this way, Enhanced Interpretation Services will allow HHC to offer more tailored interpretation for our diverse patient population, helping to address cultural issues and health literacy barriers.

3. Describe how the proposed project will be integrated into your center's existing operations and any modifications needed to accommodate the quality initiatives.

Two primary changes in operations will occur: technology bandwidth and scheduling. While the February pilot of video interpretation will integrate the new technology into HHC-Wilson and HHC-Devon operations, HHC anticipates the need to build a new wireless network to better accommodate the service, as explained above. This will be completed by the technology consultant. In-person interpretation—both with a HHC provider and with a contracted interpretation agency—will require new scheduling procedures to be developed. The Manager of Cultural Competency will manage this process, seeking input from relevant stakeholders.

Telephonic interpretation services are already used widely across all sites, and all providers, MAs, and patient support specialists know how to utilize this service. We do not anticipate that new dual headset telephones will change operating procedures.

D. Project Evaluation

The Manager of Cultural Competency will coordinate implementation and evaluation of Enhanced Interpretation Services. Evaluation will be conducted via post-tests for patients and providers who use interpretation services and consent to participate. Patient and provider surveys will ask questions about quality of and comfort with interpretation. Patients will also be asked about communication quality through the following two questions: "do you feel that your provider understood you better because of the interpretation services you used today?" and "do you feel that you understand your healthcare needs and treatment plan(s) better because of the interpretation services you used today?" Each question is rated as "not at all, very little, somewhat, quite a bit, a great deal." Providers will be asked about patient interaction through

the following questions: “do you feel that you understand your patients’ healthcare needs because of the interpretation services you used today?” and “do you think that the new interpretation services your patient’s experience?” They will have the same answer options as above.

The Manager of Cultural Competency will analyze data, looking at overall improvements and improvement by interpretation type. The goal is that 80% of patients and providers will have a positive answer to each question for video and in-person interpretation. These data will inform if and how these approaches are taken to scale. Qualitative interviews with providers will also be conducted to understand how interpretation services impact their work.

E. Sustainability

HHC will sustain quality improvement through a number of strategies. First, HHC’s Manager of Cultural Competency is dedicated to developing and implementing initiatives to improve access and quality for immigrants and refugees and reach desired patient outcomes. She will continue managing video and telephonic interpretation services after funding ends. Second, HHC’s Immigrant and Refugee Working Group—which was created in 2014—is an interdisciplinary team that meets monthly and is charged with improving care for immigrants and refugees. Finally, based on findings from in-person interpretation, HHC will explore the possibility of training volunteers to do this in-person interpretation. HHC works closely with a number of partner organizations that serve immigrants and refugees, and these relationships will help HHC identify individuals to become certified in-person translators.

BUDGET PROPOSAL

PROJECT EXPENDITURES

Expenditure category	Description	Total Amount Required	Amount Provided by Applicant/Others	Amount Requested from Grant
Equipment	4 InDemand devices 8 dual handset phones and installation	$15,300 $1,220		$16,520
New software				
Personnel	Manager of Cultural Competency (.45 FTE)	$14,000	$14,000	
Consultants	In-person medical interpretation Technology consultant	$3,480 $6,000	 $6,000	$3,480
Training				
Other				
TOTAL		**$40,000**	**$20,000**	**$20,000**

Narrative: Describe costs and budgeting assumptions

Equipment: InDemand devices cost $2,750 per unit, plus $1,075/unit for warranty, for a total of $3,825/unit. Dual handset phones are $120/unit. HHC will replace all eight phones at HHC-Lincoln Square. HHC is budgeting $260 for installation of phones and additional phone supplies as necessary.

Personnel: $14,000 will support 0.45FTE salary and benefits for the Manager of Cultural Competency. Benefits are calculated as 23% of salary.

Consultants: Medical interpretation is $45/hour plus travel and parking reimbursement for the interpreter. HHC estimates travel and parking will be on average $20/visit. HHC will purchase services for six hours/week for 12 weeks, for a total of $3,240 for interpretation and $240 for travel and parking. Technology consultant is estimated at $6,000.

The primary budgeting assumption is that HHC will be able to schedule six hours of patients for in-person interpreting.