



EFFECTIVE COMMUNICATION IN HOSPITALS INITIATIVE

for Individuals Who Are
LIMITED ENGLISH PROFICIENT (LEP)
and Individuals Who Are
DEAF OR HARD OF HEARING

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A Shared Commitment

**Access to Healthcare,
Patient Safety, and
Quality Healthcare
Are Directly Dependent on
Effective Communication**

The HHS Office for Civil Rights and the health care community
share a common goal: ensuring that all individuals have

equal access to quality, safe health care.



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America's Population Reflects Diverse Communication Needs

- Approximately 28 million Americans have hearing loss.
- In 2000, 18% of the population (47 million people) spoke a language other than English at home.
- 63% of hospitals treat LEP patients daily or weekly.
- More than 15 languages are frequently encountered by at least 20% of hospitals.

Sources: National Institute on Deafness and Other Communication Disorders, "Statistics about Hearing Disorders, Ear Infections, and Deafness" (2007); Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services (HHS), "2006 National Healthcare Disparities Report"; Health Research and Education Trust (HRET), "Hospital Language Services for Patients with Limited English Proficiency: Results from a National Survey" 2-3 (2006)



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Hospitals Face Challenges Meeting Diverse Patient Communication Needs

- Identification of patients who need language services in a timely manner
- Staff discomfort in inquiring of patients about their primary language
- Cost
- Lack of tools and training resources
- Lack of community level data

Source: HRET, Issue Brief, "Patients with Limited English Proficiency: Results from a National Survey" (2006)



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What Tools and Training Do Hospitals Need to Meet These Challenges?

- In-service training programs
- Model approaches/promising practices
- Self-assessment tools
- Sample case studies
- Cultural competency training
- Training on how to respond to patients or family members who do not speak English ~ “health literacy”
- Training on how to collect primary language data
- Training on how to use the data

Source: HRET, Issue Brief (2006)



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Effective Communication is Critical

- “Appropriate communication and understanding between patient and provider is essential to safe, quality health care.... [H]ospitals need to seek ways of enhancing communication and understanding with diverse populations. Failing to do so may contribute to recognized racial and ethnic disparities in health care.”
- “A study of health plan members and use of interpreters showed that the use of interpreters reduced disparities for Hispanics and [Asian and Pacific Islander] members (28% and 21%, respectively).”

Source: The Joint Commission, “Hospitals, Language, and Culture: A Snapshot of the Nation” 14 (2007)

Source: AHRQ, “2006 National Healthcare Disparities Report”



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Effective Communication is Critical

- “Communication barriers contribute to reduced quality, adverse health outcomes, and health disparities. Solid evidence also shows that language barriers between a patient and provider may result in increased use of expensive diagnostic tests, increased use of emergency services and decreased use of primary care services, and poor or no patient follow-up when follow-up is indicated.”

Source: HRET, Issue Brief (2006), citing the Institute for Medicine (2003)

- “Inadequate communication with deaf and hard-of-hearing patients can lead to misdiagnosis and medication errors, as well as patient embarrassment, and fear....”

Source: AHRQ, “Communicating about health care: Observations from persons who are deaf or hard of hearing” (2004)



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The Effective Communication in Hospitals Initiative

A collaborative initiative of the Office for Civil Rights, U.S. Department of Health and Human Services (HHS), the American Hospital Association (AHA) and State Hospital Associations

- “This initiative will continue to help hospitals provide quality care to all patients.” *Rich Umbdenstock, President, AHA*
- “This initiative will help hospitals move toward this critical goal – ensuring that all individuals have an equal opportunity to access health care.” *Mike Leavitt, Secretary of Health and Human Services*
- “The Effective Communication in Hospitals Initiative is, and will continue to be, one of my highest priorities.” *Winston A. Wilkinson, Director, Office for Civil Rights, HHS*



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Who Is the Office for Civil Rights in HHS?

- OCR is an agency that enforces:
 - civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age, sex, and religion by recipients of Federal financial assistance from HHS; and
 - the Privacy Rule under the Health Insurance Portability and Accountability Act ("HIPAA") that protects health information from improper use and disclosure.
- Federal financial assistance includes Medicaid and Medicare payments.



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Who Is the Office for Civil Rights in HHS?

- OCR investigates complaints that an agency has violated these laws. In addition, OCR conducts compliance reviews to help ensure compliance with these laws.
- OCR also provides technical assistance to help recipients better understand their responsibilities under the law.



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What the Effective Communication in Hospitals Initiative Is All About

Through a tailored program of technical assistance, OCR helps state hospital associations and their members to:

- Develop a process for assessing the communication needs of patients and their families;
- Identify tools and strategies for developing training, best practices, educational materials, technical assistance and other resources;
- Respond appropriately and efficiently to the communication needs of individuals who are LEP or deaf or hard of hearing;
- Share the results of efforts to assist other hospitals and state associations facing similar communication issues; and
- Identify potential resources and creative approaches to cover costs.



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For Example, OCR Is Helping Hospitals to:

- Develop a pilot health care interpreter training program;
- Explore language lines for use by multiple hospitals with volume discounts;
- Identify national experts to train hospital staff on data collection;
- Evaluate the quality of video interpretive services;
- Understand Medicaid reimbursement for interpreter services;
- Link with community groups that serve the target populations; and
- Use a web-based interactive tool to establish a language access services program



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Today, OCR Is Collaborating with Hospital Associations in 14 States

- Arizona
- Colorado
- Hawaii
- Idaho
- Kentucky
- Illinois
- Missouri
- New Jersey
- New York
- Oklahoma
- Pennsylvania
- Rhode Island
- Utah
- Washington



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Ultimately, This Initiative Is All About Good Patient Health Care

Many of the same policies, procedures, and practices that promote good patient health care also help hospitals to meet their responsibilities under applicable legal and accreditation standards



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Legal Standards



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Three Civil Rights Statutes Apply

- **Title VI of the Civil Rights Act of 1964** prohibits discrimination on the basis of race, color, and national origin by recipients of Federal financial assistance.
- **Section 504 of the Rehabilitation Act of 1973** prohibits discrimination on the basis of disability by recipients of Federal financial assistance.
- **The Americans with Disabilities Act of 1990** prohibits discrimination on the basis of disability by covered entities.
 - Title II applies to public entities.
 - Title III applies to places of public accommodation.



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The Three Statutes Apply to All Programs and Services in Hospitals, such as:

- Emergency room care
- Patient admission and discharge activities
- Public education events
- Communications about patient diagnosis and treatment with family members and companions
- Outpatient surgery, clinics, and therapy
- Cafeterias and gift shops
- Other inpatient services, tests, and procedures that follow the patient from intake through discharge



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Title VI – General Principles

- Title VI and the implementing regulations prohibit conduct that has a disproportionate adverse effect on the basis of national origin. Failure to provide LEP individuals meaningful access may constitute discrimination.
- An LEP individual is a person whose primary language is not English and who has a limited ability to read, write, speak or understand English.
- Hospitals must provide language access services at no cost to the patient where necessary to ensure that persons are not discriminated against on the basis of national origin.



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Examples of Language Access Services

- Bilingual staff
- Contract interpreters
- Telephonic interpreters
- Volunteer interpreters from the community
- Videoconferencing interpretation
- Translated materials
- Way-finding symbols



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Section 504 and Title II of the ADA – General Principles

- These laws prohibit discrimination on the basis of disability and require hospitals to ensure effective communication with individuals who are deaf or hard of hearing.
- Hospitals must provide auxiliary aids and services at no cost to the patient where necessary to avoid disability discrimination.



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Examples of Auxiliary Aids and Services

- Qualified interpreters
- Note takers
- Transcription services
- Written materials
- Assistive listening devices and systems
- Telephone communication devices for deaf persons
- Telephone handset amplifiers
- Video interpretive services
- Open and closed captioning



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Health Insurance Portability and Accountability Act of 1996 Privacy Rule

- Who is covered?

Among others, health care providers, including hospitals, who transmit health information electronically in connection with standard transactions (e.g. billing)

- What is covered?

- Protected Health Information
- Maintained or transmitted by covered entities or their business associates. Business associates may include interpreter services.



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Use and Disclosure of Protected Health Information: In General

Must be limited to what is permitted under the law, which includes:

- For treatment, payment, and health care operations
- To the individual
- Pursuant to a valid written authorization
- When the individual agrees, or does not object in circumstances that give the individual an opportunity to agree or object
- For specific public policy purposes, such as public health or law enforcement purposes



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Accreditation Standards Established by The Joint Commission



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Joint Commission Accreditation Standards

“The Joint Commission views the issue of the provision of culturally and linguistically appropriate health care services as an important quality and safety issue and a key element in individual-centered care.”

Source: The Joint Commission 2006 Requirements Related to the Provision of Culturally and Linguistically Appropriate Health Care, www.jointcommission.org



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Joint Commission Accreditation Standards

- Information Management Standard IM.6.20 requires hospitals to collect information about the language and communications needs of patients. This information must be included in the patient's medical record.
- Ethics, Rights and Responsibilities Standard RI.2.100 states that the “organization respects the patient's ... right to and need for effective communication.”
 - “The organization facilitates the patient in the provision of interpretation ... as necessary.”
 - “The organization addresses the needs of those with vision, speech, hearing, language, and cognitive impairments.”

Source: The Joint Commission 2006 Requirements Related to the Provision of Culturally and Linguistically Appropriate Health Care, www.jointcommission.org



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The Most Important Factor in This Initiative Is ...

Your Leadership and Commitment

