Providing Care with a Language Barrier

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Objectives

1. Describe the different methods a provider might use to communicate with an LEP (low English-proficient) patient.
2. State the benefits of using professional vs. nonprofessional services.
3. When faced with an LEP patient encounter, be equipped to provide the best care to that patient.
Introduction

- 300 languages spoken in the US
- 60 million people do not speak English in the home
  - About 22% of these either can’t speak English or do not speak it well
  - Over 20 million LEP patients in the US
- LEP patients typically seen weekly, if not daily
Definitions

- LEP/EP
- Language concordant or bilingual provider
- Interpreter
- Professional services
- Nonprofessional services  
  - Ad hoc interpreter
¡Digan Hola a JT!

- 38 yo Hispanic male
- Suffered R CVA about 3 ya
- Left with gait and balance impairments
  - Uses an AFO on the L and either a FWW or Lofstrand crutches
- Speaks some English, but communicates much easier in Spanish
So We Have Several Options Here

1. Talk slower or louder to JT in English and hope he understands
2. Try and use whatever Spanish we remember from high school to communicate
3. Invite a family member or friend to come in and interpret
4. Find a bilingual therapist
5. Find a professional interpreter
PICO Question

When working with an LEP patient, are there differences in patient satisfaction and safety between using professional options (bilingual therapist, professional interpreter) versus non-professional options (ad hoc interpreter, minimal ability in their language, etc.)?

OR (Layman’s Term)

What do you do when they can’t talk to you?
Study 1

- Professional interpreters vs. Ad Hoc Interpreters vs. No interpreter
  - Ad Hoc and No Interpreter categories = 2x as many errors as Professional
  - 18% of errors had serious medical consequences
- Ad Hoc interpretation = greater embarrassment
- Professional interpreter/Bilingual provider = better treatment outcomes, greater patient satisfaction, optimal communication

Study 2

- Systematic review of 28 articles looking at interpreter outcomes
- Language concordance
  - Greater satisfaction (equal to EP)
  - Better treatment adherence
  - Greater chance of follow-up
  - More speaking and interaction
  - Greater comprehension of condition
  - Better overall treatment outcomes and health
  - Raises treatment quality to that of EP

Answer to PICO Question = YES!
So, Back to those Options

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So Does this Mean I Should Run out and Sign Up for a Spanish Class RIGHT NOW?!

- ...Possibly
- Can actually be more dangerous - false sense of security
- Helpful to help establish rapport (and check to make sure the interpreter is saying what you them to)
- Still should use an interpreter unless you make the effort to be truly bilingual though
Cost-Benefit Analysis of Interpreter Use

- No comprehensive one yet
  - One study indicates it’s beneficial, at least for large organizations
- Medicaid and Medicare do reimburse for it
- Most third-party payers do not
- Eventually may be worth it to avoid liability issues and lawsuits and to draw more patients
  - $71 million lawsuit over misinterpreted word urban legend
Questions?
References


