Health Equity Measure: Meaningful Access to Health Care Services for persons with limited English proficiency

Performance Measure Set: ☒CCO Incentive ☐Medicare Star Rating

Quality Measurement Type: ☐Structure ☒Process ☐Outcome ☐Patient Experience

Data Type: ☐Claims ☐Chart Documentation ☐eCQM ☒Survey ☒Other: OHA-developed

2021 State Benchmark:

Component 1 – CCO language access self-assessment: minimum points required = 46

Component 2 – N/A

2022 State Benchmark:

Component 1 – CCO language access self-assessment: minimum points required = 56

Component 2 – Must hybrid quantitative report on sample of eligible population.

2023 State Benchmark:

Component 1 – CCO language access self-assessment: minimum points required = 77

Component 2 – TBD percentage of interpreter services provided by certified or qualified interpreters (benchmark based on 2022 results); will report on full eligible population.

Who: Members who self-identify with the OHA as having interpretation needs, spoken or sign language, and had a health care visit in the measurement year.

Why: Communication problems present a significant barrier for individuals with Limited English Proficiency (LEP) to achieve their best health potential. Lack of access to quality oral and sign language interpretation results in decreased quality of care, increased medical errors, and widens existing gaps in disparities. Professional interpretation services are associated with improved clinical care in terms of comprehension, utilization, clinical outcomes and satisfaction for both patients and clinicians. Increasing access to spoken and sign language services are critical tools for advancing equity and meaningful access to health care services (Source: *Health Equity Measure Proposal, submitted to Health Plan Quality Metrics Committee,* OHA, May 2019.)

What: There are two components to this measure. A CCO language access self-assessment survey and a quantitative language access report.

Component 1: CCO language access self-assessment survey – The survey has four domains and a maximum of 89 total points. The CCO must (1) answer all survey questions, (2) pass the questions required for that measurement period, and (3) meet the minimum total points required for each measurement year.

The four domains of the survey are:

1. Identification and assessment of communication needs
2. Provision of language assistance services
3. Training of staff on policies and procedures
4. Providing notice of language assistance services

Component 2: Quantitative language access report – This component reports the percentage of member visits with interpretation need in which interpreter services were provided.

- Denominator: Number of physical, mental, or dental health visits for members in the eligible population.
- Numerator: Number of those visits in which interpretation service was provided **by an OHA-certified/qualified interpreter**.

How: To help members have meaningful language access:

- Ask member's their preferred spoken language and record this in their permanent record.
- Have a clear process and train staff to offer interpretation services to members. When a language need is identified, best practice is to have an interpreter discuss the process, availability, and benefits of having interpretation services with the member.
- Interpretation is an essential service that requires advance planning. Have a process for scheduling interpreters as soon as members make their appointment.
- Have a process for documenting the provision of interpreter services in the EHR as structured data (not as a note). Documentation should include what language, the modality (In-person, telephone, video), who provided the interpretation, whether their certified or qualified, or if the member declines interpretation services.
- Interpretation should be provided by certified or qualified interpreters. Interpreters can be clinic staff who are certified, or through a contracted interpretation vendor. The measure will be incentivized based on an increasing proportion of interpretation services provided by OHA-certified/qualified providers.
- CareOregon contracts with three language service agencies. To arrange for an interpreter to be present during an appointment, complete the CareOregon Interpreter Request form on the CareOregon website at http://careoregon.org/providers/support/interpreters.

Exclusions: None.

Data Reporting:

- Component 1: The CCO is responsible for completing the language access self-assessment survey.
- Component 2:
  - Eligible population is identified by having an interpretation need documented in MMIS. A member will not enter the measure if they have not informed the OHA that they have an interpretation need.
  - Denominator: Visits are identified by claims submitted to the CCO.
  - Numerator: Any information the CCO has available on interpretation service provision can be used for reporting: invoice from interpretation vendor, chart documentation, EHR data report, claims, etc.

Frequently Asked Questions

Q: Are clinics responsible for reporting?

A: For 2021, the CCO is responsible for reporting on the first component of the measure. CareOregon will work with clinics on collecting sources of interpretation data for future reporting.

Q: Do clinics need to proactively work on this measure?

A: Yes, clinics should work to identify members with language needs and schedule interpretation services for their appointments.

Q: What if a member declines interpretation service or insists on using a family member?

A: Explain the process and benefits of using qualified/certified interpretation services. If a member still declines, then document that services were offered and declined in the EHR.

Q: What if a provider or staff member (non-qualified/certified) is bilingual?

A: Explain the process and benefits of using qualified/certified interpretation services. If a member still declines, then document that services were offered and declined. Services provided bilingual staff or providers who are not OHA-certified/qualified will not count towards this measure.

Q: If a member does not have an interpretation need listed in MMIS, will they be in the measure?

A: No. However, the goal is to provide meaningful access to language services to everyone regardless of whether they are in the measure. Please follow the same process for connecting members with interpretation even if their interpretation need is not in MMIS.

Resources:

https://www.oregon.gov/oha/HPA/ANALYTICS/MeetingDocuments/2019-05-02-Health-Equity-Measure-Proposal.pdf

CareOregon Provider Interpreter Service Handout

https://www.careoregon.org/providers/support/interpreters

Guidelines for medical providers for working with interpreters

http://delamorainstitute.com/wp-content/uploads/ALL-COURSE-CONTENTS-WITH-PAGE-NUMBERS.pdf

Best practice for using over-the-phone interpretation

https://blog.cyracom.com/best-practices-for-using-phone-interpretation-in-a-healthcare-setting

Helping patient express their preferred language

https://www.oregon.gov/oha/OEI/Documents/Preferred%20Language%20Cards%20Instructions%20for%20External%20Partners%2010_2017.pdf