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

2022 State Benchmark:

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

Component 2 – Must report with 80% interpreter service data collection rate; 2022 is hybrid quantitative report on sample of eligible population.

Who: Members who self-identify with the OHA as having interpretation needs, spoken or signed 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 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. This self-assessment is to be completed at the CCO-level.

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 they are 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: Only members who refuse interpreter services for the reasons of 1) in-language visit is provided (for example by provider) or 2) member confirms interpreter needs flag in MMIS is inaccurate. This data must be documented.

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: What are clinics responsible for?

A: Clinics are responsible for documenting languages needs, refusal and services in a member's EHR. CareOregon will work with clinics on collecting sources of interpretation data for 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, declined, and the reason for refusal in the EHR. Only members who refuse interpreter services for the reasons of 1) in-language visit is provided (for example by provider) or 2) member confirms interpreter needs flag in MMIS is inaccurate are acceptable for exclusion from the denominator of the metric.

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. Bilingual staff services do not automatically qualify for the numerator unless the staff is OHA qualified or certified for interpreter services. If a member still declines, then document that services were offered, declined, and the reason for refusal.

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:

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