

Let's Talk: A Study on the Efficacy of Communication between English-Speaking Providers and Spanish-Speaking Patients

A Report on Best Practices at Adelante Healthcare

Rebecca Ives
The Commonwealth Medical College

Primary Care Leadership Program
National Medical Fellowships, Inc.
Adelante Healthcare
2012

Introduction

The idea for this project actually came to me during an early clinical experience at my medical school, which is located in Scranton, PA, over two thousand miles from my assigned site in Mesa, AZ. Though it may seem that these two locations could not be more disparate, Phoenix provided me with the ideal scenario in which to explore an issue that I have encountered repeatedly since starting school, and will continue to experience when I return as a second year medical student. About two months into my first year of medical school, I was assigned to shadow an internal medicine practitioner at her primary clinic, which is located in Hazleton, PA. Hazleton is a city of a little over 25,000 (according to the 2010 census) that is currently experiencing a tremendous change in demographics. As of 2000 the Hispanic population was around 5%, which increased to almost 40% in 2010.¹ The challenges of this changing demographic were clearly reflected in my first clinical encounter with a patient who was a Spanish-speaking Hispanic man coming in for a much-needed check on his Type 2 Diabetes. I walked in with the nurse conducting his intake, expecting her to communicate with him in Spanish. Instead, she proceeded to speak to him in English, but louder and more forcefully than she would with her English-speaking patients. He understood nothing, and I attempted to intervene as best I could, with 9 years of Spanish in my background, but none in medical Spanish. When he was finally seen by the doctor for his visit, his daughter served as “interpreter.” She did not translate what was said between doctor and patient, but rather spoke for her father, as seemed to be predetermined by the family dynamic. As I left the office that day, I could not stop thinking about the inappropriate and insufficient nature of this encounter, and what I could do, as a student and future provider, to prevent this from happening to other patients. When I was accepted to the Primary Care Leadership Program and placed in Phoenix, AZ, I inadvertently found the perfect opportunity to explore this issue and work toward a solution that I may be able to bring back with me to Northeast Pennsylvania.

The History of Adelante

Adelante Healthcare began in 1980 as a health center for migrant farmworkers in the outskirts of Maricopa County. There were three providers on staff at that time, and their hard work and service helped define a medically underserved population, desperately in need of care. As a result, the organization has grown into a seven-site network that serves over 30,000 patients per year in all areas of primary care. There are currently 33 providers, 3 dentists, and 3 pharmacists on staff to provide for over six thousand visits per month. As per their status as a Federally Qualified Health Center, Adelante

¹ <http://www.usatoday.com/news/nation/census/profile/PA>

must serve a patient population that reflects the area of service in greater Maricopa County. As such, the patients seen at Adelante are 52% Hispanic or Latino, and predominantly Spanish-speaking (meaning that Spanish is their first and only language). Currently, the Hispanic/Latino population in Maricopa County is approximately 30%² with racial and ethnic minorities making up almost 70% of utilization of Community Health Centers in Arizona³. Clearly there is a profound need to serve the Hispanic/Latino population in Maricopa County, and Adelante has found some truly effective methods to do so, in developing their current system of health care delivery.

As a center designed by and for the people of Maricopa County (Al Jimenez, one of the founding members of Adelante, was himself a migrant farm worker and now sits on the Board of Directors), Adelante Healthcare reflects the population it serves in every respect. 51% of the Board is made up of patients of Adelante, and the staff mirrors a similar image of the people served by this health center. In addition to the 40+ providers, Adelante has a staff of over 200 serving the individual centers as medical assistants, phlebotomists, front office personnel, etc. to ensure that 27, 711 active patients receive the health care they have come to depend on Adelante for. This would not function as well as it does if this employee population did not reflect the demographics of the surrounding county. Patients come to Adelante because it is a place where they are guaranteed to receive high quality of care, regardless of their ability to pay. Adelante makes every effort to ensure that patients' needs are met, from conducting patient satisfaction surveys to measuring the level of quality of every aspect of the patient experience. Without these measures, they would not be nearly as successful as they have been, and this is evident from the outcomes their patients experience.

Currently at Adelante, the system of primary care delivery is such that each provider is assigned two medical assistants. One assistant is generally responsible for placing patients in the room where they will be seen by the provider, and collecting vitals and primary reason for the visit. The second assistant will work to discharge patients, and complete any necessary tasks before the patient leaves the office. At my assigned site in Mesa, AZ (a suburb of Phoenix, with population of greater than 400,000, 24% Hispanic/Latino)⁴, almost all of the medical assistants speak Spanish and there is a program being developed at Adelante to provide a defined group of medical assistants with training in medical interpretation, such that they can be considered certified by a national standard. However, currently,

² http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_SF1_QTP10&prodType=table

³ <http://bphc.hrsa.gov/uds/view.aspx?year=2010&state=AZ>

⁴ http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_PL_QTPL&prodType=table

medical interpretation is conducted on a patient-by-patient basis, depending on the needs of the provider and patient. Yet, the goal for Adelante is to have certified medical interpreters working at each site, which will improve patient outcomes and ensure consistent health care delivery to all.

Medical Interpretation: A Complex Issue

In 1986, the National Board of Certification for Medical Interpreters was founded based on the following mission statement:

The mission of the National Board is to foster improved healthcare outcomes, patient safety and patient/provider communication, by elevating the standards for and quality of medical interpreting through a nationally recognized and accredited certification for medical interpreters.⁵

There was a recognition that patients of diverse linguistic backgrounds were being seen in health centers all across the United States, and there was a profound need to standardize the methods by which interpreters could serve as communicators between patient and provider. Many native speakers come into the position of interpreter in order to enable communication between patients and providers, who would not otherwise be able to talk to one another. However, simply because one person speaks both languages does not mean they can necessarily communicate the intricacy and nuance of a provider-patient interaction. It has been proven that professional interpreters are necessary to ensure the highest level of communication between patient and provider.⁶ So much needs to be expressed between a patient and the person delivering their care, and if they cannot interact directly, then the person enabling that contact needs to be able to capture everything that is said. This can be a lot to expect, especially when the person doing the interpreting is not an impartial third party participant.

At Adelante, medical interpretation is conducted by medical assistants, who consider themselves to be fluent in the required language. For the most part, Spanish is the language that presents the greatest barrier between provider and patient, though there are numerous growing immigrant populations in Maricopa County who speak languages outside what the medical assistants can help with. For these patients, a phone service is used, which is also accessible to those who are Spanish-speaking, should the interpretation provided by the medical assistants be insufficient. The purpose of utilizing medical assistants and/or the telephone service is to ensure that patients are able to

⁵ <http://www.certifiedmedicalinterpreters.org/aboutus>

⁶ Karliner et al. "Do professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of the literature." *Health Services Research*. 2007:727-54.

communicate with their provider, without the use of a fluent family member or friend, who might not convey all of the necessary information needed to deliver the highest quality of care. Since Spanish is the language of greatest representation at Adelante, the ease and accessibility of the medical assistants is a tremendous asset to both patient and provider. However, as with the example from the community of my medical school, this type of option is not always available, and it is important to look at what is working successfully to help these environments provide what is most needed to their patients.

Intervention

After deciding that I wanted to look at the issue of communication between Spanish-speaking patients and English-speaking providers, I set about devising a way to measure how effectively this is being accomplished at Adelante. With the aid of my faculty mentor, Dr. Katie Brite (as well as some additional assistance from another faculty mentor, Dr. Doug Campos-Outcalt) and Designing Clinical Research by Hulley et al (a required text for my medical school), I realized a survey would be the best method to study the issue of communication between patients and providers of different linguistic backgrounds. I focused on Spanish because this is the language I personally have training in, and the language where there is the greatest representation at Adelante. Should the organization identify other languages of significant need in their patient population, perhaps this survey could be expanded to encompass those in the future. However, given the time constraints and the level of my abilities, I focused on Spanish and created a survey to measure the efficacy of communication between Spanish-speaking patient and English-speaking provider. After each patient encounter, there is a brief period while the provider writes up the note and plan for the patient, and subsequently the medical assistant discharges the patient. This provided me with an ideal window of time during which I could talk to the patient to find out how they felt about the level of communication that had occurred during their visit. After settling on the project topic and format, I approached my preceptor at the Mesa site of Adelante, Dr. Suganya Karuppana.

Dr. Karuppana has a background in medical Spanish, from her medical training in family practice in Los Angeles, CA. As such, I noticed from the first week that I worked with her that she spoke to her patient in what she described as “broken” medical Spanish, but it seemed that everything she wanted her patients to understand was conveyed. I have 9 years of Spanish language training, though none in medical Spanish, so in my observation of Dr. Karuppana (before I started my project), it seemed that she and her patients were communicating well with one another, despite English being her first language and Spanish being the first language of the majority of her patients. When I talked to her about my idea

for the project, Dr. Karuppana was very enthusiastic because she said that she would like to know how much her patients felt they understood about their encounter and what she could do to improve their level of communication. I presented Dr. Karuppana with a list of questions that I thought might capture the information I hoped to find from the patients. She helped me refine that list, and after translating the questions into Spanish myself, I checked with one of the medical assistants to ensure that I was asking exactly what I hoped to ask. Finally, I reviewed the survey with my faculty mentor, Dr. Katie Brite, who also uses medical Spanish herself when communicating with patients in her practice. She advised me to switch from using the word “translator” to “interpreter” because she noted that communication between patients and providers is a matter of interpretation, and not just translation.

The Survey

In Spanish:

- 1). En la cita hoy, habló su doctor en español o inglés? Español Inglés
- 2). Si en inglés, se usó un intérprete o una persona en su familia quien habla inglés?
 Intérprete Familia
- 3). Si su doctor no usó un intérprete, hubiera preferido eso? Sí No
- 4). Piensa ud. que comprendió todo lo que el doctor le dijo durante la cita? Sí No
- 5). Las preguntas que tuvo, fue explicado del doctor o no? Sí No
- 6). Hay algún tema que no discutió con su doctor por la causa del idioma? Sí No

In English:

- 1). In today’s appointment, did your doctor speak in Spanish or English? Spanish English
- 2). If they spoke in English, did they use an interpreter or a member of your family who spoke English?
 Interpreter Family
- 3). If the doctor did not use an interpreter, would you have preferred this? Yes No
- 4). Do you think you understood everything the doctor told you during the appointment?
 Yes No
- 5). Were the questions you had explained by your doctor? Yes No
- 6). Was there any topic you did not discuss with your doctor because of language? Yes No

I chose these questions because I wanted to get a sense of whether or not patients felt they understood what they were being told and if they were able to say everything they wanted to their

provider. Dr. Karuppana also suggested that I ask patients if they would have preferred to talk to their provider through an interpreter, which was a great way of gauging whether a provider speaking medical Spanish was as effective as they could be. I also wanted to make sure the survey was short (so that it could be conducted while the patient waited for their appointment to finish up) and clear, with questions that had simple yes/no answers. Before asking the questions, I asked the patients if it was OK for me to conduct a quick survey, and I made sure not to lead them to any particular answer. If the patient did not understand a question, I tried to explain it as best I could. The goal was to collect the most unbiased, direct data to get a true measure of the level of communication between Spanish-speaking patients and English-speaking providers.

Project Implementation: A Few Bumps in the Road

After deciding on my survey questions and format of the survey (the check boxes were on the suggestion of Dr. Karuppana), I started to ask each Spanish-speaking patient this series of questions after their encounter with the provider. Since Dr. Karuppana speaks Spanish with her patients, I did not find a great deal of discrepancy between each of the patients I interviewed. However, after surveying Dr. Karuppana's patients for the second week of my participation in the Primary Care Leadership Program, I found out that she went into labor and would be taking maternity leave for the duration of my time at Adelante. While this changed things a bit for my completion of the project, there were contingency plans in place since Dr. Karuppana was over eight months pregnant when I started working with her. I was assigned a new doctor in the Mesa site to work with, Dr. Tiffany Lahr, who does not speak medical Spanish.

While this added a new dimension to my project, it made some aspects of survey delivery a bit more challenging. After my first week of conducting surveys, I found that I needed a broader range of patient perspectives to gather any significant data. After conferring with my faculty advisor, I decided to work with Dr. Karuppana and engage the help of medical assistants in the entire clinic to try to survey every patient who came to Mesa. Unfortunately, I was not able to do this because after Dr. Karuppana went into labor, I had to start with a new provider, which left me with only two weeks to continue collecting surveys. At that point, I decided that I should gather as much data as I could on my own, and write about my process in an effort to continue this project in the future-perhaps with more providers, throughout Adelante Healthcare.

Though I could not complete my survey collection to the extent I would have liked, I believe that this experience is extremely relevant for Adelante and could be beneficial for how they evaluate patient

experience in the future. Adelante Healthcare is committed to quality improvement, and this is evident from their application for Joint Commission status to the dedication Beverly Molter (Director of Quality Improvement) puts into her work. Currently, patient satisfaction surveys are distributed in all of the Adelante sites as a measure of the quality of health care delivery. These surveys measure many of the same aspects of the patient experience as mine, and it seems that perhaps some questions could be added to address whether or not patients felt they could communicate with their provider when there might have been a language barrier. This would be an excellent way for Adelante to gauge whether or not their current method of interpretation is working, and what might be done to ensure that patients feel they have been heard and their concerns have been addressed, at every appointment, regardless of the first language of patient and provider.

Conclusion

Results

In the end, I was able to interview 18 Spanish-speaking patients during my time at Adelante. Of those interviewed, 7 had a provider who spoke to them in Spanish and 11 had a provider who spoke to them in English with an interpreter (no one had a family member performing the requisite interpretation). Overall, it seemed that patients were content with the level of communication between themselves and their providers, who had a different first language from their own. There seemed to be greater satisfaction from those who had a Spanish-speaking provider, as none reported they wished an interpreter had been used, and all stated that they understood what they were told, they had all of their questions answered, and there was no topic they did not discuss as a result of the language barrier. In fact, several patients stated that they and their provider understood each other “perfectly,” which makes a strong case for encouraging doctors to study medical Spanish and utilize these skills when working with patients.

However, it did not seem that patients who were seen with an interpreter (as described above, Adelante uses its medical assistant staff to conduct interpretation between Spanish-speaking patients and English-speaking providers) were not satisfied with their experience. Of the 11 who were interviewed, only one said that they did not understand what they were told and two stated that their questions were not answered. Of those two, one stated that there were topics that were not discussed as a result of the language barrier. Therefore, three people out of 11 had experiences with interpretation that were negative, which while not statistically significant, reflects the overall positive feeling patients seem to experience when working with a Spanish-speaking medical assistant and

English-speaking provider. None reported that they understood one another “perfectly” and at times, there seemed to be some confusion about who was the provider, but for the most part, this system seems to be serving the patient population of Adelante well.

Initially, I was discouraged that my surveys did not yield more significant results. I expected to see a much larger difference between the experience of patients with a provider who spoke directly to them in Spanish and with a provider who needed to use an interpreter. Yet, what I found is that, in general, Adelante has a number of systems in place that seem to be working well for patients and this can, perhaps, serve as a model for other organizations. Providers who have a background in medical Spanish are encouraged to use their skills and interact with patients directly. And providers who do not have these same abilities immediately seek assistance from their staff in order to be able to deliver the highest level of care to their patients. Adelante is succeeding at enabling open, honest communication by hiring Spanish-speaking providers and medical assistant staff, ensuring that these resources are used appropriately and consistently, and always keeping the patients’ needs and well-being at the top of the priority list.

Next Steps

Upon completing this project, it is my hope that this survey might be of some benefit to Adelante such that they might explore the efficacy of communication with all providers at all sites. By working with three different doctors (with different language skills) at only one site, I was able to capture a very small part of what is a much larger picture at Adelante. From my findings, it is clear that the ideal would be for all providers to be able to communicate directly with patients. Perhaps this could be facilitated by Adelante through professional development or continuing medical education, either hosted at the organization or supported outside of the work day. Though this would require time and resources, it seems that this is the ideal scenario for ensuring that all patients feel their needs have been met and that they have been able to communicate all of their health issues with their provider. As I stated above, the use of medical assistant staff as interpreters is clearly working, and this is a model that Adelante could provide to other organizations with a similar Spanish-speaking patient population. However, I think a necessary next step would be to analyze and survey the level of efficacy of communication between patient and interpreter. Even though the same language is being spoken, it is important for Adelante to measure how much is being conveyed directly from provider to patient, and vice versa to ensure that medical assistants are working toward some standard level of communication.

Ultimately, it seems clear that the system at Adelante is working. From my small sample size, I could tell that patients feel they are being heard, their concerns are being met, and they are not hindered by the language barrier in talking to providers about their needs. Other organizations can learn from this, especially those like my small clinic in Hazleton, PA, where Spanish-speaking patients are a growing population, and their unique circumstances need to be acknowledged. It is not acceptable to assume that what is being said by a provider is understood by a patient, and we should be “surveying” ourselves in every encounter, regardless of the requirements of a project like this one. From their interest in certifying medical assistants as medical interpreters and hiring staff that are comfortable using medical Spanish on a regular basis, it is clear that Adelante has made a commitment to communication between patient and provider. By looking at this more closely, it is my hope that I will be able to further the organization’s commitment to communication, and help them improve beyond the great successes they have already achieved.

Acknowledgments

I would like to begin by thanking everyone at the National Medical Fellowships and GE Foundation for creating the Primary Care Leadership Program, and for allowing me to participate in this truly eye-opening, inspiring experience. In that same regard, I would like to thank everyone who helped make this experience possible at Adelante Healthcare because without their hard work and dedication, I would never have had the chance to work in community health care so early in my training. Individually, I would like to thank Dr. Suganya Karuppana, Dr. Teresa Ayela, and Dr. Tiffany Lahr for serving as preceptors in my clinical experience and showing me incredible leadership in the field of community health. I would like to express my appreciation to my mentors in this program: Dr. Katie Brite (University of Arizona Faculty Mentor) and Tiffanie Dillard (Adelante Site Mentor). Finally, I would like to thank Jackie Ghormoz, Dr. William Zehring, and Dr. Janet Townsend from The Commonwealth Medical College for helping me with my application to the Primary Care Leadership Program and encouraging me to participate. I cannot begin to express my gratitude for the opportunity to engage in community health care, a field in which I most certainly hope to find myself someday.