

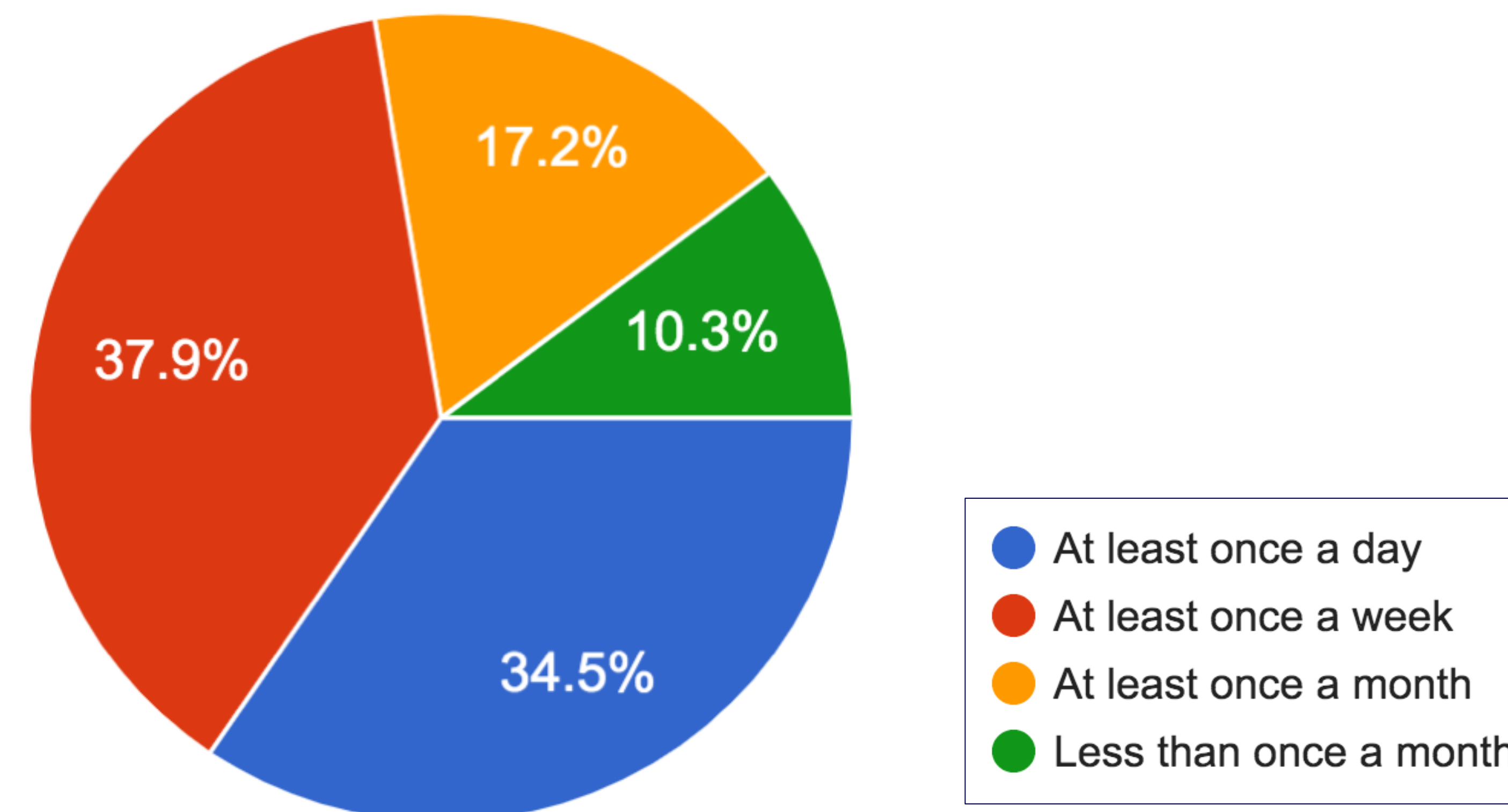
# Utilization of professional interpreters in primary care clinics & opportunities for improvement

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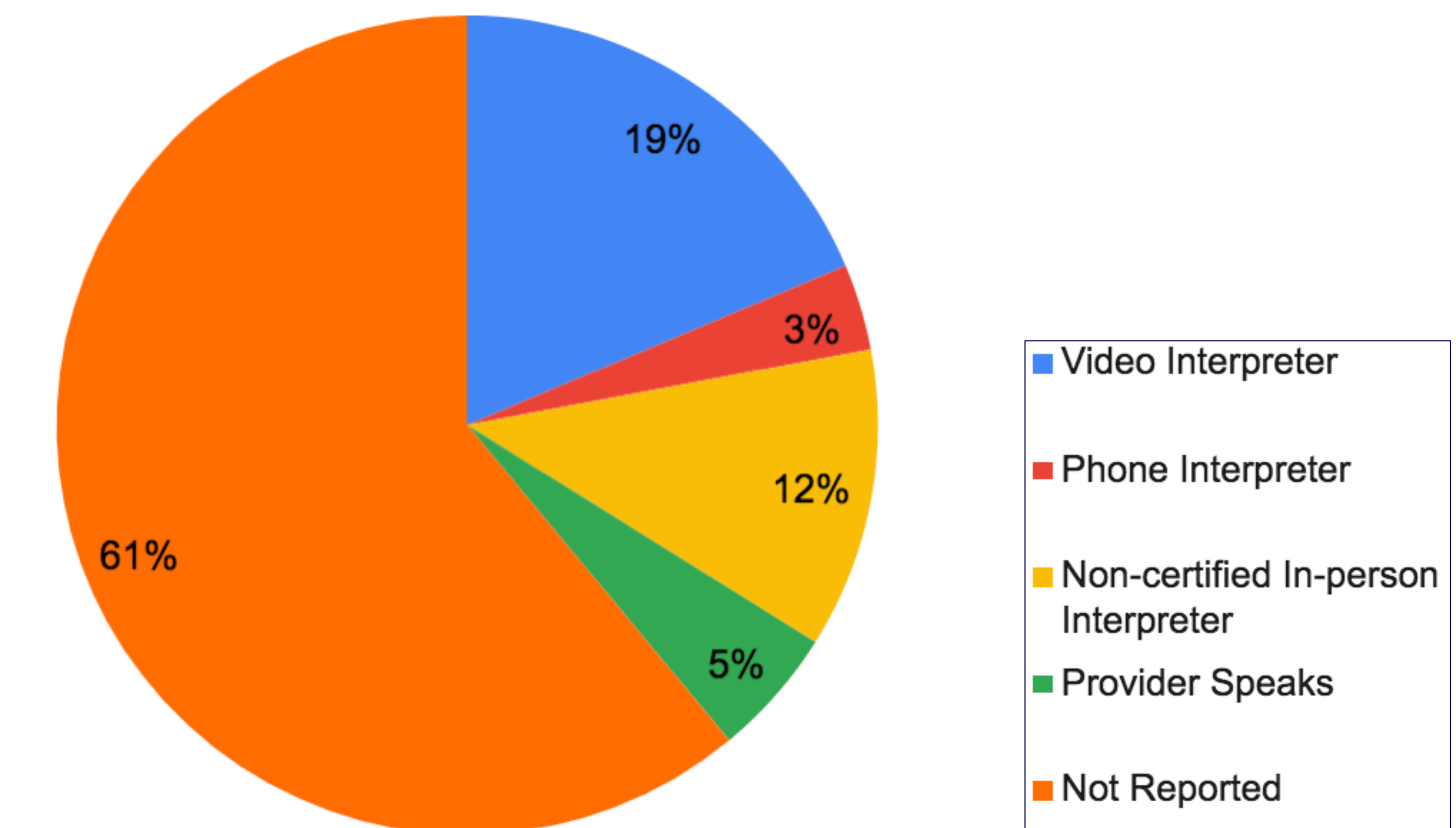
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## Background

- According to the 2020 U.S. Census Bureau, over 120 million households have limited English proficiency.<sup>1</sup>
- Title VI of the Civil Rights Act mandates that interpreter services be provided for patients with limited English proficiency who receive federal financial assistance (except Medicare Part B).<sup>2</sup>
- Interpreters serve as cultural liaisons, mitigate miscommunication, improve patient satisfaction, and contribute to shorter hospital stays.
- Barriers to consistent utilization of professional interpreters still exist.<sup>3</sup>



**Figure 1.** How often during the last year did you see a patient with a language barrier?



**Figure 2.** Interpretation methods documented in patient EMRs

## Objective

- Our study aims to understand utilization of and documentation practices of interpretation services during primary care visits.
- We identify barriers to professional interpreter use within a primary care office setting.

## Methods

- Provider (attending, residents, nurses, medical assistants) preferences about interpretation services were assessed via an anonymous online survey distributed between January 9 to 26, 2023 at four primary care clinics in Connecticut.
- An electronic medical record (EMR) review of 59 patients ages 18-90 years with listed language other than English was conducted.
- Descriptive statistics and chi-square analysis were performed.
- This study was approved for exemption by the Quinnipiac University Institutional Review Board.

## Results

- Twenty-nine providers responded: 45% residents, 21% attendings, 14% medical assistants, 14% nurses, 7% medical students.
- Language barriers occur weekly, and 97% of providers use video interpretation  $\geq 50\%$  of the time; this is the most preferred service among providers.
- Our analysis suggests a significant difference between how preferred video interpretation is compared to how utilized it is,  $\chi^2 (1, N = 29) = 9.4, p < .01$ .
- In-person interpreters were available to only 6 providers.
- Reasons to forego certified services included patient declining (66%), patient bringing their own interpreter (62%), and technical difficulties (38%).
- Among the 59 EMRs reviewed, patients were a median age of 67 years, 51% female, 85% Hispanic, and 85% Spanish speaking.
- Interpreter use was documented in 36% of encounters with 62% being certified video/phone interpretation and 29% being a non-certified in-person interpreter (e.g., friend, family member).

## Conclusion

- Most primary care providers face language barriers weekly and frequently utilize video interpreter services if available.
- In-person interpretation may be preferable, yet this service is available to less than a third of providers.
- 2/3 of EMRs did not have documentation of whether interpretation services were offered or utilized.
- Office protocols for offering interpretation services and consistent documentation practices are critical to improving healthcare quality and equity for non-fluent speakers.
- Further research surveying patient experiences with different interpretation modalities is essential for continuous improvement of healthcare quality and equity.

## References

1. United States Census Bureau. (2022). *Limited English Speaking Households*. 2021 American Community Survey 1-Year Estimates. Retrieved March 31, 2023, from <https://data.census.gov/table?q=limited&tid=ACST1Y2021.S1602>
2. Office for Civil Rights. (2022, July 18). *Office for Civil Rights: Guidance to Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons - Summary*. HHS.gov. Retrieved March 31, 2023, from <https://www.hhs.gov/civil-rights/for-providers/laws-regulations-guidance/guidance-federal-financial-assistance-title-vi/index.html>
3. Al Shamsi, H., Almutairi, A. G., Al Mashrafi, S., & Al Kalbani, T. (2020). Implications of Language Barriers for Healthcare: A Systematic Review. *Oman medical journal*, 35(2), e122. <https://doi.org/10.5001/omj.2020.40>