



Doug Porter, Health Care Authority
Preston Cody, HCA, Division of Health Care Services Assistant Director
Walter Neal, HCA, DHS, Interpreter Services Program Manager
Elena Safariants, HCA Interpreter Services Program Manager
Todd Slettvet, Chief, HCA Office of Community Services

To Health Care Authority:

We are in receipt of a copy of the December 7, 2011, Health Care Authority (HCA) preliminary 'Interpreter Screening Guidelines' for Medicaid enrollees with limited English proficiency. We agree with HCA that healthcare providers, rather than the future contracted vendor(s), should be the ones to select the mode of interpretation. The vendor(s) should have a clear written protocol on when it is acceptable to use remote interpreting modalities and when in-person interpretation is necessary. HCA should indeed have standards by which to evaluate the quality of the services rendered by the future vendor(s).

We are, however, dismayed to learn that HCA has chosen telephonic interpreting as the default modality. Accordingly, effective June 1, 2012, all Medicaid enrollees will receive interpreter services over the phone, unless their healthcare provider submits a written justification for using a video or in-person interpreter instead. We urge HCA to follow the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS).¹ These standards recommend that telephone interpreter services be used as a supplemental system to in-person interpreting, stating that:

In general, face-to-face encounters between patients/consumers and clinicians that involve diagnosis, treatment, and education may benefit from an on-site interpreter and, if lengthy, may be significantly cheaper than using a phone service. On-site interpreters are also able to observe and raise issues indicated by demeanor or body language from the patient—an especially critical ability when sensitive information is being communicated. Telephone interpretation may be appropriate for nonclinical interactions, emergency situations when waiting for an in-person interpreter may compromise patient outcomes, or situations requiring very uncommon languages. - CLAS Standard #4

HCA, as well as healthcare providers, should note that remote interpreting, especially telephonic, does not generally happen in a call center where interpreters work in private booths. Over-the-phone interpreting is mostly done off-premises, with interpreters working from their home or other locations. Vendors cannot guarantee that these conversations will not be overheard or recorded by a third party, in violation of HIPAA.

At any rate, the quality of remote interpreting relies heavily on the use of appropriate equipment. Accordingly, we urge HCA to ensure that healthcare providers, as well as the future vendor(s), consider the factors related to technological needs that are outlined in section 9.5 of the ASTM F2089 standard.²

Face-to-face interpreting is widely recognized as a more effective and accurate way of delivering interpreter services and, when managed appropriately, can be more economical than remote interpreting. In addition, the HCA medical interpreting program currently receives between 50% to 75% federal matching funds from Medicaid and SCHIP. Going against federal standards may jeopardize these federal matching funds, without which Washington State would be hard pressed to run the HCA medical interpreting program. HCA should not put itself in a position contrary to federal standards. At this time we ask you to please modify these guidelines to better reflect what is recommended by the CLAS standards.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Kenneth Barger', with a long horizontal flourish extending to the right.

Kenneth Barger

WITS Advocacy Chair

www.witsnet.org

¹ "National Standards for Culturally and Linguistically Appropriate Services in Health Care," FINAL REPORT, U.S. Department of Health and Human Services, Office of Minority Health, March 2001,

<http://www.minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf>.

² ASTM Standard F2089, 2001 (2007), "Standard Guide for Language Interpretation Services," ASTM International, West Conshohocken, PA, 2007, DOI: 10.1520/F2089-01R07, www.astm.org.