



The Role of In-Person Interpreting in a Digital World

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New survey explores the use of in-person interpreting, video remote interpreting, and over-the-phone interpreting

As the United States population becomes more diverse, so too do the language needs of patients in today's care settings. Language access is evaluated by the Joint Commission as a fundamental part of patient-provider communication and a major factor in patient safety and overall quality of care.

Healthcare providers must ensure meaningful access to healthcare information for all patients, and internal language services departments are challenged with providing interpretation for all languages encountered.

At the same time, federal regulations surrounding language access continue to tighten, impacting federal reimbursement and hospital financial stability. The latest regulation, Section 1557 of the Affordable Care Act, expressly prohibits the use of family members and untrained bilingual individuals, barring extreme circumstances.

This means that a qualified medical interpreter must be present for all patient-provider interactions when patients are Deaf, Hard of Hearing, or Limited English Proficient (LEP), and document translation must be provided for all vital documents, including informed consent forms.

Interpretation

deals with spoken language and happens in real-time.

Translation

focuses on written content and does not happen in the moment.



Three Modalities of Interpretation Delivery

There are three modalities of interpretation delivery used within healthcare: in-person interpreting (IPI), video remote interpreting (VRI) and over-the-phone interpreting (OPI).

When healthcare providers have access to various language access tools, sometimes the hardest part is deciding which type of interpretation to use.

Both VRI and OPI interpreters can be accessed instantaneously. Onsite interpreters for the most requested languages are typically staffed and available for onsite needs. When multiple requests for onsite interpreters are required simultaneously, and/or languages of lesser diffusion are requested, ensuring access to onsite interpreters becomes more challenging.

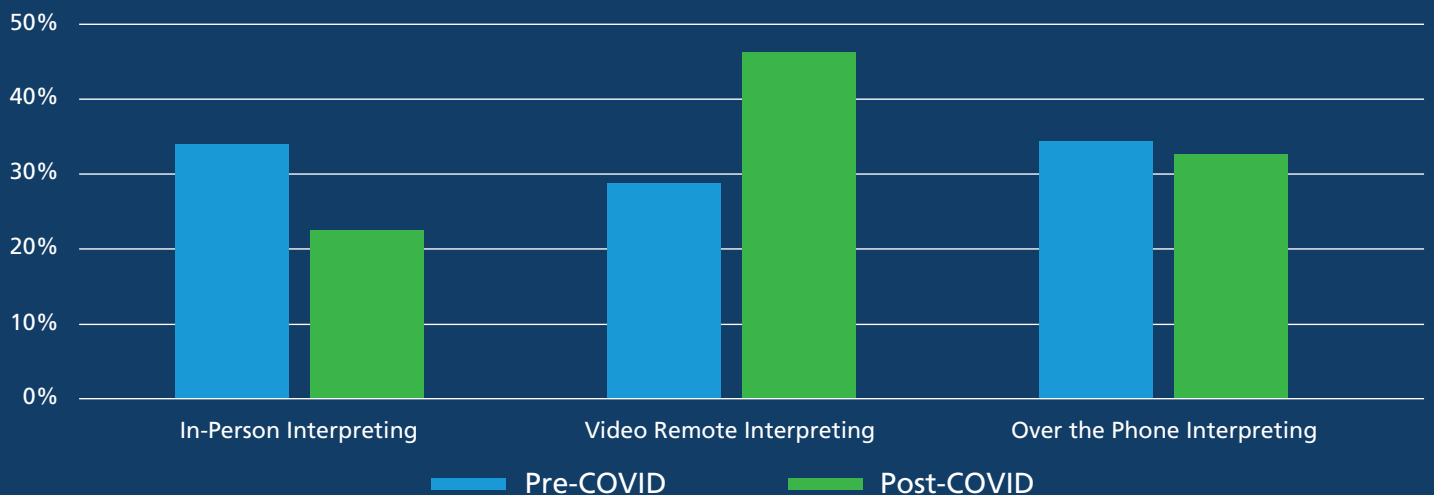
Use of Modalities Pre- and Post-COVID

In the summer of 2021, June 24 – July 9, AMN Healthcare Languages Services conducted a survey to understand the pre- and post-COVID use of IPI, VRI, and OPI. Current clients of AMN Healthcare Languages Services were asked to complete the survey, with 102 replying. All individuals taking part had language services and/or interpreting related titles, 60% of whom were at least partial decision makers. Responses spanned all regions in the United States with 58% of in an urban setting, 25% in suburban and 17% in a rural setting.

Overarching Data

- On average, Language Services clients serve 35% of LEP patients at their practice.
- Before COVID, IPI was most used (37%), followed by OPI (32%), and VRI (29%).
- Since COVID started, the adoption of VRI increased by 17%, while the usage of IPI and OPI dropped by 15% and 2%, respectively.

Pre-, Post-COVID Interpreting Usage by Modality



(n=74)

A Focus on IPI

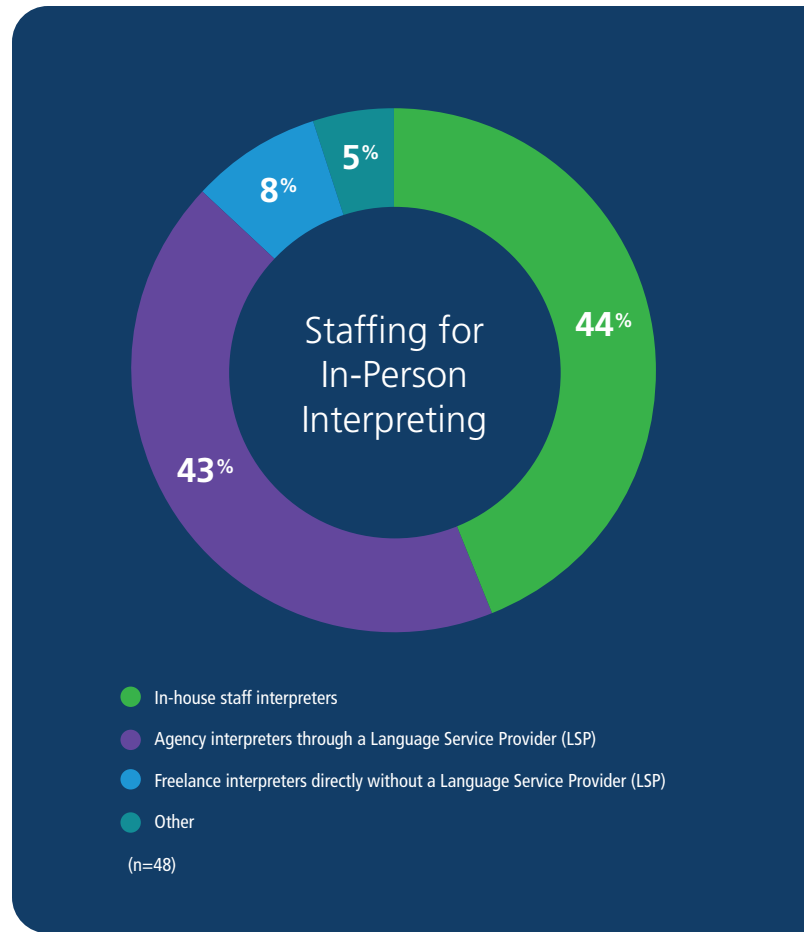
While VRI and OPI are great ways to facilitate communication with Limited English Proficiency (LEP) patients, there are circumstances in the healthcare environment when an onsite interpreter is needed. Because of this, the survey focused predominantly on use of IPI.

Relative to the sourcing of in-person interpreters, clients surveyed were nearly equal in their use of in-house staff (44%) and Language Service Provider (LSP) (43%) partnership.

Reasons For Not Using IPI

When asked why a facility would not use IPI, respondents shared the following:

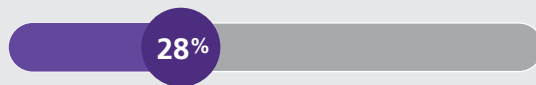
- For those not currently using in-person interpreting, cost is the major concern (56%).
- Patient preference of VRI due to safety concerns (28%) and lack of demand for in-person interpreting (28%) are also preventing usage of IPI.
- Availability of interpreters for rare languages and within distance also contributed to the lack of adoption of onsite interpreting.



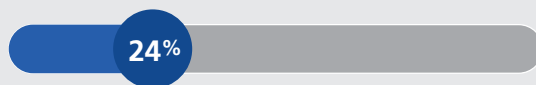
Reasons for Not Using In-Person Interpreting



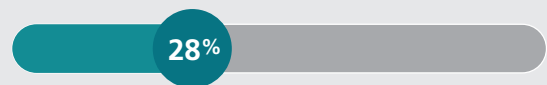
Not cost-effective



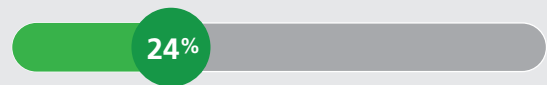
Do not have need for this modality



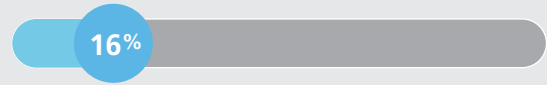
Unavailability of onsite interpreters within distance



Patients prefer Video Remote Interpreting due to safety concerns caused by COVID-19



Lack of available onsite interpreters for rare languages



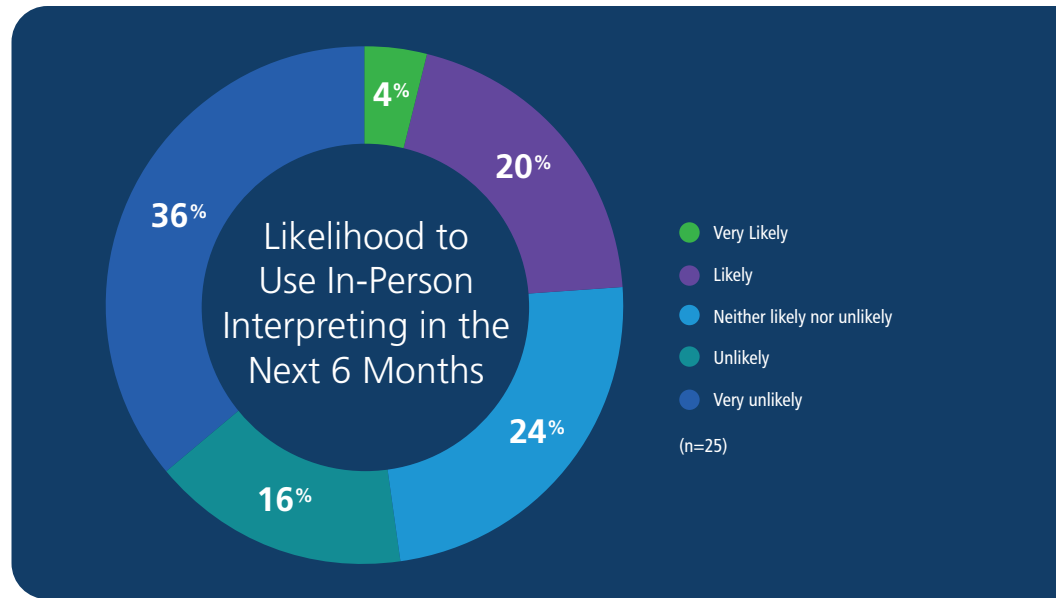
Long wait time

(n=25)

Likelihood To Use IPI

Of those not using in-person interpreting since the pandemic started, we asked about the likelihood of utilizing IPI.

- 24% stated they would consider using in-person interpreting in the next six months
- 52% stated they are not likely to use in-person interpreting in the near future
- The remaining 24% were not certain



When IPI Is Preferred

Clients responded that they prefer to use in-person interpreting over other modalities when delivering more personal patient care (58%) or for American Sign Language interpreting (58%). They also tend to use in-person interpreting for longer appointments (44%) and when communicating terminal diagnosis (42%). Other situations where they prefer IPI included:

- For new patients, high acute patients, and bi-lingual toddlers
- For complex diagnosis
- Training (or educational) setting with more than one participant
- During discharge
- When other modalities are not available/feasible

When Is In-Person Preferred Over Other Modalities?



Right Place, Right Time – The Use of Modalities

There is no denying that we are fortunate to have three proven interpretation options for healthcare organizations to provide to patients. Our nation's evolving patient populations provide a richness to our diverse communities, and we must ensure that healthcare is available, equitable, and of the highest quality.

Each modality, IPI, VRI, and OPI, have benefits and limitations that need to be weighed for every patient encounter. Relative to IPI, there is a patient-centered intimacy that is more personal, and more human, especially when dealing with serious health conversations. However, language coverage is a major challenge, as reported by 46% of survey respondents. Expense (39%) and scheduling difficulties (35%) were also concerns reported.

The task for healthcare organizations is to weigh the benefits and costs in every situation, opting for IPI when a patient has physical impairments that make viewing a VRI device difficult or when a patient has cognitive limitations or is participating in large group sessions. Onsite interpreters are also highly valuable when the patient is receiving "bad news" such as a terminal or life changing diagnosis.

The benefits of IPI outweigh the costs if done strategically and in the right circumstances. Organizations that utilize a comprehensive solution that balance all three modalities, with a plan in place on which type of interpretation to use and how to use it, will find greatly improved efficiencies when it comes to providing language access.

For more information about how AMN Healthcare can serve your language services needs across each modality discussed, visit AMNHealthcare.com or email ContactUs@stratusvideo.com.

