

The
**AFFORDABLE
CARE ACT**

— & —

**LIMITED ENGLISH
PROFICIENT
POPULATIONS:**

*Key Implications for
Healthcare Providers*

Introduction

The Patient Protection and Affordable Care Act (ACA) aims to reduce the number of uninsured Americans, improve the overall quality of healthcare, and contain healthcare costs. The Affordable Care Act will create state and federal health insurance exchanges, expand Medicaid subsidies for lower income Americans, and institute individual penalties for being uninsured. Under the ACA, more individuals who are Limited English Proficient (LEP) will have health insurance, will access health services more frequently, and will prefer to receive these services in languages other than English.

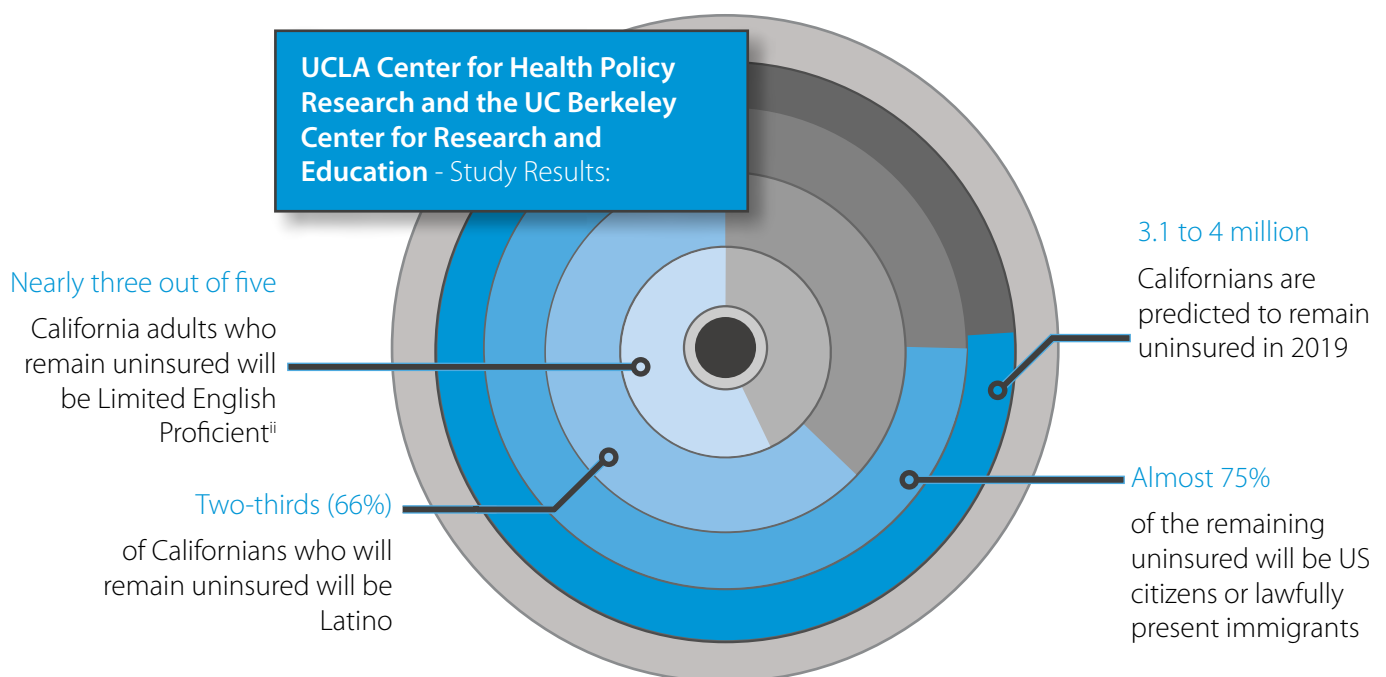
Patient Protection & Affordable Care Act (ACA) aims to reduce the number of uninsured Americans, improve the overall quality of healthcare, and contain healthcare costs.

However, LEP patients tend to be at greater risk for negative health outcomes and have significantly higher rates of readmission and longer lengths of stay. Over time, LEP individuals will also represent a disproportionately large percentage of the remaining uninsured; patients who regularly access services through emergency departments. Given the incentives and penalties associated with the ACA, serving both insured and uninsured LEP patients will become more expensive. The cumulative effect is a major incentive for healthcare organizations to provide the most effective services possible for LEP patients before, during, and after treatment.

LEP Populations Become Increasingly Relevant in Healthcare

Costs for serving LEP patients are higher partially due to complications arising from language and culture barriers, but also due to inefficient use of healthcare services. Costs may further increase as assistance for providing care to the uninsured may be reduced in the near future.ⁱ

In September of 2012, the UCLA Center for Health Policy Research and the UC Berkeley Center for Research and Education released the results of a study that reported:



Hospitals are responding to the increase in LEP individuals covered under the ACA in many different ways. For example, in Florida, where nearly 26 percent speak a language other than English, the department which handles Medicaid applications plans to not only expand its call center operations, but it will add more bilingual agents to accommodate the additional hundreds of thousands of applications now anticipated under the federal health law.ⁱⁱⁱ

In Oregon, nearly half a million people speak a language other than English at home and the state's health insurance exchange has plans to hire more staff members who speak Spanish, Russian and Vietnamese. The Oregon health insurance exchange will then use an interpretation service to reach people who speak other languages.^{iv}

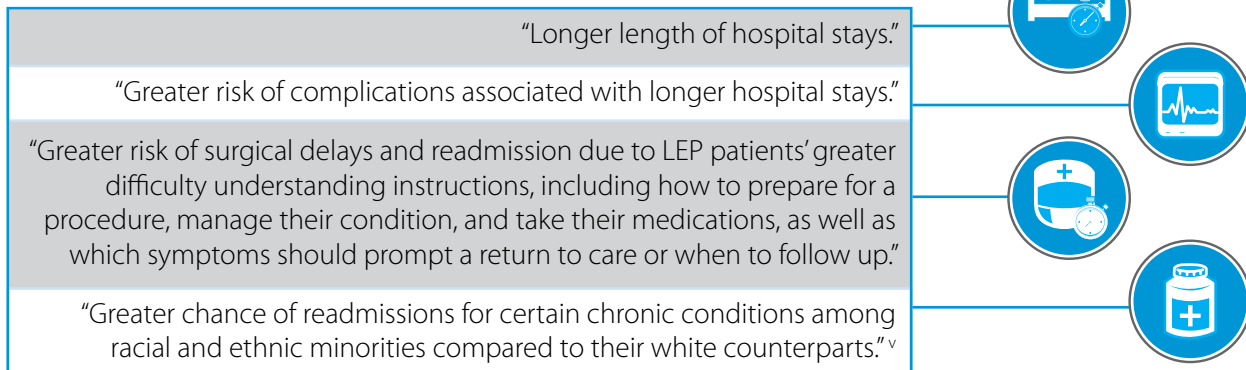
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The deadline for making affordable health insurance available nationally is fast-approaching. It is critical that healthcare organizations begin putting in place more comprehensive service solutions for LEP patients before compromises in patient safety or quality of care occur.

Challenges and Potential Penalties

In *Improving Patient Safety Systems for Patients with Limited English Proficiency: A Guide for Hospitals*, the Department of Health and Human Services (DHHS) Agency for Healthcare Research and Quality (AHRQ) highlights the challenges LEP patients present for healthcare organizations.

These challenges include:



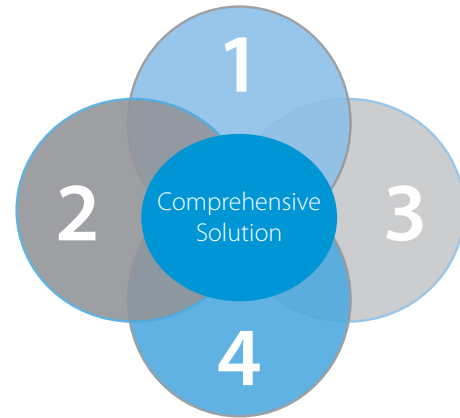
Failure to address the challenges increases cost. Memorial Healthcare System in Southern Broward County, Florida reported for its organization that in 2011, there were 1,430 readmissions within 30 days that resulted in 10,041 days of care. This cost Memorial Healthcare System \$114.8 million, with the average cost per readmission at \$80,279.^{vi}

In 2012, the Centers for Medicaid and Medicare Services began penalizing hospitals that failed to reduce readmissions related to acute myocardial infraction (heart attack), heart failures and pneumonia that occur within 30 days. According to the New York Times, by October of 2011 over 2,217 hospitals had been fined. 307 hospitals received "the maximum punishment," a 1 percent reduction in Medicare's regular payments for every patient over the next year. Fines for one hospital exceeded two million dollars. These penalties are set to increase in 2014.^{vii}

Solutions Must be Comprehensive

In order to be effective, solutions must address four key areas:

1. Defining language access policy and procedure
2. Implementing comprehensive language service
3. Training all staff appropriately
4. Effectively and proactively reaching out to LEP communities



Many hospitals have language assistance plans in place in response to Joint Commission and Department of Justice requirements. These plans must be regularly revisited to ensure that these four areas above are adequately defined and implementation is being properly documented.^{viii} The language assistance plan may not have been created with overall readmission, patient satisfaction and cost goals in mind, but it is important that the plan address them. The language assistance plan is an essential interface between healthcare staff and organizational leadership and it is an excellent starting point for discussing these larger issues in relation to language services.

Policy and Procedure

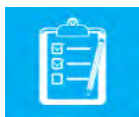
Clear guidance from leadership is essential to achieving staff buy-in and this guidance should involve communicating the overall benefits of improving service to LEP patients. The goal of improving service before, during and after treatment must be clearly articulated and extend beyond minimal compliance with federal and Joint Commission requirements. The DHHS AHRQ guidance for hospital leadership identifies five key recommendations to improve patient safety for LEP patients:

1. “Foster a Supportive Culture for Safety of Diverse Patient Populations.
2. Adapt Current Systems To Better Identify Medical Errors Among LEP Patients.
3. Improve Reporting of Medical Errors for LEP Patients.
4. Routinely Monitor Patient Safety for LEP Patients.
5. Address Root Causes To Prevent Medical Errors Among LEP Patients.”^{iv}

Language Services

Healthcare organizations need a full suite of language services available if they are going to adequately meet the demands of increasing numbers of LEP patients.

These services should include:



Tested and trained
bilingual staff



Translated
documents



Over-the-Phone
Interpretation



Video-Remote
Interpretation

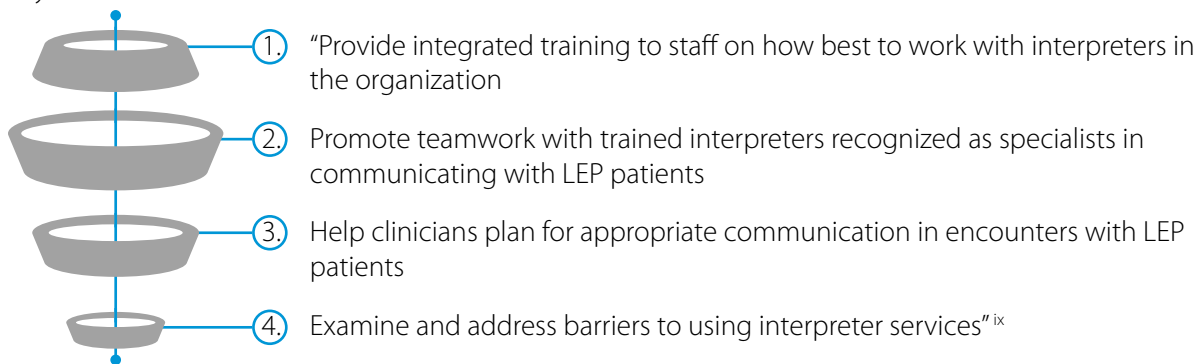


On-Site
Interpretation

Policies in a language assistance plan should guide staff on how to properly identify a patient's language needs, select the proper type of language service for each encounter, schedule those services, work with an interpreter, and collect critical data.

Staff Training

At a minimum, all staff should receive training on Title VI of the Civil Rights Act and the organization's policies on language assistance. However, if comprehensive solutions are to be successful, additional training must occur. The American Medical Association Commission to End Health Disparities recently produced a whitepaper titled, Promoting appropriate use of physicians' non-English language skills in clinical care: A whitepaper of the Commission to End Health Care Disparities with recommendations for policymakers, organizations and clinicians. It included four key recommendations:



Reviewing an existing language assistance plan with these recommendations in mind will help identify opportunities for increased training. A reputable and experienced training partner can help deliver this training effectively and affordably.

Outreach

More proactive solutions will be necessary to achieve improved services for LEP patients. Innovative outreach efforts are being developed that focus on neighborhoods or communities with the highest rates of readmission.^x These communities often include a high percentage of linguistically isolated households. Outreach efforts, therefore, must take into account language and culture barriers from initial conception in order to be successful. Organizations must have appropriate language services in place and staff that are properly trained to use them.

Conclusion

The implications of the ACA for organizations serving LEP patients and their families are significant. While there is still much uncertainty about the ACA, LEP populations will play an increasingly influential role in meeting overall quality of care objectives. Successful implementation of comprehensive service solutions for LEP populations is a challenge requiring the full engagement of healthcare organization leadership, physicians and staff. Healthcare organizations must begin acting now to improve these services so that increasing numbers of LEP patients can receive the care they need.

ⁱ Nina Bernstein. Hospitals Fear Cuts in Aid for Care to Illegal Immigrants. New York Times, July 27, 2012. (Online, July 26, 2012 <http://www.nytimes.com/2012/07/27/nyregion/affordable-care-act-reduces-a-fund-for-the-uninsured.html?pagewanted=all>)

ⁱⁱ Laurel Lucia, Ken Jacobs, Miranda Dietz, Dave Graham-Squire, Nadereh Pourat, and Dylan H. Roby. After Millions of Californians Gain Health Coverage under the Affordable Care Act, who will Remain Uninsured? UC Berkeley Center for Labor Research and Education UCLA Center for Health Policy Research, September, 2012.

ⁱⁱⁱ Kelli Kennedy. Will Spanish speakers struggle to navigate ACA? How will Fla. Spanish, Creole speakers fare in accessing health care under new federal law? Associated Press, March 5, 2013.

^{iv} Jonathan J. Cooper. Cover Oregon insurance exchange tackles language barrier. The Associated Press, March 4, 2013.

^v Betancourt JR, Renfrew MR, Green AR, et al. Improving patient safety systems for patients with limited English proficiency: a guide for hospitals. (Prepared by the Disparities Solutions Center, Mongan Institute for Health Policy at Massachusetts General Hospital and Abt Associates, Cambridge, MA, under Contract No. HHS2902006000111). Rockville, MD: Agency for Healthcare Research and Quality; July 2012. AHRQ Publication No. 12-0041. September 2012.

^{vi} South Broward Hospital District, d/b/a Memorial Healthcare System. Low Income Pool (LIP) Project Application: Readmission Reduction Program at Memorial Regional Hospital. July 31, 2012.

^{vii} Jordan Rau. Hospitals Face Pressure to Avert Readmissions. New York Times, November 26, 2012.

^{viii} For more information on the elements of a language assistance plan, please visit our website at <http://www.cyracom.com/resource/title-vi-and-language-assistance-plans/>, Title VI of the Civil Rights Act of 1964: How Planning Can Lower Health Care Providers Liability Risk.

^{ix} Regenstein M, Andres E, Wynia MK, for the Commission to End Health Care Disparities. Promoting appropriate use of physicians' non-English language skills in clinical care: A white paper of the Commission to End Health Care Disparities with recommendations for policymakers, organizations and clinicians. American Medical Association, Chicago IL 2013. Available online.

^x The subject of effective outreach models involving linguistically isolated households is the planned topic of future white papers.

About CyraCom

CyraCom's innovative language solutions have helped over 2,000 clients attain excellence in their practices. Our ISO 9001:2008 certification and exclusive endorsement from the American Hospital Association for our interpretation and translation solutions demonstrate our commitment to quality. Visit www.cyracom.com to learn more about our suite of language services.

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