

Language Barrier Poses Challenge for Internists

BY MARY ELLEN SCHNEIDER
New York Bureau

SAN DIEGO — Nearly two-thirds of internists provide care for patients with limited English proficiency, according to a national survey conducted by the American College of Physicians.

That language barrier can create challenges for patients and physicians, because patients who are not proficient in English tend to have a worse understanding of basic health information, have difficulty asking questions of staff, and may not follow through on treatment recommendations, the survey showed.

ACP officials conducted the survey of 4,000 of its members in fall 2006 and received responses from 2,022 internists.

The results were released at the annual meeting of the ACP in conjunction with the organization's new position paper on language services for patients with limited English proficiency (LEP).

In its position paper, the ACP called for language services to be available to improve health services for patients with LEP, and recommended that Medicare directly reimburse physicians for the added expense of language services and the extra time involved in providing care for patients with LEP. The ACP is also

pushing for the establishment of a national clearinghouse to provide translated documents and patient education materials.

"If we're unable to communicate with our patients—either understand what they are telling us or help them to understand how best to take care of themselves—we certainly aren't practicing patient-centered care," Dr. Lynne Kirk, ACP immediate past president, said at a press briefing.

Internists who care for LEP patients estimated that these patients make up an average of about 12% of their practice. Physicians often devote additional time to their LEP patients, said Dr. William Golden, immediate past chair of the ACP board of regents. For example, 51% of physicians who see LEP patients in their practice said they devote an average of 5-15 minutes of additional time during a visit with an LEP patient. Another 26% report spending an extra 16-30 minutes on average, according to the survey.

"That is time that is sometimes difficult to carve out, and at the same time [is] often unreimbursed," Dr. Golden said.

Spanish topped the list of most frequently encountered languages, but physicians reported seeing patients who spoke nearly 80 different languages or dialects, from Chinese to German. (See box at left.)

About 52% of respondents said they thought their practices could determine the top three languages spoken by their LEP patients, whereas 48% could not or were uncertain. Many practices do not have processes in place for obtaining information about a patient's primary language, the survey found. About 28% of physicians said their practice recorded the patient's primary language in the medical record, whereas others cited informal monitoring or data pro-



Adequate language services help avoid medical errors, Dr. William Golden said.

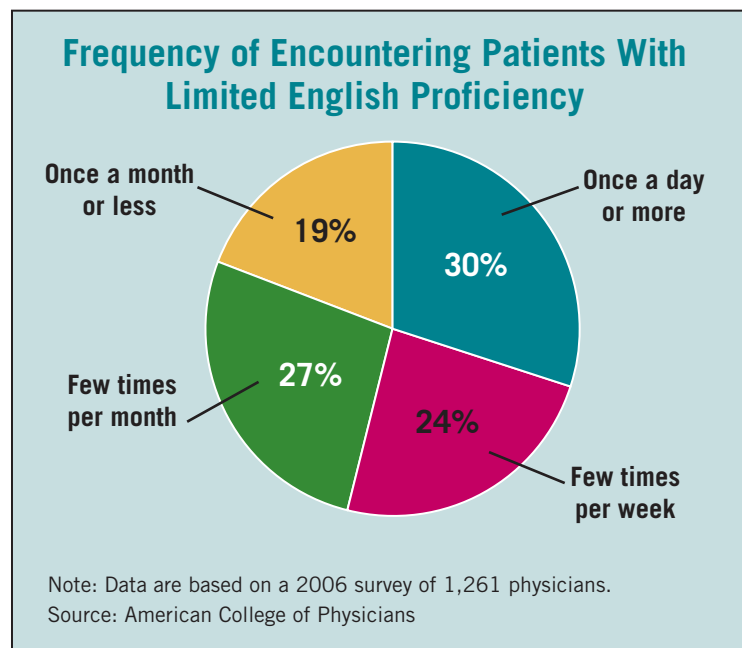
vided on check-in or patient registration forms.

About 64% of survey respondents said they provide some type of language services to their LEP patients. Those language services are usually provided by a bilingual health care provider, bilingual staff, or ad hoc interpreters. Of those physicians who reported providing language ser-

VICES, about 64% also provided translated documents or forms to patients. Practices vary in the cost they assign to providing language services to LEP patients, with estimates ranging from zero to \$25,000 annually. Physicians absorb most of the costs, with 75% of respondents saying they received no direct reimbursement, 24% reporting they were uncertain, and 1% reporting direct reimbursement for language services provided.

Providing payment either to physicians or translators for language services could save a significant amount of money, Dr. Golden said, because having adequate language services can help avoid medical errors and unnecessary tests and hospitalizations.

"I truly believe that by more effectively communicating with patients and helping them understand how better to control their illnesses ... down the road there will be cost savings," Dr. Kirk agreed.



Bilingual Students Interpret For Patients and Practitioners

BOSTON — Bilingual students who have been trained in medical interpretation could ease some of the burden on medical practices and hospitals to provide translation services.

In a poster presented at the annual meeting of the American Public Health Association, researchers from Brown University and Rhode Island Hospital in Providence describe the success of one model—the Interpreter's Aide Program. The student-run volunteer program was launched in 1997 by two students in Brown's medical program in an effort to improve the quality and the availability of medical interpretation services.

Under the program, about 34 bilingual undergraduate and medical students from the

university were trained in techniques of interpretation, issues of cultural awareness, and medical terminology. As part of their training, students took both written and oral exams. The bilingual students mainly spoke Spanish. The trained student interpreters were then used to supplement professional interpreters at Rhode Island Hospital.

Between 2000 and 2002, an average of 34 students translated 1,333 hours a year, with each student volunteering for about 40 hours each year. The researchers estimated that the program saved the hospital nearly \$60,000 per year. An outside agency charges the hospital \$45 per hour for interpretation services.

—Mary Ellen Schneider

Medicare to Pay for Total Body Photography as Screening Tool

BY BRUCE JANCIN
Denver Bureau

MAUI, HAWAII — The Centers for Medicare and Medicaid Services decision to reimburse for total body photography as a screening tool for early melanoma in high-risk patients is good and bad news, according to

Dr. Allan C. Halpern, chief of the dermatology service at Memorial Sloan-Kettering Cancer Center, New York.

The good news is that reimbursement for this clinically important technique will become far more widely available. And the bad news?

"Unfortunately, based on the

Relative Value Units involved, it's going to be reimbursed at about \$70-\$80. Until now, most third-party payers haven't covered total body photography, but of the one-third to one-half who have, they've paid \$125-\$350. I'm afraid that's going to come down in response to the CMS," he predicted at the annual Hawaii Dermatol-

ogy Seminar sponsored by Skin Disease Education Foundation.

With broader reimbursement, patient compliance with visits for follow-up images may drop.

"Patients now pay out of pocket for total body photography, so compliance with follow-up visits is pretty high. My guess is that with wider reimbursement and greater

use, compliance may not be as high. So it's important not to raise your threshold for excision on the first visit because you expect to see the patient again with baseline photos for comparison," the dermatologist cautioned.

SDEF and this news organization are wholly owned subsidiaries of Elsevier.