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**Language Services for Patients with
Limited English Proficiency:
Results of a National Survey of
Internal Medicine Physicians**

**American College of Physicians
A Position Paper
2007**

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Language Services for Patients with Limited English Proficiency: Results of a National Survey of Internal Medicine Physicians

A White Paper of the
American College of Physicians

This paper, written by Jack A. Ginsburg, MPE, was developed for the Health and Public Policy Committee of the American College of Physicians. Rachel Groman, MPH, was responsible for conceptualization of the survey. Wayne H. Bylsma, PhD, designed the survey instrument and methods, and analyzed the data. ACP Research Center staff administered the survey and managed data collection. Members of the Health and Public Policy Committee included: Jeffrey P. Harris, MD, FACP, *Chair*; Capt. Julie Ake, MC USA; Patricia Barry, MD, FACP; Molly Cooke, MD, FACP, *Vice Chair*; Jacquelyn Coloe; Charles Cutler, MD, FACP; Robert Gluckman, MD, FACP; Mark Liebow, MD, FACP; Kenneth Musana, MB, ChB; Robert McLean, MD, FACP; Mark Purtle, MD, FACP; Fred Ralston, MD, FACP; FACP; and Kathleen Weaver, MD, FACP. Funding support was provided through a grant from the National Health Law Program (NHeLP) with funds provided by The California Endowment. Approved by the Board of Regents on 16 April 2007.

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2 Language Services for Patients with Limited English Proficiency:
3 Results of a National Survey of Internal Medicine Physicians
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5 American College of Physicians
6 15 April 2007
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9 Fifty-two million people, 19.4% of the U.S. population, speak a language other than English
10 at home. Of these, 44.6% speak English “less than very well.”¹ Estimates of the number of
11 people with Limited English Proficiency (LEP) range from 11 million to 21 million people.²
12 To determine whether internal medicine practices of members of the American College of
13 Physicians provide language services and to better ensure effective communication for LEP
14 patients, the College conducted a survey of its members during late 2006. The study was
15 made possible through a grant from the National Health Law Program (NHeLP) with funds
16 provided by The California Endowment.
17

18 **Methodology**

19 The target population was ACP members, fellows, and masters in the USA age 65 and
20 younger who work full time in medicine, and provide direct patient care in private ambulatory
21 care offices, community health centers/clinics, or multispecialty clinics.

22 The sampling frame was stratified by general internists versus others and among states based
23 on the ratio of LEP patients to active internists. A disproportionate, stratified, random
24 sample of 4000 was selected. States with high numbers of LEP patients per internist were
25 oversampled, whereas states with low or medium numbers were undersampled. The self-
26 administered mail survey instrument was 7 pages with 45 questions. Data were collected
27 between 8 September and 29 November 2006. The data collection protocol included a
28 prenotification letter, 3 mailings of the survey, and 2 e-mails to nonresponders with
29 hyperlinks to a Web version of the survey. Of the 4000 members sampled, 2077 (52%)
30 returned a survey during the survey period. Useable nonblank returned surveys totaled 2022
31 (51%). Data from the 2022 respondents were weighted to the sampling frame to adjust for
32 disproportionate sampling and nonresponse. 1261 responses were from physicians who work
33 more than 20 hours per week in medicine, provide direct patient care, and practice primarily
34 in a private ambulatory-care office, community health center/clinic, or multispecialty clinic.
35 In this report, weighted data from this group is used to provide estimates of the target
36 population.
37

38 **Patients with Limited English Proficiency**

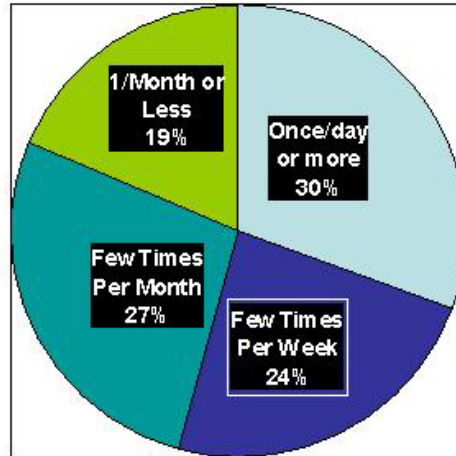
39 65% of internists report having active patients with LEP. They estimate on average that these
40 patients comprise approximately 12% of their practice. More than half (54%) of the
41 physicians in practices treating LEP patients report that their practice encounters such patients
42 at least once a day or a few times a week; another 27% encounter LEP patients a few times
43 per month (Chart A).
44

45 However, few practices have a formal mechanism for obtaining patient primary language
46 data. The most common mechanisms are informal monitoring (41%) or data provided on
47 check-in or patient registration forms (37%). Only 28% record the patient’s primary language

1 on the practice record; almost two thirds (64%) do not. Those that record primary language
 2 data do so primarily on paper records (67%).
 3
 4

Chart A

Frequency of Encountering Patients With LEP



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 6
 7 On average about 39% of the LEP patients are over the age of 65. Our survey asked
 8 respondents to estimate how frequently they encountered various languages among their
 9 patients. Twelve languages were listed along with a space to specify additional languages
 10 (Table 1). Of the languages listed, Spanish was encountered most frequently. About 45%
 11 encounter
 12

13 Table 1: Languages Encountered Among Current Patients
 14 In Practices Who Have LEP Patients
 15

	Percent of physicians who encounter
Spanish	96
Chinese	57
Russian	45
Korean	42
Vietnamese	41
Arabic	39
Hindi	38
French	27
Polish	26
Tagalog	26
Laotian	22
Thai	20
German	18
Other	18

Spanish among their current patients a few times each week or more. Internists reported seeing LEP patients speaking almost 80 different languages or dialects. Slightly more than half of the physicians (52%) felt that their practices could determine the top 3 languages spoken by their patients, but 48% were uncertain or thought that their practice could not.

Language Services Provided

Physicians overwhelmingly believe (70%) that LEP patients are worse at understanding basic health information than patients who are proficient in English (Table 2). Close to two thirds believe that LEP patients are worse than others in asking questions of clinical or administrative staff. 51% said they were worse on following through on treatments, but almost as many (49%) thought their compliance was about the same or better. Most physicians agree that it is somewhat (31%) or much more difficult (61%) to provide patient care to LEP patients when language services are not available.

Table 2: Percent of Physicians Who Believe LEP Patients Are the Same As or Worse Than Patients Who Speak English Proficiently On Several Healthcare Tasks

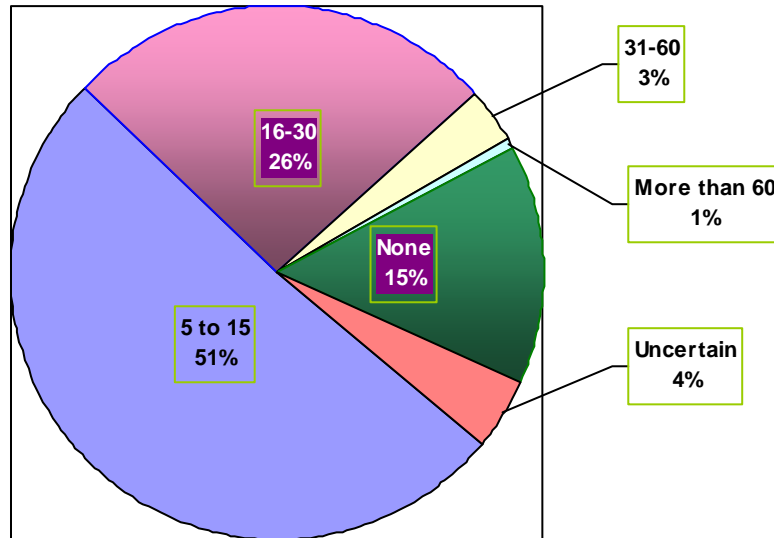
	LEP Same	LEP Worse
Understanding basic health information	29	70
Asking questions of clinical staff	34	64
Asking questions of administrative staff	36	62
Following through on treatments	47	51

64% of internal medicine practices in private, ambulatory, community health centers and multispecialty clinics provide some language services to LEP patients. 40% of the internists under age 65 working in these settings believe this is either very or somewhat difficult, while almost 34% report that it is relatively easy. 84% of the practices providing care to LEP patients have a physician who speaks at least 1 language other than English. Physicians in 44% of these practices provide clinical services in a language other than English on a daily basis, 19% do this a few times per week, and 34% provide care speaking a language other than English only a few times per month or less than once a month. Only about 3% of physicians who speak other languages provide no clinical care in another language. About half (51%) of the physicians are in practices that devote about 5 to 15 minutes of additional time to LEP patients compared to non-LEP patients. Another 26% reported that the average additional time is 16 to 30 minutes, while 15% indicated they spent no additional time, 4% were uncertain, 3% reported 30 minutes to an hour of additional time, and 1% indicated spending more than an hour (Chart B).

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Chart B

Extra Time for LEP vs. Other Patients (Minutes)



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About one third of practices providing language services rely most frequently on a bilingual health care provider (31%), bilingual staff (36%) or ad hoc interpreters (29%) to provide language services. Language services are least often obtained from onsite interpreters provided by a language agency or contractor, by remote interpreters, or by staff hired primarily to provide interpretation services. Relatively few practices (28%) that provide language services for LEP patients do so during off hours.

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Almost two thirds of practices (64%) that provide language services to LEP patients provide translated documents and/or forms to their patients. However, 28% do not. Of those that do, 60% use documents that are translated by bilingual staff. These materials are also obtained from commercial sources (42%), community or government sources (34%), or various other sources (15%).

19 **Costs and Financing**

20 About two thirds of practices with LEP patients also provide language services. Of these, over
21 one third (38%) assigned a zero dollar value to the language services provided annually in the
22 practice. Another 20% of physicians estimate that the aggregate annual dollar value of the
23 language services furnished is \$2000 or less and 24% estimate the annual amount at between
24 \$5000 and \$25,000; the most frequent estimates are \$1000 (7%) and \$20,000 (7%), with an
25 estimated average across all practices that provide language services to LEP patients being
26 about \$19,000. Most of these costs, about two thirds, are for language resources internal to the
27 practice; 57% of practices have no external costs. Physicians bear most of these added costs;
28 75% reported no direct reimbursement, 24% were uncertain if their costs were reimbursed,
29 and only 1% reported receiving any direct reimbursement.

1
2 **Challenges and Solutions**

3 Fewer than 10% of physician practices are currently engaged in initiatives to provide or
4 improve language services. However, relatively few physicians reported that their practices'
5 ability to provide language services is more than moderately challenged by lack of tools, lack
6 of bilingual staff, lack of tools to train staff, or lack of language agencies or language services.
7 More than 30% cited overall cost as very or extremely challenging. Physicians
8 overwhelmingly noted (73%) that other factors are as challenging, with "time" specified most
9 often. The 5 to 15 additional minutes required for LEP patients is a significant amount of time
10 considering that the average physician office visit lasts approximately 18 minutes (the time is
11 a little higher for primary care physicians and a little lower for proceduralists).³ Guidance
12 provided by the CPT coding book establishes that the "typical" face-to-face time for a mid-
13 level office visit (CPT 99213) is 15 minutes.⁴ Physician payments for Medicare and most
14 other payers are based on this face-to-face time. Consequently, an additional 15 minutes of a
15 physician's time is very significant, particularly if it is not reimbursed.

16
17 Relatively few physicians (approximately 20% or less) indicated that they would find the
18 following very useful: self-assessment tools to evaluate their practices' ability to meet the
19 needs of LEP patients, case studies or model approaches to providing language services,
20 certification or competency testing for interpreters and bilingual staff, or assistance in finding
21 language service providers. Little interest was expressed for various kinds of training in
22 providing language services. The tool that the largest proportion thought would be useful is a
23 clearinghouse providing translated documents or patient education materials—42% indicated
24 that it would be very or extremely useful. However, other "tools" mentioned by respondents
25 were seen as being even more useful; specifically time and money.

26
27 Indeed, two thirds of all physicians working in practices with LEP patients feel that payment
28 or reimbursement would increase their practices' ability to provide language services. If
29 Medicare were to reimburse for these services, most physicians (54%) would prefer to have
30 the health care provider receive direct reimbursement, although some (35%) favor direct
31 reimbursement to the language services provider. The remainder were skeptical that Medicare
32 payments would cover the cost of the service or the time spent, uncertain, or did not support
33 direct Medicare reimbursement to either health care or language services providers.

34
35 **Conclusions**

36 Physicians encounter patients with LEP on a fairly frequent basis. On average, such patients
37 comprise 12% of active patients in the practices of ACP member internists. These patients
38 have more difficulty understanding basic health information and generally require additional
39 time during office visits. And, the majority of physicians agree that it is difficult to provide
40 patient care to LEP patients when language services are not available. The majority of
41 practices represented by internists that have LEP patients provide language services.
42 However, language services are limited and are typically provided by a bilingual physician or
43 staff member; few practices rely on external sources for language services or provide such
44 services during off hours. Moreover, medical practices typically do not have a formal process
45 for tracking data on patients' primary language, and those that do rely primarily on paper
46 records. Nevertheless, the aggregate costs are not insignificant and are mostly borne by the
47 physician practice.

1 Few physicians perceived a need for tools or training to assist their practices in providing
2 language services. A clearinghouse to provide translated documents and patient education
3 materials would be useful, but providing reimbursement for the added costs of clinical time
4 and language services would be the most effective means of expanding the use of language
5 services.

6 7 **Recommendations**

- 8 **1. Language services should be available to improve the provision of health care**
9 **services to patients with Limited English Proficiency (LEP)**
- 10 **2. Medicare should directly reimburse clinicians for the added expense of language**
11 **services and the additional time involved in providing clinical care for patients**
12 **with LEP**
- 13 **3. A national clearinghouse should be established to provide translated documents**
14 **and patient education materials**

¹ **U.S. Census Bureau.** Language Spoken at Home. Washington, DC: U.S. Census Bureau; 2005. Accessed at http://factfinder.census.gov/servlet/STTable?_bm=y&-geo_id=01000US&-qr_name=ACS_2005_EST_G00_S1601&-ds_name=ACS_2005_EST_G00_&-lang=en&-redoLog=true&-format=&-CONTEXT=st on 8 January 2007.

² **U.S. Bureau of Census.** Ability to Speak English: 2000. Washington, DC: U.S. Census Bureau; 2000. Accessed at http://factfinder.census.gov/servlet/QTable?_bm=y&-geo_id=01000US&-qr_name=DEC_2000_SF3_U_QTP17&-ds_name=DEC_2000_SF3_U on 23 March 2007.

³ **Hing E, Cherry DK, Woodwell DA.** National Ambulatory Medical Care Survey: 2004 Summary. Advance Data from Vital and Health Statistics; No. 374. Hyattsville, Maryland: National Center for Health Statistics; 2006.

⁴ **American Medical Association.** CPT 2007: Professional Edition. Chicago, Illinois: American Medical Association Press; 2006.