

HEALTH CARE INTERPRETER NETWORK

HCIN Fact Sheet

What is the HCIN?

HCIN is the **Health Care Interpreter Network (HCIN)**, a system of shared remote interpreter services operated by Northern California public hospitals. Utilizing one of the world's first Video/Voice Over IP Call Centers to create access to trained interpreter services, participating healthcare providers in this model are using interpreters at their own hospitals or at colleague hospitals through videoconferencing and various telephone technologies. The Video/Voice Over IP Call Center is currently operating at San Joaquin General Hospital, Contra Costa Health Services (at the Contra Costa Regional Medical Center and Concord Health Center) and San Mateo Medical Center.

The HCIN was built through a collaborative process hosted at San Joaquin General Hospital in San Joaquin County, California, outside of Stockton. Health Access Foundation has acted as project managers of the RVVMI Project. The HCIN is now housed at the non-profit Contra Costa Regional Healthcare Foundation. The project team of Health Access Foundation that designed the HCIN system has formed Paras and Associates, a new business which is managing the Health Care Interpreter Network and will disseminate these technology solutions in the health care industry.

The major funders of the project that created the HCIN include the U.S. Department of Commerce – Technology Opportunities Program, the California HealthCare Foundation, the California Consumer Protection Foundation, and Kaiser Permanente Community Benefits – N. California.

Why is there a need for the HCIN?

- The access to quality healthcare services for America's limited English proficient (LEP) patients has been a longstanding challenge to U.S. healthcare providers. **21 million people speak English "less than very well" with 11 million households linguistically isolated.**
- According to the Institute of Medicine report on Racial and Ethnic Disparities, language barriers can "affect the delivery of adequate care through poor exchange of physician instruction, poor shared decision-making, or ethical compromises" and result in decreased adherence to medication regimes, poor appointment attendance, and decreased satisfaction with services.
- Current interpretation methods employed by hospitals—including bilingual staff, staff medical interpreters, telephone-based contract interpreter services, and family member interpretation—are often erratic and haphazard with standards vague and ill defined at best.
- "The most recent California Experience Survey (PEP-C) found 49% of patients reported not being able to receive interpretive services when needed." –California HealthCare Foundation

How does the Health Care Interpreter Network work?

- The hub of the HCIN is servers and software operating the Video/Voice Over IP Call Center. The HCIN Call Center is now routinely routing requests for 3000 interpretations each month within and between the participating hospitals with HCIN interpreters handling around 1200 of these calls. The Call Center is automated to direct the language requested by the caller to the proper Interpreter Agent. For example, calls are routed by originating hospital, so that their own

interpreters can handle calls within the requesting hospital first. Calls can signal priority, so an emergency call can jump to the top of the queue. The calls can also be categorized by special skills requested (male or female, specialized mental health training).

- Trained interpreters of each respective hospital work from multiple locations using video units that can receive video and audio telephone calls. Interpreters login to the system to receive call requests. Each interpreter is categorized by language and any other specifically requested skill.
- Throughout the hospital system, providers and staff are equipped with videoconferencing technology or can use existing telephone systems to make calls for interpretation. If all interpreters for that language are unavailable, calls are routed automatically to an audio-only commercial interpretation service. Providers can access an interpreter using this system, **in under 5 minutes. The average connection time within the HCIN system is 42 seconds.**
- With the HCIN system, hospitals and healthcare providers may utilize their own trained healthcare interpreter staff in conjunction with interpreters from other hospitals to provide the highest quality, lowest cost access to interpreter services. Hospitals may include full-time trained healthcare interpreters and trained bi-lingual staff to meet much of their own interpretation need.
- Participating healthcare providers may also make use of shared resources with other hospital systems to offer access to a greater number of languages and hope to begin to offer American Sign Language and 24-7 video coverage of some languages.

What technologies are utilized in the HCIN system?

Two Cisco software products, IPCC Express and CallManager, power the HCIN Call Center. This software provides automated call distribution functions and skills based routing of calls. The Call Center is hosted by Quest Technology Management at a secure Network Operating Center in Sacramento. The hospitals are connected to this server and to each other in a private and secure high-speed data connection provided by SBC/ATT, dedicated to video and voice interpretation services.

The videoconferencing endpoints utilized by HCIN interpreters are Cisco videophones and clinical staff are equipped with videoconferencing devices by Tandberg Corporation. For telephone connections, the existing phone systems of the hospitals are used. Where needed, enhanced phone sets such as Polycom wireless conference phones and other telephone devices are used so that interpretation can be available in virtually every area where hospital clinical staff, interact with patients.

Impact of the HCIN system on Quality of Healthcare

Prior to implementation of the HCIN system, 79% of physicians surveyed said patients lacked an understanding of medications, preventive care and self-care instructions due to a language barrier compared to 21% after implementation. From the provider's perspective, there has been a significant improvement in LEP patients understanding their medications, preventive care and self-care instructions. In a survey of most frequent staff users of the HCIN system, 42% of staff reported that it was difficult to get an interpreter and that it posed a serious problem prior to the installation of this system. After the installation 100 % of staff surveyed agreed that the new interpreter system was convenient, made it easier to communicate with LEP patients and improved the quality of care to LEP patients.

HCIN is available to other California healthcare providers beginning September, 2006

For more information go to: www.hcin.org

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