



Interpreters for Non-English Speaking Medicaid Patients

Backfill
\$121,700

A Utah Health Policy Project Issue Brief

February 7, 2011

SUMMARY

Medical interpreter services for Medicaid patients are on the chopping block. The Fiscal Analyst estimates that a 100% program reduction, affecting about 3000 clients, will save the state \$121,700 (savings are based on fee-for-service expenditures for interpreting services in FY 2010). Will cutting interpreters for non-English speaking Medicaid patients *really* save Utah taxpayers money? Not likely. This is (another) **cost shift** strategy: save money now, but spend more later.

THE IMPORTANCE OF COMPREHENSION IN COMMUNICATION WITH PATIENTS

Comprehension is the cornerstone of good medical care – promoting good health and effective treatment of illness. Health outcomes improve when patients can communicate with their health care providers *in their native language*. Even though many doctors interpret their patient’s head nodding as comprehension, it is not a dependable indicator of understanding. To ensure effective medical care, patients need to understand what their doctor is saying and be able to ask questions.

THE COST OF POOR COMMUNICATION

Medicaid will likely end up paying more later on for “correctional medicine” if interpreter services are cut. Patients who don’t understand the doctor cannot follow their doctor’s instructions – they will either give up on medical care altogether, or run the risk of having their condition worsen. A recent study found Asian-American patients were more likely to receive appropriate care when they had access to professional interpreters. Professional interpreters have the training needed to facilitate understanding of patients’ traditional health beliefs and practices and to assist patients in obtaining social services and care management.³ The end result is improved **compliance with prescribed treatment and better health**

“Why don’t these people learn English?”

This is a question Ryan, a Medical Interpreter at Primary Children’s Medical Center, gets all the time. *“Speaking English is a very subjective phrase. Learning English generally means having conversational English speaking skills,”* states Ryan. *“Many of our limited English-proficiency patients have conversational English, but that doesn’t mean that they will be able to comprehend medical instructions in English. How many times have we as English speakers gone to the doctor and left confused and wondering what it was the doctor had tried to explain to us? With limited English-proficiency, that **confusion is multiplied ten-fold.**”*

With 8000 refugees from 42 different countries welcomed to Utah since 2000,¹ there are **at least 40 different languages** being spoken in Utah right now.¹ 12.5% of Utah households speak a language other than English in the home and most have some English skills.² Utah’s legal immigrants and refugees are in the process of learning English, but they are not yet at a level of proficiency that allows for effective medical communication and care.



Do Not Confuse English Speaking Ability with Legal Status...

Ryan shares some of his deeper concerns:

"I fear too many people equate 'not speaking English' with someone's legal status. There are many legal immigrants, including refugees, who do not speak English well enough to not need an interpreter.

Knowing they will be able to communicate helps dispel much of the fear non-English speakers feel when visiting the doctor. If that service is taken away, I'm worried that many people will choose not to seek medical attention when needed or wait until the problems become serious."

It is imperative that non-English speakers, while in the process of learning the English language, continue to have

outcomes. People who delay care end up in emergency rooms, often with advanced and much more costly medical needs.

MEDICAL INTERPRETING IS VITAL TO COST-EFFECTIVE, QUALITY HEALTH CARE

Patients who cannot adequately understand what their doctor is saying will either give up on medical care, or fail to follow medical care instructions accurately, resulting in **poor health outcomes**.

Cutting professional medical interpreter services will result in **long term costs** as Utahns whose English language skills are not yet adequate for quality medical communication delay care and use emergency departments for basic medical care. This is a **cost shift**, not a cost savings, strategy.

PLEASE CONSIDER **REVENUE** OPTIONS TO "BACKFILL" THE PROPOSED ELIMINATION OF MEDICAID INTERPRETER SERVICES.

ENDNOTES

¹ <http://refugee.utah.gov/home/index.html>

² <http://quickfacts.census.gov/qfd/states/49000.html>

³ Quyen Ngo-Metzger, et al (2003). Linguistic and Cultural Barriers to Care: Perspectives of Chinese and Vietnamese Immigrants. Journal of General Internal Medicine.

⁴ <http://health.utah.gov/cmh/data/UtahLanguages.pdf>