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 and San Joaquin Behavioral Health Services, Contra Costa Health Services (at the Contra Costa Regional Medical Center and Concord Health Center), San Mateo Medical Center, Rancho Los Amigos National Rehabilitation Center, and Riverside County Regional 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 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 5000 interpretations each month within and between the participating hospitals with HCIN interpreters handling around 3000 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 12 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.

How much would building an HCIN system cost?

In a typical 250 bed hospital setting, the total one-time cost of equipment and installation for a system like the HCIN is expected to be under $200,000. This would provide for mobile video units at all outpatient nursing stations and the Emergency Room and a variety of telephone devices through the hospital, offering access by video and telephone to all points of patient contact. This level of installation would also include 4 interpreter seats for full-time interpreters and bilingual staff trained in healthcare interpretation. Ongoing service fees for access to a managed call center service are expected to be an annual cost of around $60,000 per hospital.

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 is was difficult to get an interpreter and that it posed a serious problem prior to the installation of this system. After the installation of HCIN, 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
Or contact
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