California HMOs to lead nation in medical interpreters

By Linda Goldston
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During the Cold War, Vladimir Khodorkovsky was under tremendous pressure as a commander in the Soviet navy. But being responsible for a flotilla of ships wasn't nearly as stressful for the 75-year-old Peninsula resident as navigating the American health care system.

"Every time when an interpreter is not nearby, I get very nervous and even my limited English disappears," said Khodorkovsky, who now lives in Mountain View.

For immigrants who speak no -- or limited -- English, trying to make a doctor's appointment on the phone can loom as insurmountable and can mean life or death in an emergency.

Seeking to address part of that problem, California is set to become the first state in the nation to require HMO doctors' offices to provide language interpreters to patients who need them. The law becomes effective in October 2007.

State law already mandates that medical interpreters -- in person or on the phone -- be made available in hospitals at no cost to the patient. And a federal law requires language assistance for Medi-Cal and Medicare patients. The services are critical because nearly 40 percent of California adults speak a language other than English at home, according to the 2000 census.

Advocates say such laws better serve the immigrant populations and save money in the long run, but others contend they are costly and rarely work. In fact, a recent study of language services at hospitals found that such laws do not always solve the problem.

The telephone survey of Alameda County hospitals revealed huge gaps in the way they comply with the interpreter laws. The majority of calls made to hospitals in Vietnamese and Cantonese, for example, resulted in a hang-up. Half of the 12 hospitals tested did not connect the Vietnamese-speaking tester to a Vietnamese speaker at all. One staffer even yelled: "No Vietnamese! No! Not today!"

It wasn't much better for the Spanish-speaking testers. Three hospitals connected the tester to a Spanish speaker only one out of five times, and five hospitals hung up or disconnected the caller at least once.

Kaiser Permanente

Only one of the 12 hospitals was singled out for praise by the non-profit Discrimination Research Center, which conducted the study: Kaiser Permanente.

"Kaiser has done a great job paying attention to this," said Monique Morris, director of the Berkeley-based center. "What is not acceptable is for hospital employees to laugh, hang up or say, 'No, I can't serve you, sorry.' That signals a denial of service to us."

Linda Okahara, community-services director of Asian Health Services in Oakland, said patients who come to that health center "do almost anything to try to get out of going to an emergency room. They know they'll get lost or end up spending more time trying to get a diagnosis."

"We referred one of our patients to a local emergency room with an apparent heart attack. He was discharged with a prescription for shoulder pain medication and ended up having another heart attack."

The survey, conducted late last year, was released in February. No similar study has been conducted in equally diverse Santa Clara County, but language-access experts give high marks to Valley Medical Center and Stanford Hospital, in addition to Kaiser, for providing the language help many patients need -- and are entitled to by law.

"Valley Medical Center has one of the most advanced medical interpreter programs in the state," said Dr. Alice Chen, medical director of San Francisco General Hospital's General Medicine Clinic.

While some hospitals rely on medical interpretation provided by off-site phone banks, VMC has 24 full-time medical interpreters on staff in its Language Services Department, including those proficient in Spanish, Vietnamese, Cantonese, Mandarin, Russian, French and Romanian. And the hospital will be hiring two more Spanish-speaking interpreters soon.
"We're very proud of our Language Services Department and are confident that we can provide equal access to quality of care for all of our patients," said Jerry Wallerstein, director of language services for the Santa Clara County Health and Hospital System. "It's a compliance issue as well as a moral issue."

VMC, Kaiser and Stanford have a variety of language services for limited-English-speaking patients, including emergency room signs in numerous languages and in-house assessment programs to test the quality of their medical interpreters and bilingual employees.

**National curriculum**

Gail Tang, director of national linguistic and cultural programs for Kaiser Permanente, developed the curriculum for the Health Care Interpretation Certification Program that began at San Francisco City College 10 years ago and is now being taught around the country.

"If we don't take care of these patients the first time and don't provide cultural and linguistic services, it will impact on all of us," Tang said. "Health care will cost more" because patients get sicker after being misdiagnosed or avoiding treatment because they don't speak English.

The federal civil rights act requires interpreter services be provided free to patients. But some doctors have complained that Medi-Cal does not allocate any funds to pay for language services, leaving them to pay the difference. Any time anything is added to the cost of health care "everybody carries the burden, even consumers," said a spokesman for the California Association of Health Plans.

The California Medical Association received a $167,000 grant last month to study physician attitudes and perspective on language access to health care.

Many limited-English-speaking families rely on their children or relatives to serve as interpreters when they go to the doctor, but Assemblyman Leland Yee, D-San Francisco, has written a bill that would ban the use of children under age 16 for this.

"Having to tell Mom or Dad they have cancer can be traumatizing," said Yee, who had to serve as medical interpreter for his mother when he was a child. "We've also had situations where children misinterpreted" because they weren't familiar with medical terms, he said.

For Khodorkovsky and the estimated 10,000 Russians who now call Santa Clara County home, getting the health care they need has been trial and error.

Nearly 200 of them met at Beth Am Congregation in Los Altos Hills recently to hear presentations on what services are available for them when they seek health care. The gathering was arranged by Peninsula Interfaith Action, a grass-roots organizing group that works on social and public-safety issues.

It was a good beginning, but Khodorkovsky remains sure of one thing:

"It was less pressure to be responsible for a navy division than to make a doctor's appointment or get into the emergency room here," he said through an interpreter. "When I pick a specialist, my first choice is not the best one but the one who has the ability to speak with me."

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