

HCI Council Strategic Directions – Implementation Planning

Training and Education Committee

Improving and expanding training options to be collaborative, affordable, and geographically accessible

Actions:

- Research/explore instructor/student caps in similar fields and make recommendations to OHA on caps
 - **Performance:** A recommendation will be made to OHA based on research of authoritative sources.
- Per student/teacher cap recommendations offered to OHA, implement required instructor/student caps for HCI trainings
 - **Performance:** 1. 100% of the new training program applications and training program renewal applications meet the established instructor/student ratios.
 - **Performance:** 2. Audits demonstrate compliance with the instructor/student caps requirement.
- Add information about employment as a health care interpreter, regional job opportunities, and job classification distinctions to training program curriculum.
 - **Performance:** 100% of the new training program applications and training program renewal applications include this information in the curriculum.
- Explore and encourage possible training partnerships with all entities that fall under Sec. 1557 and professional organizations.
 - **Performance:** Increase in trainings and training partnerships in underserved areas.
- Work with partner entities to explore/identify free, low-cost, or subsidized training venues.
 - **Performance:** Establish an inventory for free or low-cost training venues.
- Develop and provide guidelines to organize local continuing education trainings.
 - **Performance:** Guidelines developed, and targeted outreach is conducted to share the resource with community groups.
- OHA partner with HCI Council to explore ways to offer targeted training and testing through grants and sponsorships based on data analysis findings.
 - **Performance:** Analysis completed in 6 months. OHA consult on possible grants provided in 12 months.
- A certified health care interpreter will work with partner entities to educate them on interpreter services.
 - **Performance:** Year 1: Establish relationships with partner entities by attending the Oregon Medical Association and/or Oregon Nursing Association conferences annually.
 - **Performance:** Year 1: Compile informal feedback from our relationships with partner entities to inform the content of education on interpreter services.
 - **Performance:** Year 2: Create recommendations about the content of education on interpreter services based on the informal feedback.
 - **Performance:** Year 2: Meet with at least one partner entity to provide recommendations for continuing education on interpreter services.

- Provider education needed about Medicaid reimbursement.

- **Performance:** Year 1: Corvallis CCO has completed training with providers on Medicaid reimbursement.
- **Performance:** Year 2: Two more CCOs have completed training with providers on Medicaid reimbursement.
- **Performance:** Year 3: All CCOs have completed training with providers on Medicaid reimbursement.
- (Re: supply of interpreters and equitable access by consumers of service) Develop a dashboard and methodology to determine an adequate number of interpreters by language for each region. Please see attached spread sheet and description for my proposal.
 - **Performance:** The model is fully vetted and adopted by the HCI Council.
 - **Performance:** Model is used to inform decisions such as scholarships or hiring interpreters.
- Foster understanding that interpreters work in multiple settings. Cross recognition of interpreter training programs for continuing education units (CEUs).
 - **Performance:** Interpreters get CEU credit for attending classes related to social determinants of health.
- Explore the impact of requiring new and renewing Certified and Qualified Health Care Interpreters to have their writing skills tested for proficiency in the target language.
 - **Performance:** Year 1: Provide recommendations based on the research on the impact of requiring writing proficiency to the HCI Council.
 - **Performance:** Year 2: Provide alternate recommendations not based on writing.

Registration Process Committee

Streamlining the registration process based on existing successful models

Actions:

- Develop and implement a fully automated online registration and payment process for interpreters.
 - **Performance:** 1. Research at least three professions with state certification/registration requirements that currently handle this online.
 - **Performance:** 2. Prepare a plan to transition to an online registration and payment system.
- Create an online portal where all certified and Qualified interpreters can have access, we can use this to keep track of CEUs and date of expiration of their certification, this can be use as well as verification point for clients (registry)
 - **Performance:** Registration for qualification, certification, and for CE recording takes less than one month.
- Improve timelines for and timely processing of interpreter renewal applications.
 - **Performance:** Interpreters who turn in their renewal applications on time will be listed Pending on the registry or have their approval dates updated or records removed if denied.

Livable Wages for Interpreters Committee

Work with stakeholders to promote a livable wage for HCIs

Actions:

- Explore what a living wage for independently contracted/hourly medical interpreters is and design a program that pays a living wage.
 - **Performance:** Compensation survey and analysis will be completed within 3 months, by March 2019.
 - **Performance:** Create a taskforce immediately which will come up with recommendations delivered no later than January 2020 that would translate into legislation supporting medical interpreting as a sustainable profession for the 2021 legislative session.
 - **Performance:** Compensation survey will be repeated every 3 years and it will reflect an improvement in the interpreter's wage.
 - **Performance:** There will be a 2-hour minimum time block for interpreter appointments. The minimum hourly pay rate accounts for the fact that independent contractors need to be paid 30% higher than an employee to cover overhead, benefits, etc.

- Explore union representation for healthcare interpreters in Oregon.
 - **Performance:** Provide a report on the advantages and disadvantages, including stakeholder input by 2020.

- Explore the option for CCOs, Clinics, and Hospitals to create efficient scheduling to maximize the use of Certified/Qualified HCIs.
 - **Performance:** Create a training on how to book interpreters efficiently and deliver it to CCOs, Clinics, and Hospitals.

- Explore solutions for Certified/Qualified HCIs to indicate they are "Open" or "Closed" in terms of availability.
 - **Performance:** Include in updates of new registry by 2021.

- The OHA's contract language with CCOs will reflect reimbursing and hiring only Certified/Qualified HCIs in all first tier, downstream, and related entities (FDR).
 - **Performance:** Explore a process for reviewing the external quality reviews of each CCO to verify the use of Certified/Qualified HCIs was audited.

Council Development Committee

Recruit, support, and capacitate HCI Council membership

Actions:

- Explore the possibility of compensating HCI Council members who are not otherwise compensated.
 - **Performance:** OHA reports on their ability to compensate the time and effort put in by Council members who are not otherwise compensated.
 - **Performance:** OHA establishes a budget for compensation.

- Evaluate Council time commitment and work with seated and potential members to explore other possible time commitment options.

- **Performance:** Year 1: Members will track their time and report on it every six months to understand the burden on Council members.
- **Performance:** Year 2: Use a critical time path diagram to understand Council time commitment to use time more efficiently.
- **Performance:** Research time/work schedule/whether other similar councils and committees receive any forms of compensation.
- OHA awards continuing education units to interpreters for participation on HCI Council
 - **Performance:** Year 1: OHA will approve general CEUs for HCI Council participation.
 - **Performance:** Year 2-4: 75% of HCI Council members who are interpreters will write their participation on the Council in the continuing education portion of their HCI Certification or Qualification renewal application.
- Develop ground rules for meetings and orientation for new HCI Council members.
 - **Performance:** Ground rules will be posted and reviewed at each meeting. Yearly evaluation of HCI Council meetings will be developed and implemented.

Advocacy and Legislation Committee

Advocate for a more equitable HCI program through education and legislation

Actions:

- Write clearer language in legislation requiring use of Oregon certified/qualified health care interpreters.
 - **Performance:** “Whenever possible” language is removed from legislation requiring use of certified/qualified HCI. Law will state how the requirement for certification and qualification will be implemented.
- Require any agency under Section 1557 to use and document the use of Oregon state approved qualified and certified interpreters.
 - **Performance:** 100% CCOs require their employees and first-tier delegated and related entities to provide proof of Oregon qualification/certification. CCOs report the number of interpreter encounters documented.
 - **Performance:** There will be an enforcement mechanism with penalties for non-compliance.
- Advocate for increased budget for OHA staff to operate and enforce a more robust HCI program. (clarification needed)
 - **Performance:** There will be a budget increase which supports the workload associated with auditing training programs and Section 1557 entities and conduct outreach and education. OHA will provide reports on utilization of interpreters.
- Invite stakeholders in professionals we work with to share their concerns with the council, even if they don’t hold a seat in the council. OMA reps, nursing reps, etc. Ask what they see in the quality of interpreters, why they hire a certain type, why they have or don’t have staff interpreters, etc. Once our colleagues have shared these issues with us, invite legislators to the table to see what they believe can be done in legislation. Include Deaf and LEP as stakeholders in this discussion.
 - **Performances:** 1. Develop a report based on stakeholder feedback, create best practices for each modality, and propose legislative concepts based on that feedback.
 - **Performances:** 2. Partner with legislators to refine legislative concepts for passage into law.

- **Performances:** 3. We have developed specific guidelines for VRI best practices beyond the ADA's recommendations.
- **Performances:** 4. Collaborate with legislators to endorse the best practices we have created.
- Explore the misclassification of interpreters in Oregon labor law.
 - **Performance:** Collaborate with the Bureau of Labor and Industry to develop recommendations to change the law, identifying interpreters as independent contractors or employees.
 - **Performance:** OHA approved training programs are required to include information in their curriculum about interpreter classifications, the benefits of each classification, and their rights as interpreters.
- Explore the possibility of providing interpreter services through a third-party vendor, but not through CCOs. Remove responsibility from CCOs to provide this service, due to poor outcomes and underutilization of certified interpreters. Vendor must comply with specific rules, payment protocols (interpreters must be paid a certain percentage of cost), must give priority to certified and qualified interpreters, etc. Like Washington state model.
 - **Performance:** Obtain legislative approval for creating this system.
 - **Performance:** Third party vendor provides interpreter services rather than CCO.
- (Re: evaluation) Recommend to Oregon Health Authority that language access programs are reviewed during yearly audits.
 1. How are CCO's reviewing for need
 2. How are CCO's ensuring that interpreters are Certified or Qualified
 - i. What is the CCO's interpreter certification process.
 - Performance:** Create a recommendation for an audit process.
 - Performance:** Oregon Health Authority adopts audit process.
- (Re: evaluation) Recommend to Oregon Health Authority that CPT Code T-1013 (Sign language or oral interpretive services, per 15 minutes) be accepted as an encounter for tracking purposes.
 - a. Develop dashboards based from CCO claims data to see the number of LEP speakers that have this CPT code with their encounters.
 - i. Develop targets based on an assessment of the needs of the community for the CCO to increase these numbers year over year.
 - ii. Possibly added as a quality metric?
 - **Performance:** AllCare will present initial findings from pilot project after August 2019.
 - **Performance:** OHA will use the payment code to track interpreting encounters.
 - **Performance:** A rate is set for the CPT code T-1013.
 - **Performance:** The rate is added to DMAP flat rate
 - **Performance:** Guidelines will be created for charting to support billing for the code
 - **Performance:** Education and training for this process will be added to all state-recognized interpreter training programs.
- Explore the possibility of creating a state medical interpreter services office for patients receiving Medicaid in Oregon, like Court Language Access Services. Explore the cost compared to the current system and if it is more cost effective, take steps to implement this program.

- **Performance:** Year 1-2: A law is passed to require CCOs to track LEP encounters and report results to OHA.
- **Performance:** Year 3-5: Based on LEP encounter data, identify gaps in language access, compensation, and the sustainability of the profession.

Communication and Outreach Committee

Strengthen partnerships and collaboration through community outreach and information sharing

Actions:

- Educate first-tiered, downstream and related entities about contracting or hiring Oregon Certified and Qualified health care interpreters.
 - **Performance:** 1. HCI Council staff time is dedicated to communication to and engagement with providers about contracting or hiring Oregon Certified and Qualified health care interpreters.
 - **Performance:** 2. Require CCOs to inform all providers of services in writing and electronically at least once per year of the requirements of contracting or hiring Oregon Certified and Qualified health care interpreters.

- Send out a newsletter to interpreters, Spanish LEP, and stakeholders to engage them and advocate for the profession.
 - **Performance:** HCI Council will form a committee to write quarterly submissions to include in the existing OHA newsletter.

- OHA and/or Council members in collaboration with Oregon Registry of Interpreters for the Deaf provide education to LEP and Deaf individuals about their legal right to a health care interpreter, what to expect when working with interpreters, and how to file a complaint. Education will be provided in patient's language. OHA will provide training to Oregon Certified and Qualified interpreters who can give a standardized training created by OHA/Council/ORID to individuals in their language; interpreters will receive continuing education credits and/or a stipend through OHA for providing this class.
 - **Performance: Year 1:** OHA/Council/ORID will develop and provide 1 class to Spanish speaking patients and 1 class to the Deaf community. Interpreter to provide the class in their language.
 - **Performance: Year 2:** OHA/Council/ORID will provide at least 1 class to patients in their language and will train at least 2 other language interpreters to provide the class in their language.
 - **Performance: Year 3:** OHA/Council/ORID will provide at least 2 classes to patients in their language and will train at least 3 other language interpreters to provide the class in their language.

- Hold town-hall meetings in rural parts of Oregon to hear from local interpreters about the barriers to obtain HCI Certification and Qualification.
 - **Performance:** OHA/HCI Council will host at least 1 town-hall meeting in rural Oregon per year.