Oregon Health Authority
Transformation Center and Division of Equity & Inclusion

Meaningful Language Access to Culturally Responsive Health Care
Learning Collaborative
March 26, 2021
8:30am – 10:00am

Maria Castro from the OHA Division of Equity & Inclusion (DE&I) provided an update on the DE&I's review and evaluation about 2021 CCO Health Equity Plans. DE&I staff is scheduling a session with each CCO in the upcoming weeks to review the evaluation, identify strengths and opportunities, offer technical assistance, and present some templates for this year's Health Equity Plans, which are due June 30.

During this session, health equity staff from several CCOs shared about how language access is addressed in their Health Equity Plans, especially in Focus Area 7 (language access reporting), Focus Area 3 (culturally and linguistically appropriate services (CLAS)), Focus Area 4 (CLAS as an organizational framework) and Focus Area 6 (organizational training and education). These elements in the Health Equity Plans are aligned with the requirements of the new CCO meaningful language access to culturally responsive health care quality incentive measure.

All CCOs were invited to share; however, due to time limitations, we won't be able to hear from all CCOs; we appreciate the CCOs who have volunteered to share at today's session.

Trillum Community Health Plan (Britney Dominguez and Tina Potter)
- Trillium has developed comprehensive language access plan that includes analyzing enrollment, claims, and interpreter services data for utilization and outcomes
- The CCO is currently conducting a provider network assessment using the CLAS standards, including interpretation services, work with THWs, technology capacity, trauma-informed care, and barriers to health and health equity
- Trillium assesses compliance with the CLAS standards annually, including surveying governance, leadership, and staff demographics; Trillium's quality improvement committee reviews and approves the CCO's CLAS projects
- All customer-facing staff also receive training on language access at time of hiring and through continuing education, including how to access the CCO's telephonic and in-office language assistance vendors; the CCO is developing a micro-training for its provider network about accessing qualified health care interpreters

Yamhill Community Care (Jenna Harms)
- Yamhill Community Care did formative work through a root cause analysis to review the barriers to meaningful language access to culturally responsive health care services, including lack of knowledge and the needs for improved systems, better data, and more interpreters
- The CCO has piloted a provider accessibility survey
- Primary care providers are being asked to report quality metrics quarterly, with a reporting incentive as part of their Alternative Payment Methods (APM) agreement

- Yamhill is working to refine data from language assistance vendors in terms of expectations and minimum requirements, to ensure the CCO has the data elements for reporting for OHA
- 3,572 members report Spanish as their primary language (12%); 90% of the CCO's clinics have bilingual providers/staff and provide telephonic interpretation
- The CCO is conducting an audit of all its policies and procedures for equity and trauma-informed care; equity also is included in the CCO's annual compliance audit
- The CCO's provider directory includes information about the languages spoken and cultural competency training completed by providers
- Among other interventions for ensuring CLAS are reviewing all member communications, improving translation processes, and reviewing the CCO website
- Yamhill also staff training and offers training/Continuing Medical Education (CME) for its network providers on language access and health care interpreters

Eastern Oregon CCO (Courtney Valenzuela)
- EOCCO is starting with what language access data it can collect internally, providing technical assistance to providers for reporting about language access
- The CCO has distributed materials to members about interpreter services, including why it is discouraged to rely on a family member or friend as interpreter
- EOCCO is piloting video interpreting on tablet computers that a member can use throughout a visit
- In serving rural and frontier communities, broadband access is a challenge so video remote interpreting is not always available, which is especially important for sign language
- The CCO is sponsoring health care interpreter training for at least 2 THWs
- EOCCO is looking at language access as a bigger picture issue for training its workforce
- The CCO is making sure its cultural competence training materials match OHA Cultural Competence Continuing Education requirements, and is monitoring training on a quarterly basis

IHN-CCO (Charissa Young-White)
- IHN-CCO has used a Portland State University protocol for racial equity in organizations;[1] the CCO's work on equity is based on this protocol
- There is focus on improved trainings for staff and its provider network, and training existing bilingual staff, especially CHWs and THWs, to be certified as health care interpreters
- The CLAS standards are a foundation of all this work, and the CCO is using facilitators and trainers with lived experience to speak about these topics
- Samaritan Health Services has an Equity and inclusion Council, and an 8-month Equity Champions Program that trains leaders on equity issues using a train-the-trainer method, based on OHA DE&I's DELTA Program
- The is a need for language access in all clinics and hospitals, and ensuring that only trained, qualified, or certified interpreters are being accessed

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[1] https://pdxscholar.library.pdx.edu/cgi/viewcontent.cgi?article=1008&context=care_pubs

- Finally, the CCO has a short-term goal to have all forms available in at least the top 3 languages, with 15 languages as a long-term goal; and to have them available all the time, not just upon request
- Will be providing interactive, role-based training for providers

Cascade Health Alliance (Christopher Koski)
- The CCO has data gaps about race and language; 1,766 members identified as Hispanic and 731 members identified Spanish as their primary language; used these data as baseline
- Cascade Health Alliance conducted community, provider, and member surveys and found strengths and gaps, e.g. limited Spanish-speaking specialists, lack of language assistance services for Spanish-speaking patients
- The CCO is working towards achieving National Committee for Quality Assurance (NCQA) Distinction in Multicultural Health Care by 2025
- There is a need to build more robust internal training on health equity and social determinants of health, and make it available to provider network and community partners; a series of virtual trainings (45-60 minutes) will begin in April 2021, including training about local tribe
- Cascade Health Alliance has short-term and long-term goals to translate and maker available 100% of member materials in large print, Spanish, Braille, and audio formats
- The CCO has created a Health Equity Council with subcommittees on the Health Equity Plan Focus Areas

PacificSource (Adria Godon-Bynum)
- Strategies and tactics include data and assessment, tools for better access and connection to language assistance, stronger integration of CLAS throughout system, reinvigorating policies and procedures, and education and training
- At the heart it's about people we're serving who have been traditionally been excluded from accessing full services; some of the work is technical, some is inter-personal
- Customer service team did outbound calls to assess experience with interpreter services; otherwise difficult to find and assess people who needed interpreters and did not use them; the benefit of a direct call is if someone has had a negative experience, it can be escalated to grievance and appeals (G&A) right on the call
- PacificSource piloted a data dashboard to identify clinics and providers that serve large limited English proficient populations and gap analysis about how many did not access interpreters, documentation issues
- The CCO has created a member flyer in the top 5 languages, integrates "I Speak" card (at OHA for review)
- The CCO is offering training to become certified health care interpreter
- PacificSource has created a CLAS strategic workgroup across all lines of business, including marketing, website and IT staff
- The CCO has made its language access plan available to providers, to use as a template for their own language access plans
- PacificSource has completed training for its staff and boards in all its regions (boards, health councils, clinical advisory panels, community advisory councils, rural advisory councils), and is developing a platform for external training, that includes cultural appropriateness as well as language access

Columbia Pacific CCO (Maranda Varsik)

- Based on the "834" member enrollment file, 1,373 members identified Spanish as their primary language; this data has some limitations
- Columbia Pacific CCO is developing a plan to collect race, ethnicity, language and disability (REAL-D) data directly from members to improve long-term quality of the data
- The CCO is reviewing data from language access vendors twice a month, including patient-level data about utilization of the interpretation benefit; also review the data with clinics
- Last year, Columbia Pacific CCO did a retrospective chart review to understand how interpretation services were documented in electronic medical records (EMRs) and found that utilization was documented in about 30% of the encounters; there also were refusals of interpretation services that were documented
- This year, the CCO began using an anonymous consumer process: a certified health care interpreter called clinics posing as a Spanish-speaking patient to schedule an appointment, noting interactions with frontline staff, and length of time to access an interpreter
- Beginning this year, the primary care APM includes a requirement for a narrative report on interpreter service delivery and utilization; this year, the CCO is piloting EMR-based reporting with one clinic
- OHA preferred language cards are included in new member mailings to Spanish-speaking members, the new member welcome letter mentions language assistance services, and language assistance services - including how to request translations of documents - are highlighted in the abbreviated member handbook, or "easy guide"
- The CCO's provider directory has provider language spoken as a search field option
- Columbia Pacific CCO has adopted the Protocol for Culturally Responsive Organizations[2] towards justice, equity, diversity, and inclusion (JEDI) and created a organizational commitment, leadership, and governance workgroup to support CLAS
- The CCO also has a language access workgroup and hired a language access coordinator this year
- Columbia Pacific CCO provides training on language access, offers online OHA-approved cultural competence training to provider network, and provided 4 scholarships to health care interpreters for training to become certified

Jackson Care Connect (Samantha Watson)
- 7,245 CCO members identify as Hispanic and 3,514 speak Spanish as their primary language; note that Chinese is an umbrella term that encompasses many dialects
- There is a need for standardization, accountability, and improvement
- Jackson Care Connect is looking at a pilot program to reimburse for employed certified and qualified clinic staff
- The CCO provided 7 scholarships to health care interpreters for training to become certified, and is exploring language proficiency testing for providers who speak languages in addition to English[3]

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[2] From the Communities of Color Coalition: https://www.coalitioncommunitiescolor.org/research-and-publications/protocolfororgs
[3] Participant Helen Eby shared this reference about language proficiency of providers: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2847098/pdf/11606_2009_Article_1201.pdf

- Jackson Care Connect has an health equity action committee, with a language access subcommittee; its clinical advisory panel (CAP) also has a language access workgroup and the CAP has identified language access as a clinical priority for 2021
- The CCO is working with a Federally Qualified Health Center (FQHC) to pilot tracking and reporting visits with interpreters (both FQHC staff and contracted vendors)
- Will be conducting a training needs assessment and then a training plan

Facilitator Ignatius Bau noted some of the themes from the CCO Health Equity Plans:
- There are multiple sources of data about language assistance needs, from the "834" OHP member enrollment file, self-reported member data, CCO data, and community and member surveys and assessments
- Many CCOs have sought and received community input about language assistance needs
- There are useful tools for CCO members to identify their language assistance needs, e.g. I Speak cards, flyers
- There is a need for training and technical assistance, both for CCO staff and for providers/clinics about how to access and utilize language assistance services; some CCOs are developing online training and videos, FAQs, templates, toolkits, etc.
- However, in addition to training, there also needs to be the appropriate policies and procedures, workflows, and internal structures to support comprehensive language assistance
- Language access has been discussed across the CCO, from governance to clinical advisory panels, community advisory panels, etc.; many CCOs have internal workgroups
- Language assistance needs to be addressed by many departments and staff within CCOs: member services, community outreach and engagement, provider network support and services, quality, data and analytics, IT, communications, website development and maintenance, etc.
- There was a lot of discussion of the multiple modalities for language assistance, e.g. multilingual providers, in person certified health care interpreters, video remote interpreting, telephonic interpreting
- Some providers (and CCOs) hire multilingual providers and staff and certified health care interpreters; there is interest in proficiency testing for multilingual providers
- There also are multiple vendors/partners who provide these modalities of language assistance
- CCOs have a role in supporting and increasing the availability of certified health care interpreters, e.g. financially supporting, and/or hosting trainings (especially virtual/online trainings)[4]
- There needs to be continuous monitoring and a continuous quality improvement approach to language assistance; some CCOs are using creative monitoring and

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[4] Participant Helen Eby shared this OHA resource on recommendations for training health care interpreter trainers:
https://www.oregon.gov/oha/OEI/HCI%20Non%20Meeting%20Documents/Recommendations%20for%20Training%20Interpreter%20Trainers.pdf

evaluation tools such as "anonymous consumer" techniques to test whether language assistance is available