



From Evidence to Action: How Do Your Providers Rate (on Language Access)?

David B. Hunt, J.D.
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BCT Partners Overview



BCT is a national, multidisciplinary consulting firm with 20+ years of experience in the public, private, philanthropic and nonprofit sectors.

Size: 200+ Employees and Contractors

Honors and Awards:

- Inc. 5000 of America's Fastest-Growing Private Companies
- *Manage HR Magazine* Top 10 Diversity and Inclusion Consulting/Service Companies
- *Forbes* America's Best Management Consulting Firms
- *Black Enterprise* BE100 Nation's Largest Black-owned Businesses



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DAVID B. HUNT, J.D.



Senior Director of Health Equity,
BCT Partners

A former employment law and civil rights attorney, David is nationally known for his expertise in:

- *Racial and Ethnic Disparities and Other Health Equity Issues*
- *Cultural Competence in Healthcare*
- *The Law of Language Access*
- *Global Medicine*

Former President and CEO of Critical Measures where over 80% of the firm's work was with leading hospital systems.

CRITICAL MEASURES



THINK
CULTURAL
HEALTH



#123forEquity Pledge to Act
to Eliminate Health Care Disparities



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Health Equity Thought Leadership

- Selected by the U.S. Department of Health and Human Services, Office of Minority Health in 2022 to manage and create new educational content for its Think Cultural Health website, providing nearly 400,000 CEUs annually. See: [Home - Think Cultural Health \(hhs.gov\)](https://www.hhs.gov/think-cultural-health/)
- Selected by AHA/IFD as national consultant to #123forEquity Campaign
- Selected by BCBSA as national vendor on cultural competence
- Selected by America's Essential Hospitals as their national consultant on health equity matters.
- First CME accredited e-learning programs on cultural competence, the law of language access in healthcare and global medicine. (Over 350,000 providers have now been trained on these programs...)
- Conducted national webinars on the law of language access for the ABA, the AHA and InDemand Interpreting.



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Provider Cross-Cultural Medical Assessment

1. Created with assistance from top physician and provider experts in cross-cultural medical care.
2. Emphasis is not on cultural competence but on clinical competence in a globally mobile world.
3. Focuses not on providers attitudes towards disparities but rather on providers self-disclosed practice behaviors.
4. Asks and answers two key questions:
 - A. Which minority patient populations are providers most/least prepared to treat?
 - B. Do providers' practice behaviors match clinical best practices and current legal/regulatory requirements?

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Provider Cross-Cultural Medical Assessment

5. Examines providers' practice behaviors with respect to eight non-traditional patient populations:
 - A. Limited English Proficient
 - B. Deaf and Hard of Hearing
 - C. Immigrants
 - D. Refugees
 - E. International Travelers
 - F. Military Veterans
 - G. LGBTQ
 - H. Racial and Ethnic Minorities

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Take Assessment By Phone/Computer Most Providers Finish in 10 Minutes

CRITICAL
MEASURES

Racial and Ethnic Minorities

27% Save Progress ✓

16. In your view, how significant is the problem of racial and ethnic disparities in health care in:

- The United States

Very Important

Moderately Important

Relatively Unimportant

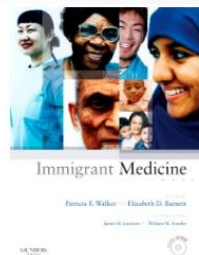
Unimportant

- The State of Minnesota

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Individual Feedback Report Contains...

- Comparisons against clinical best practices.
- Insights from leading clinicians.
- Practice improvement tips
- Legal/risk management strategies and advice
- Statistical comparisons against peers by medical sub-specialty.
- Clinical effectiveness ratings (excellent, good, fair or poor)



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Language Access Audit - Overview

Asks and answers two key questions:

1. Are your language access systems, policies and practices in compliance with federal and state law?
2. Are your language access systems, policies and practices in compliance with emerging national clinical best practices in the language access field?

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Language Access Audit - Contents

1. Overview of Language Access Systems at Client
 - A. Evaluation of Changing Patient Demographics, Language Access Needs.
 - B. Language Access Infrastructure (Systems, Policies, Practices)
 - C. Collection and Use of REL, SOGI and SDH Data
 - D. Use of Qualified Foreign Language, ASL & CDI Interpreters
 - E. Provision of Written Translated Materials/Vital Documents
2. Language Access Expenditures
3. Examination/Critique of Hospitals' Language Access Policies
4. Providers Practice Behaviors When Treating LEP & Deaf/HOH
5. Quality Assurance Issues Associated With Language Access
6. Legal/Risk Management Issues Associated With Language Access
7. Recommendations for Improvement

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Key National Findings - PCCMA

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How Often Do MD's Say Cross-Cultural Issues Result in Negative Clinical Consequences?

Question: How frequently do you believe that cross-cultural Issues result in negative consequences for clinical care?

Position	USA MD's Very Often Or Often	GHP MD's Very Often Or Often
Physicians %	49%	70%
Physicians #	455/929	69/99

Source: BCT Partners National Provider Database 2023.

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MD's List Negative Clinical Consequences Resulting From Cross-Cultural Care.

Question: When delivering cross-cultural care, which negative clinical consequences do you believe occur most often at your hospital?

<u>Quality/Safety Factors:</u>	<u>%</u>	<u># MD's</u>
Miscommunication	92%	473/512
Patient Non-Adherence	75%	702/930
Lack of Trust	71%	362/512
Medical Safety Issues	29%	271/930
Medical Errors	24%	122/512
Lower Quality Care	21%	88/418
<u>Other Factors:</u>	<u>%</u>	<u># MD's</u>
Lower Patient Satisfaction	67%	619/930
Lower Provider Satisfaction	63%	585/930

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MD's List Negative Clinical Consequences Resulting From Cross-Cultural Care.

Question: When delivering cross-cultural care, which negative clinical consequences do you believe occur most often at your hospital?

<u>Cost Factors:</u>	<u>%</u>	<u># MD's</u>
Longer Office Visits	79%	734/930
Unnecessary ED Visits	54%	502/930
Delays Obtaining Consents	38%	350/930
Unnec. Hospitalization/Readmits	26%	238/930
Unnecessary Tests	20%	85/418

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MD's Most Prepared to Treat LGBT & Minorities, Least Prepared to Treat Refugees, Deaf, & LEP.

All MD Respondents

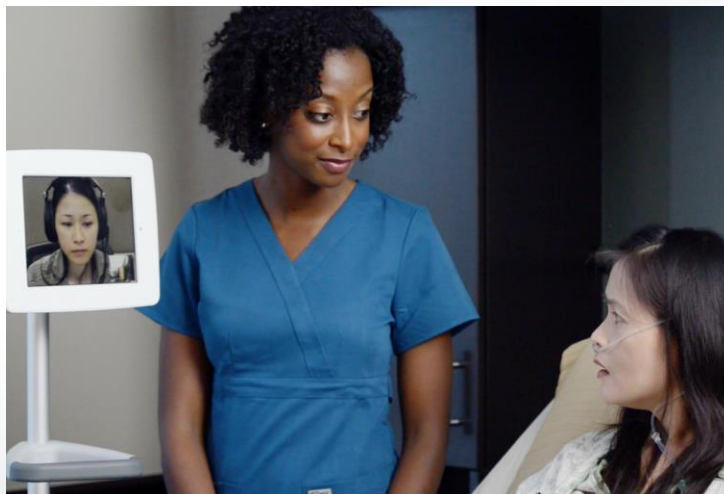
Question: How prepared do you believe that you are to provide care to patients [from the following groups]?

<u>Group</u>	<u>Very Well/Well Prepared</u>	<u>Less Than Well Prepared</u>	<u>Total</u>
Limited English Profic.	55% 1,301	45% 1,054	2,355
Deaf/Hard of Hearing	46% 1,092	54% 1,269	2,361
New/Recent Immigrants	54% 1,258	46% 1,086	2,344
New/Recent Refugees	42% 998	58% 1,360	2,358
LGBTQ Patients	83% 1,951	17% 407	2,358
Racial & Ethnic Minorities	82% 1,055	18% 235	1,290
International Travelers	67% 1,350	33% 655	2,005
Military Veterans	84% 654	16% 121	775

Source: BCT Partners National Provider Database, 2023

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In Depth - Limited English Proficient Findings



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91% of Physicians Sampled Provide Care to Limited English Proficient Patients.

Question: Do you provide care to patients who speak languages other than English?

ALL Physician Responders

<u>Position</u>	<u>YES</u>	<u>NO</u>	<u>Total</u>
System A (WI)	90% (54)	10% (6)	60
System B (MD)	89% (309)	11% (40)	349
System C (MN)	96% (400)	4% (19)	419
System D (NC)	90% (273)	10% (30)	303
System E (FL)	88% (313)	12% (42)	355
System F (SC)	94% (316)	6% (19)	335
System G (MO)	98% (249)	2% (4)	253
System H (ME)	82% (220)	18% (39)	259
Total	91% 2,134	9% 199	2,333

Source: BCT Partners National Database, 2023.

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Yet 45% of MD's Believe That They Are Less Than Well Prepared to Treat LEP Patients.

Question: How prepared do you believe that you are to provide care to patients who speak languages other than English?

Physician Respondents Only

<u>Position</u>	<u>Very Well or Well Prepared</u>	<u>Less Than Well Prepared</u>	<u>Total</u>
System A (WI)	48% (29)	52% (31)	60
System B (MD)	39% (134)	61% (212)	346
System C (MN)	62% (259)	38% (160)	419
System D (NC)	42% (127)	58% (178)	305
System E (FL)	58% (205)	42% (150)	355
System F (SC)	51% (183)	49% (175)	358
System G (MO)	76% (192)	24% (61)	253
System H (ME)	66% (172)	34% (87)	259
Total	55% 1,301	45% 1,054	2,355

Source: BCT Partners National Database, 2023.

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Many Primary Care MD's See Themselves As Less Prepared to Treat LEP Patients Than Other MD's.

Question: How prepared do you believe that you are to provide care to patients who speak languages other than English?

Primary Care MD Respondents Only

Position	Very Well or Well Prepared		Less Than Well Prepared		Total
All Physicians	55%	1,301	45%	1,054	2,355
Family Medicine MDs	48%	146	52%	160	306
OB-GYN MDs	49%	68	51%	70	138
Pediatric MDs	67%	288	33%	139	427
Internal Medicine MDs	46%	92	54%	106	198
Primary Care MD's	56%	594	44%	475	1,069

Source: BCT Partners National Database, 2023

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Hospitals Vary In Their Use of Trained/Qualified Medical Interpreters When Treating LEP Patients

Question: When providing care to LEP patients, how often do you use trained/qualified (In-person) medical interpreters?

All Physician (MD) Respondents

Position	Always/Usually	Sometimes	Never	Total
System A (WI)	55% (31)	30% (17)	15% (9)	57
System B (MD)	61% (195)	25% (81)	14% (46)	322
System C (MN)	74% (307)	20% (81)	6% (24)	412
System D (NC)	69% (202)	22% (66)	9% (28)	296
System E (FL)	45% (136)	40% (122)	15% (47)	305
System F (SC)	88% (275)	9% (28)	3% (11)	314
System G (MO)	67% (170)	25% (62)	7% (17)	249
System H (ME)	51% (109)	33% (70)	16% (36)	215
Total All MD's	66% 1,425	24% 527	10% 218	2,170

Source: BCT Partners National Database, 2023

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Primary Care MD's Less Likely Than Other MD's To Use Trained/Qualified In-Person Interpreters

Question: When providing care to LEP patients, how often do you use trained/qualified (in-person) medical interpreters?

All Primary Care (MD) Respondents

<u>Provider Type</u>	<u>Always/Usually</u>	<u>Sometimes</u>	<u>Never</u>	<u>Total</u>
Total All MD's	66% 1,425	24% 527	10% 218	2,170
Family Medicine	51% (138)	26% (70)	23% (63)	271
OB-GYN's	71% (95)	22% (29)	7% (9)	133
Pediatricians	71% (290)	21% (86)	8% (33)	409
Internal Medicine	51% (86)	24% (41)	25% (42)	169
Total Primary Care	62% 609	23% 226	15% 147	982

Source: BCT Partners National Database, 2023

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Many MD's Acknowledge Always/Usually Using Untrained Bilingual Staff as Medical Interpreters For LEP Patients

Question: When providing care to LEP patients, how often do you use bilingual staff without formal training in interpretation?

All Physician (MD) Respondents

<u>Hospital</u>	<u>Always/Usually</u>	<u>Sometimes</u>	<u>Never</u>	<u>Total</u>
System A (WI)	11% (6)	19% (11)	70% (40)	57
System B (MD)	25% (80)	46% (149)	29% (92)	321
System C (MN)	8% (31)	32% (131)	60% (249)	411
System D (NC)	15% (44)	49% (144)	36% (104)	292
System E (FL)	47% (143)	41% (123)	12% (37)	303
System F (SC)	8% (26)	42% (132)	50% (155)	313
System G (MO)	5% (13)	22% (55)	72% (181)	249
System H (ME)	3% (6)	14% (31)	83% (178)	215
Total All MD's	16% 349	36% 776	48% 1,036	2,161

Source: BCT Partners National Database, 2023

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Primary Care MD's Less Likely Than Other MD's To Use Untrained Bilingual Staff as Medical Interpreters For LEP Patients.

Question: When providing care to LEP patients, how often do you use bilingual staff without formal training in interpretation?

All Primary Care (MD) Respondents

<u>Provider Type</u>	<u>Always/Usually</u>	<u>Sometimes</u>	<u>Never</u>	<u>Total</u>
Total All MD's	16% 349	36% 776	48% 1,036	2,161
Family Medicine	15% (40)	26% (71)	59% (159)	270
OB-GYN's	13% (18)	47% (62)	40% (53)	133
Pediatricians	10% (42)	28% (114)	62% (251)	407
Internal Medicine	15% (25)	26% (44)	59% (100)	169
Total Primary Care	13% 125	30% 291	57% 563	979

Source: BCT Partners National Database, 2023

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Hospitals Vary Widely In Their Use of Adult Family Members and Friends as Interpreters

Question: When providing care to LEP patients, how often do you use patients' adult friends or family members as interpreters?

All Physician (MD) Respondents

<u>Position</u>	<u>Always/Usually</u>	<u>Sometimes</u>	<u>Never</u>	<u>Total</u>
System A (WI)	20% (11)	61% (35)	19% (11)	57
System B (MD)	31% (98)	56% (180)	13% (42)	320
System C (MN)	8% (32)	72% (294)	20% (85)	411
System D (NC)	31% (91)	60% (177)	9% (26)	294
System E (FL)	40% (107)	53% (139)	7% (19)	265
System F (SC)	10% (32)	56% (175)	34% (105)	312
System G (MO)	2% (4)	49% (124)	48% (121)	249
System H (ME)	5% (10)	69% (149)	26% (56)	215
Total All MD's	18% 385	60% 1,273	22% 465	2,123

Source: BCT Partners National Database, 2023

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Primary Care MD's Less Likely Than Other MD's To Use Adult Family Members and Friends as Interpreters

Question: When providing care to LEP patients, how often do you use patients' adult friends or family members as interpreters?

All Primary Care (MD) Respondents

<u>Provider Type</u>	<u>Always/Usually</u>	<u>Sometimes</u>	<u>Never</u>	<u>Total</u>
Total All MD's	18% 385	60% 1,273	22% 465	2,123
Family Medicine	26% (71)	58% (156)	16% (43)	270
OB-GYN's	11% (15)	51% (68)	38% (50)	133
Pediatricians	6% (24)	51% (206)	43% (177)	407
Internal Medicine	26% (44)	50% (85)	24% (41)	170
Total Primary Care	16% 154	52% 515	32% 311	980

Source: BCT Partners National Database, 2023

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Hospitals Vary Widely In Their Use of Minor Children (<18 years old) as Medical Interpreters

Question: When providing care to LEP patients, how often do you use patients' minor children (<18 years old) as interpreters?

All Physician (MD) Respondents

<u>Position</u>	<u>Always/Usually</u>	<u>Sometimes</u>	<u>Never</u>	<u>Total</u>
System A (WI)	3% (2)	30% (17)	67% (38)	57
System B (MD)	10% (32)	38% (120)	52% (168)	320
System C (MN)	3% (13)	32% (130)	65% (268)	411
System D (NC)	11% (32)	51% (149)	38% (112)	293
System E (FL)	12% (39)	44% (132)	44% (132)	303
System F (SC)	5% (15)	22% (70)	73% (225)	310
System G (MO)	0% (0)	15% (38)	85% (211)	249
System H (ME)	0% (0)	17% (36)	83% (179)	215
Total All MD's	6% 133	32% 692	62% 1,333	2,158

Source: BCT Partners National Database, 2023

27

Primary Care MD's Less Likely To Use Minor Children as Interpreters For LEP Patients Than Other MD's.

Question: When providing care to LEP patients, how often do you use patients' minor children (<18 years old) as interpreters?

All Primary Care (MD) Respondents

<u>Provider Type</u>	<u>Always/Usually</u>	<u>Sometimes</u>	<u>Never</u>	<u>Total</u>
Total All MD's	6% 133	32% 692	62% 1,333	2,158
Family Medicine	9% (24)	35% (95)	56% (152)	271
OB-GYN's	2% (3)	30% (40)	68% (89)	132
Pediatricians	3% (10)	21% (87)	76% (310)	407
Internal Medicine	7% (12)	18% (30)	75% (125)	167
Total Primary Care	5% 49	26% 252	69% 676	977

Source: BCT Partners National Database, 2023

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Approximately 6% of MD's Always/Usually Act As Medical Interpreters for LEP Patients Themselves. (Another 20% Do So "Sometimes".)

Question: When providing care to LEP patients, how often do you attempt to act as an interpreter for the patient yourself?

All Physician (MD) Respondents

<u>Hospital</u>	<u>Always/Usually</u>	<u>Sometimes</u>	<u>Never</u>	<u>Total</u>
System A (WI)	2% (1)	16% (9)	82% (47)	57
System B (MD)	7% (22)	26% (85)	67% (214)	321
System C (MN)	2% (9)	11% (43)	87% (358)	410
System D (NC)	8% (24)	25% (74)	67% (195)	293
System E (FL)	17% (50)	27% (83)	56% (169)	302
System F (SC)	6% (21)	32% (98)	62% (192)	311
System G (MO)	4% (9)	8% (19)	87% (221)	249
System H (ME)	1% (1)	7% (16)	92% (198)	215
Total All MD's	6% 137	20% 427	74% 1,594	2,158

Source: BCT Partners National Database, 2023

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Primary Care MD's Less Likely Than Other MD's To Act as Medical Interpreters For LEP Patients Themselves.

Question: When providing care to LEP patients, how often do you attempt to act as an interpreter for the patient yourself?

All Primary Care (MD) Respondents

<u>Provider Type</u>	<u>Always/Usually</u>	<u>Sometimes</u>	<u>Never</u>	<u>Total</u>
Total All MD's	6% 137	20% 427	74% 1,594	2,158
Family Medicine	7% (18)	14% (37)	79% (214)	269
OB-GYN's	4% (5)	18% (24)	78% (104)	133
Pediatricians	6% (23)	11% (44)	83% (340)	407
Internal Medicine	7% (12)	13% (22)	80% (135)	169
Total Primary Care	6% 58	13% 127	81% 793	978

Source: BCT Partners National Database, 2023

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Physicians Offered Many Reasons For Not Using Qualified Medical Interpreters When Treating LEP Patients.

Question: If you do not always use a trained or qualified medical interpreter during LEP patient encounters, please check the factors that affected your decision...

All Physician (MD) Respondents

<u>Factor</u>	<u>%</u>	<u># MD's</u>
In-person QMI not available when needed	36%	344/966
More efficient to use bilingual staff, family/friends	16%	152/966
Technology failed or difficult to use	21%	205/966
Able to get by without interpreter	16%	150/966
Used my foreign lang. skills to interpret for patient	8%	73/966
In-person QMI not available in needed language	12%	64/551
Use of interpreter not medically indicated	3%	17/498
Patient refused offer of interpreter	7%	27/415
Patient preferred to use family/friend as interpreter	7%	30/415

Source: BCT Partners National Database, 2023

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Familiarity With Language Access Policies, Techniques, Laws

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34% of MD's Are Unfamiliar With Their Hospital's Policies Re: Interpreters.

Question: How familiar are you with organizational policies and procedures on working with interpreters?

All Physician (MD) Respondents

<u>Hospital</u>	<u>Very Fam. or Familiar</u>	<u>Rel. Unfamiliar or Unfamiliar</u>	<u>Total</u>
System A (WI.)	83% (48)	17% (10)	58
System B (MD)	51% (174)	49% (166)	340
System C (MN)	75% (307)	25% (102)	409
System D (NC)	53% (160)	47% (141)	301
System E (FL)	55% (186)	45% (150)	336
System F (SC)	77% (275)	23% (82)	357
System G (MO)	76% (189)	24% (60)	249
System H (ME)	73% (157)	27% (58)	215
Total ALL Hospital MD's	66% 1,496	34% 769	2,265

Source: BCT Partners National Database, 2023.

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75% of MD's Are Familiar With Techniques For Working With Interpreters – But 25% Are Not.

Question: How familiar are you with techniques for working with interpreters?

All Physician (MD) Respondents

<u>Hospital</u>	<u>Very Fam. or Familiar</u>	<u>Rel. Unfamiliar or Unfamiliar</u>	<u>Total</u>
System A (WI)	85% (49)	15% (9)	58
System B (MD)	58% (197)	42% (143)	340
System C (MN)	90% (369)	10% (43)	412
System D (NC)	65% (195)	35% (105)	300
System E (FL)	61% (205)	39% (130)	335
System F (SC)	84% (299)	16% (57)	356
System G (MO)	85% (211)	15% (38)	249
System H (ME)	83% (178)	17% (37)	215
Total All Hospital MD's	75% 1,703	25% 562	2,265

Source: BCT Partners National Database, 2023.

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46% of MD's Do Not Always Document The Use of An Interpreter In The Patient's Medical Record.

Question: How frequently do you document the use of an interpreter in the patient's medical record?

All Physician Respondents

<u>Position</u>	<u>Always</u>	<u>Less Than Always*</u>	<u>Total</u>
System A (WI)	65% (37)	35% (20)	57
System B (MD)	53% (170)	47% (153)	323
System C (MN)	46% (190)	54% (222)	412
System D (NC)	49% (143)	51% (151)	294
System E (FL)	42% (130)	58% (177)	307
System F (SC)	78% (245)	22% (71)	316
System G (MO)	56% (140)	44% (109)	249
System H (ME)	58% (124)	42% (91)	215
Total – All MD's	54% 1,179	46% 994	2,173

* Less than always = respondents who selected usually, sometimes or never.

Source: BCT Partners National Database, 2023.

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Nearly 50% of MD's Are Not Familiar With Legal Requirements for Working With Interpreters.

Question: How familiar are you with legal requirements for working with interpreters?

All Physician (MD) Respondents

<u>Hospital</u>	<u>Very Fam. or Familiar</u>	<u>Rel. Unfamiliar or Unfamiliar</u>	<u>Total</u>
System A (WI)	71% (41)	29% (17)	58
System B (MD)	41% (140)	59% (199)	339
System C (MN)	63% (259)	37% (153)	412
System D (NC)	37% (112)	63% (188)	300
System E (FL)	41% (136)	59% (198)	334
System F (SC)	69% (247)	31% (110)	357
System G (MO)	56% (139)	44% (110)	249
System H (ME)	58% (124)	42% (91)	215
Total ALL Hospital MD's	53% 1,198	47% 1,066	2,264

Source: BCT Partners National Database, 2023

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47% of Primary Care MD's Are Not Familiar With Legal Requirements for Working With Interpreters.

Question: How familiar are you with legal requirements for working with interpreters?

All Primary Care (MD) Respondents

<u>Provider Type</u>	<u>Very Fam. or Familiar</u>	<u>Rel. Unfamiliar or Unfamiliar</u>	<u>Total</u>
Total All Hospital MD's	53% 1,198	47% 1,066	2,264
Family Medicine MDs	52% (148)	48% (136)	284
OB-GYN M.D.'s	54% (73)	46% (63)	136
Pediatric MD's	58% (239)	42% (176)	415
Internal Medicine MD's	46% (83)	54% (97)	180
Total Primary Care MD's	53% 543	47% 472	1,015

Source: BCT Partners National Database, 2023.

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Most MD's (67%) Always Use Interpreters To Obtain Informed Consents From LEP. But 33% Do Not.

Question: How frequently do you use an interpreter to obtain an LEP patient's informed consent to a procedure?

All Physician Respondents

<u>Position</u>	<u>Always</u>	<u>Less Than Always*</u>	<u>Total</u>
System A (WI)	71% (41)	29% (17)	58
System B (MD)	48% (156)	52% (168)	324
System C (MN)	76% (309)	24% (97)	406
System D (NC)	65% (187)	35% (102)	289
System E (FL)	55% (170)	45% (138)	308
System F (SC)	76% (241)	24% (75)	316
System G (MO)	80% (199)	20% (50)	249
System H (ME)	73% (156)	27% (59)	215
Total – All MD's	67% 1,459	33% 706	2,165

* Less than always = respondents who selected usually, sometimes or never.
Source: BCT Partners National Database, 2023

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Most Primary Care MD's (69%) Always Use Interpreters To Obtain Informed Consents From LEP. But 31% Do Not.

Question: How frequently do you use an interpreter to obtain an LEP patient's informed consent to a procedure?

All Primary Care Physician Respondents

<u>Provider Type</u>	<u>Always</u>	<u>Less Than Always*</u>	<u>Total</u>
Total – All MD's	67% 1,459	33% 706	2,165
Family Medicine MD's	60% (161)	40% (109)	270
OB-GYN MD's	68% (90)	32% (42)	132
Pediatric MD's	80% (324)	20% (82)	406
Internal Medicine MD's	56% (93)	44% (74)	167
Total – Primary Care MD's	69% 668	31% 307	975

* Less than always = respondents who selected usually, sometimes or never.
Source: BCT Partners National Database, 2023

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34% of Surgeons Do Not Always Use Interpreters To Obtain Informed Consents From LEP Patients.

Question: How frequently do you use an interpreter to obtain an LEP patient's informed consent to a procedure?

General Surgeons & Surgical Specialty MD Respondents

<u>Hospital</u>	<u>Always</u>	<u>Less Than Always*</u>	<u>Total</u>
System A (WI)	82% (9)	18% (2)	11
System B (MD)	43% (23)	57% (31)	54
System C (MN)	71% (32)	29% (13)	45
System D (NC)	62% (23)	38% (14)	37
System E (FL)	70% (23)	30% (10)	33
System F (SC)	67% (33)	33% (16)	49
System G (MO)	91% (21)	9% (2)	23
System H (ME)	70% (26)	30% (11)	37
Total – All MD's	66% 190	34% 99	289

* Less than always = respondents who selected usually, sometimes or never.
Source: BCT Partners National Database, 2023

40

Only 24% of MD's Always Use the Teach-Back Method to Check for LEP Patient's Understanding.

Question: When providing care to LEP patients, how frequently do you ask patients to repeat your instructions to check on their level of understanding?

All Physician Respondents

<u>Position</u>	<u>Always</u>	<u>Less Than Always*</u>	<u>Total</u>
System A (WI)	39% (22)	61% (35)	57
System B (MD)	30% (96)	70% (229)	325
System C (MN)	18% (72)	82% (339)	411
System D (NC)	20% (59)	80% (235)	294
System E (FL)	29% (88)	71% (220)	308
System F (SC)	28% (84)	73% (232)	316
System G (MO)	19% (47)	81% (202)	249
System H (ME)	21% (45)	79% (170)	215
Total – All MD's	24% 513	76% 1,662	2,175

* Less than always = respondents who selected usually, sometimes or never.
Source: BCT Partners National Database, 2023

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Only 21% of Primary Care MD's Always Use the Teach-Back Method to Check for LEP Patients' Understanding.

Question: When providing care to LEP patients, how frequently do you ask patients to repeat your instructions to check on their level of understanding?

All Primary Care Physician Respondents

<u>Provider Type</u>	<u>Always</u>	<u>Less Than Always*</u>	<u>Total</u>
Total – All MD's	24% 513	76% 1,662	2,175
Family Medicine MD's	19% (51)	81% (221)	272
OB-GYN MD's	15% (20)	85% (113)	133
Pediatric MD's	20% (83)	80% (326)	409
Internal Medicine MD's	29% (49)	71% (121)	170
Total – All MD's	21% 203	79% 781	984

* Less than always = respondents who selected usually, sometimes or never.
Source: BCT Partners National Database, 2023

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In Depth – Deaf and Hard of Hearing Findings



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Deaf and Hard of Hearing – Key Findings

1. 85% of MD's in our national sample treat Deaf/Hoh patients. But 54% of 2,361 MD's regard themselves as *less than well prepared* to do so.
2. Primary care physicians (who see Deaf patients most often) were *least prepared* to treat them.
3. While most physicians use ASL interpreters when communicating with Deaf patients, at least 53% "sometimes" use adult family members and friends as medical interpreters.
4. Fully 52% of MD's were relatively unfamiliar or unfamiliar with techniques for working with Deaf patients using ASL interpreters. Another 61% were unfamiliar with their hospitals' policies for communicating with these patients.
5. Few MD's routinely use best practices when treating Deaf/Hoh (visual aids (15% of MD's), teach-back method (20% of MD's).)
6. Nearly half of MD's used inappropriate means to communicate with Deaf patients (43% of MD's asked patients if they read lips, 52% of MD's attempted to exchange written notes)
7. Only 28% of MD's asked Deaf patients about their preferred form of accommodation.
8. 56% of MD's were unfamiliar with language access laws pertaining to Deaf patients:
 - 40% of MD's did not always use ASL interpreters during informed consent discussions
 - Fully 85% of MD's did not know who is legally responsible for deciding on reasonable accommodations for communicating with Deaf/HoH. (Answer: treating MD's.)
 - At least 14% of MDs' sometimes ask Deaf patients to supply their own interpreter. (Illegal)

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Questions & Answers



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APPENDIX



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In Depth – Immigrants/Refugees



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Best Practices – Immigrants/Refugees

- Ask about country of origin, travel history (recent/future). Visiting family.
- Use qualified medical interpreters
- Familiarity with most common medical conditions, infectious diseases, parasites
- Ask about symptoms of depression, PTSD, victims of torture (scars?)
- Alternative medicine, dietary practices
- Explore patient’s explanatory model
- Medical decision-making, “Bad News”, end of life care
- Spiritual beliefs that impact treatment
- Sexual practices
- Law: female genital mutilation (US & states), HIV considerations



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Immigrants and Refugees – Key Findings

1. 87% of MDs in our national sample treat immigrant patients. Yet 46% of 2,344 MDs regard themselves as *less than well prepared* to do so.
2. Primary care physicians (who see immigrants and refugees most often) believe themselves *least prepared* to treat them.
3. Less than 30% of physicians always ask ten best practice questions of immigrants and refugees including country of origin, recent or future plans for international travel, recent signs of depression, and use of alternative or complimentary medicines.
4. A majority or near majority of 400 U.S. physicians regard themselves as relatively unfamiliar or unfamiliar with 4 of 9 leading conditions among immigrant and refugee patients including *Strongyloides Stercoralis*, Eosinophilia, soil transmitted helminths and lead screening.
5. Despite research showing that 44% of refugees have experienced torture prior to arriving in the U.S. only 7% of 1,476 physicians always ask immigrant and refugee patients about whether they were ever victims of violence or persecution in their former country.
6. Only 15% of 448 physicians always or usually discuss/counsel about female genital mutilation if found, or when a female child may be at risk. (Worldwide, as many as 200 million girls and women have experienced FGM/C.)

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Best Practices – LGBTQ+ Patients

- Familiarity with history of discrimination and oppression
- Ask about sexual orientation, gender identity (SOGI questions), sex assigned at birth.
- Ask about sexual partners (men, women, both, transgender)
- Take comprehensive sexual history
- Ask and use patient's preferred pronouns
- Familiarity with most common medical concerns afflicting LGBTQ+ populations
- Mental health: depression, suicide
- Law: religious liberty considerations, hospital visitation, informed consent



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LGBTQ+ Patients – Key Findings

1. 85% of approx. 2,348 MDs stated that they felt very well or well prepared to treat LGBTQ patients. But their practice behaviors often failed to support that belief.
2. Primary care MDs regarded themselves as less prepared than other MDs to treat LGBTQ+ patients but were actually more likely to use best practices when doing so.
3. For example, primary care MDs were consistently more likely than other MDs to ask patients about their: sexual orientation, gender identity, gender assigned at birth, sexual history and sexual partners.
4. However, even among primary care MDs, only 21% always asked about their patients' sexual partners and only 18% always took a comprehensive sexual history. Far fewer always asked patients about the gender that they were assigned at birth.
5. Substantial variations in practice were found among primary care MDs, with OB-GYN's far more likely to demonstrate best practice behaviors than other primary care MDs.
6. A national sample of 892 responding physicians were asked to examine a list of 12 medical conditions and correctly identify which conditions they should have a heightened index of suspicion for when treating LGBTQ patients. Responding MDs missed 5 of the 12.
7. Primary care physicians were as likely as other physicians to correctly identify the most common conditions affecting LGBTQ+ patients. However, primary care MDs also missed 5 of the 12.

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U.S. Physicians Miss 5 of 12 Common Medical Conditions Affecting LGBTQ Patients.

Question: For which of the following medical conditions should providers have a heightened index of suspicion when treating LGBTQ patients? (MDs Only)

Condition	MH Yes #	CMH Yes #	CC Yes #	Total Yes #	Total Yes %	Total N #
Alcohol and drug use	165	161	311	637	71%	892
Cancer	42	23	94	159	18%	892
Cardiovascular disease	24	14	47	85	10%	892
Depression	201	205	372	778	87%	892
Diabetes	20	15	36	71	8%	892
Eating Disorders	125	155	265	545	61%	892
HIV/AIDs	139	120	308	567	64%	892
Obesity	43	45	83	171	19%	892
Sexually Transmitted Infections	144	129	301	574	64%	892
Suicide	191	196	357	744	83%	892
Tobacco Use	96	95	167	358	40%	892
Homelessness	147	154	DNA	301	64%	470*

Source: BCT Partners National Database, 2023

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Formal Training – Global Medicine



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54% of U.S. Physicians Have Never Had Any Formal Training on Cross-Cultural Medicine.

Question: Have you ever received any formal training on cross-cultural medicine?

All Physician (MD) Respondents

<u>Organization</u>	<u>Yes</u>		<u>No/Don't Know</u>		<u>Total</u>
	<u>%</u>	<u>#</u>	<u>%</u>	<u>#</u>	
System A (WI)	40%	23	60%	35	58
System B (MD)	39%	130	61%	203	333
System C (MN)	65%	272	35%	147	419
System D (NC)	31%	91	69%	205	296
System E (FL)	42%	139	58%	195	334
System F (SC)	46%	163	54%	189	352
System G (MO)	43%	108	58%	145	253
System H (ME)	51%	126	49%	119	245
Total	46%	1,052	54%	1,238	2,290

Source: BCT Partners National Database, 2023

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Primary Care MD's More Likely Than Other MD's to Have Had Formal Training on Cross-Cultural Medicine.

Question: Have you ever received any formal training on cross-cultural medicine?

All Physician (MD) Respondents

<u>Organization</u>	<u>Yes %</u>	<u>Yes #</u>	<u>No/Don't Know %</u>	<u>No Don't Know #</u>	<u>Total</u>
All MD Respondents	46%	1,052	54%	1,238	2,290
Family Medicine MD's	58%	178	42%	130	308
OB-GYN MD's	49%	67	51%	71	138
Pediatric MD's	47%	197	53%	224	421
Internists	38%	71	62%	115	186
All Primary MD's	49%	513	51%	540	1,053

Source: BCT Partners National Database, 2023

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M.D.'s Trained in Global Medicine Are...

1. Better prepared to treat globally mobile and minority patient populations.
2. More likely to ask key diagnostic questions.
3. More familiar with infectious diseases of foreign origin.
4. More likely to use population-specific clinical best practices when treating globally mobile and minority patient populations.

All MD Respondents				
Question: How prepared do you believe that you are to provide care to patients [from the following groups]?				
Group	GHP		USA	
	Very Well/Well Prepared		Very Well/Well Prepared	GHP vs USA Compare
New/Recent Refugees	84%	41/49	43%	797/1,846 +41%
Limited English Profic.	94%	46/49	51%	937/1,843 +43%
New/Recent Immigrants	88%	43/49	53%	975/1,832 +35%
International Travelers	90%	44/49	73%	1,092/1,493 +17%
Non-Western Health Beliefs	80%	39/49	58%	1,041/1,843 +22%
Racial & Ethnic Minorities	96%	47/49	84%	657/778 +12%
Deaf/HoH	51%	24/47	44%	815/1,849 + 7%
Military Veterans	61%	30/49	84%	654/775 -23%
LGBTQ Patients	73%	36/49	85%	1,576/1,846 -12%

All MD Respondents/All Clients				
Disease	GHP		USA	
	Very Fam. or Familiar		Very Familiar or Familiar	Compare GHP vs USA
Strongyloides	87%	(27/31)	31%	(485/1,581) +56%
Schistosomiasis	90%	(28/31)	41%	(651/1,578) +49%
Malaria	100%	(31/31)	73%	(1,144/1,576) +27%
Hepatitis B	100%	(31/31)	92%	(1,461/1,584) + 8%
Tuberculosis	100%	(31/31)	92%	(1,461/1,584) + 8%

All MD Respondents/All Clients				
Disease	GHP		USA	
	Very Fam. or Familiar		Very Familiar or Familiar	Compare GHP vs USA
Chikungunya	77%	(24/31)	27%	(110/413) +50%
Dengue Fever	94%	(29/31)	45%	(189/411) +49%
MERS Virus	58%	(18/31)	22%	(90/413) +36%
Ebola Virus	77%	(24/31)	50%	(205/413) +27%
Zika Virus	90%	(28/31)	68%	(280/413) +22%
Measles	97%	(30/31)	82%	(339/412) +15%