

APPENDIX H

MIAB DRAFT STRATEGIC PLAN

Vision

The limited English proficient (LEP) and deaf and hard of hearing (D/HH) populations in New Hampshire will have access to high quality health care services. Medical interpretation will be a means to achieving that end, and will be universally available to and utilized by all individuals in need of those services.

Objectives:

- Identify the distribution and density of New Hampshire's LEP and D/HH populations
 - Review existing data sets
 - Survey community residents, health care professionals, community-based agencies
 - Evaluate access to entitlement programs by LEP and D/HH populations
 - Assess the understanding within the LEP and D/HH communities regarding the availability and use of interpreter services
- Inventory interpretation services currently available across the state
 - Survey hospitals, community health centers, mental health centers, key medical practices to determine the scope and nature of resources being used to provide medical interpretation
 - Identify resources provided by both proprietary and not-for-profit interpretation service providers
 - Determine capacity of entitlement programs to serve LEP and D/HH populations
- Develop data collection and quality improvement systems to monitor the use and effectiveness of medical interpretation services
 - Promote collection of race, ethnicity and language data for all health service users
 - Incorporate assessment of the adequacy of language services when evaluating medical errors and outcome disparities in the care LEP & D/HH patients
 - Ensure that data are collected in conformance with national standards

Objectives:

- Assess the effectiveness of providing medical interpretation through such means as telephonic, video conferencing and face-to-face interpretation
 - Evaluate efficacy of interpretation models in a range of clinical situations, i.e., emergencies, procedures, mental

health visits, medical office visits, home visits

- Develop a “resource to demand ratio” model
 - Establish realistic guidelines for service provision within health care organizations

- Draft recommendations based on clinical service requirements and population density
 - Convene provider workgroup to review/revise recommendations
 - Disseminate recommendations
 - Monitor implementation of recommendations, revise as necessary

Objectives:

- Recruit bi-lingual/multi-cultural health care providers to communities with significant populations of LEP individuals
 - Establish statewide recruitment center
 - Evaluate recruitment models currently in place in NH and other states
 - Determine feasibility of collaboration with Bi-State PCA
 - Encourage health care career development education among students from multi-cultural communities
 - Encourage universities and colleges to access federal dollars for programs that train bi-lingual/multi-cultural healthcare professionals

- Determine level of competency required for medical interpreters
 - Develop certification/credentialing criteria
 - Evaluate opportunities to collaborate with groups that provide other types of interpretation, i.e. legal
 - Determine merits of state vs. national credentialing
 - Consider certification only for specific “high volume” languages
 - Evaluate existing credentialing programs
 - Develop practice standards for medical interpreters
 - Develop consensus regarding appropriate roles and ethical principles for medical interpreters
 - Review published standards from other states
 - Assess competency of current workforce including trained and untrained interpreters
 - Develop standardized process for assessing competency for use by all organizations
 - Determine appropriateness of single-source provider for competency assessment

- Assure the availability of trained, competent medical interpreters
 - Establish comprehensive training program for medical interpreters

<ul style="list-style-type: none"> ▪ Inventory existing training programs, including methods and curricula ▪ Assess capabilities of existing training programs ▪ Recommend curricula revisions ▪ “Certify” training programs ▪ Routinely disseminate information regarding best practices to Interpreters and provider organizations ▪ Offer professional development/continuing education opportunities to interpreters <ul style="list-style-type: none"> ○ Recruit interpreters from within LEP communities <ul style="list-style-type: none"> ▪ Develop a scholarship program with community funders ○ Evaluate the need for and availability of professional liability insurance for medical interpreters <ul style="list-style-type: none"> ▪ Negotiate on behalf of certified interpreters for professional group coverage
<ul style="list-style-type: none"> ▪ Develop “medical language” training for bi-lingual providers <ul style="list-style-type: none"> ○ Provide CME courses to providers ○ Offer courses at target facilities such as hospitals and community health centers
<ul style="list-style-type: none"> ▪ Improve utilization of medical interpreters within the healthcare system <ul style="list-style-type: none"> ○ Increase awareness and understanding among clinicians of roles and responsibilities for providing culturally competent care ○ Provide training on working effectively with interpreters for clinicians
<ul style="list-style-type: none"> ▪ Develop cultural competency training for health care providers <ul style="list-style-type: none"> ○ Assess existing training initiatives at federal, regional and local levels ○ Recommend curricula revisions ○ “Certify” training programs
<ul style="list-style-type: none"> ▪ Develop statewide system for providing interpreter services with 24 hour/7 days per week capability <ul style="list-style-type: none"> ○ Identify existing models of community-based interpreter banks ○ Assess capabilities of NH-based organizations ○ Identify potential funding partners ○ Develop business plan ○ Ensure linkages between interpreter services and care coordination/case management services <ul style="list-style-type: none"> ▪ Identify care coordination/case management service providers ▪ Provide in-service education ▪ Establish information sharing protocols

Objectives:

- Establish funding for statewide interpreter system
 - Evaluate current “system” of funding medical interpretation to identify its strengths and weaknesses
 - Explore the potential for a “disproportionate share” system to provide money for medical interpretation
 - Encourage health care charitable trusts to include unreimbursed medical interpretation costs in community benefit plans
 - Develop language to be included in plan/reports
 - Influence what people do with community benefits dollars
 - Determine feasibility of creating a “free care pool” for medical interpretation
 - Explore potential of assessing insurers, employers and health care providers for support of Medical Interpretation
 - Explore federal and foundation grants to support establishment of a statewide interpreter bank
 - Identify sources for low-cost loans for new business start-up
- Negotiate statewide contracts for communications services and devices
 - Explore feasibility of statewide preferred pricing for telecommunications and other language services
 - Contract for and distribute video relay services statewide
 - Expand utilization of teleconferencing services
 - Investigate on-line services for translation of written materials
 - Explore feasibility of statewide purchase of hearing assistive technologies
- Promote direct reimbursement for medical interpretation
 - Complete MIAB pilot project to increase Medicaid interpreter enrollment
 - Evaluate outcomes
 - Refine process
 - Implement system-wide
 - Pursue rate increase for interpreter services from Medicaid
 - Collaborate with Medicaid staff on modifying rule
 - Continue external pressure to increase rate
 - Conduct outreach and communication with DHHS Commissioner
 - Evaluate opportunity for reimbursement from Medicare and SCHIP programs

- Pursue requirements for insurance companies to reimburse for medical interpretation
 - Negotiate for direct reimbursement for medical interpretation services
 - Negotiate for enhanced reimbursement levels to subsidize services provided by safety net providers to the uninsured

Objectives:

- Support provider organizations in efforts to improve capacity to serve LEP & D/HH populations
 - Conduct educational forums for providers and provider organizations regarding the rights and responsibilities attendant in providing services to the LEP & D/HH populations
 - Develop curricula for use in medical education and residency training programs
 - Develop model medical interpretation policies and procedures for use in all provider organizations
 - Advocate for representatives from LEP and D/HH communities to serve on boards and committees at major provider organizations
 - Encourage provider organizations to include medical interpretation in community benefits plans
- Encourage accrediting organizations – i.e. JCAHO, NCQA – to address safety and quality issues that arise from language barriers
- Conduct educational sessions with policy makers and elected officials
- Promote awareness of rights within LEP and D/HH communities
- Support education and skill training within LEP and D/HH communities

Objectives:

- Assign responsibility for implementation of Plan goals and objectives
 - Assess makeup of MIAB
 - Recruit new members as necessary
- Monitor the success of implementation of Plan goals and objectives
 - Review and revise the Plan as necessary