

WHITE PAPER

How Preferred-Language Communication Improves Care and the Patient Experience



Executive Summary

While the COVID-19 pandemic has reshaped the healthcare industry, including prompting wider adoption of digital platforms that improve patient safety and convenience, it also has underscored many of healthcare's long-standing, pre-pandemic challenges. Chief among those are the obstacles providers and organizations continue to face in interacting with patients who have limited English proficiency (LEP).

Language barriers result in poor communication and dissatisfaction for patients and providers alike. In addition, patients with language barriers are more likely to require more healthcare services and to experience higher rates of adverse medical events.¹

This white paper will explore the importance of communicating with patients in their preferred language and its impact on patients' access to care. It will also discuss how technology can play a valuable role in breaking down language barriers and meeting patients where they are.

This paper will discuss the following key takeaways:

-  **1 The challenges LEP patients face in receiving care**
-  **2 The disproportionate risk facing patients with LEP**
-  **3 The consequences of provider-patient language barriers**
-  **4 Firsthand accounts about how technology has helped providers overcome patient language barriers**
-  **5 Four ways that preferred-language communication helps patients and providers**



LEP patients face challenges in receiving care

Strong patient-provider relationships are built on trust and effective communication. That trust is essential for healthcare organizations to deliver high-quality clinical care and positive patient experiences. But for many patients in the U.S., language barriers lead to poor care experiences and frequent communication problems with their providers.

For patients with limited English proficiency (LEP), English is not their primary language and they can have difficulty communicating effectively in English.² According to a 2017 report from the Centers for Medicare & Medicaid Services (CMS), 8% of Medicare's 52 million beneficiaries³ and more than 19 million working-age U.S. adults (ages 16 to 64) have LEP.⁴

While the U.S.'s ethnic, cultural and language diversity is arguably one of its greatest strengths, language barriers that obstruct clear provider-patient communication have the potential to result in negative—or even unsafe—healthcare experiences.



~6 in 10 Latina adults

have trouble communicating with healthcare
providers because of language or cultural barriers⁵



> 52% of adverse medical events reported among LEP patients were the result of communication errors, compared with only **36%** of adverse medical events among English-speaking patients⁶



Patients with limited English proficiency are at greater risk

Limited English proficiency intersects with other well-known correlates of increased health risks and poor health outcomes, including race, ethnicity and poverty. According to the Migration Policy Institute, there is considerable racial and ethnic diversity among people with LEP: 62% are Latino, 22% are Asian/Pacific Islander, 12% are White and 4% are Black.⁷

Furthermore, 25% of LEP individuals live in households with annual income below the federal poverty line.⁸ Poverty correlates with higher rates of delaying care even prior to the pandemic. In 2019, 36% of low-income patients said they skipped treatment for serious health conditions, representing a 23% gap between the number of individuals delaying care among top and bottom income households.⁹ During the pandemic, risks for LEP individuals were even higher, especially as people of color are overrepresented in frontline occupations that carry a greater risk of COVID-19 exposure.¹⁰

For example, a 2020 study in Utah found that Latino and non-white workers contracted almost three-quarters of workplace COVID-19 infections, although they represented just one-quarter of the working population.¹¹ In addition, migrant farm workers—a largely Latino population—were found to be at greater risk for COVID-19 exposure because of overcrowded living conditions, as well as a lack of personal protective equipment and substandard sanitation.

All of these factors combine to create a high-risk situation for LEP individuals—especially when they cannot access healthcare services in their preferred language.



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Consequences of provider-patient language barriers

Language barriers in healthcare are particularly dangerous. With more than 20% of the U.S. population lacking full English proficiency,¹² patients with LEP are not only vulnerable to poor communication with their providers, their safety is also at risk. For example, according to a recent article by ProPublica,¹³ non-English-speaking patients who came to New York City hospitals with COVID-19 symptoms waited longer for care and diagnoses [than other patients], in part because providers sometimes struggled to communicate with them.

Providers often use telephonic interpretation services to address language barriers, but they also may bring in bilingual staff or even patients' family members to translate for them. A 2017 CMS report found that nearly 40% of healthcare providers had asked a family member to translate for an LEP patient.¹⁴ But secondhand information delivered through an interpreter doesn't necessarily guarantee clear communication and can pose greater patient-safety risks. Relying on nonmedical interpreters, such as family members, can increase the likelihood of misunderstood symptoms, create unnecessary complications, and in some cases, increase the chances of a patient's disability or death.¹⁵

Language barriers also decrease patient satisfaction and create an uncomfortable environment that may discourage patients from sharing significant symptoms and other important medical information. Research has shown that when providers can't communicate with patients in their preferred language, those patients often feel judged, vulnerable, disrespected and helpless about their care.¹⁶

Top Language-Barrier Consequences:

1

Decreased patient care quality

2

Increased the likelihood of adverse medical events

3

Reduced patient and provider satisfaction



Technology helps providers communicate in patients' preferred languages

Fortunately, technology can step in to overcome the long-standing challenges language barriers create for providers and LEP patients, helping providers deliver quality care through more effective communication. As two examples, New Jersey Urology (NJU) and Millennium Physician Group have both implemented digital solutions that offer patients the option to complete their intake in their preferred language.

Millennium Physician Group serves a large Spanish-speaking patient population across its 100-plus locations in Florida, as well as patients who speak French, German, Haitian Creole, Italian and Portuguese.

"As with any visit, communicating in the patient's preferred language plays a huge part in ensuring they're receiving the correct diagnosis and treatment," said Becki Kelley, Director of Clinical Applications at Millennium Physician Group.

Similarly, New Jersey Urology treats a large Korean patient population in its Englewood office. According to Illeana Llanes, NJU's Practice Manager, more than 90% of the practice's Korean patients do not speak any English. By making the intake process available in Korean, the practice can capture the important data they need before every in-person or telehealth visit and make patients feel more comfortable.



Some patients can be embarrassed about the issues we treat here. They don't want to convey those issues to someone else to translate. With everything coming firsthand from the patient, they feel much more comfortable sharing. It also allows for better privacy and accuracy, which enables us to deliver better care."

**- Illeana Llanes, Practice Manager
New Jersey Urology**





Four ways preferred-language communication helps patients and providers

Digital platforms that allow medical practices like NJU and Millennium Physician Group to communicate with patients in their preferred languages can offer significant benefits, including:

1. PERSONALIZED CARE FOR EACH PATIENT

With preferred-language digital intake, practices can gather vital medical information directly from patients, rather than relying on their family members or a translator, which can often lead to further miscommunication. Platforms that offer patient intake in a wide range of languages are especially valuable, allowing greater numbers of patients to provide their personal information, reason for their visit, family medical history and more in their most fluent language.

"[By using technology] we're able to truly understand the patient's background and what they're experiencing," Kelley explained.

2. GREATER EFFICIENCY

Although providers traditionally have relied on patients' family members or interpretation services to communicate with their LEP patients, such methods are time-consuming and may put patients at risk if key clinical details get lost in translation. The potential for such communication gaps has increased with the growing prevalence of remote interpretation services during the pandemic.¹⁷ Telephonic interpretation services may diminish the quality of care because remote interpreters can't observe patients' body language or read facial expressions, which provide important context to the visit.¹⁸ And even with video telehealth appointments, slow internet connectivity can make interpretation difficult and unreliable.

However, if LEP patients can use technology to share their symptoms, medical history and other information directly with their providers in their preferred language, those providers can obtain more accurate patient information in less time.



Through our technology, we want to signal to our patients that not only is their journey important, but that we care about providing them with an efficient, high-quality experience, regardless of their language needs."

**- Becki Kelley, Director of Clinical Applications
Millennium Physician Group**

3. BETTER STAFF SUPPORT

Often, the burden of translating for patients with limited English proficiency falls on hospital or practice staff members, especially if a patient's family members or interpretation services aren't available. For example, NJU often had to depend on staff members to translate for its Korean-speaking patients. Llanes explained that it was difficult to completely rely on the accuracy of patient information gathered this way—and interpretation also took staff members away from their primary job duties.

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[Staff members] would have to stop what they were doing and work with patients to translate for them to get everything filled out. As a result, they wouldn't be able to handle their responsibilities or even answer patient phone calls during those times. It wasn't great for customer service.”

- Illeana Llanes, Practice Manager
New Jersey Urology

And with nationwide healthcare staffing shortages putting a huge burden on remaining employees—about 20% of U.S. hospitals are reporting critical staff shortages¹⁹—digital intake with multi-language capabilities can help to make the most of limited staff time. Such technology creates value by filling in productivity gaps and helping to prevent staff burnout.

4. A BETTER PATIENT EXPERIENCE

Giving patients with limited English proficiency the tools they need to communicate directly with their providers in their preferred language ultimately improves the quality of their care and their overall care experience.

“It shows you're willing to take extra steps for those patients to feel comfortable,” Llanes said. “For patients to know you're taking the time to communicate their medical information in their preferred languages—it speaks volumes to them.”

Language and communication barriers contribute to misunderstandings between patients and providers, poor quality of care and negative clinical outcomes. However, technology offers healthcare organizations a major strategic opportunity to overcome these barriers. Most importantly, it offers LEP patients ways to feel more comfortable at their provider's office and more activated in their care, which can lead to better health outcomes.

Learn how Phreesia's digital intake tools can help remove language barriers, leading to better data capture, higher-quality care and a better patient experience.

About Phreesia

Phreesia gives healthcare organizations a suite of robust applications to manage the patient intake process. Our innovative SaaS platform engages patients in their care and provides a modern, consistent experience, while enabling healthcare organizations to optimize their staffing, boost profitability and enhance clinical care.

End notes

- 1 [“Implications of Language Barriers for Healthcare: A Systematic Review.”](#)
Oman Medical Journal, April 2020.
- 2 [“Limited English Proficiency \(LEP\).”](#)
U.S. Department of Health & Human Services
- 3 [“How Healthcare Providers Meet Patient Language Needs.”](#)
Centers for Medicare & Medicaid Services, September 2017
- 4 [“Implications of Language Barriers for Healthcare: A Systematic Review.”](#)
Oman Medical Journal, April 2020.
- 5 [“AP-NORC Poll: Latinos see health care communication barriers.”](#)
Associated Press, July 2018
- 6 [“Language proficiency and adverse events in US hospitals: a pilot study.”](#)
PubMed.gov, April 2007
- 7 [“Language Diversity and English Proficiency in the United States.”](#)
Migration Policy Institute, November 2016
- 8 [“The Limited English Proficient Population in the United States in 2013.”](#)
Migration Policy Institute, July 2015
- 9 [“25% of Patients Delay Care Due to Out-of-Pocket Healthcare Costs.”](#)
Patient Engagement HIT, December 2019
- 10 [“Hispanics and Latinos in industries and occupations.”](#)
U.S. Bureau of Labor Statistics, October 2015
- 11 [“Racial and Ethnic Disparities Among COVID-19 Cases in Workplace Outbreaks by Industry Sector.”](#)
Centers for Disease Control and Prevention, June 2020
- 12 [“Millions of U.S. citizens don’t speak English to one another. That’s not a problem.”](#)
The Washington Post, May 2018
- 13 [“Hospitals Have Left Many COVID-19 Patients Who Don’t Speak English Alone, Confused and Without Proper Care.”](#) ProPublica, March 2020
- 14 [“How Healthcare Providers Meet Patient Language Needs.”](#)
Centers for Medicare & Medicaid Services, September 2017
- 15 [“Errors of medical interpretation and their potential clinical consequences: a comparison of professional versus ad hoc versus no interpreters.”](#) PubMed.gov, November 2012
- 16 [“Patient Experiences in a Linguistically Diverse Safety Net Primary Care Setting: Qualitative Study.”](#)
Journal of Participatory Medicine, March 2018
- 17 [“When Coronavirus Care Gets Lost in Translation.”](#)
The New York Times, April 2020
- 18 [“YNHH interpretation policy change raises concerns.”](#)
Yale Daily News, February 2020
- 19 [“U.S. Hospital Staff Shortages Hit Most in a Year on Covid Surge.”](#)
Bloomberg, January 2022