



SSVMS Participating in Language Access Project

Executive Director's Message



By Bill Sandberg

A limited proficiency in English affects the quality of health care services delivered.

THE SIERRA SACRAMENTO VALLEY MEDICAL SOCIETY has recently joined with physicians and leaders from medical organizations throughout California in an effort to look for ways to improve the provision of interpreter and translation services for limited English proficient patients.

Satya Chatterjee, MD, and I are now members of the Medical Leadership Council for Language Access, a two year effort sponsored by the California Endowment and led by the California Academy of Family Physicians.

The Council, which will meet twice a year, is made up of representatives from organized medicine, health plans, hospitals and consumer advocates, who are meeting to try to identify policy and funding solutions for physicians and other health care providers who want to offer language access services to support quality health care.

Several recent studies point to the need for improvement in translator and interpreter services.

In March 2002, the Institute of Medicine released a report showing that minorities receive lower quality of care than whites even when their insurance and income levels are the same. The Institute's review of more than 100 studies conducted over the last decade concluded these disparities contributed to higher death rates among minorities from cancer, heart disease, diabetes and HIV infection.

In April 2002, Brandeis University released a report showing that patients who speak little English face a much greater risk of medical error and misdiagnosis when they are not provided with an interpreter.

In recent years, the federal government, State of California, Joint Commission on Accreditation of Health Care Organizations and the National Committee for Quality Assurance all established requirements to provide interpreter and language access services for all patients in health care settings.

These developments and others in the later days of the Clinton Administration have created an obvious dilemma for physicians and health care institutions: how to pay for it.

In March 2001, a letter signed by the AMA and 50 other medical organizations asked the Department of Health and Human Services to place a moratorium on requirements that interpreter and translations services be provided to limited English proficient patients who receive health care benefits through federally funded programs. The California Medical Association has sent a similar letter and proposed a state funded pilot project to provide language access service.

The role of the Medical Leadership Council will be to try and find creative solutions to an expensive problem that everyone seems to recognize needs to be corrected.

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