

Schedule no-cost interpreters

Whether in person or via telehealth, interpretation is vital for members.

CareOregon can help, at no cost to you.

Professionally trained interpreters are ready to meet clinic needs:

- In person or by phone/video for telehealth and immediate care
- Work with certified/qualified interpreters for all patient interactions: reminder calls, lab results, etc.
- More than 40 languages, seven days a week.



To schedule an interpreter, contact one of our three language service agencies:

Immigrant & Refugee Community Organization (IRCO)



irco.org/ilb

Click "Create New Appointment"



interpretation@ircoilb.org

Email



503-505-5187

Phone

Linguava Interpreters



linguava.com

Online



503-265-8515

Phone

Passport to Languages



passporttolanguages.com

Click "How to Order"



503-297-1703

Fax



503-297-2707

Phone

Scheduling tips:



Interpretation is an essential service that requires advance planning. Schedule interpreters as soon as members make their appointment. The services prefer at least **72 hours** lead time.

Include time for check-in. Remember that interpretation is oral and translation is for written documents. If you need to register the patient, you should plan time for oral registration.

When you schedule, let the service know:

- Patient's preferred language/s and basic info: name, DOB, phone, Member ID.
- If you're requesting an interpreter for an in-person visit, phone/video visit or immediate care.
- Any special instructions, such as a specific interpreter or gender.

We contract with the agencies to the left.

Please work with the agency that meets your needs. When you are scheduling, give the agency the member's OHP ID so they can bill the visit to us.

How to make multi-language visits successful

Language access is important to outcomes. And it's the law.

We're committed to ensuring meaningful language access services for our members with Limited English Proficiency (LEP).

- The Affordable Care Act (Section 1557) requires it.
- Title VI of the Civil Right Act directs agencies receiving federal funding to provide meaningful language access to persons with limited English proficiency, and at no charge.
- Professional interpretation services are associated with improved clinical care in terms of comprehension and errors, utilization, clinical outcomes and satisfaction for both patients and clinicians.

("Do Professional Interpreters Improve Clinical Care for Patients with Limited English Proficiency? A Systematic Review of the Literature," Health Services Research, April 2007)

Clinician resources

Guidelines for medical providers for working with interpreters: bit.ly/co-interpretation1

Best practices for using over-the-phone interpretation: bit.ly/co-interpretation2

Helping patients express their preferred language: bit.ly/co-interpretation3

Interpreters are part of the multi-disciplinary care team

Best practice for interpreted visits:

1. Include a pre-session at the start of every patient interaction (reminder calls, lab results, office visits, etc.). The pre-session is a chance to share the purpose of the visit with the interpreter and give them any special instructions, prior to inviting the patient into the conversation.
2. It is important to document whenever another person is involved in the visits. Note in the chart if you are working with an interpreter; include their name, ID number, and patient language.
3. Remember that the interpreter is not a medical expert, please use plain language and do not expect the interpreter to explain complex medical terms or concepts.
4. Using a framework like CIFE (see below) to start the visit with both the interpreter and patient can help create a safe space for an interpreted visit.



CIFE

One widely accepted approach for setting expectations is the CIFE model. Zarita Araujo-Lane, President of Cross Cultural Communication Systems of Massachusetts, developed the **CIFE** acronym to respond to a need she saw in the field.

More about CIFE

C stands for Confidentiality. Interpreters sign confidentiality agreements, but reiterating this at the beginning of each session helps build trust and establish safety with the patient. Providers should be sure to notify clients when they may be obligated to report information to a third party.

Also clarified at this time is the protocol regarding written notes an interpreter might take during the session. Notes will be shredded or disposed of, in a secure bin, immediately following a session.

I stands for "I use first person." Interpreters speak in the first person. This cuts down on confusion, provides a more accurate interpretation and allows for genuine dialogue between the client and provider. This also avoids assumed pronouns and allows members and providers to hear each other in their own words.

F stands for Flow. The provider and the patient control the content of the visit; the interpreter controls the flow. The interpreter might ask for clarification during a session or ask the provider or client to slow down.

Providers can empower interpreters at the beginning of a session by saying, "You control the flow of this meeting. If I'm going too fast, slow me down. If you don't understand something, or the client doesn't understand something, ask me to clarify."

If a session lasts more than 30 minutes, the interpreter might request a break.

E stands for "Everything that is heard or said in this space will be interpreted." The interpreter interprets *everything* that's said or heard, including intercom announcements, phone calls, swear words, all interruptions and even side conversations.

Source: multco.us/global/cife-interpreters-tool