<u>DGIM Project Summary</u>

Name of Project: *Clinician language concordance and interpreter use: Impact of a systems intervention on communication and clinical outcomes*

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Research question(s):
• Does requiring physicians to certify their bilingual skills, and at the same time delivering easy access to professional interpreters via video-conferencing (LASI) reduce the frequency of partially concordant and discordant LEP – physician encounters/increase the frequency of professionally interpreted encounters?
• What is the impact of the LASI initiative on Chinese/Spanish speaking patients' understanding and knowledge of medications and follow-up plans (tests, referrals) after their primary care visit?
• Do communication elements (e.g., patient-centeredness, interpersonal influence, problem solving, reciprocity, information exchange) differ by language group (Chinese, Spanish, English), and among the LEP patients do they differ by communication modality (VMI, partial concordance, full concordance)?
• Are these communication elements associated with patient post-visit knowledge and self-reported understanding of medications / follow-up plans?

Brief Background/Significance: To address the dual concerns of access to professional interpreters and proficiency of clinicians who use a non-English language to communicate directly with their patients, UCSF has embarked on two complementary improvement programs 1) certifying bilingual clinicians to use their non-English language skills directly with patients, and 2) simultaneously increasing easy access to professional interpreters by instituting video medical interpretation (VMI) in its ambulatory practices. We hypothesize that these improvement programs will lead to: more professionally interpreted and fully language concordant visits for limited English proficient (LEP) patients, better patient understanding of clinician recommendations after a primary care visit, and improved clinical outcomes for patients with chronic conditions. This study leverages a unique opportunity of a natural experiment to evaluate a systems intervention in a real clinical setting.

Inclusion/exclusion criteria *Inclusion*: Age ≥ 18, Chinese, English, or Spanish preferred language, primary care patient in DGIM with a primary care clinician who has taken the UCSF Health clinician language survey, working telephone number. *Exclusion:* Age <18, no longer a DGIM primary care patient at time of telephone interview, no working telephone number, patient of one of the two co-Investigators practicing in DGIM, primary care clinician did not take the UCSF Health clinician language survey, hearing too impaired to participate in telephone interview, unable to cognitively follow and answer interviewer's questions on the telephone;

Method of contact/recruitment Medical assistants in the DGIM practices hand each Chinese, Spanish, and English speaking patient an information sheet at the time they room the patient for their visit. Every day a report is generated from the practice's scheduling system with all completed visits with a physician or nurse practitioner in the DGIM practices on the prior day. The report indicates each patient's preferred language, race/ethnicity, PCP, and contact information. Bilingual-bicultural trained research assistants (RAs) then call potential participants with the goal of interviewing each participant 1-3 days after their primary care visit. Participants are consented verbally on the telephone prior to the interview starting; the interview itself is conducted in the patient's preferred language and takes approximately 10-minutes. After completing the telephone interview, RAs ask participants to have their next primary care visit audio recorded. If the participant agrees, the RA meets them in the waiting room at the time of their next primary care visit. The RA then goes over a written consent form and answers any questions the participant may have before signing it. The RA gives a digital recorder to the participant to take into the exam room. The recorder is returned to the RA at the conclusion of the visit.

Benefits/burden for participants There are no direct benefits accrued to individuals from participating in the study. Participants will be mailed $30 in appreciation for their time and engagement with the study after the phone interview; participants who agree to have their primary care visit audio recorded will receive an additional $30. Potential risks of this study include the possible loss of confidentiality, discomfort answering questions about their medical visit, and boredom participating in the telephone interview. Exceptional care will be taken to maintain the confidentiality of all data. HIPAA procedures will be followed. Participants will be warned of these risks and assured that their responses will be kept confidential and will in no way affect current or subsequent health care services. Participants will be advised that they can decline to answer any question or end the interview at any time.

Any benefits or burden to DGIM practitioners? The UCSF Medical Center is already collecting clinician language data as part of the LASI initiative being evaluated in this proposal. To obtain informed consent to use these clinician data, we will send an email message informing clinicians about the study and requesting them to let the investigators know if they have any concerns regarding their participation in the study or to 'opt out' of having their language data used in the study. Each physician will be given a study id number for data merge with the patient database, therefore de-identifying their data for analysis. Patents of clinicians who opt-out will not be eligible for participation.

Physicians will be separately consented with a single blanket consent to have some of their visits audio recorded. Because the patient brings in the audio recorder to the visit and brings it out, there is no additional burden to the physician during the visit.

Timeline for recruitment Mid-January 2016 begin patient interviews; early April 2016 begin audio-recording of visits. End patient interviews December 2016; end audio-recording of visits by March 2017 **Funding source** Patient Centered Outcomes Research Institute

Potential for DGIM collaborators? All investigators are in DGIM
Do you agree to notify us when recruitment is completed? yes
Date form completed: 12/11/2015