**Slide 1**  
**Cultural Competency and Communication Access**

One Care Implementation Council

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**Slide 2**  
**Presentation Overview**

* Introductions
* Cultural competency
* Communication Access
* Best Practices

**Slide 3**  
**How the ‘hearing’ world sees us**

DEAF

**Slide 4**  
**How we see ourselves\***

*Chart description: clustered circles with a description in each circle:*

* Hard Of Hearing
* Deaf (Oral)
* Deaf No Language
* Deaf (ASL)
* Late Deafened
* Deaf Blind
* Other

\*Chart used with permission from Jonathan O’Dell

**Slide 5  
Cultural competency: Don't assume**

* Communication access is a person centered process
* Not all people who are deaf are fluent in ASL
* Many people who are deaf are not fluent in English
* Not all interpreters have the same skill level or style

**Slide 6  
Cultural competency: Don't assume**

**Would you:**

* ask a patient’s six-year old daughter to interpret for you as you share her mother’s test results?
* If a Spanish-speaking interpreter isn’t available, would you skip the pre-op briefing with the patient and proceed to surgery?
* be comfortable performing a procedure on a patient who understands10% of what you just said?

**Slide 7  
Communication Misconceptions**

* Writing back and forth with a Deaf person who has not given informed consent to do so is not considered to be a legitimate accommodation.
* Likewise, speech-reading is not considered adequate on its own, even though someone may say they use it.
* Reasonable accommodations and communication access are not a “one size fits all” situation. Everyone’s needs are different.

**Slide 8  
Why we have concerns about access**

Current complaints include:

* Disconnecting Deaf callers who use interpreters at member enrollment centers
* A facility on a corrective action plan for using VRI with children
* A doctor who refused to see a child for follow up care because the parent did not bring an interpreter with her, at her expense
* A hospital who allowed the patient’s husband to interpret for her multiple times

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**What works**

* Members know their needs and communication preferences. Please ask. Get to know us.
* Members will always prefer a real person over an 800 number, email, or print
* Interpreters and CART can take time to schedule and confirm. Request in advance, allow flexibility in scheduling and individual choice.

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**Why we have concerns about Video Remote Interpreting (VRI)**

* Over the past several years, the Center for Living and Working, an independent living service center in Worcester, heard from community members that more facilities were using VRI rather than in person interpreters. Forums were hosted statewide to collect stories and share concerns.
* Stories Collected by Location:

Worcester 28

Lowell 13

Framingham 8

Springfield 39

Boston 20

Deaf & Hearing Medical Interpreters 21

129 total

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**Statistics**

* 129 stories were collected, including interviews with medical interpreters
* 95% of individuals were unsatisfied with the use of VRI
* How many were given a choice between VRI and a live interpreter?   
  0

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**Best Practice Example: Department of Transitional Assistance**

* + - Client Assistance Coordinators were placed in regional locations known to have a high numbers of members. Names, office hours, addresses and direct phone numbers are clearly indicated.
    - CACs get to know members with a disability in their regions and are familiar with access needs. CACs arrange access as needed (foreign spoken language, sign language, CART, large print, limited English proficiency)
    - DTA is part of MCDHH’s VRI contract to facilitate scheduling appointments and communication access. DTA practice does not use VRI for intake or benefits determination.
    - DTA contacts MCDHH frequently to discuss compliance and access issues.

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**What Plans Can Do**

1. Client Assistance Coordinators

Implementation Council will work with MassHealth and CMS to discuss establishment of a Client Assistance Coordinator (CAC) role. The CAC:

* + Is procured by the plan through a Deaf and Hard of Hearing Independent Living Center (DHILS)
  + Acts as a liaison between Plan Care Coordinators and external providers (e.g., DEAF, Inc. IL Specialists) to support DEAF member communication access and reasonable accommodation requests
  + Coordinates with the Plan, MCDHH and community based resources to provide culturally competent care

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**What Plans Can Do**

1. Establish a communication access plan that includes options for communication access, including VRI, staff ASL interpreter, 24-hour interpreter on-call list
   * Contacts for local Deaf service agencies and local interpreter referral agencies including MCDHH
   * Annual member-based evaluation plan
2. Budget includes a line item for communication access

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**What Plans Can Do**

1. Cultural competency training for all staff who are part of a member’s care, including how to work with interpreters
   * DHILS, MCDHH and other Deaf service agencies are excellent resources
   * Annual requirement

Slide 16 **What Plans Can Do**

* 1. Utilize the Commission’s statewide VRI contract (MCD05), to ensure that interpreters are qualified and credentialed. The contract requires participants to monitor and report utilization data.
  2. Use video logs (vlogs) in addition to print to share/update plan information. MCDHH has a contract with a qualified vendor to produce these.

Slide 17 **Questions/Discussion**

Slide 18 **Additional Resources**

* MCDHH Interpreter/CART Referral Service: 617-740-1600

<https://www.mcdhh.net/request/>

* MCDHH VRI Contract MCD05/MCDHH vlog contract

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* National Association of the Deaf VRI policy:

<https://www.nad.org/about-us/position-statements/minimum-standards-for-video-remote-interpreting-services-in-medical-settings/>

* [**New federal ruling on Video Remote Interpreting in healthcare**](https://brombergtranslations.com/2017/06/05/federal-ruling-video-remote-interpreting/)**:** The U.S. Court of Appeals for the Eleventh Circuit ruled that several Deaf patients could recover disability discrimination money damages against their hospital because of the hospital’s improper use of Video Remote Interpreting (VRI) to communicate with its patients.

Slide 19 **How to reach us:**

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