

An Evaluation of In-Person vs Videoconferencing Spanish Interpreters on Patient, Provider, and Hospital Based Outcomes in a Children's Hospital Emergency Department

Abstract

Limited English Proficiency (LEP) patients have decreased access to care, continuity of care, preventive screening, greater difficulty communicating with providers about informed consent, instruction, adherence, and follow up. The rising number of LEP patients, particularly Spanish speaking, and the critical role of the ER as the entry point into the US healthcare system, makes linguistic interpretation paramount. Linguistic interpretation ameliorates health disparities among LEP patients, including less use of emergency departments, better adherence to treatment plans, and fewer missed appointments. Linguistic interpretation also mitigates costs for providers and hospitals, including decreased unnecessary testing and lower admission rates. Evidence is lacking that compares in-person vs videoconferencing methods from the patient, provider, and hospital perspective. This study compared in-person and videoconferencing methods of Spanish interpretation using post-encounter surveys performed by patients/families and providers. In addition, a cost-use analysis was performed to compare these two methods on a hospital level. The surveys revealed that both patients and providers primarily prefer in-person interpreters in a clinical encounter. For patients/families, an in-person interpreter facilitated their capacity to understand clinical information, allowed patients/families to feel that their privacy was acknowledged and respected, and felt generally more satisfied with the entirety of the clinical encounter compared to a videoconferencing interpreter. For providers, an in-person interpreter allowed for a higher quality of communication (provider impression of information accuracy was reassuring; interpreter did not require information repeated) and allowed the provider to better engage with the patient/families' cultural values around healthcare compared to a videoconferencing interpreter. With regard to the cost-use analysis, videoconferencing

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encounters are typically much shorter than in-person encounters. However, videoconferencing encounters are more highly utilized and are more expensive. These findings demonstrate that while new tools for interpretation have made it easier and more convenient for use, an active effort should be done to obtain an in-person interpreter given that they are preferred by patients and providers. Videoconferencing methods should continue to be considered as the most reasonable and cost-effective alternative to the in-person gold standard for Spanish interpretation.