

Videoconference Medical Interpretation (VMI)

A Technology-Based Program to Increase Access to Medical Interpretation



ALAMEDA COUNTY MEDICAL CENTER

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Strategic Collaboration

- In 2003 ACMC and SFGH embarked on a collaborative effort to restructure their existing Interpreter Service Departments through the introduction of videoconferencing technology or Videoconference Medical Interpretation (VMI)
- The collaboration was made possible, in large part, by a generous grant from The California Endowment

Large immigration Population

- APMC provide a disproportionate share of service to immigrant communities and non-English speaking patients
- In many clinics, it is not uncommon for up to 30-40% of the patients to require interpretation services in order to access proper medical care
- Alameda County (according to the most recent U.S. Census) has a population of 1.4 million people – 3% of whom are foreign born and 19% who self identify as speaking English “less than well”

Established Interpreter Service Departments

- APMC has over 20 Interpreter FTEs and able to provide services in over 28 languages
- Despite this significant investment in human resources, the structural inefficiencies of “in person” interpretation services resulted in unacceptably long waits and the inability to keep pace with the growing demands

Structural Inefficiencies Associated with “in person” Interpretation

- Travel Time – the interpreter logistics of going from one clinic area to another, and often from one facility to another ranging from 7 miles -26 miles.
- “Engaged Waiting” – the interpreter is “on site” but the provider is not available, so the interpreter waits in the clinic and is not available to respond to other requests

Basic Equipment



- Tandberg 1000's
 - Single unit construction, light and durable.
- IP Communicator
 - Desktop/WebCam
- Polycom phones
 - Able to be used in high traffic environments like the ER, Labor and Delivery and ICU/TCU

Set Up



- Video units mounted on stable mobile carts
- Number of mobile units to a clinic area can vary depending on interpretation needs (1 to 4 units)
- Mobile units can be moved from one exam room to another as needed
- Set up entails electricity and Ethernet plug ins and one button on the remote
- Average set up time – 3 to 5 minutes
- Connectivity time span – 30 to 60 seconds

Why Implement VMI?

- To decrease wait times for both providers and LEP patients
- To eliminate the practice of by-passing LEP patients in queue due to lack of timely access to interpreter services
- To increase the efficiency and productivity of existing Interpreter resources
- To achieve some economies of scale through exchange of VMI services with other collaborating health care systems

Reduce Wait Time

- Prior to augmenting the Interpreter Service with VMI and Speaker Phone connectivity, the average wait time for an "in person" interpreter was between 30 to 45 minutes
- With the VMI project now the average wait time for interpreter services to 5 minutes or less



How Far Have We Come?

- Approximately 75% of ambulatory care services at ACMC are VMI capable
- Plans are to have 100% of ambulatory care services at both medical centers VMI capable in FY2010

VMI: The Big Picture Goal

Primary Care

General Medicine
Geriatrics Pediatrics
Women's Health
Clinics

Freestanding Clinics

Eastmont Wellness Center
Winton Wellness Center
Newark Health Center

Specialty Clinics

Ophthalmology Hemo/ Onc.
ENT AIC Clinic
Cardiology Podiatry
Neurology Mammography
Endocrinology Ultrasound
Orthopedics Pharmacy
Rheumatology Chest Clinic

Surgery

Inpatient Units

Emergency Department



Language Resources

(ACMC)

Albanian	Farsi	Punjabi
Amharic	Hindi	Russian
Arabic	Korean	Spanish
Burmese	Lao	Thai
Bosnian	Mandarin	Tigrinia
Cantonese	Mien	Urdu
Cambodian	Napali	Vietnamese

Language Resources

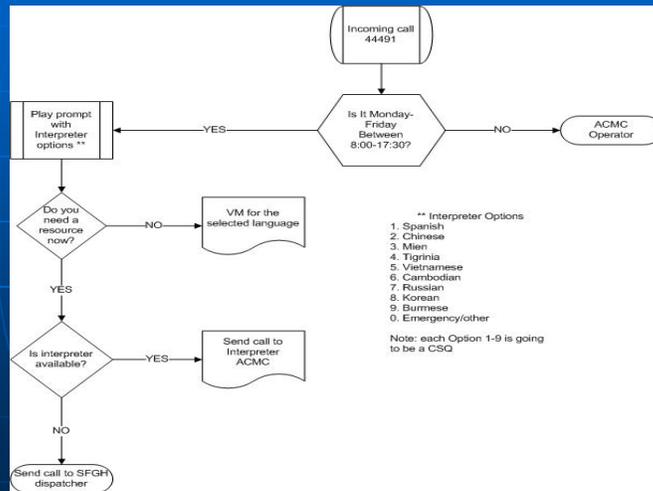
(SFGH)

Spanish	Laotian
Cantonese	Thai
Mandarin	Korean
Vietnamese	Hindi
Tagalog	Arabic
Russian	Bosnian
Cambodian	Polish

What is UCCX ?

- The Unified Contact Center Express (UCCX) is a system created by Cisco to assist with automated call distribution. This comprehensive communication system integrates various types of technology including voice, video, data, and mobile applications. This IP-based customer-service infrastructure will improve the way Interpreter Services receives and distributes calls from providers and their patients.
- The system has an interactive voice response (IVR) component that detects voice and keypad input. Callers will select their language choice by pressing the key pad or speaking their option and are automatically sent to the correct interpreter. UCCX has the capacity to support hundreds of agents at one time. Calls are routed based on a number of conditions including day/time, language, skill level of the interpreter, and urgency of the call. If there the caller does not hear their option, or if the caller has an emergency, the system will send the call to a dispatcher ready to field the call. The system is expected to pilot for one month in late summer 2009 and will be projected to be up and running by fall 2009.

United Contact Express UCCX



Embarking on New Territory

- In the upcoming year, one of our focuses as an institution is on solidifying and refining our data sources on race, ethnicity, language and additional factors to better assist refugees.
- Our goals are to:
 - Provide an accurate assessment of language needs
 - Track utilization and productivity
 - Track costs and evaluate needs