The Cost of Not Providing Health Care Interpretation in the Champlain Region

Authored by H. Jane Moloney
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Views and opinions expressed in this document are those of the author and study participants, and do not necessarily reflect those of OLIP.

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South East Ottawa Community Health Centre
Somerset West Community Health Centre
Immigrant Women Services Organization
Ottawa Newcomer Health Centre
Bruyère Family Health Team
Children's Hospital of Eastern Ontario

Contents

1. Introduction

This document provides an overview of the negative health and health system impacts of not providing professional language interpretation for clients with limited English or French proficiency (LEFP) when they utilise health services. It focuses on the current deficits or budget pressures in the six Ottawa Community Health Centres (CHCs), Bruyère Family Health Team (FHT) and at the Children's Hospital of Eastern Ontario (CHEO) due to the increased pressure on budgets for health care interpretation both over time and due to the specific impact of the influx of Syrian refugees to the region since October 2015. Examples of how these impacts have lowered standards, safety, efficiency and effectiveness of health care resources and, in some cases, have caused actual harm, demonstrate that this is an issue that goes beyond a lack of equitable access to health care. This document then outlines the resources that would be required to provide adequate interpretation for residents of the Champlain region with limited English or French.

2. Background

Costs of Not Providing Interpretation in Health Care
In a study commissioned By Access Alliance Multicultural Health and Community Services in 2009[1], a review of literature and other sources produced evidence that, while much emphasis is placed on the cost of providing professional health interpretation, professional interpretation services can cut overall institutional costs in the long run and improve efficiency. The literature review found strong international evidence of the negative impacts of language barriers, not just on clients, but also on providers and health care institutions in terms of health care accessibility, quality, efficiency and cost. The research findings reviewed by the study indicate that lack of professional interpretation services within health care further undermines the accessibility and quality of health care, as well as undercutting efficiency and increasing overall institutional costs.

Furthermore, participants in a conversation circle (an informal, non-hierarchical discussion group) conducted by the London - Middlesex Local Immigration Partnership (2012) described how they opt to go to the hospital for non-urgent problems because interpretation is more likely to be available there than in community clinics.[2]

[1] "Literature Review: Costs of Not Providing Interpretation in Health Care." Dr. Ilene Hyman, Access Alliance Publication LR004, June 2009.

[2] "Speaking Freely: A Case for Professional Health Interpretation in London, Ontario." On Behalf of the London and Middlesex Local Immigration Partnership Health and Wellbeing Sub-council. Access to Health Interpretation (AHI) Work Group. May 2015, Caitlin Murphy, B.A. (Hons).

The absolute costs of failing to address language barriers are not always well-documented; in fact, absolute cost-benefit analysis is difficult to undertake when many of the socio- economic benefits or costs in terms of quality, equity and well-being are intangible and hard to quantify. Nonetheless, as the report concludes: "findings from existing literature highlight that the numerous benefits that clients, providers and health care institutions receive from professional interpretation services outweigh the costs of implementing such services. More importantly, there was a general consensus in the literature that the provision of language access services within health care should not be viewed as a separate 'add-on' program, but as an essential component of a strategy to meet broader organizational goals including managing risk, improving quality of care, reducing health disparities, and establishing partnerships with marginalized communities."

Access to good quality health care is one of the fundamental principles of our Canadian health care system. Yet, there is a small but growing body of research that highlights that Canadians who are not proficient in Canada's two official languages experience major health inequities as a result of language barriers. Although addressing health inequities must be considered an ethical and legal obligation, the perceived cost of providing interpretation services represents a major health systems-level challenge. As a result, there are serious shortcomings in both the availability and quality of interpretation services within the health care system in Canada. (Hyman, 2009)

In its Phase 2 guide to providing health care the Syrian refugees[3], the Ontario Ministry of Health and Long-Term Care advises that it is important that interpretation be offered to LEFP clients/patients and that professional health interpreters should be used:

> Whenever possible, health system partners should offer interpretation services at point of care. It is extremely important that clear communication is established in the provision of health care for refugees. Accommodation of interpretation needs is imperative to facilitate clear communication and understanding of health care needs by refugees and health care providers.
>
> Options to consider include in-person or over the phone interpretation services, translation of core written messages, and partnerships with local settlement or community organizations. It is important that professional interpretation services are used whenever possible. Professional interpreters understand the nuances of the language and are therefore able to interpret accurately. This is particularly important in health care settings, when it is critical that accurate information is being communicated.
>
> The Ontario Ministry of Health and Long-Term Care expects hospitals and health care organizations with already established interpretation services to offer language assistance for all health care interactions with refugees who have limited English or French abilities. Even minor procedures can cause considerable stress if not properly understood by refugees. Refugees should be asked to arrange for their own interpretation only where established interpretation services are not available.
>
> It is important that providers remember some refugees may have poor literacy skills in their first language and that there are significant differences between written Arabic and spoken dialects. Even when providing translated written information, health care providers should ensure information is also communicated verbally and understood by their patients/clients.
>
> If a provider does not know of local interpretation services or third party providers, the LHIN may be able to assist in identifying translation service options. Some LHINs have arrangements for interpretation services that providers in their region may be able to access.

The Ministry of Health and Long-Term Care's expectation that the provision of interpretation to Syrian refugees (and, it is presumed, to other LEFP clients) is to be resourced from within established interpretation services leaves the burden of cost on local funders or on the health service providers themselves. As is demonstrated below, these costs cannot be met from within existing budgets and, as a result, there is an impending crisis looming for those providing health care services to LEFP clients.

The suggestions by the Ministry of Health and Long-Term Care that if it is not possible for professionally trained health interpreters to provide language interpretation during the visit, that clients be asked to arrange for their own interpretation, is considered by health service providers as

[3] "Phase 2 Ontario Health System Action Plan: Syrian Refugees: Ongoing Syrian Refugee Health Care Considerations for Health Care Providers." October 18, 2016, Ministry of Health and Long-Term Care (MOHLTC)

contrary to the requirement by the Healthcare Consent Act that requires them to obtain valid informed consent. Valid informed consent can only be obtained if the client fully understands all that is being explained to them about their condition, their care and their treatment options. In the opinion of health service providers, this makes language interpretation by a professionally trained health interpreter in order to achieve valid informed consent, a legal requirement.

In addition, as explain in the study conducted by the London - Middlesex Local Immigration Partnership, "although the principle of universal access to care under *The Canada Health Act* stipulates that all residents must be entitled to services on uniform terms and conditions, these rights are not being equally applied to those with limited English proficiency. Without adequate provider-patient communication, appropriate access to health care is virtually impossible. This disparity contradicts the principle of universality – that all insured residents are entitled to the same level of health care – under the *Act* (Health Canada, 2001).

Therefore, the provision of language interpretation by a professionally trained health interpreter is not only a matter of the moral consideration of equitable access to health care, but has potential legal consequences under the *Canada Health Act* and the *Healthcare Consent Act.*

3. Current budget deficits/cost pressures in the six Ottawa CHCs, Bruyère FHT and at CHEO due to the cost of interpretation

To inform this document, the six Ottawa CHCs, Bruyère FHT and at CHEO were surveyed and asked to provide the following information:

- What is your annual budget for interpretation?
- What is your predicted expenditure on interpretation in 2016/17?
- If you have stopped using professional interpreters because you can't afford them - what is the solution you are using instead?
- Have you changed your practice related to the use of interpreters at all due to the additional needs in 2016/17?
- If you are using staff to provide interpretation - what has the consequence of this been?
- Stories/case studies of negative impacts of not providing interpretation

3.1. The number of GARS/PSRs, LEFP clients and encounters

CHCs

Once a client is registered in the CHC Electronic Medical Record (EMR), Nightingale on Demand, information on the use of interpreters is recorded for each encounter with the client. Data can currently be extracted from the EMR on the number of encounters where interpretation was provided and this can be analysed to produce the number of individual clients served:

CHC	2014	2015	2016	2014	2015	2016
	Encounters			Unique Clients		
Carlington			112 (788*)			88
Centretown	386	441	769	200	270	426
% increase		14%	74%		35%	58%
Pinecrest Queensway	772***	876***	977***	280	410	385
% increase		13%	12%		46%	-6%
Sandy Hill	15	19	344	14	18	107
% increase		27%	1711%		29%	494%
South East Ottawa	831	967	1,948**	286	316	579
% increase		16%	101%		10%	83%
Somerset West (excluding Ottawa Newcomer Clinic)	904	1100	2,164	351	517	978
% increase		22%	97%		47%	89%

* Encounters for Arabic-speaking clients only

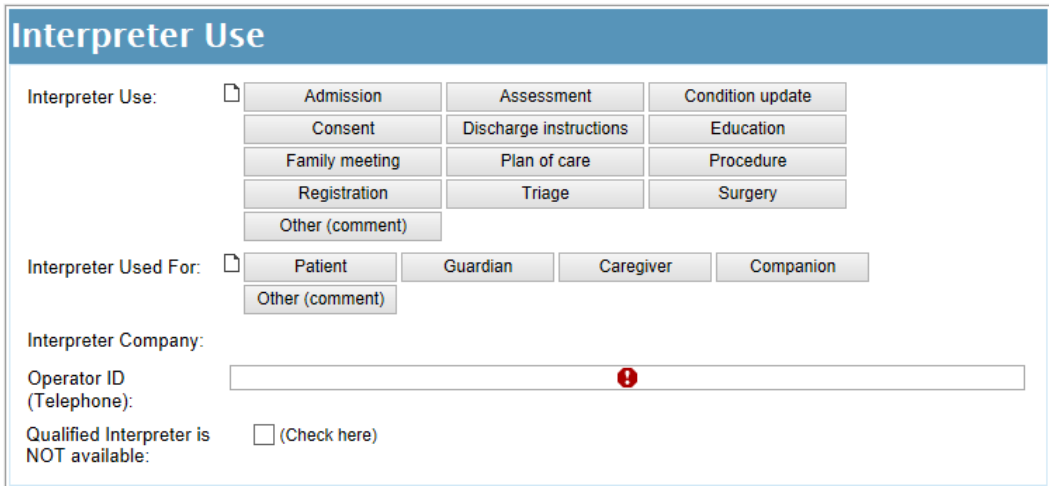
** Should be 1,975 if family members were not used (i.e. 27 encounters used family members for interpretation)

*** Figures for fiscal year

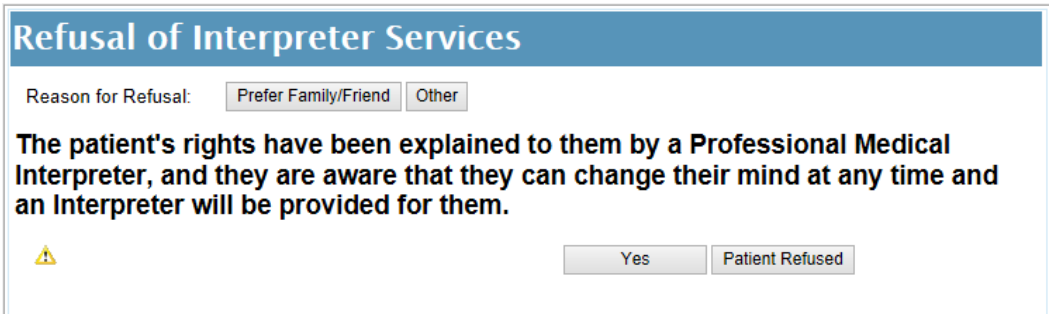
Despite this ability to provide basic data on encounters where interpretation was provided, there is little else available to help inform planning and funding of the provision of interpretation and additional information on the interpretation (such as language, the type of interpreter used, etc. is entered in a voluntary text field that cannot be used for analysis).

The Henry Ford Health System (Detroit) has worked with their EMR vendor (EPIC) to produce a custom design that can capture information on the interpreter usage, patient refusal of interpretation services and an integrated interpreter booking system as illustrated in the sample screenshots below:

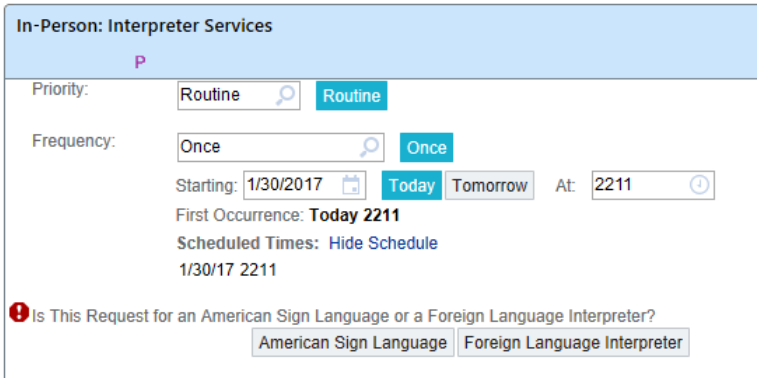
Clinician documentation when using an interpreter:



Patient refusal of interpreter services:



Ordering of in-person interpreter:



Henry Ford Health System is now in the process of optimization of the new design (improving documentation, standardizing workflows when they find variation). Their end-goal is to create reports and a dashboard that will give them meaningful information for improvement.

CHEO uses the EPIC EMR which would provide an opportunity to explore the use of this innovation in the Champlain region. In addition, the change of ownership of the Nightingale on Demand EMR used by all CHCs in Ontario to Telus provides an opportunity for CHCs to work together to request changes to their EMR, to allow for the capture of this information.

To the end of October 2016, CHEO had seen 160 Syrian children and youth who arrived as refugees at the end of 2015/early 2016. Between October 2016 and January 2017, an additional 35 Syrian patients had been seen. Due to the underlying poor health and existence of chronic health issues of many of the children, the Syrian children are significantly over-represented in CHEO's emergency (42% higher), outpatient clinics (125% higher), inpatient stays (3 ½ more likely), and mortality rate (49 times more likely). In addition to requiring interpretation, the literacy of these families in Arabic is also very limited, making reliance on their retention of medical information (instructions and appointments) more challenging. To assist the families in understanding how to access medical services for their children, many of whom have complex medical, social and coordination of care needs, CHEO created a dedicated navigator position that continues to be required.

Ottawa Children's Treatment Centre (OCTC), which has merged with CHEO, typically has 12 referrals per year for refugee children with developmental or physical disabilities. They received 24 referrals for Syrian refugees in 2016, which has taxed their ability to meet needs and provide interpretation supports, if no additional resources are received.

Data from Bruyère FHT on the total number of LEFP clients/patients they have on their roster is not available at the time of writing this report. However, they have taken approximately 250 Syrians from the recent influx and are experiencing similar budget pressures as other healthcare providers due to the cost of interpretation.

3.2. Potential cost for these encounters:

	Calendar Year		
	2014	2015	2016
CHC	**Potential Cost of Encounters** (if using professional interpreters)		
Carlington (No budget for interpretation– use non-insured funds)			112 788*
100% in person ($92/visit)			$10,304 $72,496**
50% in-person & 50% phone (@$1.65/min for 30 min. visit)			$6,244 $43,931**
Centretown	386	441	769
100% in person ($92/visit)	$35,512	$40,572	$70,748
50% in-person & 50% phone (@$1.65/min for 30 min. visit)	$21,520	$24,586	$42,872

Pinecrest Queensway	772***	876***	977***
100% in person ($92/visit)	$71,024	$80,592	$89,884
50% in-person & 50% phone (@$1.65/min for 30 min. visit)	$43,039	$48,837	$54,468
Sandy Hill	15	19	344
100% in person ($92/visit)	$1,380	$1,748	$31,648
50% in-person & 50% phone (@$1.65/min for 30 min. visit)	$836	$1,059	$19,178
South East Ottawa	831	967	1,948
100% in person ($92/visit)	$76,452	$88,964	$179,216
50% in-person & 50% phone (@$1.65/min for 30 min. visit)	$46,328	$53,910	$108,601
Somerset West (excluding ONC)	904	1100	2,164
100% in person ($92/visit)	$83,168	$101,200	$199,088
50% in-person & 50% phone (@$1.65/min for 30 min. visit)	$50,398	$61,325	$120,643

* Encounters for Arabic-speaking clients only
**Carlington currently able to use Arabic speaking staff to offset costs for some of their LEFP clients
*** Figures for fiscal year

The projection shows two scenarios; one with 100% of the interpretation being provided in person and the other with 50% of the interpretation in person and 50% over the phone. In practice, most CHCs are still close to scenario one: 100% of interpretation provided in person. The CHCs listed above have annual budgets for interpretation (set internally) that range from $9,000 per year to just over $20,000 (these are indicative figures only as they may be for primary care only in some cases and do not include the figures assigned to providing services to uninsured clients). It can be seen, therefore, that the projected cost of providing interpretation for the recorded encounters at the Ottawa CHCs in 2016, even under scenario two, vastly exceeds their total annual interpretation budget.

Although Carlington CHC is in a slightly different position than the other CHCs, due to having Arabic-speaking staff, they are concerned that they will not always be able to avoid the costs of interpretation for their clients, if their staffing complement changes:

Carlington is in a unique situation, different from other CHC experiences with respect to interpretation costs. While we do invest in interpretation, it does not have the same financial impact that is being felt and reported by my colleagues. There are a couple of reasons for our position:

Carlington's geographical location has meant that we have not experienced the same influx of government-assisted refugees that have been experienced by other centres. Carlington has a number of social housing units; however, there is not the stock of affordable housing units at market rent rates that would make them accessible to government-assisted refugee families. That being said, we have accepted a significant number of privately-sponsored refugees.

A second consideration is that we have three staff members (2 nurse practitioners and a recently-hired medical receptionist) who are fluent in Arabic. As such, we have been able to assign clients strategically so that interpretation costs are mitigated by having practitioners who are able to provide services in Arabic. This is a fact in the present and we cannot count on having this capacity in the future; so we need to consider what our needs would be should we lose our Arabic capacity in the clinic – as you know, we cannot hire solely based on language and hope to find a fit.

I have done an exercise to attempt to calculate and cost out Carlington's interpretation needs without considering our Arabic-speaking staff. Our records show the following:

In 2016, our NPs had 788 encounters with Arabic-speaking clients

Cultural Interpretation Services for Our Communities (CISOC) charges a flat rate of $92 per visit, so 788 X $92 = $72,496 is the potential cost of providing care with CISOC's interpretation services.

Remote Interpretation Ontario charges a rate of $1.65 per minute, so assuming an average of 30 minutes per visit, we arrive at (788 X 30) X $1.65 = $39,006.

In both of these scenarios, the costs far exceed our capacity to pay; therefore, without Arabic-speaking practitioners in-house, we would likely be unable to offer services in the clients' preferred language. We currently budget a very small amount for interpretation; and in the current fiscal year we have doubled even that small budget.

Information received from CHEO indicates that they will be overspent by $100,000 for interpretation in 2016/17 and that the cost of interpretation for the Syrians alone is $8,000 per month, despite the fact that they have implemented a number of strategies to try to keep costs down:

> *CHEO has a roster of trained medical interpreters we use as a cost-effective way to provide interpretation service. When used, it results in less than half the cost of the use of the CISOC. To keep up with demand for interpretation, we have on-boarded additional interpreters and had to use CISOC when our interpreters are fully booked. We have hired an Arabic speaking patient navigator in order to do quick problem-solving with the families in their own language instead of using an interpreter. We've had to use CISOC, which is more expensive, as we recruit more medically trained interpreters. We have used the navigator on staff, however, she cannot do the medical interpretation in order to fulfil our legal requirement.*
>
> Email, December 21, 2016. Christine Kouri, Manager for Patient Experience & Acting Chief Privacy Officer, CHEO

This does not include the cost of the Syrian patient navigator who provides non-medical interpretation.

3.3. Impacts of underfunding

Health service providers were asked to detail the impact of cost overruns for interpretation.

CHCs have mediated the cost impacts of the interpretation cost overruns in a number of ways including: changing their practice of providing interpretation; reducing spending on other budget lines (sometimes impacting the ability to deliver other programs and services); applying to the LHIN for one-time funding through the October Health System Improvement Proposal process; and posting a deficit. Changes in the provision of interpretation due to costs of professional interpreters, have included the use of staff, using untrained interpreters or resorting to using family members:

We have occasionally used medical reception staff for some appointment booking interpretation, but not for medical interpretation. We have had missed appointments due to this, which has led to wasted RN and MD resources that were blocked off to dedicate to large families, with all members coming in at once. Centretown CHC

We can't afford to keep using CISOC (our contract) so we have hired a couple of casual clerks to do interpretation in-house, which is cheaper (but still costs). We have established an Arabic phone line and all patients can call that number if they wish to make an appointment or ask a question. The Arabic speaking clerk monitors it every 48 hours, so it is not for urgent matters. Bruyère FHT

Ottawa Language Access is helping for specialist appointments now, but the extra admin time needed to book through their system puts pressure on a different budget line (medical reception salaries and relief). Our first option is to book specialists through a hospital, because they will book their own interpreter, however, this can lead to a delay in seeing specialists when the hospital specialist is a longer wait than a community specialist. Pinecrest Queensway HC

In our group orientation, we are very clear and repeat that we have an on-call service, when we are closed. Yet they still are showing up at emergency departments and then coming to us with bills from hospital that require interpretation to explain. We are experiencing huge challenges with immunizations. Nurses are put on hold at Ottawa Public Health (OPH) for 10 minutes or more at a time, time in which we are paying for interpretation, often the person at OPH says they have to get back to us, which requires rescheduling both clients and interpretation services. It's costing us thousands of dollars in interpretation just to bring immunizations up to date. I think this creates an access gap and clients are retuning unnecessarily we need OPH to designate a point person to help us create an efficiency. South East Ottawa CHC

The strain on interpretation budgets is having a direct impact on clients and on other parts of the health care system, as the following examples demonstrate:

We had an uncle interpreting and the child was receiving incorrect dosage of a medication. This prolonged the child's suffering from a condition and surgery would have been performed assuming the medication was not effective had we not insisted on a medical interpreter providing service. We are also receiving visits to the Emergency Department as families are advising they are not receiving interpretation in the community. They are very aware and share with each other that CHEO will provide interpreters, therefore they are opting to use our ED instead of the more appropriate (less costly) community options (e.g. walk-in clinics).

Families are presenting to the Emergency Department for medical attention, most which are not emergency. The reason for this is that families are aware that CHEO provides interpretation services; and many clinics do not.

CHEO

- *Hospitals provide interpretation, but often booking coordinators are not aware of this. There have been multiple situations where because no interpreter is booked, the client has to wait another few months for specialist appointments.*
- *Rapport with and trust in provider is lost due to language barrier. For example we had a client who spoke minimal French and had a French speaking provider, however, that wasn't enough when it came to complex health care needs and treatment plan and required some advocacy on part of the provider. Once paired with an interpreter who spoke the client's native language, the client was able to speak freely and then was better able to understand the plan and the reasons behind the change from the previous plan. Plus, the provider was better able to assist with the advocacy efforts.*
- *Availability of interpretation at the front desk/reception is crucial for client retention. Once clients leave the Ottawa Newcomer Clinic, this is the biggest concern we see. Clients stop going to their new primary care provider in the community, due to not being able to speak to the front reception.*
- *We had a family drop in from the Catholic Centre for Immigrants on the second floor and they didn't want to use phone interpretation. The son insisted on interpreting for his parents, clearly the son didn't have the vocabulary and a lot of pieces were missing. Fortunately, it was a small thing (prescription renewal) but provider couldn't dig deeper if they wanted to.*

Information from the Multicultural Health Navigators, Ottawa Newcomer Health Centre

4. Future funding requirements

This section of the document aims to provide an overview of the potential cost of providing professional health interpretation to all of the residents of the Champlain region who do not speak English or French for a selected number of hospital health services.

Appendix A contains the estimate of the cost of providing interpretation for the LEFP residents of the Champlain region.

Summary

- The projected cost of providing professional interpretation for avoidable inpatient admissions is $33,409 per year.
- The projected cost of providing professional interpretation for low triage Emergency Department visits is $146,471 per year.
- The projected cost of providing professional interpretation for specialist visits is $2,505,009[4] per year.

The results were based on a number of assumptions and data sources:

- The 2011 Census information for Ottawa-Gatineau of 13,450 LEFP people is a reasonable estimate for the Champlain region as the population sizes for both areas are similar (Ottawa-Gatineau: 1,236,324[5], Champlain: 1,300,000[6]).
- Utilisation data for newcomers at CHCs (from Institute for Clinical Evaluative Sciences report "Examining Community Health Centres According to Geography and Priority Populations Served, 2011/12 to 2012/13: An ICES Chartbook[7]) is used to estimate the utilisation of health services for the Champlain region LEFP population as a whole.
- Ontario-level data for inpatient hospitalisation is used for the Champlain region, including the average length of stay (LOS) of 5.7 days.
- Assumption that in-person interpretation is provided, on average, six times during an inpatient stay; once on admission, once on discharge and four times during the stay.
  Note: in a study published in 2012[8] it was found that hospitalised LEFP patients who did not have an interpreter present on both admission and discharge days were in the hospital about 1.5 days longer than patients who had interpreters on both days. For the Champlain LHIN this would represent an additional $8,371,730 (based on # of stays = 946.6 x 1.5 days @ $5,896[9] per day) to the cost of inpatient stays.

[4] Note: this is a combined figure for specialist visits both in a hospital setting and in the community
[5] https://www12.statcan.gc.ca/census-recensement/2011/as-sa/fogs-spg/Facts-cma-eng.cfm?LANG=Eng&GK=CMA&GC=505
[6] http://www.champlainlhin.on.ca/AboutUs/Intro.aspx
[7] http://www.ices.on.ca/~/media/Files/Atlases-Reports/2015/Examining-Community-Health-Centres/Glazier-et-al-2015-CHC-Chartbook-v2015-11-02-final2_ktl2_AY.ashx
[8] Lindholm, M., Hargraves, J. L., Ferguson, W., & Reed, G. (2012). Professional language interpretation and inpatient length of stay and readmission rates. *Journal of General Internal Medicine*, 27 (10), 1294-1299.
[9] https://yourhealthsystem.cihi.ca/hsp/indepth?lang=en#/indicator/015/3/C5011/

- Assumption that 30% of LEFP people are receiving ongoing primary care from a CHC (based on information for Ottawa Newcomer Health Centre who are responsible for matching government sponsored refugees to ongoing primary care).
- Assumption that 100% of primary care visits would use in-person interpretation (note inserted in Appendix B to advise that the figure for this cost would be reduced to 75% of the estimate if phone interpretation was used for 50% of the visits).
- Assumption that professional health interpretation costs a minimum of $90 per visit (standard rate from Ottawa-based agencies and other agencies providing service to the Ottawa region is $45/hour with a two-hour minimum).

Figures, assumptions and calculations checked and validated by Jennifer Rayner, PhD *Research and Evaluation Lead* at Association of Ontario Health Centres, Adjunct *Research Professor*, Department of Health Sciences, Western University *Post-Doctoral Fellow*, Daphne School of Nursing, Ryerson University.

5. Conclusions

- There is strong international evidence of the negative impacts of language barriers, not just on clients, but also on providers and health care institutions in terms health care accessibility, quality, efficiency and cost.
- Research findings indicate that lack of professional interpretation services within health care undermines the accessibility and quality of health care, as well as undercutting efficiency and increasing overall institutional costs.
- People requiring interpretation may opt to go to the hospital for non-urgent problems because interpretation is more likely to be available there than in community clinics, thereby elevating the number of Emergency Department visits and unnecessarily driving hospital costs up
- Findings from existing literature highlight that the numerous benefits that clients, providers and health care institutions receive from professional interpretation services outweigh the costs of implementing such services.
- Inadequate funding for professional health interpretation acts as a barrier to CHCs and other health service providers supporting one of the Champlain LHIN's three strategic directions; *Ensure health services are timely and equitable.*
- Specifically, one of the key priorities for the LHIN under this strategic direction; *Provide for culturally and linguistically appropriate care*, cannot be achieved without the ability to provide professional health interpretation for all LEFP clients
- The provision of professional health interpretation for all LEFP clients is essential for the achievement of the Champlain LHIN's vision that:"*Our integrated health system must be patient-centred. It must fulfill the needs of patients, clients and families. It should empower them to manage their own health, and respect their choices. Importantly, patients must be engaged in their own care and in broader health system planning.*"
- Health service providers who are unable to provide professional health interpretation for all LEFP clients run the risk of breaching both the *Canada Health Act* and the *Healthcare Consent Act.*
- All CHCs and other health service providers in Ottawa (and possibly across the Champlain region) are experiencing a dramatic increase in the number of clients requiring interpretation.
- All CHCs and other health service providers are experiencing significant cost pressures due to the increase in the number of clients requiring interpretation.

- CHCs do not receive dedicated interpretation funding based on the number of clients they are serving who require interpretation.
- There is no mechanism for addressing in-year budget pressures on interpretation costs due to sudden influx of clients requiring interpretation.

6. Recommendations

- Champlain LHIN supports CHCs and other health service providers to establish common reporting standards for LEFP clients and explores the possibility of enhancing the reporting of utilization of language support in the EMRs.
- Dedicated funding is provided to CHCs and other health service providers for the cost of interpretation based on the number of LEFP clients they serve.
- In addition to ongoing base funding to meet annual health interpretation needs, one-time funding is made available towards the end of the fiscal year to meet extraordinary budget pressures such as those created by the influx of Syrian refugees