How to schedule no-cost interpreting

CareOregon pays for qualified and certified interpreters when you work with our vendors.

Their services are available:
- By phone, video or face-to-face.
- For appointments, immediate care, appointment reminders or follow-up calls, test results or community support services.
- 24 hours, every day.
- In dozens of languages, including ASL and indigenous.

Terminology: “Interpreting” is spoken or signed. “Translation” is written.

To schedule an interpreter, contact one of our vendors.
You may need to first set up an account, password or PIN.

Tips for scheduling
Plan ahead. Please schedule as soon as your patient makes an appointment. When possible, please schedule at least 72 hours in advance.

Schedule interpreting for the whole visit. Be sure to include time for check-in, check-out and any other conversations that may be included in the visit.

Give vendors this info:
- Preferred qualifications: An OHA-qualified and certified interpreter. See hciregistry.dhsoha.state.or.us
- Appointment info: Expected length; reason member is being seen.
- Patient/client name, preferred language/s, DOB, phone and OHP ID number (so the vendor can bill us).
- The type of interpreting request: In-person appointment, phone/video consult or immediate need.
- Special instructions: For example, does the member prefer a specific interpreter, gender or dialect? You’ll need to repeat any special instructions every time you schedule an interpreter for that patient.

careoregon.org/interpreters
Language access is important to outcomes. And it’s the law.

We’re committed to ensuring meaningful language access services for our members who have Limited English Proficiency (LEP).

- The Affordable Care Act (Section 1557) requires it. And as of 2021, it is an Oregon Health Authority incentive metric.
- Title VI of the Civil Right Act directs agencies receiving federal funding to provide meaningful language access to persons with limited English proficiency, and at no charge.
- Professional interpreting services are associated with improved clinical care in terms of comprehension and errors, utilization, clinical outcomes and satisfaction for both patients and clinicians. Source: “Do Professional Interpreters Improve Clinical Care for Patients with Limited English Proficiency? A Systematic Review of the Literature,” Health Services Research, April 2007

Clinician resources

Guidelines for medical providers for working with interpreters:
bit.ly/co-interpretation1

Best practices for using over-the-phone interpretation:
bit.ly/co-interpretation2

Helping patients express their preferred language:
bit.ly/co-interpretation3

For health care providers:
Best practices for interpreted visits

1. Recognize that interpreters are a vital part of multi-disciplinary care teams, but they are not medical experts. Use plain language in explaining complex medical terms.
2. Include a pre-session before the patient or client is part of the visit or call. This allows you to share with the interpreter the purpose of the interaction and give any special instructions.
3. Document whenever anyone else is involved in a visit. In the chart, note the interpreter’s name and OHA credentialing number, and the language interpreted.
4. Help create a safe space for an interpreted visit by using a framework such as CIFE. (See right.)

CIFE: A framework for language interpreting sessions

Zarita Araujo-Lane, President of Cross Cultural Communication Systems in Massachusetts, developed the CIFE model. Read more about CIFE and the story behind it: multco.us/global/cife-interpreters-tool

Following CIFE

“C” for Confidentiality. Interpreters sign confidentiality agreements, but reiterating this at the beginning of each session helps build trust and establish safety with the patient. Providers should be sure to notify clients when they may be obligated to report information to a third party. Also clarify, at the outset, the protocol regarding written notes an interpreter might take during the session.

“I” is for “I use first person.” Interpreters speak in the first person. This cuts down on confusion, provides a more accurate interpretation and allows for genuine dialogue between the client and provider.

“F” is for Flow. The provider and the patient control the content of the visit; the interpreter controls the flow. Providers can invite the interpreter to ask, when needed, for clarification during a session or for them or the client to slow down. After 30 minutes, the interpreter might request a break.

“E” stands for Everything that is heard or said in this space will be interpreted. That includes intercom announcements, phone calls, swear words, interruptions and side conversations.