Supporting Language Access For Persons with a Breast Cancer Diagnosis

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BACKGROUND

- Limited English Proficiency (LEP) is a major barrier to equitable healthcare resulting in medical information misunderstanding and decreased adherence to treatment.
- Although National CLAS Standards require accessible, competent interpreter services at no additional cost, utilization is inconsistent.
- We analyzed interpreter use at the Sidney Kimmel Comprehensive Cancer Center (SKCCC) in Center City (CC) Philadelphia where ~13% of patients experience LEP.

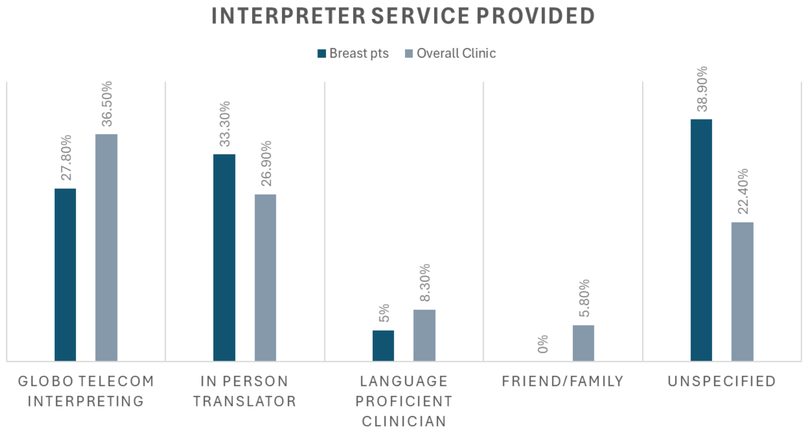
METHODS

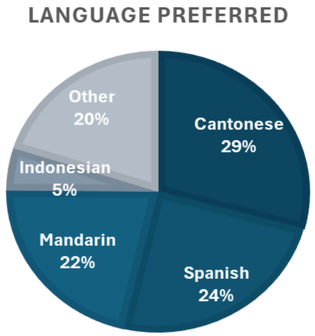
- Retrospective chart review of outpatient oncology visits (Jan–Mar 2025) at SKCCC–Center City.
- Inclusion: adults with a breast cancer diagnosis and documented self-identified LEP.
- Most recent clinical visit manually reviewed to identify:
  - Patient's preferred language
  - Interpreter service utilized
  - Documentation of language support service
- All data were de-identified prior to analysis. Descriptive statistics summarized rates of interpreter utilization

RESULTS

Between Jan-Mar 2025: 5,054 SKCCC visits, 326 identified as LEP, and 40 (12.3%) were persons with a breast cancer diagnosis.

Interpreter use was documented for 18 (45.0%) breast visits, consistent with the overall SKCCC reported rate of 47.9%.





CONCLUSIONS

- The breast cancer data are consistent with that of the entire clinic population-suggesting data reliability.
- Underutilization may reflect incomplete documentation.
- Appropriate medical interpreter utilization is essential for patient safety and quality and meets federal CLAS standards.

FUTURE DIRECTIONS

- **EMR Integration:** Incorporate interpreter-use fields and prompts to standardize documentation.
- **Automation:** Enable automatic interpreter scheduling at the time the clinical appointment is made.
- **Billing & Tracking:** Utilize CPT/Medicaid/CCM codes for interpreter utilization to ensure visibility.
- **Education:** Educate patients and clinical teams on CLAS standards, discourage use of family members as interpreters, and inform patients of their right to free language services.
- **Institutional Policy:** Track interpreter use in quality dashboards for improvement metrics and accountability

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