



# NORTHEAST HEALTH SYSTEM'S INTERPRETER SERVICES COSTS DROP 30% WITH HELP FROM NAVIGANT

## CHALLENGE

Federal laws such as the 1964 Civil Rights Act and the Americans with Disabilities Act of 1990 require hospitals to provide language interpreter services for patients in need of them. These services can be provided in a variety of forms, each of which offers advantages and disadvantages.

A health system in the Northeast was heavily reliant on in-person interpreters, including use of employees and independent contractors. This was due to the system's belief that it was a legal requirement to use face-to-face interpretation instead of other means of interpretation, and a lack of proper policies and procedures to guide clinicians on the type of interpreter to request.

## SOLUTION

The system partnered with Navigant to analyze the alternative forms of interpretation and develop a method to maximize efficiency of hospital interpreter staff. At the same time, video remote interpreting (VRI) was deemed more time-efficient than other outsourced options, without the hidden costs (travel expenses, two-hour minimums, etc.) of outsourced in-person interpreters and contractors.

An initiative was undertaken to put policies and procedures in place to deliver optimal solutions to meet the needs of the patients in a cost-effective manner.

An assessment conducted by Navigant was done to determine the existing usage in terms of type of interpretation. This assessment used reports that hospitals were required to submit to the government indicating the number of interpretation requests and types of interpretation.

In this case, these reports were used in parallel with spend data. To understand the spend, accounts payable data from the previous 12 months were pulled to provide a view of the primary vendors used and the type of interpretations conducted by them. The details and spend on internal staff interpreters and independent contractors was also gathered from human resources to fully understand the current situation. Benchmarks were used for the time a video remote interpretation took compared to an in-person interpretation. With this information, a high-level estimate of savings potential was developed.

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“Interpreter services is an area that supply chain departments might not consider as something they can impact, but it’s another purchased service with real savings opportunities.”

MICHAEL WILLIAMS  
DIRECTOR, SUPPLY CHAIN, NAVIGANT

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## Outlining the Transformative Process

Once a clear view of the current situation was gathered, a champion was identified to ensure executive support of the project. In addition, a team of internal interpreter services staff convened to brainstorm on outside-the-box ways the existing operation could improve, and how technology — including existing video remote interpreting units — could be leveraged. The team then analyzed vendor-expected savings and other reported information and selected vendors for different types of interpretation, including video, phone, and in-person services. Representatives from IT and cybersecurity were engaged to ensure awareness of the initiative and involvement in technology discussions.

Working with Navigant, the health system developed a solution to leverage a combination of technology and in-person interpretation to maximize the use of current staff. Existing staff will be seated at interpreter stations to interpret remotely by VRI, reducing the need for scheduling interpretations and allowing for more efficient use of staff time.

In addition to interpreting for their individual hospitals and for the system, properly trained interpreters can also interpret for other health systems and collect revenue for these services. Once the future state of the process was agreed upon, equipment requirements were determined, and a detailed business case was drafted to gain approval for the new vendor and interpreter services process.

## OUTCOME

Reducing in-person interpretations and replacing them with over-the-phone interpretations (OPI) or VRI is projected to reduce the health system's interpreter services costs by 30%, driving \$1.2 million in annual savings. This opportunity was calculated based on 80% adoption of OPI and VRI, a goal based on adoption by a similar local health system.

Technology benefits won't truly be realized until proper policies and procedures are in place to guide staff toward increased OPI and VRI use, and less in-person interpreting. As implementation continues, it will be critical to ensure an adequate level of adoption of OPI and VRI technology among doctors and nurses.

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“This isn't just about pricing negotiations, it's about leveraging a system's existing interpreter staff as much as possible.”

JORDAN SHUSTERMAN  
SENIOR CONSULTANT, SUPPLY CHAIN, NAVIGANT

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