

Using Video Remote Interpretation to Overcome Language Barriers with Non-English Speakers in Clinical Trials

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Background

In 2018, 67.3 million U.S. residents spoke a language other than English at home; of these, 25.6 million self-reported speaking English less than very well. Although about 20% of patients may be eligible to participate in cancer research studies, only about 3% of adults do. Those rates are even lower for ethnic minorities with one of the barriers to participation being language differences. Enrolling patients of different ethnicities in clinical trials is imperative to promote equity and ensure novel drugs/combinations have been evaluated in diverse populations. Inadequate interpreter services impact patients' quality of care, outcomes, and access to potentially lifesaving clinical trials.

The initial consent visit is done with an interpreter present however many subsequent visits may be done via telephone interpretation services which can be difficult due to phone access challenges. The cost of in-person interpreter services can be substantial, ranging from \$45–\$150/hour, while only \$1.25–\$3.00/minute for telephone, and \$1.95–\$3.49/minute for video remote interpreting. Documentation of the use of interpreter services is often not consistent and the incomplete documentation poses challenges for clinical trial standards resulting in possible regulatory implications. It is essential to promote equity by removing one of the barriers to underrepresentation of minorities in clinical trials and facilitate accurate reporting and documentation to ensure compliance.

Goals:

Timely, accessible, professional medical translation services for over 200 languages with automatic record-keeping of call logs for documentation purposes.



Lessons Learned:

In the future, VRI could also be used to remotely obtain consent for tissue collection, and for remote check-ins to ensure proper communication of changes in clinical status for patients enrolled in clinical trials living in areas with low access to care and resources.

References

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Solutions and Methods

The Phase One Unit of the Winship Cancer Institute of Emory University acquired an iPad enabled with Video Remote Interpretation (VRI) which combines the benefits of face-to-face interpretation with the on-demand nature of Over-the-Phone Interpretation (OPI). With Stratus Video, there is now access to medically qualified interpreters with an average connection time of 30 seconds. There are 35 languages available over video, and Over-the-Phone Interpretation (OPI) service that is fully integrated with the Stratus Video solution in over 200 languages.

Outcome

The translation iPad has allowed a reliable, easy to access way to provide language services to patients enrolled on clinical trials and allows for accurate reporting to be maintained in the patient's chart to ensure compliance. Clinicians and patients who have used it indicate ease of use, short wait time to be connected with interpreter, friendly and professional service, good quality of audio and video, and a large variety of languages available. Spanish and Korean have been the most used languages thus far. It can be challenging to schedule an in-person interpreter for less commonly spoken languages within the protocol required appointment dates. The iPad has eliminated that barrier for all encounters after consent has been obtained with a live interpreter. It also automatically keeps a detailed log of all the sessions and provides interpreter information that is used for consistent documentation congruent with clinical trials expectations.