

Minnesota Hospital Consortium

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History

- ▶ Minnesota Hospital Consortium (MHC) - 2005
- ▶ All 8 major hospital systems in the twin cities (1 exception)
- ▶ Driven by a number of lawsuits in Minnesota brought about by deaf patients against hospital systems.
- ▶ Prior to inception of MHC, access to emergency interpreters was a problem.
- ▶ Guaranteed access to in-person interpreters within 1-hour 80% of the time, and within 2-hours 100% of the time for Emergency Room, Urgent Care and first 24-hours of a hospital stay
- ▶ Highest-quality interpreters; mental health, deaf-blind interpreting

Cost structure - 2005-2015

- ▶ Program run by sign language vendor CSD
- ▶ Each hospital system paid a \$500/month subscription fee
- ▶ Paid an hourly rate that mirrored normal rates (2-hour minimum). Portal-to-portal
- ▶ Each encounter also had a variable rate. % of overall use through the consortium per appointment. This was used to cover the stipends to keep interpreters available.
- ▶ Viewed as an insurance policy by many in the hospital system.

Cost Structure - 2015- Present

- ▶ Run by vendor ASLIS
- ▶ During RFP process sought to simplify fee structure
- ▶ \$500/month subscription fee (waived if certain threshold of services is achieved)
- ▶ HIGH hourly rate - covers stipends AND interpreter hourly rate and travel (not portal-to-portal)
- ▶ Emergency definition relaxed - determined by hospital whether they want to deploy services

Pros and Cons

Pros

- ▶ High-quality guaranteed coverage of emergency services
- ▶ Lowers risk to hospital systems
- ▶ Easy to use system

Cons

- ▶ Cost

Video Remote Interpreting

- ▶ Primarily used to triage
- ▶ Used more in Urgent Care settings
- ▶ Deaf patients have been hesitant to adopt this technology
- ▶ Deaf perspective on VRI

Questions

