

BEST PRACTICES IN CHOOSING THE RIGHT INTERPRETING MODALITY IN HEALTHCARE

	 In-person	 VRI	 OPI
Best for	• Complex discussions • Mental health • End-of-life conversations • Group care	• ED • Telemedicine • Dermatology • Psychiatry • ASL • ICU consults	• Appointment scheduling • Prescription questions • Routine follow-ups • Insurance verification • After-hours support
Visual Communication	• Full access • Room dynamics • Body language	• Facial cues • Some body languages • Limited view (camera-based)	• No visual access; relies on verbal • Communication and tone only
Availability	• Prescheduled • Limited for rare languages	• 24/7 on demand • 60–120 second connection	• 24/7 on demand • Under 30 second connection (fastest connection)
Cost	• Highest • Travel + minimum hours	• Moderate • Per-minute • No travel	• Lowest • Ideal for high-volume brief encounters
Equipment	• None	• Tablet/cart • Webcam • Internet	• Standard phone • Minimal tech needs
Ideal Specialties	• Behavioral health • Pediatrics • PT	• Emergency • Telemedicine • Psychiatry • Radiology	• Primary care • Preventative care • Medication consulting

Practical Considerations

- Match modality to clinical risk, not just speed
- Visual access improves accuracy for high-stakes encounters
- When in doubt, upgrade to a modality with visual support

Critical Exception: Group Therapy

Group therapy requires in-person interpretation. Remote modalities can't adequately capture multiple speakers, non-verbal cues, or complex group interactions.