

What is it like to read this?

Your naicisyhp has dednemocer that you have a ypocsonoloc. Ypocsonoloc is a test for noloc recnac. It sevlovni gnitresni a elbixefl gniweiv epocs inot your mutcer. You must drink a laiceps diuqil the thgin erofeb the nonitanimaxe to naelc out your noloc.

AMA Foundation: Health Literacy and patient safety: Help patients understand. Barry D. Weiss, MD 2nd edition, 2007.

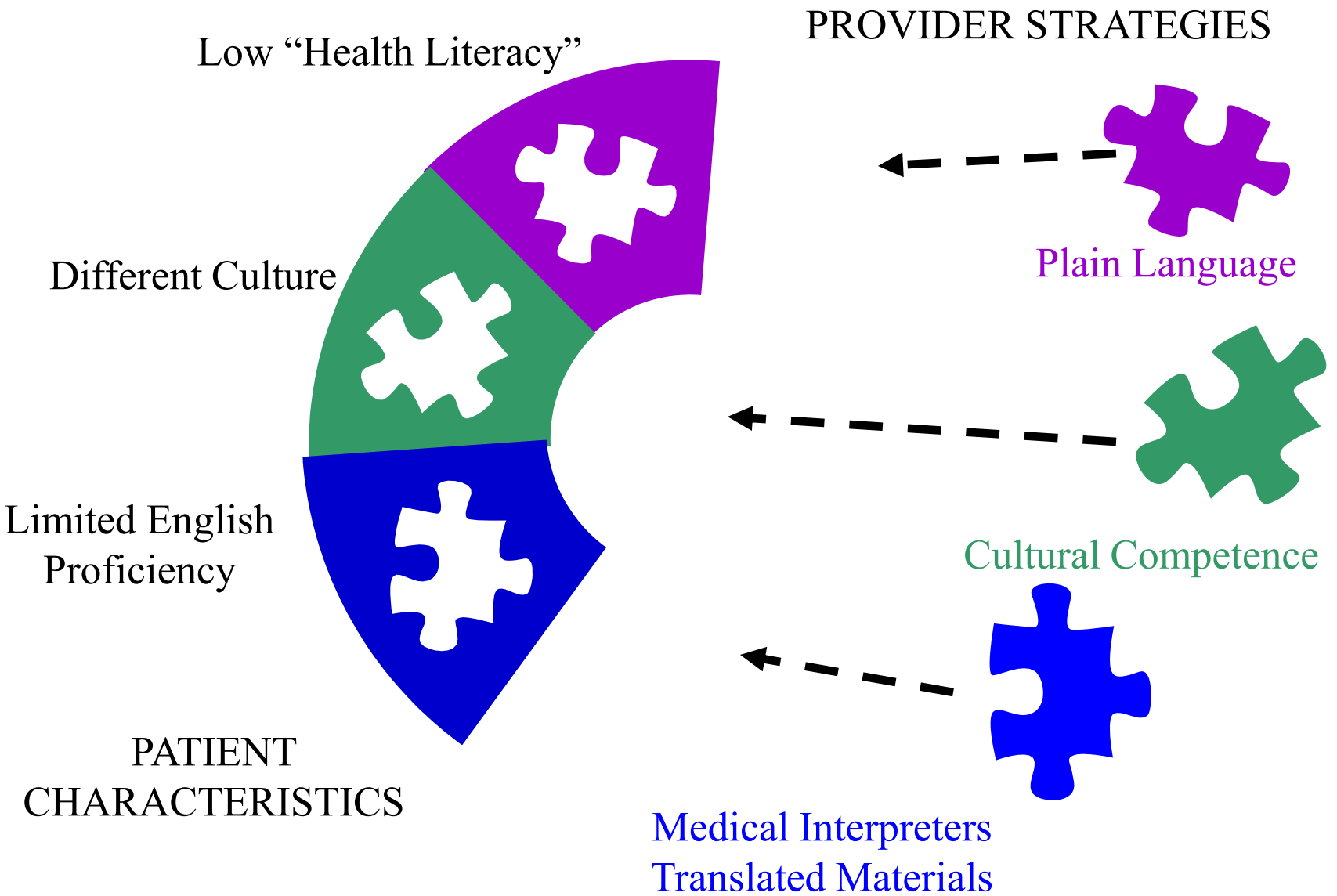
Better Patient Outcomes through Improved Health Literacy Practices

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Goals for Patient Encounters:

- Patients will understand:
 - Medical condition
 - Treatment recommendations, including Rx
 - Next steps – referrals, visits, etc.
- Patients will follow up/follow through
 - Make and keep appointments
- Patients will partner with providers
 - Ask questions
 - Apply and use health information

Today's Objectives

- Briefly define Health Literacy
- Discuss impact of low health literacy on health care system and individuals
- Identify effective health literacy practices

Health Literacy

Definition:

The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Schwartzberg et.al, *Understanding Health Literacy, Implications for Medicine and Public Health*. AMA 2005

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Healthy People 2010

- “Clear, candid, accurate, culturally and linguistically competent provider-patient communication is essential for prevention, diagnosis, treatment and management of health concerns.”
- Improving health literacy is fundamental to reducing health disparities

Functional Health Literacy

- Finding information (internet, books, etc)
- Reading and understanding information
- Reading prescription bottles
- Taking medications correctly
- Reading nutrition labels
- Reading and following complex instructions: prep for colonoscopy
- Making and keeping appointments
- Completing forms
- Programming, using and reading glucometer

“Literacy” Expanded

- Prose literacy
- Document literacy (insurance forms)
- Quantitative literacy or Numeracy (ATM, taxes, blood glucose log)
- Two-way communication
- Ability and motivation to receive and process information

Who Is At Risk?

90 million Americans

While relatively few are truly illiterate, nearly ***half*** are at a disadvantage when it comes to the literacy demands of the 21st century.

Vulnerable Populations

- Elderly
- Immigrants & limited English proficiency
- Poor
- Mentally challenged
- Poorly educated
- Homeless
- Prisoners

Low Health Literacy – Difficulty:

- Locating providers, services
- Completing health information forms
- Sharing medical history with providers
- Understanding, obtaining preventive care
- Understanding connections between risky behaviors and health
- Managing chronic illness
- Understanding directions for taking medications correctly

Poor Readers:

- Take the literal meaning of a word
- Read slowly, missing meaning
- Skip hard words
- Miss the context
- Tire quickly
- Interpret visuals literally

And Remember:

When we are sick or stressed, we ALL have decreased learning abilities.

Why?

- Changing populations
- Academic 'rigor' K-12
- Complexity
 - Of system
 - Of information
 - Of therapies

Low Health Literate Patients:

- Decreased use of preventive measures (mammograms, Pap smears, flu shots)
- Higher rate of hospitalization
- Higher rate of ER utilization
- Enter health care system sicker

Low Health Literate Patients:

- More likely to have chronic conditions
- Less knowledge/understanding of illness
- Poorer management of illness
- More likely to report their health as 'poor'

Implications for Health Care:

- Decreased knowledge
- Decreased health status
- Decreased patient safety

- Increased or inappropriate use of services
- Increased cost: \$50-73 **Billion**/year

What Can/Should We Do?

Effective Practices

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- **AMA Foundation: Health Literacy Toolkit**
Revised 2007

- **Commonwealth Fund Report:**
**“Health Literacy Practices in Primary Care
Settings: Examples from the Field”**

January 2008: Barrett, S. Puryear, J. Westpheling, K.

Three Major Areas:

- Navigating the system
- Printed Materials
 - Forms
 - Patient Education materials
- Patient / Provider Communication

Two Levels of Intervention

- Individual: Improvements in patient/provider communication
- System-wide: Improvements in access and appropriate use/distribution of resources

Navigation: Finding your way through the Building – as well as our increasingly complex health care System



Why is this an Issue?

- Increased expectations that patients will take responsibility for their own health and disease management,

WHILE AT THE SAME TIME

- The system of delivery is increasingly complex, specialized, highly technical and fragmented.

Improve Usability of Health Services

- Usability of forms and instructions
- Accessibility of the physical environment
- Patient Navigator services

Physical Environment: An Audit

- Printed materials
- Signs and postings
- Symbols
- Phone and registration systems
- Flow through the facility
- Greeting and Registration

Practice Environment

- Organizational Commitment:
 - Create a Shame Free environment
- Team Effort

Practice Environment

- Start at the front entrance/desk:
 - Clear, easy to follow signage
 - Helpful attitudes
- Scheduling appointments
 - A real person
 - Only necessary information
 - Offer directions
 - Help patients prepare: bring meds and questions

Practice Environment

- Check-in & Registration

Evaluate forms – should be easy to read and complete

Offer assistance with forms

IN PRIVATE

In the appropriate language

- Tests and Referrals – assist & confirm

Provider – Patient Communication

Methods:

- Estimate prevalence of low health literacy in your patient population (web site)
<http://www.pfizerhealthliteracy.com/physicians-providers/prevalence-calculator.html>
- Newest Vital Sign
- REALM (Rapid Estimate of Adult Literacy in Medicine)
- TOFHLA (Test of Functional HL in Adults)
- SAHLSA (Short Assessment HL Spanish Speaking Adults)
- Single Question

Nutrition Facts			
Serving Size		½ cup	
Servings per container		4	
Amount per serving			
Calories	250	Fat Cal	120
			%DV
Total Fat	13g		20%
Sat Fat	9g		40%
Cholesterol	28mg		12%
Sodium	56mg		2%
Total Carbohydrate	30g		12%
Dietary Fiber	2g		
Sugars	23g		
Protein	4g		8%

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Sterm Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

Single Question

- Are you satisfied with your ability to read and understand medical information?
- How confident are you filling out medical forms by yourself?
- How often do you have someone help you read hospital materials?

Clues: Behaviors

- Incomplete or inaccurate registration forms
- Frequently missed appointments
- Non-compliance medication regimens
- Pt. states they are taking medications but tests or exam leads you to question
- Lack of follow through with tests, referrals

Clues: Responses

- I forgot my glasses ...
- I'll bring it home for my kids to see
- Can't name meds
- Can't explain purpose of meds
- Can't explain timing of med administration

Improved Communication

- Slow Down!
- Reduce complexity
 - Limit the amount of information
 - Be specific
 - Use plain language
- Use pictures, models – “multi-media”
- Confirm understanding
- Encourage questions

Complexity ...

- Language – vocabulary & medical terminology
- Framework or context – for understanding
 - “Your LDL is 103”; “Your test was negative”
- Scope – what are the *critical* items?
 - Hint: pathophysiology is usually irrelevant!
 - “What do I need to do?” IS relevant

E. COLI VEGETABLES



**EDDIE COLI COULDN'T UNDERSTAND
WHY BUSINESS WAS BAD.**

Specificity

- Be prepared – know what you need to know
- Explain clearly
- Obtain Patient Perspective

Multiple Channels

- Drawings, diagrams
- Models
- Pamphlets
- Videos
- Web sites/resources
- Engage your “learner” - Read/work through patient education materials with patient
- Oh, and – once again – Patient’s Perspective!

Some Strategies:

- Ask-Tell-Ask
- Teach Back
- Ask Me 3

Ask – Tell – Ask

- **Ask**: for patient's understanding of problem.
 - What do they already know?
 - Who has given them or how have they found the information?
- **Tell**: provide information that fills in knowledge gaps
- **Ask**: for their understanding of what you said
 - and for their reactions

Source: California Health Care Foundation

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TELL:

- Adequate explanation, at proper level, linked to chief concern
- No jargon
- Short chunks
- Multimedia approach: A picture is worth a thousand words
- Time to process

Ask or Teach Back

- **Knowledge:**

- I've given you a lot of information and I want to make sure I was clear. Can you summarize what I explained to you?
- **What will you tell your _____ about this visit when you get home?**

- **Skills:**

- Are there parts of this plan that will be hard for you to follow through on?

- **Feelings:**

- How are you feeling right now?
- What do you think about ... ?

Encouraging Questions

Do you have any questions?

v.

It's your turn: What questions do you have for me?

Closure

- Restate steps each of you will take
- Review when you will meet again
- Communicate your availability
- Ask if patient needs any further assistance or clarification

Ask Me 3 - Partnership for Clear Health Communication

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

Printed Materials: Plain Language Solution

Printed Materials: Plain Language Solution

Language that is reader focused and appropriate, NOT dumbed down.

Most health communication is TOO HARD for most adults to read, understand and use.

Plain Language

- Uses a particular writing style
- Pays attention to the appearance and layout of a document as well as the content
- Pays attention to issues of diversity, culture, and the intended audience
- Cuts across literacy levels
- Also applies to verbal or face to face communication

Things to Consider:

- Layout/Appearance
- Organization
- Text
- Pictures
- Lists
- Content
- Style
- Reading level

Final Point:

Think of good health literacy practices as similar to Universal Precautions or Universal Access – they benefit ALL your patients!

I've talked a lot today ...

What questions do you have for me?

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