Hello everyone and welcome to the fifth webinar in our patient engagement series. This webinar is being provided as part of a collaborative webinar series. By I was Minnesota can't ND, South Dakota and Wisconsin to follow Quality Improvement Organizations my name is Judy back in I'm from North Dakota. We are pleased to provide this webinar on using Teach-Back to help us promote clear communication and improve health literacy with our patients. I would like to remind you that you may submit questions at any time using the chat feature in the webinar. Or we will have an opportunity at the end that you can submit questions via the phone line and that will be at the end of the webinar. I encourage you to complete the evaluation and that will be link to you when you leave this program. So without further ado, like to introduce our speakers come up we have Aleisha Ellwood she's a senior provider quality program manager in medical affairs for Blue Cross and Blue Shield the minutes of Minnesota. Where she's responsible for managing provider incentive quality programs, clinical quality improvement programs in developing and promoting health literacy activities. She is the chair of the Minnesota health literacy partnership and a member of the America's health insurance plans health literacy task force. She has been speaking of providing training and relation to help literacy sense 2005. Alicia holds her masters degree in counseling, psychology from Bethel University and is a licensed marriage and family therapist. Mary Beth Hall is a steering committee member of the Minnesota help literacy partnership and currently works as program manager and quality improvement consultant for Stratus health. She leaves the culture care connection initiative which includes a working directly with clinics across the state of Minnesota on cultural issues, help literacy, and chronic disease initiatives as well as providing oversight to the culture care connection website. Mary Beth is a registered nurse certified provider -- professional coder and a certified professional in healthcare quality. Whose background includes a guideline development and implementation, quality improvement focusing on disparities reduction and underserved communities, utilization review compliance, and nursing. She has been working with clinics and other healthcare organizations for over 20 years. She earned her nursing degree at Lakewood college and a bachelor's degree at Bethel University. So Alicia, I will turn the presentation over to you.
Thanks Judy. And thanks to all of you who are joining us today. Mary Beth and I are excited to have some time to talk with you about health literacy and share some of the resources that we have through the partnership. Now Judy gave me control so we will see if I can actually manage advancing the slides while I talk. Let's go ahead and get started. We have a quite a bit to cover and I think we will have plenty of time to get through the formal presentation as well as some time for questions and answers. After today's session, we hope that you will be able to understand health literacy, and some of its effects on health outcomes, incorporate the Teach-Back into your practice setting know of and use resources available through the Minnesota health literacy hard should. Partnership.

I think George Bernard Shaw says it best problem with communication is the illusion that it has occurred. As one patient advocate as set, what's clear to you is clear to you. You made may be more familiar with the term general literacy which is often reflected in the simple question can you read. General literacy is our ability to function in today's society and yes, does go beyond simple reading ability. Literacy represents a constellation of skills including reading, writing, basic mathematical calculations, listening, speaking, and cultural and conceptual knowledge. Help literacy then challenges these general literacy skills by placing them in the complex context of the healthcare system. So while they are both connected, they are different. I will stop to make sure I'm coming through -- can everyone hear me okay?

I have yesses that's good. You don't want to speak to empty space. Let's proceed. What is health literacy -- the official position of health literacy is often quoted as the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. In other words, it's our ability to obtain, understand and act on health information. However we recognize that health literacy is not just dependent on the patient's ability, but directly linked to how well health professionals and systems can communicate clearly, educate about how educate about help and empower their patients. You will see throughout the presentation today that issues would help literacy are less reflective of the function of individual patients, but more a reflection of the system that serves us all. A focus on health literacy can help us achieve the Triple AIM. Improving health literacy can lead to improved health, reports have shown that patients with low literacy are more likely to report poor health, improving health literacy can lead to a better patient experience, using plain language is preferred by patients regardless of their education level, improving health literacy can help manage the cost of care. One study found that health literacy increases your house healthcare costs by $50-$70 billion annually. And there are more recent studies which suggest this could even be a lot higher.

Not just a problem for a few, this is a problem for almost everyone. In fact according to the most recent assessment of adult literacy, conducted by the US Department of Education, only 12% of adults could truly understand the health information provided to them. At the health literacy partnership we support the agency for healthcare research and quality's recommendation for a universal precautions approach to improving clear communication. And help literacy.
The healthcare system relies heavily on the written word for health communication. Patients are headed information as they leave the doctor's office to my insurance information is mailed out, and waiting rooms are often filled with brochures. Health information is often communicated at a very high level. 12 grade or higher. When the average American reads only at an eighth grade level, or less. This creates a large gap in the ability to understand import health messages. Being a patient isn't getting any easier, there are more medications, more test, more procedures, patients are given more options and expected to be able to choose the best one for them, patients are expected to bore on their own to be able to take care of things at home. We often use complicated and unfamiliar terminology that is often only understood by other health professionals.

Because of this understanding health information can be demanding. We find ourselves confronted with health information every day. To eat healthy we need to understand nutrition labeling, to adhere to medication and treatment regimens we need to have clear and simple instructions -- to get the right care and the right place and at the right time, we need to know our options and recognize our own symptoms severity. -- Let's practice. It is common for folks to get instructions relating to maintaining a healthy diet. For example, your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day. -- Which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day?

Use the nutrition label provided on the slide to help you answer the question. So if you stop eating ice cream, how many grams of saturated fat would you be consuming each day? If you usually have 42 g, one serving of ice cream equals 9 g, so 42-9 equals 33 g. I see some people answered and submitted via chat -- that's fantastic. If you're like me, you may have all the little nervous being asked to take a test or you might've felt rushed like a long do I get to do this, who has time to do this kind of math while they are at the grocery store? And what do these numbers evening in our day-to-day lives?

What about this -- as you're finding the right level of care at the right time was that of once is already hard enough there are emergency rooms, urgent cares, can the urgency room was the difference between urgent and emergent to the public look for the ad for the urgency room -- can't say these -- look the ad for the emergency room up in the corner you said it says welcome to emergency care. How are patient supposed to know where to go?

As you can see and we discussed, help literacy impacts all areas of care. It impacts access, safety, quality, and most importantly, health outcomes. Health literacy is more than being able to read and -- information. It is about being able to understand the information in a way that leads to appropriate action. To be able to interpret and add meaning onto health information. Jet Dean able to read the label doesn't mean you’ll be able to interpret it. Patients reading at the six grade level or below, could read them message back but only one third could correctly answer what it meant to take two tablets twice daily. Patients with low health literacy are twice as likely to be hospitalized. When they get to the hospital, they often need to stay longer -- why does this happen -- patient don't understand treatment regimens or the importance of following them. They make medication errors. Patients with asthma are less likely to know how to use an inhaler, patients with diabetes are less likely to know symptoms of
hypoglycemia, patients with hypertension may be less likely to know that weight loss and exercise will
lower blood pressure, patients also present at later stages of illness waiting until symptoms are
advanced until the problem is severe before seeking help. And they use the emergency department
more often. Here’s an example from the Institute of medicine report health literacy a prescription to
end confusion. For a 45-year-old Hispanic immigrant Mr. G undergoes a job health screening and is
told that his blood pressure is very high. He will not be allowed to continue work until his blood
pressure is controlled. He goes to the local public hospital and is given a prescription for a beta blocker
and a diuretic. The doctor prescribes these two medications because they are known to be effective and
simple for endurance because they each are supposed to be taken once a day. Mr. Chee presents to the
emergency department one week later with dizziness. His blood pressure is very low and Mr. Chee
says he has been taking the medicine just like it says to take it on the bottle. The puzzling case is
discussed by multiple practitioners until one that speak Spanish asked Mr. Chee how many pills he
took each day. 22 Mr. G replies the program provider explains colleagues at once ONC or unsafe
means 11 in Spanish -- patients also may have trouble understanding discharge instructions. Things
they need to do to stay out of the hospital in the future. A Mayo Clinic study done and 2005 show the
following understanding for patients at discharge. Less than 30% could name their medicine -- around
40% could list the purpose of their meds, share their diagnosis, and only 14% recognize common side
effects of their medicine. As I mentioned before, the financial cost burden to the system and patients is
five. Not to mention the cost of two potential it meet the physical and emotional state of patients and
providers for not receiving or giving the most effective care.

Will cost are not the only changes we are seeing in healthcare we also have ager changes in healthcare
requirements and Daschle look at the examples here. Heart attacks is to be treated with weeks in the
hospital and now patients are sent home after a few days. There are over 1000 prescriptions available
and patient education is often only available in group settings or via written materials. While many of
these represent progress in our medical system comments important to remember that even with
advances, each communication is still critical and using health literacy best practices can help ensure
patient success with managing their condition and reaching their maximum health potential.

We know that more help literacy is a universal problem that anyone can have trouble understanding
health information and that everyone truly struggles when hearing a new diagnosis. We know that
health literacy is one of the best predictors of health status, regardless of race, socio-and it atomic level
and Delaware health knowledge leads to less healthy behaviors increasing cost and leading to poor
health outcomes. We also know that there are things we can do to better help our patients understand
and act on health information. Now I'd like to turn things over to Mary Beth to describe one of these
techniques.

Thank you Alicia. So what can we do. I'm going to be talking a little bit about the Teach-Back method
and it's also called the show me method if anybody has heard of that work let's get down to the basics.
We will look at in the next few minutes we are going to look at who, what, when, where and why and
most importantly the how of the Teach-Back method.
What is Teach-Back? Basically it's asking patients to repeat back in their own words what they understand from what they've been told. It's not a test. It's a way to let you know how well you've explained the concept and it needs to be completed in not caring non-shaming way. For example, you may say I know your daughter's going to ask you what happened at the doctor's office today, tell me what you're going to say because I want to make sure I'd find it so you know what to tell her. Using Teach-Back provides you with the opportunity to confirm what the patients really understands and reteach if necessary right there while they are still in the office with you. Doing this in real time and help reduce the potential medication errors and this takes with care instruction.

So who should you use Teach-Back with? Well actually you should use it with all your patience. But it is especially critical to confirm understanding through Teach-Back with those most at risk for having difficulty understanding and acting on health information. Those most at risk include the elderly, ethnic and racial minorities especially those with limited English proficiency, those with low socioeconomic status as well as people with chronic diseases. We all have an aging population in our states. Just in Minnesota alone, by 2031 in four people will be over age 65. Elderly or active older adults as I've been hearing lately, represent a population that is surviving longer with more complex and long-term medical needs. We are also becoming more and more diverse. Many of our states to not have the same cultural makeup it did even 10 years ago. Help literacy is critical when we consider who is most at risk in our changing demographics in our state.

Teach-Back can work in any setting in all situations where you want clarification for what was taught or said. Can you think of a couple of instances within your work day where you could use Teach-Back? If so, jot them down now and we will look at them later. Some might come to my mind include discharge instructions, new medications like an asthma inhaler, diabetes self-care informed consent, and goal setting with your patience. And when you really think about it, we probably practice Teach-Back in nonclinical areas. When we are scheduling follow-up appointments we asked them to repeat what date and time they are coming in. Repeating directions. In fact you could even try to practice at home with your spouse or teenager and I have to admit it does work with teenagers. In other words, we use Teach-Back everywhere.

So who has ever ended a conversation with the question do you understand -- INO I have. When we use this with our patients, they most likely will not or answer yes, but you won't have any idea what they really understand. And some help -- caught in some cultures is disrespectful to disagree with someone in authority so you will see that people will just nod their head yes and reality is they really don't understand what's being said. Teach-Back will replace this common question and provide you with a chance to know what the patient understood from what you said.

Why is teach why use Teach-Back -- not only is it the right thing to do, it is supported by research, in fact the agency for healthcare research and quality considers Teach-Back one of the top 11 patient safety strategies. Another study showed that when physicians used interactive communication techniques like Teach-Back, patients with diabetes had better glycemic control. So this is -- I'm going to share a testimonial from a resident and a pediatric office. This is him speaking verbatim -- I decided
to do Teach-Back and five patients. With one mother and her child I concluded the visit by saying so tell me what you are going to do when you get home -- the mom just looked at me without a reply. She could not tell me what instructions I had just given her. I blame the instructions again and then she was able to teach them back to me. The most amazing thing about this moment was that I had no idea she did not understand until I asked her to teach it back to me. It was -- I was so wrapped up in delivering the message that I did not realize that it wasn't being received. And that's a pretty impactful statement.

So right now, you probably can guess why to use Teach-Back one of the most important elements of using the Teach-Back method is that you have the opportunity to reteach information. You will know in real time while you are still with the patient whether or not they understood what you were talking about. If they didn't get it the first time, remember it's not their fault. Think about another way you could explain the information. Maybe you could use an analogy -- your body is like the plumbing in your house if something gets clogged somewhere it affects other things or use pictures or drawings. Also make sure information is available to help the patient remember what they are supposed to do when they are at home. Give them a drawing. Many of patients appreciate the visuals over the written word so if you have -- you have educational materials that show what's happening versus had words that express it, they appreciate the visuals more.

So now we are to the Teach-Back how -- here are some ideas of how you might do a Teach-Back. These questions you could ask your patience -- what we tell your husband about the changes we made to your blood pressure medicines today or I want to be sure I'd find everything clearly, can you please expand it back to me so I can be sure I did? We've gone over a lot of information -- a lot of things you can do to get more exercise in your day in your words can tell me what we talked about and how you will -- how you will make this happen when you get home. If you're teaching how to take medicines like injections or inhalers or how to dress the wound, you might asking you show me what you will do when you're at home -- when using the Teach-Back, remember not to overload the patient with too much information before asking for understanding -- don't wait until the end of the visit HERC asked throughout the encounter. Chunking into information into sections and checking it along the way. And don't ask you understand -- asking yes or no type questions doesn't help you know what the patient really understands. Remember asking Moore open-ended questions is the key to a successful Teach-Back.

Here are some other keys to having a successful Teach-Back. Remember to slow down, don't speak so quickly, give the patient time to hear what you've said before moving on to a new point. Use a caring tone of voice and attitude, help the patient feel more comfortable about asking questions and speaking about their care and concerns. Use plain language HERC use words that everyone can understand -- not just a doctor or nurse. Remember to keep it simple and avoid ethical terminology or abbreviations when possible. Rate things down into short statements. This can help you limit yourself to contain only the most important information for that patient. And finally, focus on two or three of the most important concepts that this patient needs to know to take care of themselves. Using these skills will help improve your communication with your patience and make sure you are speaking in a way that your patience will understand. Remember, this will take practice before it becomes a standard practice.
So Alicia had referenced this a little bit ago but take a leave the ID and Flexeril at HS if not better see me next week. Example on the screen are real instructions that Alisha received via electronic communication from her primary care physician. She did what all smart consumers do when they don't understand something, remember she's not a nurse she's a therapist, she googled it. And when I googled HS, my top results for local high school activities and events. Needless to say, this is not a very -- isn't very helpful in helping you figure out how to correctly take your medicine. So obviously for the medical folks on the line, take to a leave which is the name of an over-the-counter pain medicine two times a day, and one Flexeril pill which is a muscle relaxer at bedtime. If not, make an appointment to see me next week.

This is -- we will do a little bit of practicing plain language. So when you look benign, we use that term all the time -- it means harmless. To a lot of people it doesn't mean anything it sounds kind of scary actually -- cardiac is simply put is hard, IDEA is swelling or a buildup of fluid -- fatigue is you're tired -- screening is a test -- b.i.d. is twice a day and our HS's hours of sleep and these are things we see every day and words that come out of our mouths without even thinking. So that's the short list. Some of my favorites are lipids, that's a fat in the blood but most people -- don't quite understand it. A-1C -- that measures the sugar in your blood over time, cellulitis is a skin infection, osteoporosis is up brittle bone -- these are words that we use but many people don't understand them. And our website www.health literacy and then www.healthliteracyandthen.org you can find a short living room language activity. You can do with your staff that will get them thinking of ways to rephrase words that are commonly used in our medical vocabulary. It's kind of a fun exercise also.

The next is just a little bit of Teach-Back humor. So -- the guy -- the pharmacist says take with meals or the guy says take with meals no problem I you know the time. So even seemingly simple instructions can be misunderstood. Remember to use a Teach-Back method to be sure your patience understand.

From an example of 74 patients it's 30 physicians who were audiotape, when Teach-Back was used, the patients were nine times more likely to have Hemoglobin A1c levels below the mean which means their blood sugars measured over time were below the mean. And a visit that used Teach-Back were not longer. And I think there's a myth out there that when you use Teach-Back is just going to take so much more time, but when you incorporate it into your conversation, and it becomes that standard practice, it really does not. So how can we incorporate Teach-Back into our practices? Well write down or make list of Teach-Back questions you feel comfortable using. We went over a few it in earlier site so you might use them or come up with your own, you know what are you going to tell your daughter about today's visit -- what are you going to do when you get home -- show me how you're going to use your inhaler -- start small and begin using Teach-Back with the last patient before lunch or at the end of the day. So you're not doing it with every patient, but you're kind of getting a feel for what it feels like with one or two a day. Use the PDSA cycle plan do study act to assess what worked and what did not work and adjust accordingly. Make sure you share the successes with your peers. If
you use electronic medical records come up with Teach-Back as a required element at the end of each visit which may be harder to do than not.

Some more support for Teach-Back -- of mom indulges literacy less than six credit level LXX one could read the instruction take two tablets by mouth twice daily -- but only half could demonstrate the number of pills to actually take. So how could the instruction to take two tablets by mouth twice daily be misunderstood? What are some of the assumptions that we make? How often is twice-daily? Is it at 8:00 in the morning and noon or is it at 8:00 and 10:00 or does it have to be an equal distance between the two, there's a lot to the word twice. So two tablets twice daily requires math skills. This adds another layer to help literacy. Help numeracy. Which is a presentation by itself and that is one of the -- that's something we are currently working on at the Minnesota health literacy partnership to put together something around health numeracy.

So remember, Teach-Back is not a test of the patient but rather a test of how well you explained the concept. Always use a caring tone of voice and attitude, help the patient feel more comfortable while asking questions and speaking up about some of their concerns, remember to slow down. Give the patient time to hear and respond to what you are saying. Break things down into short statements and then check those statements. Don't ask at the end, tell me everything that you heard. Use plain language. Use words that everyone can understand -- not just a doctor or nurse -- keep it simple and avoid medical jargon, terminology or abbreviations. Using these skills takes practice but will help improve your and communication with your patience and make sure you are speaking in a way your patience will understand. At this time I will turn it back over to Alisha will talk about the in a so that health literacy partnerships and the tools we have available. Thank you.

Great thanks Maribeth. So the partnership is a collaboration between healthcare consumers, healthcare organizations and literacy groups. We met for the first time in October of 2005 as a group of individuals organization simply interested in learning more about help literacy and by January 2006 decide that we wanted to continue supporting and coordinating help literacy efforts across Minnesota. We became a program of the Minnesota literacy Council in August of 2006. Our goals are to train health care providers and health literacy back best practices and power patient to ask for click in addition and take charge of their health come and to share resources amongst each other and with greater health community both in Minnesota and across the country.

We have developed several report resources which are free and available for use. They can be found under resources at her website, it will take just a few minutes and I will go through each of them in a little more detail on the next slide. Help literacy 101 is the training program for health professionals. It covers the basics of health literacy. Several slides at the beginning of our presentation today were taken from this program. You'll find a PowerPoint presentation guide, speaker notes, activities, more activities that Maribeth was talking about about plain language -- that's the activity three practice using living room language.
Another program we work done in partnership with the University of Minnesota medical libraries is focused on improving health literacy for older adults. This is a patient focused program so it's different than the help literacy 101 which is focused on the providers and health professionals. This one is geared toward patients in the community the workshops are meant to empower patients when at the doctors office and also when looking for health information online. Again, you'll find PowerPoints, speaker notes, we really created our programs to be programs to go that you could just pick up and take and use in your own setting with several options as well if you only have 15 min. to get a message across or if you have an hour or two. To get a message across. Also we have a Teach-Back program which Maribeth kindly shared most of the Teach-Back program with you today so if you're interested in using the, in your setting, you can access those slides and speaker notes on the website as well. We also have a short video as part of this program demonstrating effective use of the Teach-Back -- it's only a couple minutes long. Judy will put the link for that in the chat section near the end of our presentation today so if you want to click on it and view it before you get back with your regular day activities. You can also find the video on our website.

Finally we also produce several papers on key topics that were of interest to the partnership. At the top of the resources here is our Minnesota health literacy partnership website where you'll find the resources we just went through, as well as additional resources which really provide a foundational material for several of our programs and offer many wonderful resources on health literacy.

And I think we have a few minutes for questions.

Thank you Alicia and Maribeth. This is Judy. First can I have Kate give everybody instructions if they want to have ask a question via the phone line?

Certainly the floor is now open for questions. If you do have a question, please press*want on your telephone keypad. Once again if you have a question press*one on your telephone keypad.

Alisha and Maribeth while we are waiting for questions, I did have one sent to me and there's a question that's asking about how does English as a second language come -- compound the Teach-Back process for a patient and asking about is it necessary to use translators in this process -- has there been any experience with this?

Yes. Whenever you have an English as a second -- is as Maribeth -- whenever you have English as a second language patient you should always use an interpreter. They may -- people may understand English but they -- the concepts around the medical terminology and sometimes stressful situation of the visit warrants having someone there that speaks their native tongue. An example was someone that was in labor and thought that she would be okay to not have an interpreter because she had been in this country many years and spoke English -- you know you could tell it was her second language but immediately when the pain started to get worse and worse, she couldn't speak in English. All she could do was speak in her native Cambodian or Kumar language. It's essential. It does add a layer of difficulty. I recently taught a group of month elders among them owing she elders and I was not
supposed to be the teacher there was supposed to be a translator but she had a flat tire so I had to do it and it was a very very difficult. I had to think I had to junk I had to be very thoughtful on how I phrase things. You should have an interpreter and it is a little bit -- it's a lot more difficult.

This is Alisha -- a lot of times people have as Maribeth was saying -- different comparability levels in different settings or in different activities so some people can listen and understand English better than they can speak and express themselves -- so when you're asking for Teach-Back, have them be able to express what they're really going to do in their own language is probably more helpful. You're actually going to get what they're really going to do rather than sort of the Limited concepts that they have to express what they're going to do. So it does make things harder but that's part of health care today.

It's a reality

Good question.

Thank you Alicia. And Maribeth. If we don't have any other phone line questions, I do have another one that came in through the chat for me --

We do have a question on the phone

Okay let's get our phone question

Or question comes from Mary I guess and Mary state your question

Hi. To have a concise and good way to document that Teach-Back has been done well or done at all?

Done well dashboard done it all -- those are two different concepts but it's a good question. I know that some groups have worked on implementing a field in their electronic medical radical electronic medical system that says Teach-Back was completed or confirmed understanding with the patient -- that doesn't necessarily mean that they used best practices when doing the Teach-Back. We are hoping that they are and that that's what's been represented when that box is checked, but I know that folks have been trying to do that so they can track when they are doing that with their patients.

And I know from systems in Minnesota when they pulled out their Teach-Back program, they did observational -- viewings of the encounters to determine if the Teach-Back was done appropriately but -- it's difficult to document. We'd be happy just to say it have something in the medical record at this point in time that Teach-Back was utilized and patient expressed understanding of whatever it was that they discussed.

You can think of it maybe as how you would document informed consent -- that process I think can be similar to how you might document Teach-Back.
Is there any others questions from the line, Kate

No other questions on the phone

I think we have time for just one more and question also came in asking really if you could describe how to launch this model ad unit meetings -- give them some ideas as their working and using the education materials that's on the Minnesota website -- how do you suggest starting?

This is Alisha I usually suggest starting small. Take an existing setting where you already know that folks are gathered, I have heard people struggle when they tried to create a new meeting or lunch and learn that hasn't usually already been part of their system programming that folks don't show up for those or ad hoc? To these. If you already have check and at the beginning of the day, or any time where folks are already gathering, you can start to introduce some of the health literacy concepts for the Teach-Back. We do have ideas for if you only have 15 min. or only have 5 min. -- what's the most important message -- you could also consider a series like so over our next five staff meetings, we're going to spent 5 min. in each one talking about health literacy as practices or introducing a concept. You don't have to try to get it all in one meeting. I think that that might be better received as well -- Maribeth you have ideas

If you have a doctor that is really interested in this, do a PDF a cycle on a very small scale and just say you know -- last patient of everyday, Maribeth is going to use the Teach-Back method and she's going to share it at our next meeting what the results are -- good bad or otherwise. And then discuss what ways you can move it forward -- if it's working or what ways you can retool it if you run into some snags but start at a small scale was someone's kind of interested that has good communication skills because I found that if you're a good conversationalist and you can work it right into the conversation.

I do think it's really important to have feet on the ground champions so you have someone that actually is doing that, that's had success doing the, and then advocate for it with other staff.

Thank you very much. I think we are coming to almost 2 1:00 now. And if there's no other questions, is there any other online Kate

No other questions on the phone

I would really like to thank our presenters Alisha and Maribeth for giving us this information on how to more effectively communicate with our patients and certainly promote patient engagement. I will give all reminder -- everybody as you leave the program, you will be prompted to do an evaluation and I please encourage you to do that. I will also be sending out using the e-mails you provided the PowerPoint presentation so you have that. And then once it's available, I can send a link up for the recorded webinar. So again, I'd like to say thank you very much to Alisha and Maribeth and everybody have a great day. Thank you.
Thank you. This does conclude today's conference. We thank you for your participation. You may disconnect your lines at this time and have a great day.

[ Event Concluded ]

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