Building for Excellence 2006

Health Literacy WebEx
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Building for Excellence 2005
A series of learning activities to support and enhance care-improvement initiatives

This presentation was created by Blue Cross and Blue Shield of Minnesota, a collection of highlights from The Joint Commission Symposium, Health Literacy: The Foundation for Patient Safety, Empowerment, and Quality Healthcare. June 26-27, 2006. Rosemont, IL.

Objectives

• Learn how low health literacy impacts all aspects of health care delivery
• Discover factors related to health literacy that lead to poorer overall health for patients
• Identify strategies and tools you can implement to address low health literacy in your practice
Just the Facts

• Health Literacy:
  – “The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” - Healthy People 2010

• About half of all English speaking adults in the US lack basic literacy skills

• Low health literacy increases US health care costs by $50 – 73 billion annually

Negative impacts on Health Outcomes

• Adults with low health literacy:
  – Had annual health care costs 4 times higher
  – Are less likely to follow treatment plans and self-care regimens
  – Make more medication and treatment errors
  – Fail to seek preventive care
  – Had fewer doctor visits, but used significantly more hospital resources
  – Are hospitalized more often (6% more)
  – Remain hospitalized nearly 2 days longer
  – Lack the skills to navigate the health care system

• People with low health literacy and diabetes:
  – Are less likely to have effective glycemic control
  – Were more likely to report vision problems

1 Weiss, BD. 20 Common Problems in Primary Care. McGraw Ill. Dec 1999
3 Kirsch IS, et al. Adult literacy in America: A first look at the results of the NALS. Dept of Edu 1993
4 Schillinger D, el al. Association of health literacy with diabetes outcomes. JAMA 2002 July 24;(31)
The Business Case: Who Benefits?

- Patients
  - Satisfaction
  - Knowledge, Self-efficacy
  - Improved health outcomes
  - Reduced health care costs
- Payers
  - Reduced health care costs
- Providers
  - Improved patient satisfaction
  - Provider efficiency
  - Avoid malpractice
  - Reduction in phone calls and no-shows

NALS 1992 / NAAL 2003

* Statistical Significance
### Individual’s Skills: NAAL Findings

<table>
<thead>
<tr>
<th>Skill Level</th>
<th>30 Million</th>
<th>63 Million</th>
<th>95 Million</th>
<th>28 Million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below Basic</td>
<td>14%</td>
<td>29%</td>
<td>44%</td>
<td>13%</td>
</tr>
</tbody>
</table>

- **Below Basic**: 14% of the population
- **Basic**: 29% of the population
- **Intermediate**: 44% of the population
- **Proficient**: 13% of the population

### Sample NAAL Tasks

- **Below Basic**
  - Searching a short, simple text to find out what a patient is allowed to drink before a medical test
  - Signing a form
  - Adding amounts on a deposit slip

- **Basic**
  - Using a television guide to find out what program are on
  - Comparing the ticket prices for two events
  - Finding in a pamphlet for prospective jurors and explanation of how people were selected for the juror process

- **Intermediate**
  - Consulting reference materials to find out which foods contain a certain vitamin
  - Identifying a specific location on a map
  - Calculating the total cost of ordering office supplies from a catalog

- **Proficient**
  - Comparing viewpoints in two editorials
  - Interpreting a table about blood pressure, age and physical activity
  - Computing and comparing the cost per ounce of food items.
A Foundation for Patient Safety

- Most adults face difficulties as they attempt to use health related print materials to accomplish health-related tasks.
- Skills vary by schooling, access to resources, working status, age, minority and immigrant status.

Rudd, Kirsch, Yamamoto. ETS Report, Literacy and Health in America. 2004

Health Literacy Research

- Findings from the literature
  - Mismatch between reading level of materials and average skills of US adults
  - Differences in health outcomes based on patient’s reading skills

- Issues & Gaps
  - Analysis of demands
  - Appropriate measures of health literacy
  - The pathway of education to health
Patient Centered Communication

- Ideal situation:
  - Health needs assessed before the visit
  - Patient given information to prepare ahead of time
  - Office tools to help clinicians
  - Patients sent home with a summary
  - Automated reminders

Consider Health Activities

- What do we expect people to do?
  - Identify the activity
  - Delineate tasks related to that activity
- What materials/tools do we provide?
  - Are the tools designed to help with the task?
  - Are the tools provided in a clear format/language?
- What skills are needed or assumed?
  - Will people with average skills be able to accomplish the task?
  - Will they be able to use the materials?
Controversies in Addressing Health Literacy

- Screening vs. universal precautions
- Not all patients want to, or can, participate in their medical decisions
- What if using “teach back” takes more time?
- Health literacy is part of the larger and even more complex issue of effective health communication
- Does AskMe3 work…the way we think it does?

AskMe3 Research

San Antonio (UTHSCSA)
- 393 parents interviewed 6 months later, 31% Spanish speaking 73% English
  - 50% said they used the questions
  - 100% of these said physician response was good when they asked the questions

Tennessee (UT Knoxville)
- Tape recorded encounters
  - 2/87 patients asked…
    - What’s wrong with me?
    - What am I supposed to do?
  - 8/87 patients asked…
    - Why do I need to do this?
AskMe3 Research (Cont.)

COHSAR (Maryland)
- 892 patients asked to recall the questions in a post visit call
  - Main problem = 93%
  - What to do = 71%
  - Why important to do = 33%
- 99% stated that all their questions were answered
- No change in length of office visits
- Fewer phone calls between visits 2.1 vs. 4.3
- Fewer missed appointments 19.3% vs. 34.1%

AskMe3 Research (Cont.)

AAFP National Research Network
- 10 control vs. 10 implemented AM3
- No difference found:
  - Asking the questions
  - Filling prescriptions

More research needed....
Consensus Expectations

- Be familiar with literacy level of your population
- Create a respectful and welcoming environment
- Provide materials at a level that will be understandable to as many people as possible
- Forms request minimum information necessary

Institute of Ethics, American Medical Association

Consensus Expectations

- Assess materials for understandability through patient/volunteer review
- Incorporate “teach back” into process
- Train workforce on cues to problems
- Use pictograms for signage
- Work with community members
Adult Literacy Estimates

- Find the general literacy level of your population.
- Based on census data by state, county, city, etc.
  - [www.casas.org/lit/litcode/search.cfm](http://www.casas.org/lit/litcode/search.cfm)
- Based on estimates about your patient population
  - [www.pizerhealthliteracy.com/calculator.html](http://www.pizerhealthliteracy.com/calculator.html)

A Respectful & Welcoming Environment

“The patient is not like me….and probably not interested in the stuff I am.”
- Recognize different learning preferences
  - be able to accommodate them
- Identify those who will
  - always take action,
  - will never take action, and
  - those depending on their ability, skills and values, may take action
- Be aware of suppressing questions
- Tailored messages based on their core values
Developing Plain Language Materials

• What is your main goal?
  – Informational (no action)
  – Behavior change (positive stance)
  – Help with decision making (neutral stance)
  – Prime for action in the future
• Does the information help achieve that goal?
  – If not, eliminate it!

Essential Elements for Materials

• Information in a logical sequence
  – Get reader’s attention
  – Explain the problem, the solution, and why
• Plain Language
  – Use the Fry
  – But, are the concepts clear? Not captured in readability formulas
• Clear & informative graphics
  – Self-explanatory
  – 2D vs. 3D? Pictures vs. clipart?
**Forms: Informed Consent**

- **Recommendations**
  - Patient respect is key to successful process
  - Allow time for education
  - Patient participation improves outcomes – they are a partner in the treatment process
  - Allow time for patients to express themselves

Irwin Koransky, Shriners Hospitals for children, Los Angeles

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**Gaining Informed Consent**

**Problem:** 40-80% do not understand 1 or more aspects of consent information 

- Forms often > 12th grade reading level PaascheOrlow, MK. NEJM 2003

**Solution:** Modified consent process

- Forms at 6th grade level
- Bilingual reading assistants read form verbatim
- “Teach-to-goal” strategy for understanding

**Results:** Only modest efforts needed for understanding

- 2 passes required for 80% complete comprehension
- Teach-to-goal = 98% were able to be consented
- Regardless of literacy, more passes needed if given in non-native language

Focus Groups: Lessons Learned

- Patient’s voice is more relevant than the health care provider’s
- Patients are not engaged by clip art
- Patients and providers want very different information in their patient education materials
- Photos a must


Teach Back Use vs. Perceived Effectiveness

American Medical Association Foundation & American Medical Association
SOAP-UP

• The SOAP-UP Note
  – S subjective
  – O objective
  – A assessment
  – P plan

  – U use teach back to assess understanding
  – P plan for health literacy help

Recognize Clues to Action

• Watch patients:
  – Appeared lack of interest
  – Deferring decisions or actions
  – No questions
  – Incomplete forms
  – Failure to follow treatment guidelines
  – Use interpreters for feedback about non-English speaking patients

• Some situations will always require action
  – New or changes in mediation
  – New diagnosis or progression of disease
  – New or additional self-care skills
  – Important decision points
Pictograms for Signage

Hablamos Juntos Symbols for Health Care Project
• Designed, tested and evaluated the use of symbols as part of health facility signage systems
• 28 symbols in the first set
• Lessons Learned:
  – More details the better
  – Differences between language groups/culture
  – Public education important to success
  – Standardization of terminology needed

Pictograms for Signage,
(cont.)
• Symbols can fill an important need:
  – Patients liked symbols better
  – Found them easier to see and understand
  – Reduced wayfinding time
  – Implementation is flexible and easily adaptable to different wayfinding systems
• Next steps
  – Develop best practice applications
  – Grow the symbol set
  http://www.hablomosjuntos.org/
Minnesota Health Literacy Partnership,
A Program of the Minnesota Literacy Council

- The Minnesota Health Literacy Partnership is a new collaboration between health care consumers, health care organizations and literacy groups in Minnesota. Formed in January 2006
- Mission: To improve the health of all Minnesotans by promoting health literacy. The Partnership’s goals are:
  - To train health care providers about health literacy
  - To empower patients to ask for clear communication
  - To share health literacy resources
- To find out more:
  - Patricia Ohmans, MPH, Coordinator, Minnesota Health Literacy Partnership
  pohmans@healthadvocates.info, 651-489-4238

The fatal pedagogical error
is to throw answers,
like stones,
at the heads of those
who have not yet
asked the question.

-Paul Tillich
Resources

- Health Literacy Literature & Policy Reports
  http://www.hsph.harvard.edu/healthliteracy/
- HHS Communicating Health
  http://odphp.osophs.dhhs.gov/projects/HealthComm/
- IOM Health Literacy: A prescription to end confusion
  http://newton.nap.edu/
- ETS Literacy and Health in America
  http://www.ets.org/research/pic
- American Medical Association
  http://www.ama-assn.org/ama/pub/category/3119.html
- Joint Commission Resources
  http://www.jcrinc.com/education/asp?durki=11276&site=5&return=11114
- U of Virginia Health System, Building a Health Literacy Curriculum
  http://www.healthsystem.virginia.edu/internet/som-hlc/Curriculum/cfm
- AHRQ Health Literacy and Outcomes Evidence Report
  http://www.ahrq.gov