Teach-Back: Promoting Clear Communication and Improving Health Literacy

May 14, 2014
Patient Engagement Webinar

A program created by the Minnesota Health Literacy Partnership

Objectives

• Understand health literacy and it’s effect on health outcomes

• Learn what “teach back” is and understand its role in the clinical setting

• Identify resources available through the MN Health Literacy Partnership
The problem with communication is the illusion that it has occurred.

-- George Bernard Shaw

What is literacy?

Using printed and written information to function in society, achieve one's goals, and develop one's knowledge and potential

- Kirsch et al, 1993
What is health literacy?

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.”

- Ratzan and Parker, 2000 / Healthy People 2010

Expanding the definition

A patient’s ability to obtain, understand and act on health information

A provider’s capacity to communicate clearly, educate about health and empower their patients
Supporting the triple aim

- Our ability to read, understand and act on health information

- Patients with low literacy are more likely to report poor health
- People prefer plain language regardless of their level of education
- Low health literacy increases U.S. health care costs by $50 – 70 billion annually

Universal problem

Only 12% of adults are proficient in understanding health information

- 2003 National Assessment of Adult Literacy (NAAL), US Dept of Education
Why are patients at risk?

Reliance on the written word for patient instruction

Increasingly complex healthcare system
  • More medications
  • More tests and procedures
  • Growing self-care requirements
  • Esoteric language

Health literacy in real life

Understanding health information can be demanding!

We use 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, in the right place and at the right time, we need to know our options and recognize symptom severity.
Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42g 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?

Can you use a nutrition label?

Use the label below to answer the following question:

Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42g 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?

Where would you go for care if you had chest pain?

Welcome to Emergency Care.

Emergency Room

+ Urgent Care
Health literacy impacts

Access
Safety
Quality
Outcomes

Impact on health outcomes

- 1.5 million patients are injured each year by medication errors, of which more than one-third occur at home.\(^1\)

- Most common mistake was misinterpreting dosage instructions, followed by misunderstanding the dose frequency. \(^2\)

- Only 1/3 of patients with limited literacy skills were able to answer correctly what it means to “take two tablets twice daily”.\(^2\)

\(^1\) IOM, July 2006
\(^2\) Wolf, Annals of Internal Medicine, November 2006
Patients with low literacy nearly twice as likely to be hospitalized

Baker, Parker, Williams, et al. JGIM 1999

Patients’ understanding at discharge

Mayo Clinic Proc 2005;80:991-4
Burden to system

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

*Estimated by National Academy on an Aging Society using 1998 figures

Changes in health care system

<table>
<thead>
<tr>
<th>Treatment of Acute Myocardial Infarction</th>
<th>1970’s</th>
<th>Today</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 weeks bed rest in hospital</td>
<td>2-4 days in hospital</td>
<td></td>
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<table>
<thead>
<tr>
<th>Available Rx drugs</th>
<th>1970’s</th>
<th>Today</th>
</tr>
</thead>
<tbody>
<tr>
<td>650</td>
<td>&gt; 10,000</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Treatment of new onset diabetes</th>
<th>1970’s</th>
<th>Today</th>
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</thead>
<tbody>
<tr>
<td>3 weeks in hospital with 2 hrs/day education</td>
<td>Outpatient with 0-3 hrs classes; written materials, internet</td>
<td></td>
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</tbody>
</table>
What do we know?

- Universal problem
- Predictor of health status
- Limited health literacy leads to:
  - Greater health costs
  - Poorer health outcomes
- Providers play a key role in helping patients understand and act on health information

So . . . What can we do?

Teach-Back Basics . . .
Teach-Back Basics

- What is it?
- Who should I use it with?
- When should I use it?
- Where should I use it?
- Why should I use it?
- How should I use it?

Teach-Back . . .

- Asking patients to repeat *in their own words* what they need to know or do, in a non-shaming way.

- **NOT** a test of the patient, but of how well *you* explained a concept.

- A chance to check for understanding and, if necessary, re-teach the information.
Teach-Back . . . Who?

- Elderly
- Ethnic and racial minorities/LEP
- Persons with limited education
- Persons of low socioeconomic status
- Persons with chronic disease

Teach-Back . . . Where?

Teach-Back can be used in all clinical settings . . .
- Clinic
- Home Health
- Hospital

- What other clinical settings would this work in?
- Would this work in non-clinical settings?
Teach-Back . . . When?

• The teach-back technique should replace the more common practice of simply asking a patient, “Do you understand?”
  – Experience shows that patients often answer “yes” to such questions, even when they understand nothing.

Teach-Back . . . Why?

Teach-Back is supported by research!

• “Asking that patients recall and restate what they have been told” is one of the 11 top patient safety practices based on the strength of scientific evidence.”
  
  AHRQ, 2001 Report, Making Health Care Safer

• “Physicians’ application of interactive communication to assess recall or comprehension was associated with better glycemic control for diabetic patients.”
  
  Schillinger, Arch Intern Med/Vol640 l 163, Jan 13, 2003, “Closing the Loop”
Teach-Back . . . Why?

● Provides an opportunity to check understanding with the patient and re-teach if necessary.
  ● Re-phrase if a patient is not able to repeat the information accurately.
  ● Ask the patient to repeat the information again, until you are comfortable they really understand it.
  ● If they still do not understand, consider other strategies (pictures, videos, analogies).

Teach-Back . . . How?

Ask patients to demonstrate understanding
  – “What will you tell your spouse about your condition?”
  – “I want to be sure I explained everything clearly, so can you please explain it back to me so I can be sure I did.”
  – “Show me what you would do.”

Chunk and check
  Summarize and check for understanding throughout, don’t wait until the end.

Do NOT ask . . .
  – “Do you understand?”

Additional Points. . .

- Slow down.
- Use a caring tone of voice and attitude.
- Use plain language.
- Break it down into short statements.
- Focus on the 2 or 3 most important concepts.

Would you know what to do if you received these instructions?

“Take 2 aleve bid and flexeril at hs. If not better see me next week”
Practice using plain language

<table>
<thead>
<tr>
<th>Medical Terminology</th>
<th>Plain or &quot;living room&quot; Language</th>
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<tbody>
<tr>
<td>Benign</td>
<td>Harmless</td>
</tr>
<tr>
<td>Cardiac</td>
<td>Heart</td>
</tr>
<tr>
<td>Edema</td>
<td>Swelling; build up of fluid</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Tired</td>
</tr>
<tr>
<td>Screening</td>
<td>Test</td>
</tr>
<tr>
<td>bid</td>
<td>Twice a day</td>
</tr>
<tr>
<td>hs</td>
<td>Hour of Sleep</td>
</tr>
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Teach-Back Humor

"TAKE WITH MEALS? NO PROBLEM! I EAT ALL THE TIME!"
Use of “Teach Back” for patients with Diabetes
(Audio taped visits – 74 patients, 38 physicians)

- Patients recalled < 50% of new concepts
- Physicians assessed recall 13% of time
- When physicians used “teach back” the patient was 9 times more likely to have Hb A1c levels below the mean

- Visits that assessed recall were not longer

Schilinger, D. Arch Int Med, 2003

More support for teach-back

Among adults with literacy less than 6th grade level

- 71% correctly read the instruction “take two tablets by mouth twice daily”
- Only 35% could demonstrate the number of pills to actually take

- Davis, et al., 2006
Use teach-back correctly

- Responsibility is on the provider
- Use a caring tone of voice & attitude
- Slow down & listen
- Chunk and check
- Use open-ended questions (What? How?)
- Use plain language, non-medical language

A program of the Minnesota Literacy Council
healthliteracymn.org
Our Goals

- train health care providers
- empower patients to ask for clear communication
- share resources

Resources from MHLP

The Minnesota Health Literacy Partnership has developed and located a variety of free resources to help educate individuals and health care professionals about the importance of health literacy.

- Health Literacy 101
- HeLP MN Seniors
- Teach-back Program
- Papers and Articles
Health literacy 101

Health Literacy 101: Focusing on Clear Health Communications
This program is designed to help educate health professionals about health literacy and includes everything you need: presentation, activities, pre- and post-tests and more.

Program materials include:

- **Presentation:** A PowerPoint presentation which includes slides, as well as speaker notes.
- **Presentation Options Guide:** Document presents options for how to deliver the presentation in 30, 60, 90 or 120 minutes.
- **Activities Guide:** Documents provide instructions for the various interactive activities included in the Health Literacy 101 presentation.
  - Activity 1: What is it like? Experience and discuss what it is like to struggle with reading information.
  - Activity 2: Understanding the Problem. View and discuss video of real patients and the doctors who try to help them.
  - Activity 3: Practice using “Living Room” language. Convert medical terms into plain language and discuss the experience.
  - Activity 4: Practice Situations. Practice and using “Living room” language, Ask Me 3 and the teach-back method and discuss the experience.
  - Activity 5: Personal Action Plan. Work on next steps and how to bring information learned back to your organization.
- **Assessment tools:** Documents help you assess pre- and post-training participant knowledge and gather feedback on training.

HeLP MN Seniors

Health Literacy Program for Minnesota Seniors (HeLP MN Seniors) Evidence-Based Workshop Program
The goal of this program is to help older adults effectively navigate and utilize the health care system and the information they need to stay healthy.

Program materials include:

- **Program Guide:** Document provides helpful tips to ensure program success.
- **Assessment and Evaluation Materials:** Documents help you assess pre- and post-training participant knowledge and gather feedback on training.
- **Workshop materials:** Presentations, handouts, promotional materials
  - Workshop 1: Communicating with Your Health Care Provider
  - Workshop 2: Finding Accurate and Reliable Health Information on the Internet
Teach-back Program

The goal of this program is to help educate health professionals in the use of the teach-back method to improve patient understanding of health and treatment.

Program materials include:

- **Program Guide**: The guide is designed to help you facilitate trainings and discussions around using the teach-back method. It includes discussion ideas and several activity options that can be incorporated based on time available to conduct training.
- **Teach-back PowerPoint presentation**: PowerPoint presentation includes slides and speaker notes.
- **Teach-back video**: Short video demonstrating effective use of teach-back.

Papers and Articles

**White Paper Series**

- [Prescription Literacy](#)  
  A brief review of the problem and some recommendations for health care
- [Making a Business Case for Health Literacy](#)  
  A template to help guide you through the process
- [Informed Consent](#)  
  An overview and supportive paper of the Minnesota Statewide Informed Consent Process developed by the Minnesota Alliance for Patient Safety

**Other Papers**

- [Take Charge of Your Health](#)  
  A report on health literacy in Minnesota, how Minnesotans use social media to access health information and consumer empowerment program findings
Acknowledgements

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Questions?