Health Literacy Training: Achieving CCO Objectives through Advanced Patient-centered Communication

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Disclosure statement

I have no financial relationships with a commercial entity producing health care related products and/or services that would present a conflict of interest

Training goal

To provide actionable information about health literacy in order to help Oregon's CCOs meet their goals and satisfy Minimum Standards:

- *"Assuring communications...are tailored to...health literacy...needs."*

- *"CCO proactively provides a plan...to assure communications in formats that reflect the needs of all members."*

Training objectives

By the end of this training, participants will be able to:

1. Define health literacy
2. Estimate the prevalence of inadequate health literacy
3. Understand communication barriers faced by consumers
4. Recognize health literacy demands placed on patients by the health care system
5. Recognize the general training deficiencies of the current health care workforce with respect to health literacy
6. Make the business case for focusing on health literacy
7. List and describe the 10 attributes of a health literate organization
8. Identify tools and resources which CCOs can use to improve communication practices

Overview

- **Background** – health literacy basics

- **The business case** – why health literacy matters to CCOs

- **Attributes of a health literate organization**

  – Best practices

  – Tips and resources for CCOs

- **Supporting materials** (available at www.oregon.gov/oha/oei)

  – Glossary & References

Background

Health literacy: key milestones

- 2004 – Institute of Medicine Health Literacy Report (Neilsen-Bohlamn et al, 2004)
- 2004 – Agency for Healthcare Research and Quality (AHRQ) Evidence Review (Berkman et al, 2004)
- 2010 – AHRQ Health Literacy Universal Precautions Toolkit
- 2010 – Joint Commission's Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals.
- 2010 – National Action Plan to Improve Health Literacy
- 2011 – Healthy People 2020 health literacy objectives
- 2012 – July 1 – Joint Commission Patient-Centered Communication Standards for Hospitals become effective
- 2012 – Attributes of a Health Literate Organization
- 2012 – Expectations of the Oregon Transformation Plan for CCOs established

Literacy domains and examples of associated healthcare-related tasks

Literacy

- **Cultural & Conceptual Knowledge**
- **Listening**
- **Speaking**
- **Writing**
- **Reading**
- **Numeracy**

Oral Literacy

Print Literacy

•Understand concepts:
 - Germ theory
 - Pharmacokinetics
 - Risk
 - Prevention
 - Chronic vs. acute
 - Navigate the "foreign"
   world of healthcare

•Navigate a phone tree
•Describe symptoms
•Understand verbal instructions
•Ask questions

•Fill out forms
•Understand consent forms
•Understand prescription labels
•Benefit from brochures
•Keep appointments
•Follow signage (navigate)
•Correspond electronically
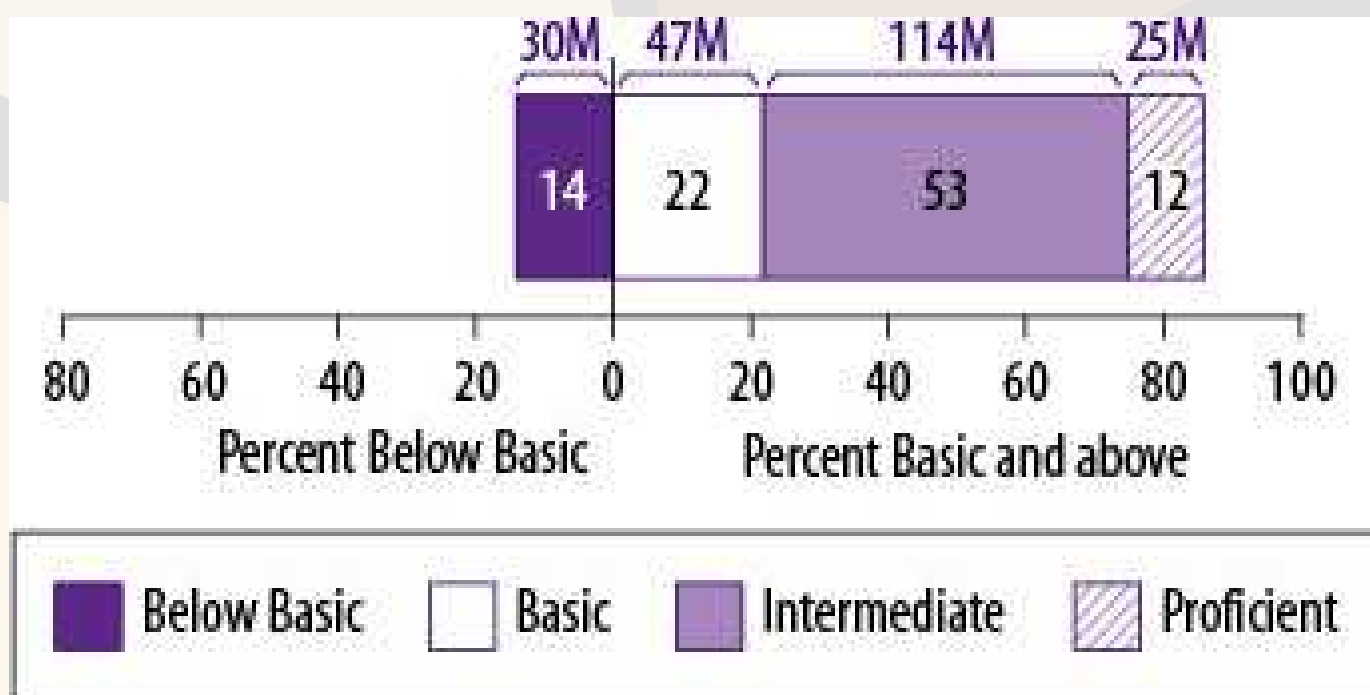
Health literacy defined

The degree to which individuals have the capacity to <u>obtain</u>, <u>process</u>, <u>communicate</u> and <u>understand</u> basic health information and services needed <u>to make health decisions</u>
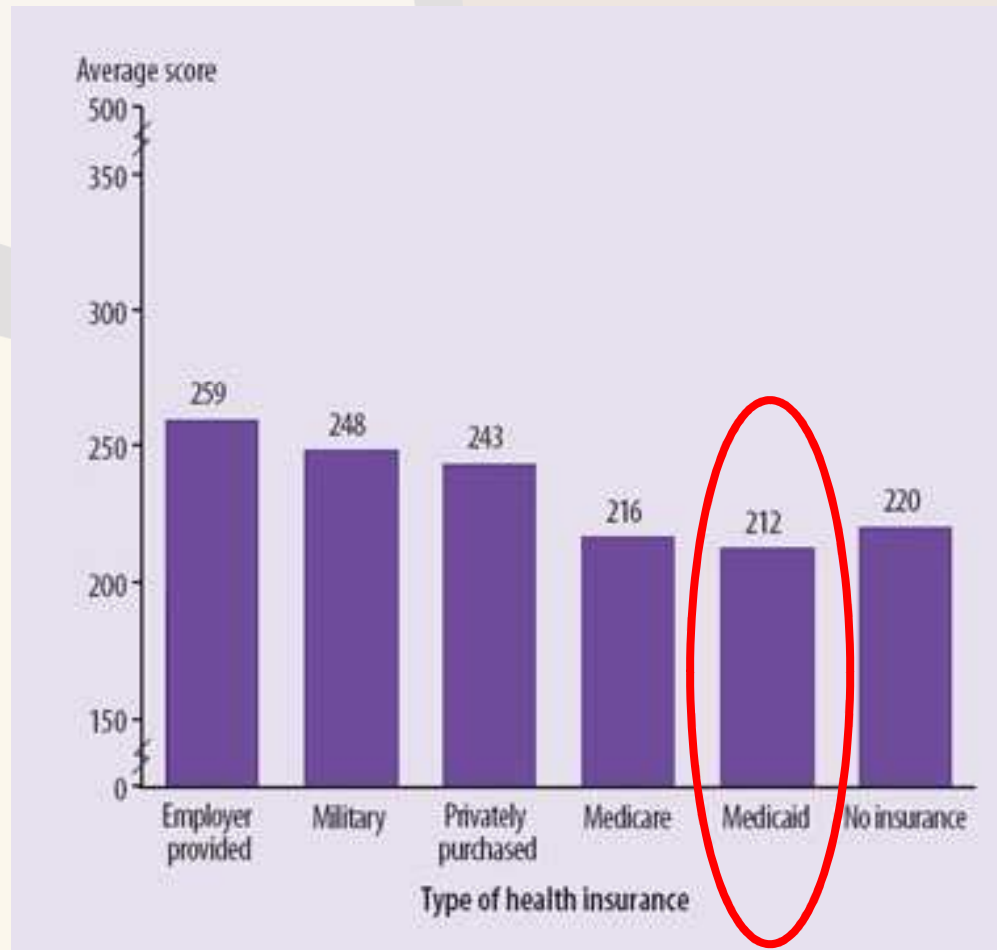
(Somers & Mahadevan, 2010)

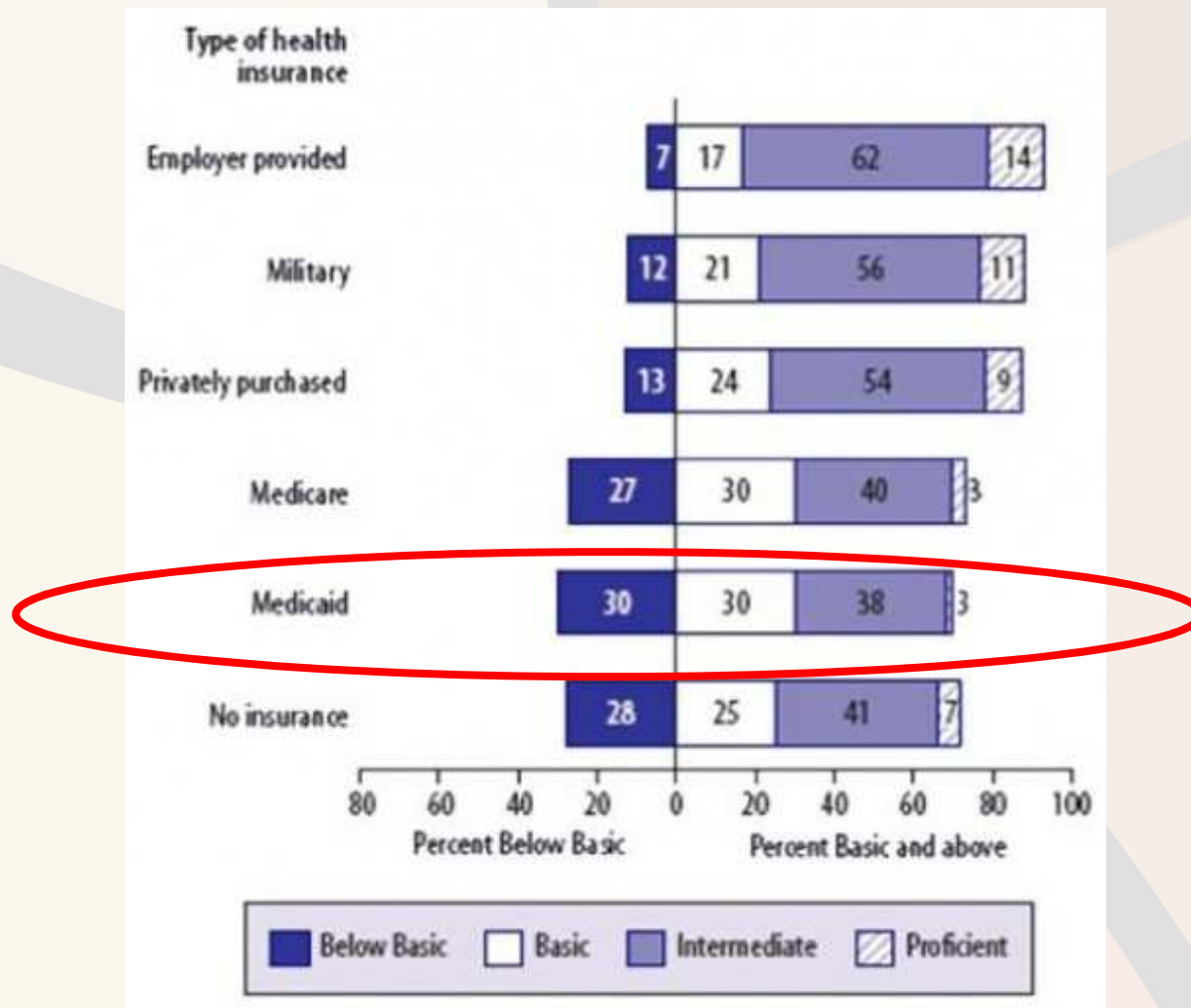# Health literacy of U.S. adults

(Kutner et al, 2006)

Health literacy by insurance type

(Kutner et al, 2006)

Health literacy by insurance type

(Kutner et al, 2006)

The picture in Oregon

The typical Oregonian with low health literacy:

- White

- Born in the U.S.

- Spoke English as first language

(Kutner et al, 2005)

Disproportionately affected groups

- Seniors
- People eligible for Medicaid
- Racial and ethnic minorities
- People who's first language was not English
- People with chronic diseases

(Kutner et al, 2005)

Low health literacy is associated with...

↓ Use of preventive services

↓ Understanding of medication use and
      prescription label instructions

↓ Overall health status

↑ Use of emergency care

↑ Rates of hospitalization

↑ Mortality rates among seniors

↑ Racial health disparities

(Berkman et al, 2011)

Access and utilization

- Access to health care is not enough

- Utilization requires navigation skills (health literacy)
  - Over-utilization of emergency services
  - Under-utilization of medical homes
  - Under-utilization of preventive services

Current state of preparedness

Providers and systems are not adequately:

- Aware of the prevalence of low health literacy

- Aware of the impacts of low health literacy

- Equipped with knowledge and skills to address low health literacy

- Incentivized to provide solutions (e.g., clear communication)

(Coleman & Appy, 2012; Coleman, 2011)

Universal precautions

Problem:

- Low health literacy is ubiquitous.

- Patients hide their low skills

- Providers can't tell

- Screening tools not appropriate
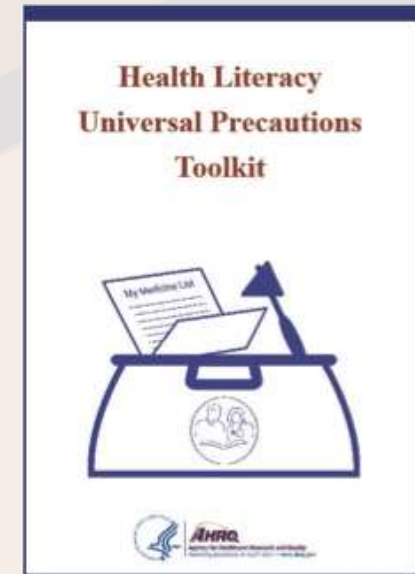
Solution:

- "Universal precautions" approach to health communication

(DeWalt et al, 2010)

The health literacy business case for Oregon CCOs

The "Quadruple" Aim

1. Better Health

Patients who understand:
- What to do
- How to do it
- Why it's important

2. Better Care

Health professionals who have:
- Advanced communication skills
- Incentives to provide clear communication

Health literate CCOs can deliver...

3. Lower Cost

Health care delivery which is:
- More efficient
- Patient-centered
- Safer

4. Less Disparities

Populations who benefit from:
- Health information equity

Health literacy and CCOs

<u>CCOs can:</u>

- Support and empower partner organizations through education about health literacy

- Use flexibility in their global budget to incentivize clear communication at every level of the system

Additional incentives

- New Joint Commission Standards effective July 1, 2012:

  – The hospital identifies the patient's oral and written communication needs

  – The hospital communicates with the patient during the provision of care, treatment, and services in a manner that meets the patient's oral and written communication needs

(The Joint Commission, 2010)

Lower cost

Excess annual costs attributed to low health literacy in the U.S.:

$106 billion - $238 billion

(Vernon et al, 2007)

6 aims for quality care*

Health Care Should Be…	Health literacy impact
Safe	↓ Patient errors ↓ Iatrogenic harm ↑ Informed consent and informed refusal
Effective	↑ Adherence to treatment ↑ Use of preventive services
Efficient	↓ Use of higher cost services ↓ Cost-benefit ratio
Timely	↓ Delays in care seeking and delivery
Equitable	↓ Health care inequalities ↓ Health disparities
Patient-centered	↑ Shared decision-making ↑ Satisfaction

(*IOM, 2001)

10 attributes of a health literate organization

(See Brach et al, 2012)

Health literate organizations are

Organizations that make it easier for people to navigate, understand, and use information and services to take care of their health

(Brach et al, 2012)

A Health Literate Organization…

1. <u>Has leadership</u> that makes health literacy an organizational priority

Reflected in the organization's:

- Policies and standards
- Goals
- Accountability structure
- Incentives
- Budgeted resources
- Planning of systems & physical space

Resources:

❑Raise awareness with the 23-minute AMA video, "Help your patients understand": http://www.youtube.com/watch?v=cGtTZ_vxjyA

❑Form a health literacy team: Universal Precautions Toolkit (AHRQ, 2010)

A Health Literate Organization

2. <u>Integrates health literacy</u> into planning, evaluation measures, patient safety, and quality improvement

Reflected in the organization's:

- Self-assessments
- Assessments of the impact of policies and programs on patients
- Factoring health literacy into all patient safety plans

"Minimum standard"

Resources:

❑ Assess Your Practice: Universal Precautions Toolkit (AHRQ, 2010)

❑ The Health Literacy Environment of Hospitals and Health Centers (Rudd & Anderson, 2006)

Health Literacy Universal Precautions Toolkit

My Medicine List
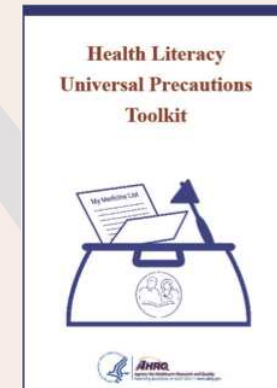
A Health Literate Organization…

3. <u>Prepares the workforce</u> to be health literate and monitors progress

Reflected in the organization's:

- Hiring of staff with expertise in health literacy
- Setting goals for training of staff at *all* levels

Best practice

TIP

❑ Hire a training coordinator

❑ Develop a training plan for current and future employees

Resources:

❑ Health literacy best practices, competencies & training objectives (Coleman et al, 2013)

❑ HRSA and CDC online trainings (HRSA, 2012; CDC, 2011)

❑ Booklet: Health Literacy and Patient safety: Help Patients Understand (AMA Foundation, 2007)

A Health Literate Organization…

4. <u>Includes populations served</u> in the design, implementation, and evaluation of health information and services

Reflected in the organization's:

- Inclusion of individuals who have limited health literacy
- User-testing of materials and information

Resources:

❑Improving the Health Literacy of Hospitals (Gaard et al, 2010)

❑Get Patient Feedback: Universal Precautions Toolkit (AHRQ, 2010)

A Health Literate Organization…

5. Meets needs of populations with a range of health literacy skills while <u>avoiding stigmatization</u>

TIP

❑Redesign *all* systems and procedures to benefit patients with limited health literacy

<u>Reflected in the organization's:</u>

• Adoption of health literacy <u>universal precautions</u>

Best practice

<u>Resources:</u>

❑Booklet: Health Literacy and Patient safety: Help Patients Understand (AMA Foundation, 2007)

❑Universal Precautions Toolkit (AHRQ, 2010)

A Health Literate Organization

6. Uses health literacy strategies in interpersonal communications and <u>confirms understanding</u> at all points of contact

<u>Reflected in the organization's</u>:

- Confirming of understanding
- Use of communication best practices
- Using easily understood symbols in way-finding signage

TIP The "teach-back" technique requires both <u>training</u>, and <u>incentives</u>

<u>Resources</u>:
❏ Tips for Communicating Clearly, & The Teach-Back Method: Universal Precautions Toolkit (AHRQ, 2010)
❏ Booklet: Health Literacy and Patient safety: Help Patients Understand (AMA Foundation, 2007)

A Health Literate Organization…

7. Provides easy access to health information and services, and <u>navigation assistance</u>

<u>Reflected in the organization's:</u>

- Making phone systems and electronic patient portals user-centered, and providing training on how to use them

TIP

❑Make processes transparent

❑Anticipate and lower barriers at every step of the healthcare process

<u>Resources</u>:
❑Website and electronic media design at <u>www.usability.gov</u>

❑Telephone Considerations: Universal Precautions Toolkit (AHRQ, 2010)

A Health Literate Organization…

8. Designs and distributes <u>print, audiovisual, and social media</u> content that is easy to understand and act on

<u>Reflected in the organization's:</u>
- Use of clear communication principles in written materials

Best practice

TIP   Writing at the recommended 5th-6th grade level is difficult

<u>Resources</u>:

❑CMS Toolkit for Making Written Material Clear and Effective (http://www.cms.gov/Outreach-andEducation/Outreach/WrittenMaterialsToolkit/index.html?redirect=/WrittenMaterialsToolkit)

❑Design Easy-To-Read Material: Universal Precautions Toolkit (AHRQ, 2010)

A Health Literate Organization…

9. Addresses health literacy in high-risk situations

Resource:

❑ Brown Bag Medication Review: Universal Precautions Toolkit (AHRQ, 2010)

Reflected in the organization's:

- Attention to informed consent
- Management of care transitions
- Focus on medication safety

Best practice

A Health Literate Organization…

10. Communicates clearly what health plans cover and what individuals will have to pay for services

CONSIDER:

❏ Financial literacy may be lower than health literacy

❏ Financial barriers may be at the root of inefficient health care seeking

Reflected in the organization's:

- Provision of easy-to-understand descriptions of health insurance policies

- Communication of the out-of-pocket costs for health care services before they are delivered

Summary

- Focusing on low health literacy is key to achieving the quadruple aim of better health, better care, lower costs, and less disparities within Medicaid populations

- Development of a health literacy culture within the organization can help Oregon's CCOs achieve their goals

Q & A

Supporting materials

Glossary

- **Clear Health Communication:** Written or oral communication which helps patients to understand and act on health care information (Pfizer, 2004)

- **Health Literacy:** The degree to which an individual has the capacity to obtain, communicate, process, and understand health information and services in order to make appropriate health decisions (Somers & Mahadevan, 2010). Health literacy involves reading, writing, speaking, listening, numeracy, and cultural and conceptual knowledge (Neilsen-Bohlman et al, 2004), including navigation of health care systems (Kutner et al, 2006). Health literacy allows the public and personnel working in all health-related contexts to find, understand, evaluate, communicate, and use information (Coleman et al, 2010; Neal, 2007). Health care professionals and organizations can be "health literate" by presenting information in ways that improve understanding and the ability of people to act on that information (Brach et al, 2012 ; Coleman et al, 2010)

- **Health Literacy Competencies:** The knowledge, skills and attitudes which health professionals need in order to address low health literacy among consumers of health care and health information (Coleman, Hudson, & Maine, In review)

Glossary

- **Jargon:** Words, phrases, or concepts, including numerical or mathematical information, which might not be fully understood, or may be misinterpreted by the recipient. (Neilsen-Bohlman et al, 2004)

- **Numeracy:** A working knowledge of numbers (Osborne, 2005). Basic numeracy includes the knowledge and skills necessary to understand and act on numerical information and concepts encountered in routine oral and written communications. The related term, "quantitative literacy", defined as "the knowledge and skills required to apply arithmetic operations, alone or sequentially, using numbers embedded in printed materials" (Kirsch et al, 1993) can be applied to oral communication as well

- **Plain Language:** Sometimes called "everyday language", or "living room language" (AMA Foundation, 2007), plain language is written or oral communication which is clear, concise, organized and jargon-free (Office of Disease Prevention and Health Promotion, 2010). A communication is considered to be in "plain language" if the audience can quickly and easily find what they need, understand what they find, and act appropriately on that understanding (Center for Plain Language, 2010) the first time they read or hear it (US DHHS, 2006a)

Glossary

- **<u>Teach Back:</u>** Teach back, also referred to as an "interactive communication loop", is an iterative technique used to confirm understanding and correct misunderstanding of information by asking patients to explain back or demonstrate ("show back") in their own way what they have understood (DeWalt et al, 2010; Schillinger et al, 2003)

- **<u>Universal Precautions for Safe Communication:</u>** A communication strategy which assumes that all health care encounters are at risk for communication errors (AMA Foundation, 2007), and aims to minimize risk for everyone (DeWalt et al, 2010)

- **<u>Usability:</u>** How well users can learn and use a product to achieve their goals and how satisfied they are with that process (US DHHS, 2012)

About the presenter

Cliff Coleman, MD, MPH is a nationally recognized expert in the field of health literacy. His teaching and research activities focus on workforce training to improve the clinical and public health response to low health literacy. Dr. Coleman received his medical degree from Stanford University in 2000, and completed a combined residency in Family Medicine and Public Health & General Preventive Medicine at Oregon Health & Science University (OHSU), with a Master's of Public Health from Portland State University in 2004. He joined the faculty in the Department of Family Medicine at OHSU in 2004.

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