

# Implementing Health Literacy Universal Precautions in Primary Care

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# Objectives

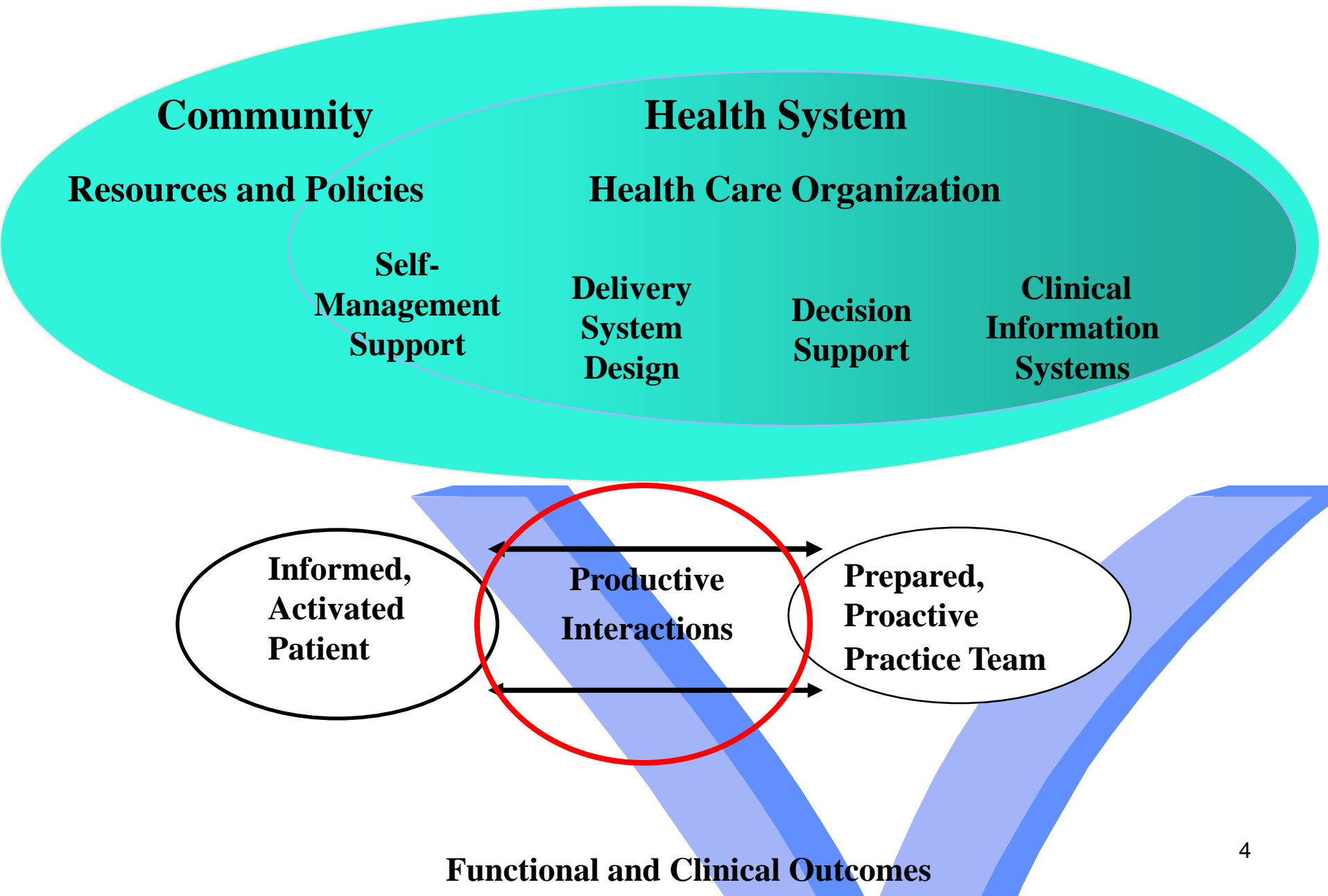
- To understand the importance of a system approach to addressing health literacy
- To learn the key strategies that help a medical practice succeed in addressing health literacy universal precautions
- To understand key barriers and difficulties that primary care practices face in implementing health literacy universal precautions

# Acknowledgements

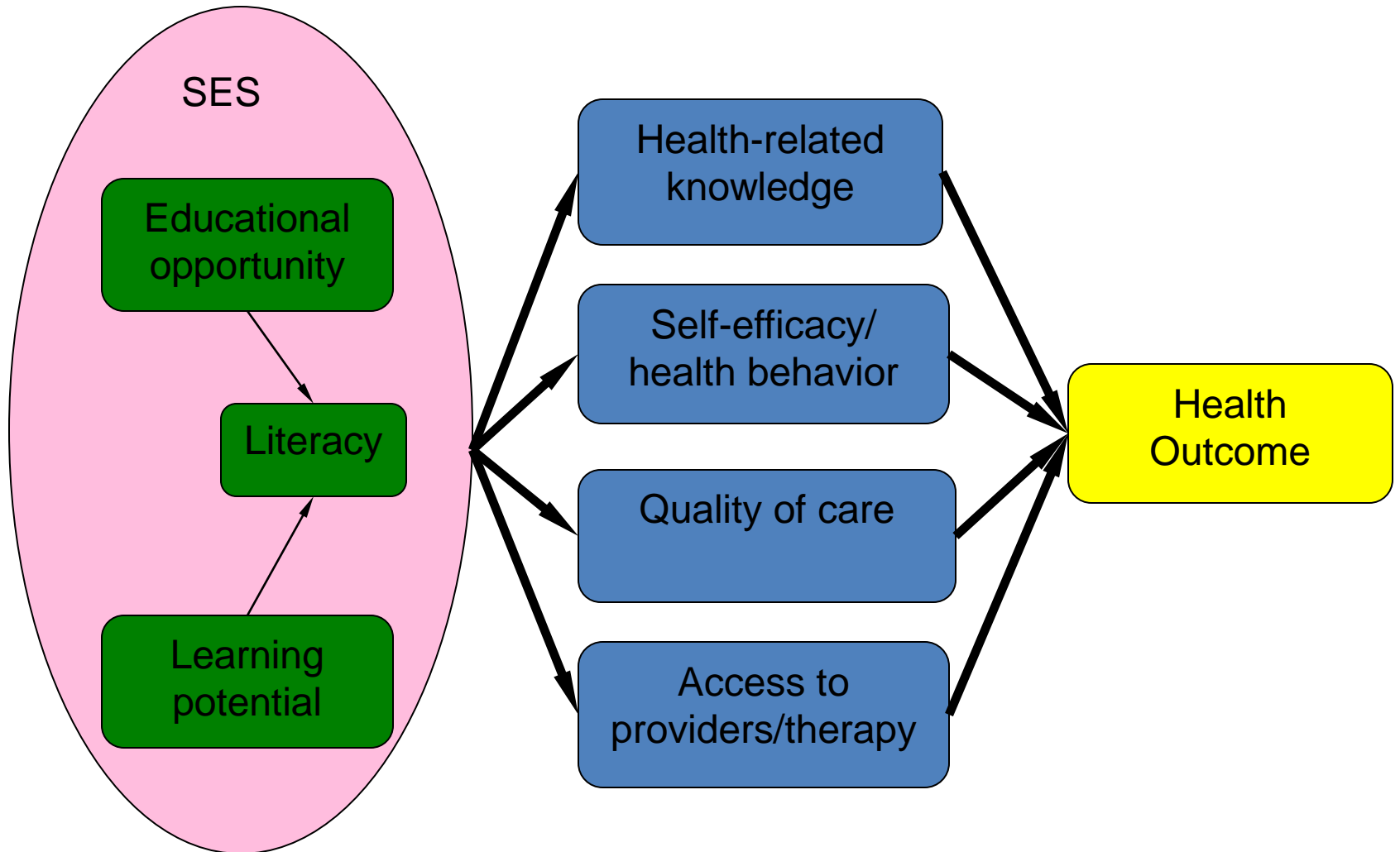
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# Care Model



# Why is it important to think about the system?

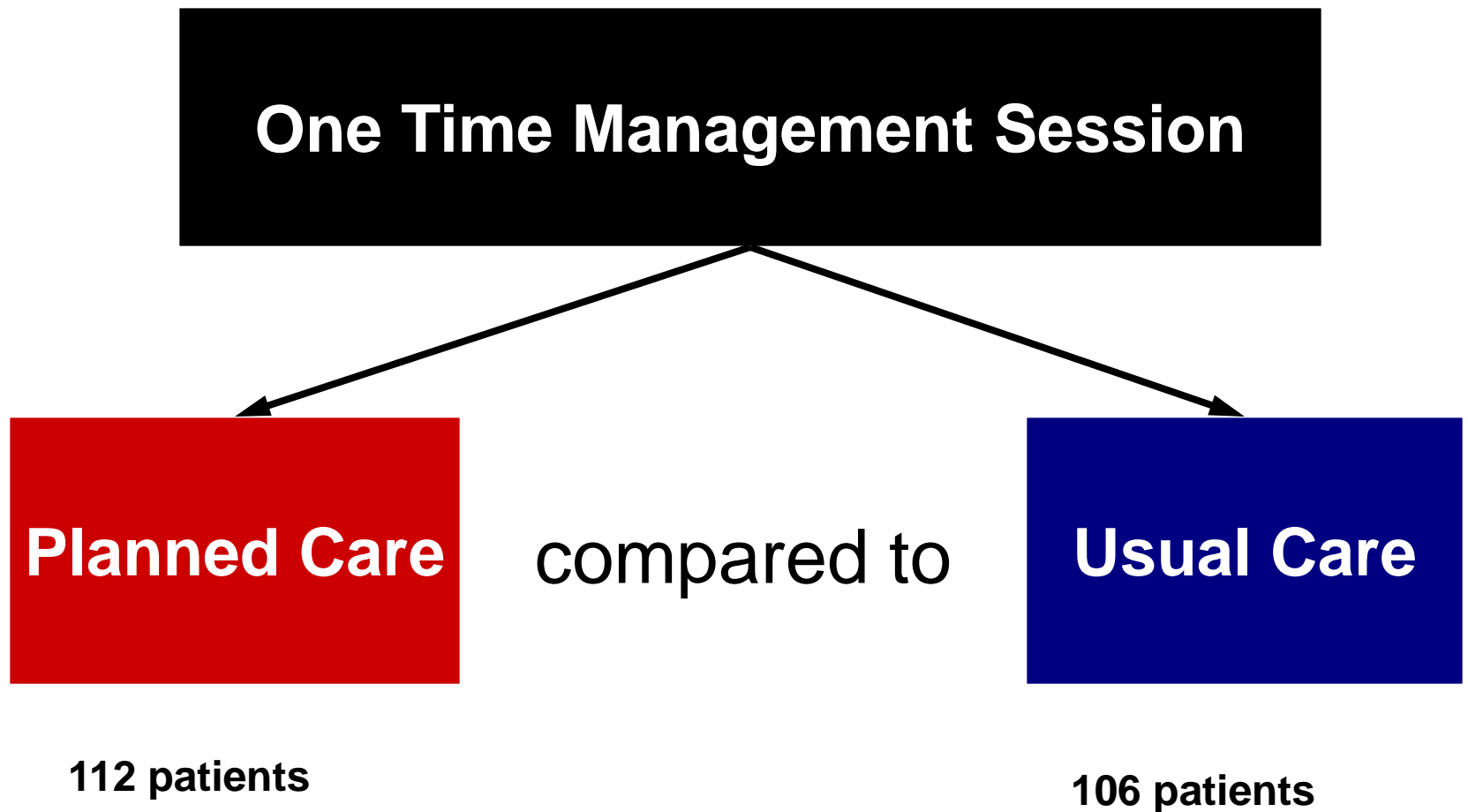


# Brief Review of UNC Studies on System Changes

# Diabetes Planned Care

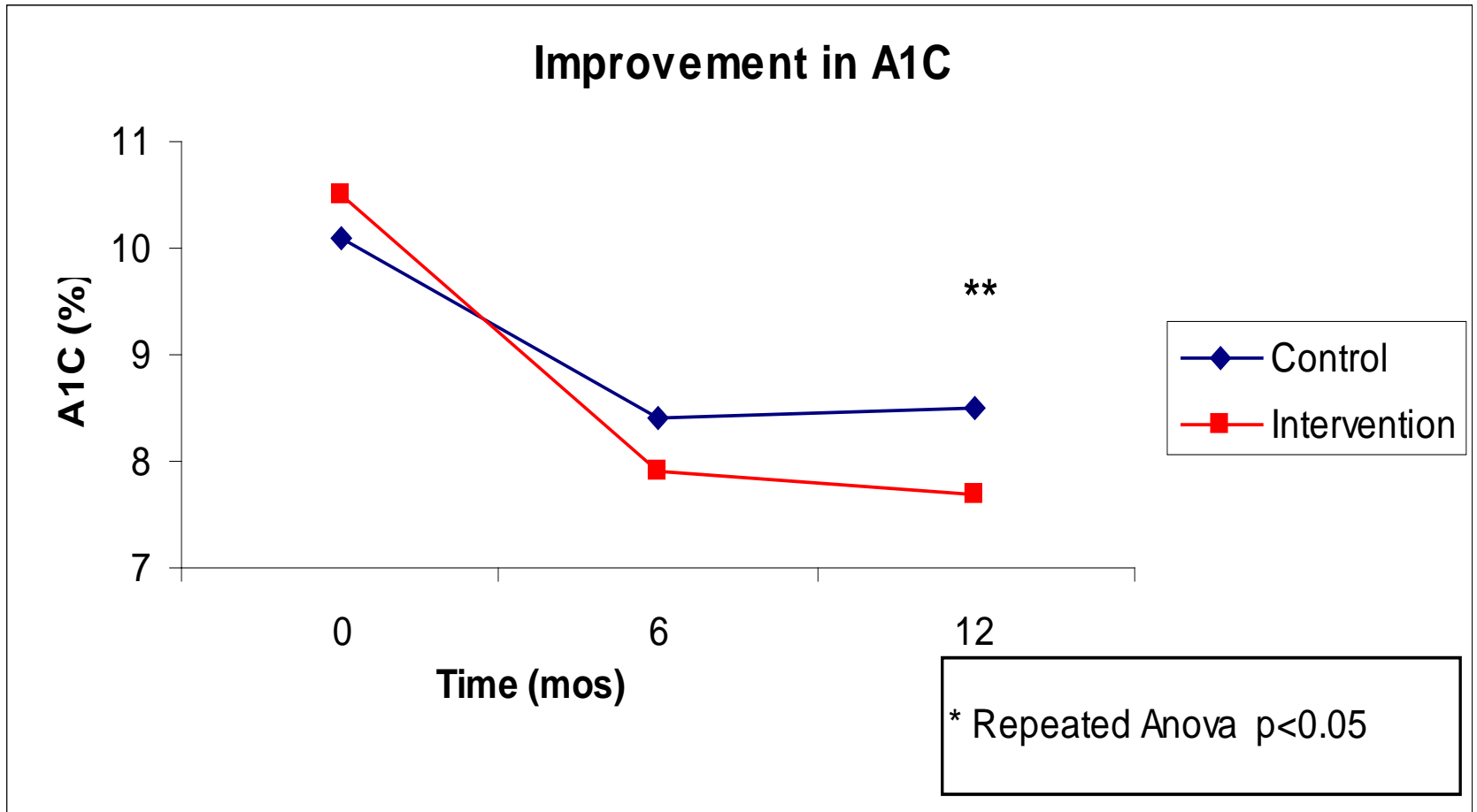
- Treatment and monitoring algorithms
- Patient education
  - Behavior rather than knowledge
  - Repetition/reinforcement
  - Teach-back method
- Care coordination
  - Address barriers to medication access
  - Teach how to get transportation

# Evaluation with RCT





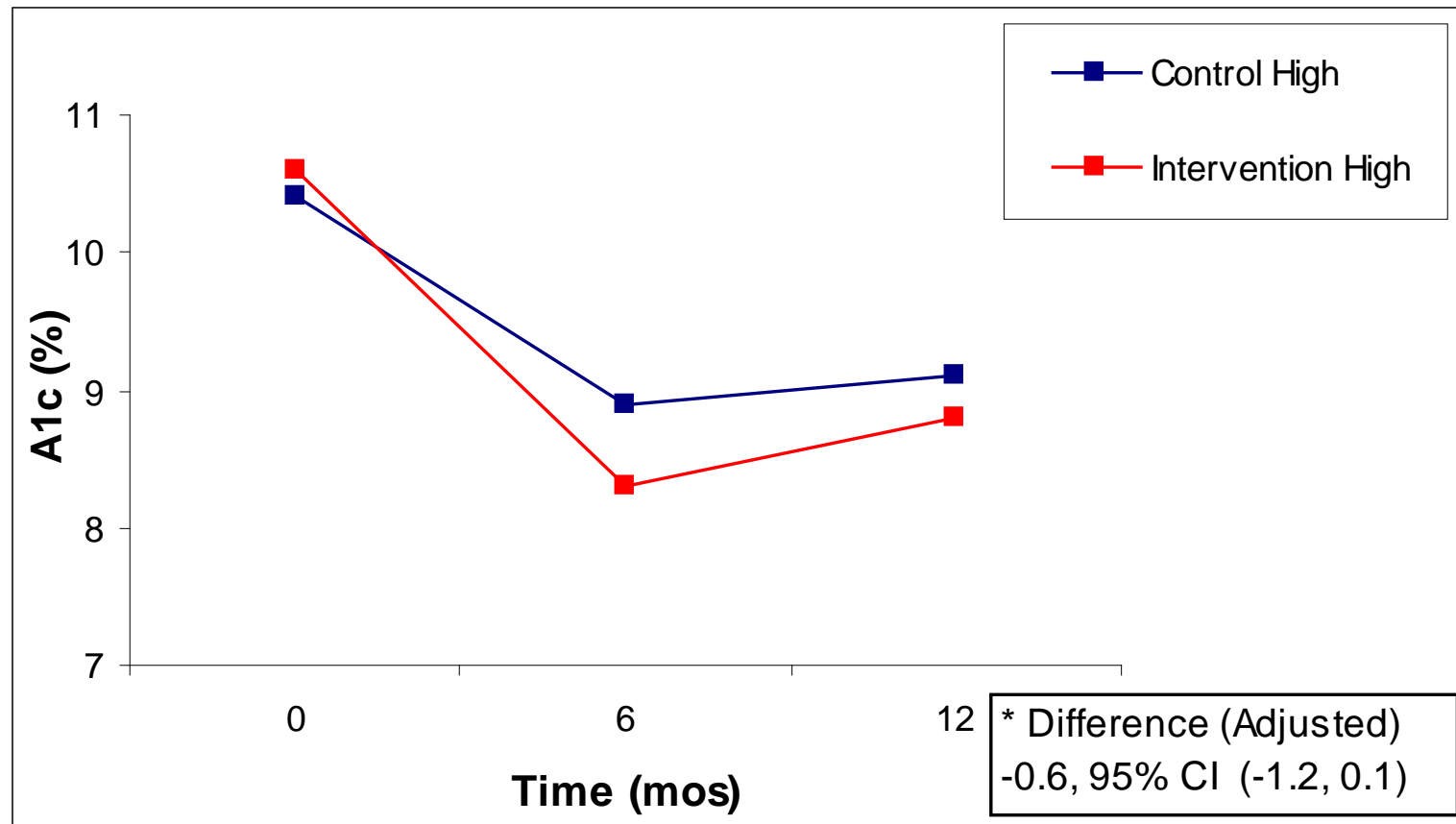
# Diabetes



# Results According to Literacy Status

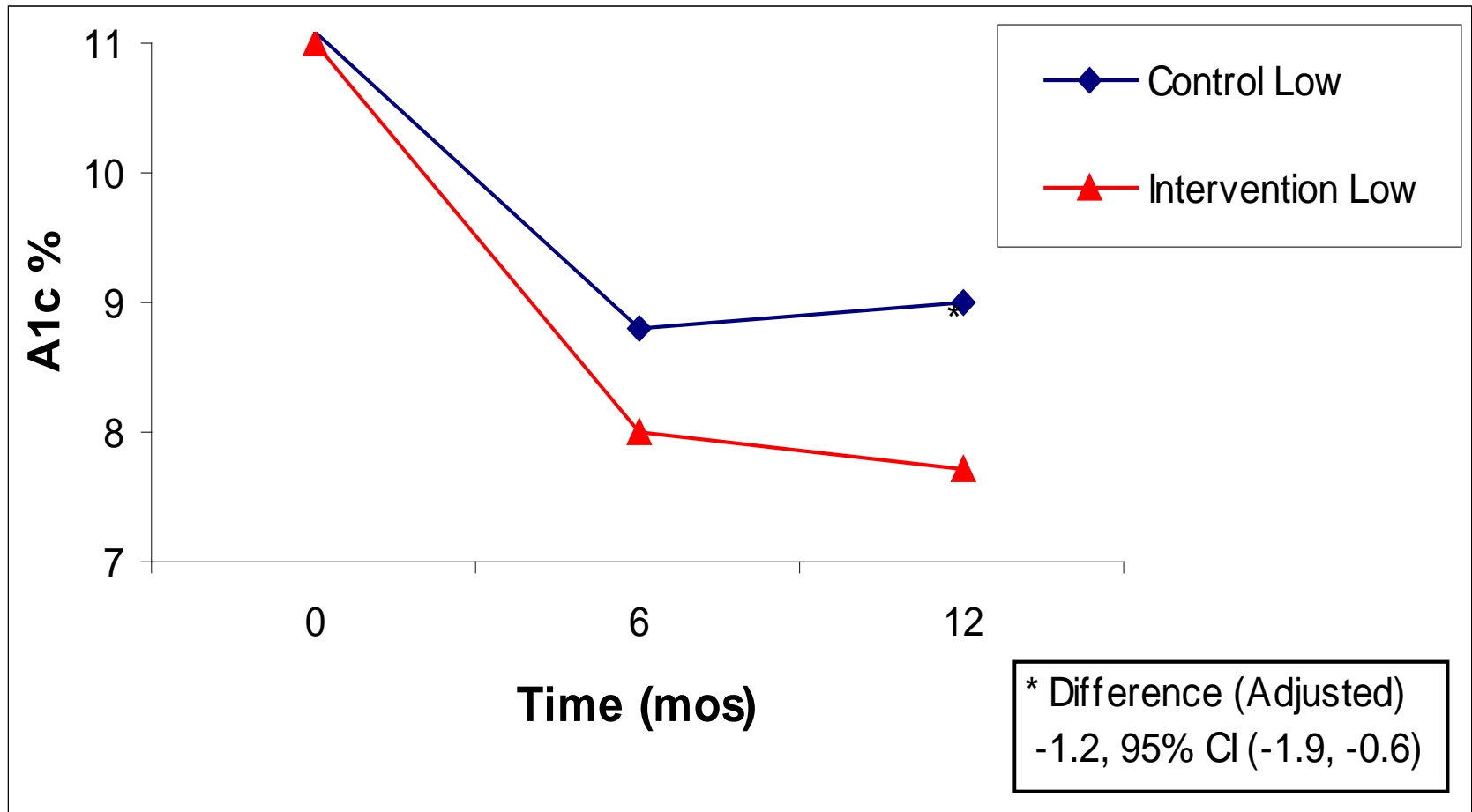
# Diabetes Control:

## Results for Patients with Literacy Above 6th Grade Level



# Diabetes Control:

## Results for Patients with Literacy at or Below 6<sup>th</sup> Grade Level



# MANAGING YOUR HEALTH WITH HEART FAILURE

1

2

3



UNC School of Medicine and Department of Pharmacy (Working Group on Health Risk Communication) 919-843-6480

# Intensive Self-Management Support

- 1-hour individualized education session
- Education booklet < 6th grade level
- Digital bathroom scale
- Scheduled follow-up phone calls
- Easy access to our team

# Planned Care

**Intensive  
Self-care  
Education**

compared to

**Usual Care**

Rothman et al. Am J Med 2005; 118:276-284.

DeWalt et al. BMC Health Services Research. 6:30; 2006.

To change outcomes for people with low literacy will require us to change how we provide care

Handing out easier to read materials will not do it alone.....



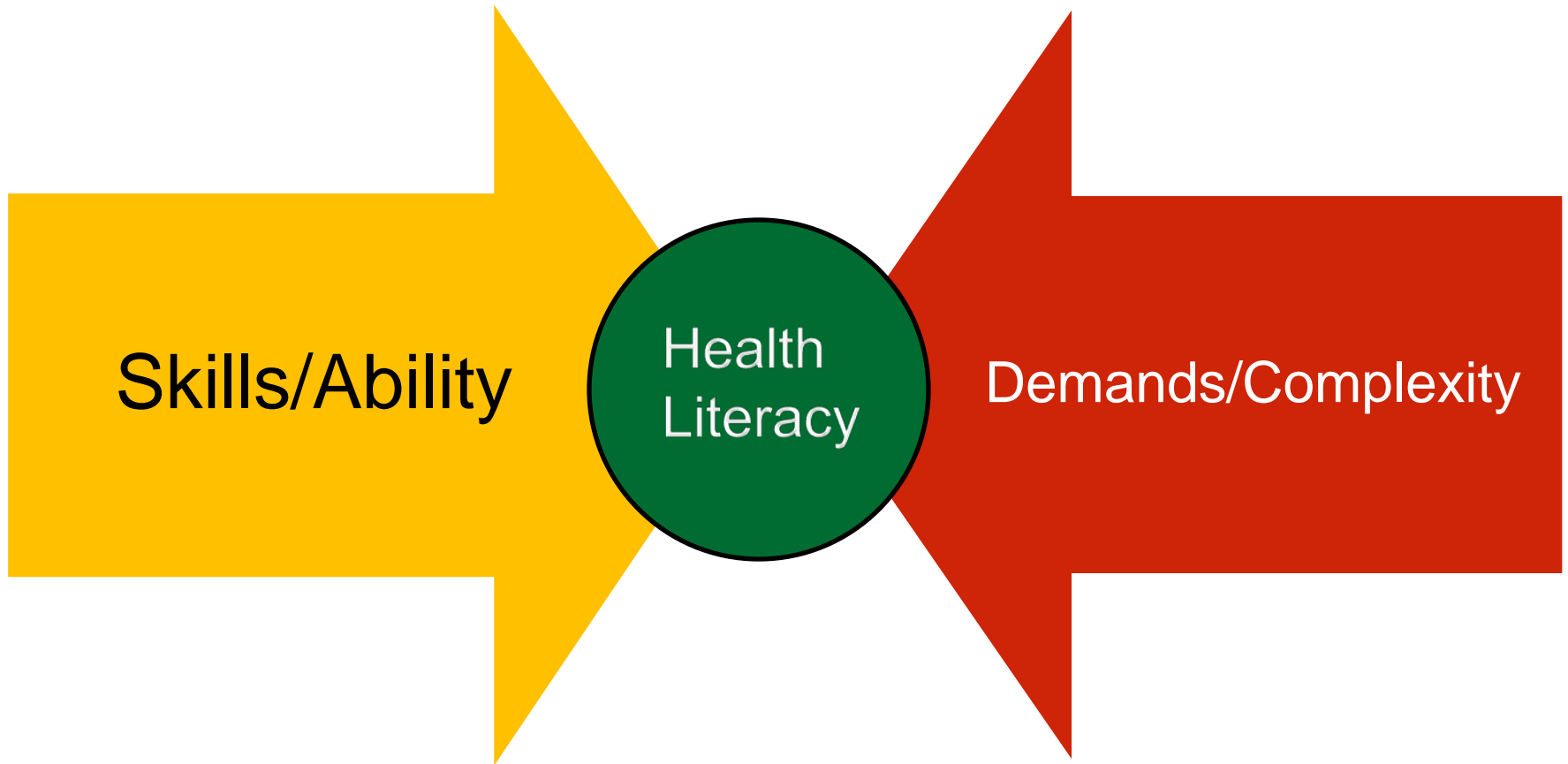
How do we create a practice that mitigates the effects of low literacy?

How can we ensure that our patients can do what they need to do for optimal health outcomes?

# Health Literacy Demands of the Clinical Setting

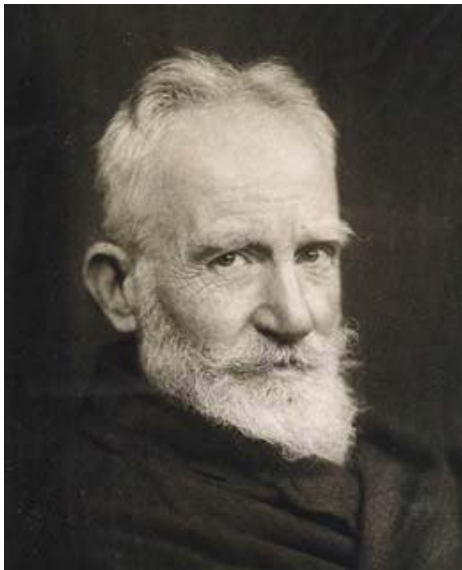
- Health care is complex
- We require a lot of our patients
  - Manage appointments with us and others
  - Transportation
  - Billing and insurance
  - Access to medications
  - Remember recommendations
  - Implement recommendations

# Improve Skills and Reduce Complexity



The problem with communication is the illusion that it has occurred.

-- George Bernard Shaw



# Health Literacy Universal Precautions

Structuring the delivery of care in the practice as if every patient may have limited health literacy

# Why Health Literacy Universal Precautions?

- You can't tell by looking
- Even people with higher literacy skills have trouble understanding medical care
- No screening instrument can tell you if people will understand what they need to know
- Most interventions designed for people with low literacy help those with higher literacy

# Health Literacy Universal Precautions Toolkit



# Key Drivers For Improving Outcomes

- Improve written communication
- Improve spoken communication
- Improve self-management and empowerment
- Improve supportive systems



How does the toolkit work?

# Path to Improvement

1. Watch a health literacy video
2. Form your team
3. Assess your practice
4. Choose tools
5. Raise staff awareness about health literacy
6. Plan your changes

# Form Your Team (Tool 1)

- Chair or Champion
  - Include each department (clinicians, nurses, practice manager, front desk/reception/phones)
  - Senior Leadership
  - Patient or caregiver
- 
- Schedule regular meetings (set an aim, clear plans)
  - Make sure each member gets health literacy training (watch a video, view slides)

# Assess Your Practice (Tool 2)

- Have several people in the practice answer the assessment questions
- Plan a discussion of the results with prioritization of goals based on assessment
- Choose tools to implement

# Health Literacy Assessment Questions

Have several staff members complete the questions on their own, and then come together for a group discussion to review the results. Please refer to Tool 2: Assess Your Practice for more information.

Please select **one answer** that most accurately describes your practice:

|                          |  |
|--------------------------|--|
| <b>Doing Well</b>        | Our practice is doing this well                    |
| <b>Needs Improvement</b> | Our practice is doing this, but could do it better |
| <b>Not Doing</b>         | Our practice is not doing this                     |
| <b>Not Sure</b>          | I don't know the answer to this question           |
| <b>N/A</b>               | This is not applicable to our practice             |

**Importance:**      \* Beneficial    \*\* More Beneficial    \*\*\* Most Beneficial

## 1. Improve Spoken Communication

|  | Doing Well               | Needs Improvement        | Not Doing                | Not Sure or N/A          | Importance | Tools to Help                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|------------|--|
| 1. Staff members have received awareness and sensitivity training about health literacy issues.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ***        | 1-Form<br>Team<br>3-Raise<br>Awareness |
| 2. All levels of practice staff have agreed to support changes to improve patient understanding. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ***        | 1-Form<br>Team<br>3-Raise<br>Awareness |

# Raising Awareness (Tool 3)


- Important for all members of the staff
- Helps to create the sense of urgency and importance
- Fosters camaraderie among staff members (all of whom can usually relate to the problem)
- Short video and discussion is most effective. We also provide PowerPoint slides for practices that like them.

# Learning from Practices

- Love the assessment
- Appreciate how the assessment leads right to the tools
- Changed the way staff viewed their job
- 3 months isn't enough time to do this work!
  - Just getting started




# Quick Start Guide

## ① Watch a short video

This 6 minute [health literacy video](#)  is sponsored by the American College of Physicians (ACP) Foundation and has some vivid examples of why addressing health literacy is so important.


## ② Pick a tool and try it

Link to one of these tools and review it. Pick a day and try it out on a few patients.

- ♦ I want to be confident my patients are taking their medications correctly. [Brown Bag Medication Review](#) 
- ♦ I want to be confident that I am speaking clearly to my patients. [Tips for Communicating Clearly](#) 
- ♦ I want to be confident that my patients understand what they need to do regarding their health when they get home. [The Teach Back Method](#) 

## ③ Assess your results

How did it go? Do you need to make some adjustments? Do you want to address another statement from the list above and try another tool?

Or, you may want to take this to the next step by going to the [Overview](#)  and learning about health literacy universal precautions and this toolkit.



## The Teach Back Method

### Overview

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Studies have shown that 40-80% of the medical information patients receive is forgotten immediately<sup>1</sup> and nearly half of the information retained is incorrect.<sup>2</sup> One of the easiest ways to close the gap of communication between clinician and patient is to employ the “teach back” method, also known as the “show-me” method or “closing the loop.”<sup>3</sup> **Teach back is a way to confirm that you have explained to the patient what they need to know in a manner that the patient understands.** Patient understanding is confirmed when they explain it back to you. It can also help the clinic staff members identify explanations and communication strategies that are most commonly understood by patients.

### Purpose


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To provide your practice with examples and helpful advice on performing the teach back method.

### Action

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#### 1. Learn the teach back method

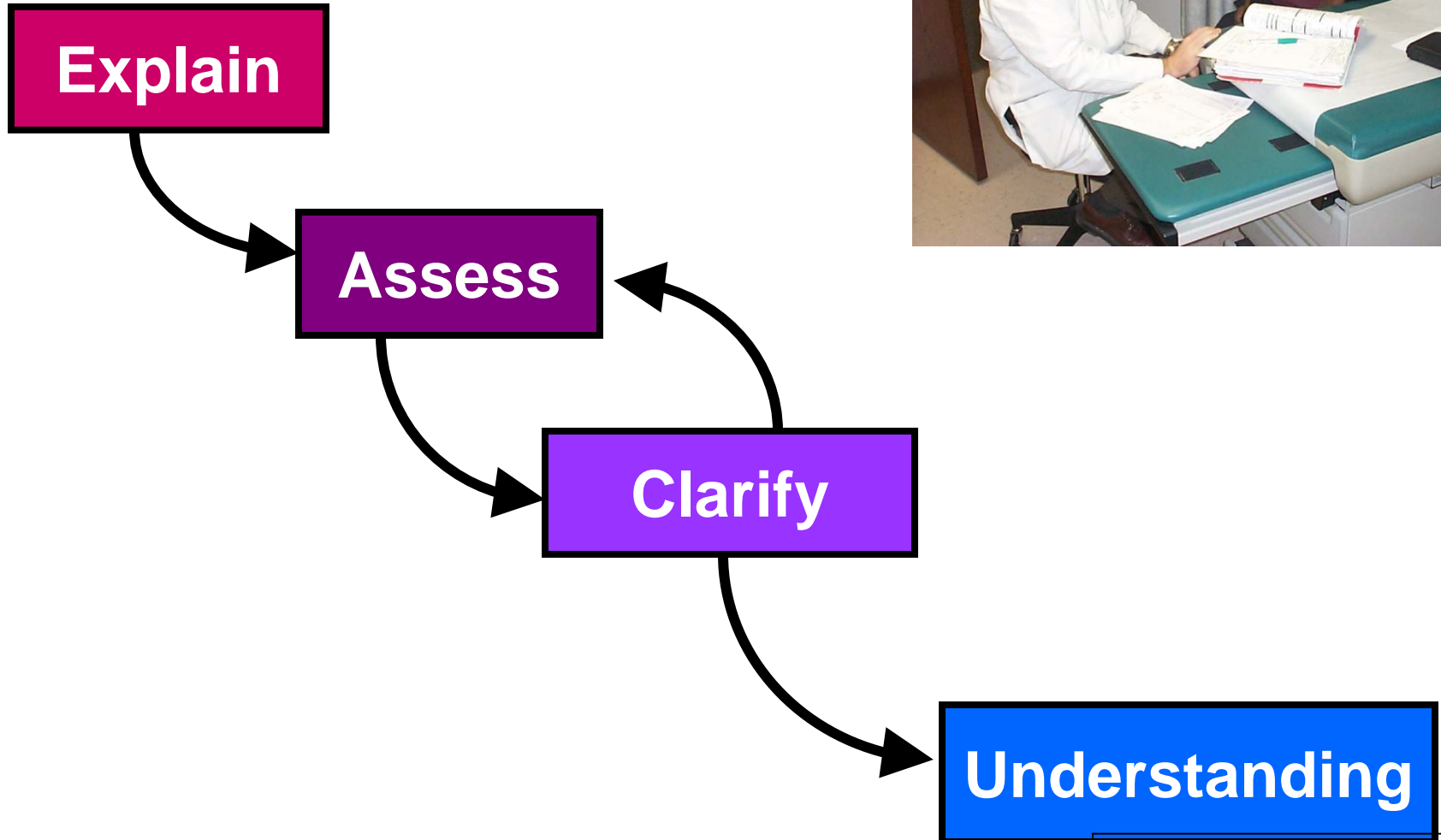
- [Teach Back Video](#) : View a 5 minute video which gives 2 examples of using teach back with medication changes.

#### Testimonial

“I decided to do teach back on 5 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 mother just looked at me without a reply. She could not tell me what instructions I had just given her. I explained the instructions again and then she was able to teach them back to me. The most amazing thing about this “ah ha” moment was that I had no idea she did not understand until I asked her to teach it back to me. I was so wrapped up in delivering the message that I did not realize that it wasn’t being received.”

*-Resident Physician, pediatric office*

# Teach-back



# Action for Teach Back

- Learn how it works
  - Watch a video ([www.nchealthliteracy.org](http://www.nchealthliteracy.org))
- Try it in practice
  - Plan—when will you try it
  - Reflect and try again
  - Keep track of what you learn
- Spread to all members of the practice and all appropriate situations with patients

# Keep Track of What you Learn

## Teach-Back Self-Evaluation and Tracking Log

Name: \_\_\_\_\_ Start/end date: \_\_\_\_/\_\_\_\_/\_\_\_\_

| Patient ID | # Items to do or remember   | Teach back used? |    | Results – Clarification needed? Patient perceptions?<br>Your assessment?   | What to do differently next time  |
|------------|---|------------------|----|--|---|
|            |   | Yes              | No |  |   |
|            | 1. Increase evening insulin dose to 26 units<br>2. Start Enalapril 5 mg, take 1 pill every morning. | X                |    | I asked the patient to tell me his medication changes. He understood the addition of Enalapril and the dose, but he forgot how much I asked him to increase his insulin dose by. I clarified and he actually expressed his appreciation for my confirmation. | If I find that many patients can't recall their medication changes, I may use a form to write them down for all patients. |
|            |   |                  |    |  |   |

# Small Tests of Change Can Help

- **I plan to:** use Teach Back on 1-2 patients
- **I hope this produces:** more data on tools usefulness, more info on time added versus benefits
- **What did you observe?**  
with a Coumadin patient identified that she was not taking it correctly. After repeating instructions, Teach Back was successful.
- **What did you learn? Did you meet your measurement goal?** Patient was appreciative, accepting.. Added 1 minute of time.
- **What did you conclude from this cycle?**  
Was useful  
Benefits outweighed time added

Actual small test from participant in learning collaborative

Who is using teach-back and how often?

# Brown Bag Medication Review



# Brown Bag Medication Review

- Verify what the patient is taking
- Identify and/or avoid medication errors and drug interactions
- Assist the patient to take medications correctly
- Answer the patient's questions



# Why is it Important?

- **Our testing found :**
  - “Out of 10 reviews, only 2 were accurate”
  - “Out of 5 reviews, 3 had duplicate medicine bottles resulting in double dosing and one was taking discontinued medicines”
  - “We found errors in every review, one where a patient stopped his medicines, another where a patient was taking a supplement the provider did not know about, and others where the medicines did not match the chart”

# Brown Bag Medication Review

- Success to Brown Bag Review
  1. Patient is asked to bring in their medicines. Set expectations.

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  1. Patient is asked to bring in their medicines. Set expectations.
  2. Patient brings medicines to appointment.
  3. Provider/staff reviews the medicines with the patient. Reinforce adherence.

# Biggest Barriers

1. Getting patients to bring in their medicines

# Biggest Barriers

1. Getting patients to bring in their medicines
2. Practices would set up a system but would not stick with it, or modify it if it was not working

# Practice in PA

- Found full medication review took 10 minutes
- Realized there are different levels of review
  - Level 1: “what are you taking”
  - Level 2: “how are you taking it”
  - Level 3: “why are you taking it”
- One reason full review takes a long time is that things are not up to date
- Patients are on a lot of medication
- Consider easing into it with specific situations

# Another Practice in PA

- Used to have all patients bringing medications to appt, but fell off the wagon
- When assessed for collaborative, 43% brought medicines
- Recalled that success last time was getting the providers involved in the process and talking to patients
- 6 weeks later had 62% bring in medicines
- 30% of those required updates or corrections



# Link Patients to Non-Medical Support

- Link to community resources
  - Food, transportation, youth mentoring, aging/caregiver services, employment assistance
- Think creatively with staff to offer patients resources
  - Cultivate relationships with community members
  - Local MD helps to establish wellness center

# State of North Carolina

## DEPARTMENT OF THE SECRETARY OF STATE

REPOSING SPECIAL TRUST AND CONFIDENCE IN YOUR INTEGRITY AND KNOWLEDGE, I DO BY THESE PRESENTS APPOINT

ROBERT M MALONE II

### A NOTARY PUBLIC

IN AND FOR THE COUNTY OF WAKE AND STATE OF NORTH CAROLINA  
FOR FIVE YEARS BEGINNING DECEMBER 2, 2005 AND EXPIRING  
AT MIDNIGHT ON DECEMBER 1, 2010, AND

I DO HEREBY CONFER UPON YOU ALL THE RIGHTS, PRIVILEGES, AND POWERS USEFUL AND NECESSARY TO THE JUST AND PROPER DISCHARGE OF THE DUTIES OF YOUR APPOINTMENT.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED MY  
OFFICIAL SEAL. DONE IN OFFICE AT RALEIGH ON DECEMBER 19, 2005



*Elaine F. Marshall*

ELAINE F. MARSHALL  
SECRETARY OF STATE

# You Can't make a REAL Patient Centered Medical Home without Health Literacy

- Culturally and linguistically appropriate services
- Training care teams to coordinate care, provide support in self-management, and in communication skills
- Treatment goals reviewed and updated
- Follow up with no-shows
- Assess patient/family understanding of medications
- Assesses barriers to adherence
- Develops and documents self-management plans
- Maintain resource list
- Offers health education and peer support
- Obtains feedback on patient experience
- Sets goals that address disparities in care

# Summary

- Key drivers for health literacy universal precautions
  - Improve written health information
  - Improve spoken communication
  - Improve self-management and empowerment
  - Improve supportive systems
- Implementing changes in a practice requires a lot of effort and an implementation strategy
- We need to remember that health literacy affects several facets of high quality health care