Innovations, Evidence, and Implementation of Current Health Literacy Tools

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Objectives

• **Learning Objectives:**

1. Understand the impact of health literacy on adherence, outcomes, satisfaction and patient/clinician rapport.

2. Develop awareness of new evidence based methods used to build patient rapport and therapeutic alliance.

3. Apply AHRQ Health Literacy Universal precautions tool kit 2.0 to physical therapy.

4. Develop skills in teaching to improve health literacy when considering individualized care needs for patients/clients.
5 Steps to Better Health Literacy

- Speak slowly
- Teach back
- Encourage questions
- Plain language
- Show examples

Health literacy

Patient engagement

College of Sciences & Health Professions
Health Literacy Definition

Health literacy is ability to:

1. Obtain
2. Process
3. Understand

Basic health information and services needed to make appropriate decisions.

- The **ease** at which a health care provider can communicate with patients and clients.

  Ease is the method to determine if patients truly understand.
Literacy is Linked to Low Health Outcomes

- Health Promotion
- Disease Prevention
- Chronic Disease Management
Health Literacy in America: Results from the NAAL

Proficient: Define medical term from complex document, Calculate share of employee’s health insurance costs

Intermediate: Determine healthy weight from BMI chart, Interpret prescription and over-the-counter drug labels

Basic: Understand simple patient education handout

Below Basic: Circle date on appointment slip, Understand simple pamphlet about pre-test instructions

Kutner et al 2006
What is the Cost of Health Literacy?

• When compared to those with adequate health literacy, emergency room costs significantly higher.

• Low Health Literacy Skills Increase Annual Health Care Expenditures by $73 Billion
  http://www.agingsoceity.org/agingsoceity/publications/fact/fact_low.html

• Longer hospital Stays and Readmissions
  http://www.chcs.org/media/CHCS_Health_Literacy_Fact_Sheets_2013.pdf

• Only 25% or Physical Therapists screen for health literacy
Health Literacy Framework

Intervention Points

IOM 2004

Health System

Culture and Society

Education System

Health Literacy

Health Outcome & Costs

College of Sciences & Health Professions
The Cycle Of Crisis Care: A Patient’s Experience.

Medical Experience

- Sick patient seeks medical help
  - Patient is discharged, and no one follows up with patient
  - Hospital staff give patient a new treatment plan, referrals, and prescriptions; staff do not confirm patient’s understanding
  - Patient’s condition gets worse, and patient goes to the emergency department
  - Patient takes medicines incorrectly and does not follow up on appointments
  - No one follows up with patient
  - Staff send patient home with a complicated set of written instructions

Physical Therapy Experience

- Patient seeks out PT eval and treatment
  - Pt is not compliant because they do not understand
  - Staff at PT office asks the patient to fill out complex forms
  - PT explains the patient condition using some complex terms

Koh H K et al. Health Aff 2012;31:434-443
Triple Aim

www.ihi.org
What are some traditional methods used to determine health literacy?
1. Explain Things Clearly in Plain Language

- Slow down the pace of your speech
- Use plain, non-medical language
  - “Blood pressure pill” instead of “antihypertensive”
  - Pay attention to patient’s own terms and use them back
- Avoid vague terms
  - “Take 1 hour before you eat breakfast” instead of “Take on an empty stomach”
What is Plain Language?

- Organizing information so that the most important points come first
- Breaking complex information into understandable chunks
- Using simple language and defining technical terms
- Using the active actionable language

http://www.malt.cmich.edu/healthlit.htm
Recommended Strategies to Improve Communication

1. Clear actionable plain language
2. Focus on key messages and repeat
3. Use a “teach back” or “show me” technique to check understanding
4. Effectively solicit questions
5. Use patient-friendly educational materials to enhance interaction

Difficult Words

**Difficult**
- Ambulate
- Atrophy
- Adherence
- Bradycardia
- Glucose
- Evaluate
- Flexion
- Intervention
- Respiratory

**Simpler**
Written Materials

1. 5th to 6th grade level
2. Write the way you talk in active voice
3. Short sentences
4. Give examples
5. Include interactive question
6. Use 12 point font or higher
7. Use same type font throughout material
8. Black letters on white background
9. Major points in bold
10. Divide text with headings and sub headings
11. Pictures and drawings for illustrations
12. DON’T USE ALL CAPITAL LETTERS
Develop Materials: Improving readability in health care.

- Accurate, Accessible, Actionable
- [http://www.u-write.com/](http://www.u-write.com/)
• Your naicisyhp has dednemmocer that you have a ypocsonoloc. Ypocsonoloc is a test for noloc recnac. It sevlovni gnitresni a elbixelf gniweiv epocs into your mutcer. You must drink a laiceps diuqil the thgin erofeb the noitanimaxe to naelc out your noloc.

Say What ???
Exercise Handout Improvements

- Watch abbreviations
- Watch Terminology
- Too much writing
- Unsure about order of exercise
  - Hamstring stretch may want to bend other knee to protect back
- Passive ROM and Knee flexion common words
- Too many pictures – Patients may do exercise with X on it
- Size of font could be larger
- May need 2 pictures for start and end position
- Draw an arrow to the knee and tell what knee is to be doing
Exercises learned only from a brochure without being monitored by a physical therapist were done properly by only about half of the patients and appeared to result in fewer improvements in impairments.
Examples of Interaction Methods for Written Materials

- Write a short question and leave a blank line for patient to answer
- Pose a problem and ask how it can be solved
- ?
You should not cross your legs because your hip may dislocate and you will need another surgery.

To not dislocate your hip and need surgery, do not cross your legs.
What resources to recommend for online content?

Other PT Resources?
Education Material Resources

- **CDC's Clear Communication Index** assesses the clarity and ease of use of written materials, particularly those with behavioral recommendations or those that communicate information about risk.
  - Great examples to follow
- Literacy Partners of Manitoba's **Clear Doc Index** assesses writing style and formatting.
  - Quick review of points to remember
- **The Suitability Assessment of Materials (SAM)** assesses the suitability of health information materials, including how well materials stimulate learning and how culturally appropriate they are.
  - Comprehensive review of educational materials
SAM – Review Health Materials
Doak et al

1. Content –
   1. purpose
   2. scope

2. Literacy Demand
   1. Reading grade level
   2. Sentence construction

3. Graphics –
   1. Type of illustration
   2. Relevance of graphics

4. Layout & Topography
   1. Subheadings used

5. Learning Situation
   1. Interactions included
   2. Behaviors modeled

6. Cultural Appropriateness
   1. Match of culture
   2. Culture images

• Superior 2 points
• Adequate 1 point
• Not Suitable 0 – Should be revised
• Calculate % based on score and number of factors
Evaluate Exercise Handout

- Bigger font
- Less wording
- Better pictures
- Less things to do
- Better verbiage
- More interactive handout
- Personalizing – Name the exercise, Name of patient-
  Picture of hero on handout
Implications for PT

• Prevention
  – Lower literacy levels lower use of preventive services

• Activities of Daily Living
  – Lower health literacy levels = increased difficulties with IADL and ADL

• Disease Management
  – Lower health literacy = difficulty managing chronic conditions

• Lower literacy = Less likely to respond to health education
LETS PRACTICE............

• LAB Instructions..........

• ( this is where we put in the instructions for group work)
AHRQ Health Literacy Tool Kit 2.0

• 21 Tools are organized around
  – Spoken communication
  – Written communication
  – Self management
  – Supportive Systems

• Enhanced assessment and quality planning tools
• New resources for written materials
• Tools linked to NCQA, Joint Commission and PCMH standards
• Downloads of tools in posters
• **Universal Precautions** - Everyone has a gap

• **Focus on** "Need to Know" & "Need to Do"
  – Need when leave clinic (exercise)
  – Need at check out (forms, appointments)
  – Need when they get home (self-care)

• **Lesson Learned from Patients** - "Ask me 3"
  – Tell me what’s wrong (briefly)
  – What do I need to do & why
  – Emphasize **benefits** (for me)
Innovations 2.0: Track Progress with Outcomes

Health Literacy Universal Precautions Tool Kit 2.0

• Staff asks if patient questions answered and keeps a record of number.
• Help patients remember exercise with action plan and document plan in chart – check charts
  – "Do you have a way of remembering exercises?"
  – Home Documentation record
• Health Literacy Patient Survey – Patient Assess Communication
Health Literacy Friendly Exercise Prescription

Medical

How do we translate this into physical therapy practice???

Medical Care, 2014
Tech: Apple's Big iPhone Health Push Has Begun in Earnest – Fortune 4/16

- CareKit is a set of modules that app developers can integrate into their products—one for tracking medication and physical therapy, one for recording symptoms, one for using that information about symptoms to see how well treatments are working, and one for sharing medical data with doctors and family members.
Health Literacy

UNIVERSAL PRECAUTIONS
Ask Me 3*

- Created by the Partnership for Clear Health Communication (National Patient Safety Foundation)
- Three essential questions for patients:
  - What is my main problem?
  - What do I need to do?
  - Why is it important for me to do this?

*National Patient Safety Foundation
http://www.npsf.org/askme3/
Teach Back

• Tell me what you have understood.
• I want to make sure that I have explained what I would like you to do for your Physical Therapy Plan clearly.
• Can you tell me how you are going to do your exercises or plan at home?
• Can you show me how you are going to do your exercises?

• Adapted from Health Literacy Universal Precautions Toolkit
• AHRQ Publication No. 10-0046-EF
Recommended Strategies to Improve Communication

1. Explain things clearly in **plain language**
2. Focus on **key messages**, speak slowly & **repeat**
3. Use a “**teach back**” or “**show me**” technique to check understanding
4. Effectively solicit **questions**
5. Use patient-friendly **example** materials to enhance interaction

How does patient satisfaction fit with health literacy?
What contributes to Patient Satisfaction?

- What does the literature tell us?
Patient Satisfaction Dimensions

Goldstein et al (2000)

• 1. Access
• 2. Administrative Technical Management
• 3. Clinical Technical Management
• 4. Interpersonal Management:
• 5. Continuity of Care
MedRisk Satisfaction Tool
Beattie et al 2005

Survey

1. The office receptionist is courteous
2. The registration process is appropriate
3. The waiting area is comfortable
4. My therapist does not spend enough time with me
5. My therapist explains my treatment
6. My therapist treats me respectfully
7. My therapist does not listen to my concerns
8. My therapist answers all my questions
9. My therapist advises me on ways to avoid future problems
10. My therapist gives detailed instructions regarding my home

Findings

• Professional interactions especially meaningful exchange of relevant information critical to satisfaction
Health Literacy and Adherence in Older Adults

Milidonis, Keehan, Talbott-Welch 2016

Barriers

• Adherence ranges from 40 to 90% Rhodes & Fiala, 2009

• **Failure to link exercise with health condition**

• Lack of time/motivation

• Change in health status Forkan et al., 2006

• Depression/Fatigue/Quality of life Flegal et al., 2007

Facilitators

• **Health beliefs/learning style and barriers** Ennis 2012

• Positive feedback/collaborated barriers/planning activity Rhodes & Fiala, 2009

• **High exercise self efficacy/stage of change** Courneya et al., 2003
How do we bridge the Health Literacy Gap?

• Assume patients just don’t understand our interventions unless proven otherwise. Brega et al., 2015

• Be curious- understand patient perspective, knowledge, and learning style Billek-Sawhney, Reicherter, Yatta, & Duranko, 2012

• Set the stage - belief plan is achievable
References


References


Questions??

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