Health Literacy: A Key to Patient-Centered Communication

June 23, 2015
We Want To Hear From You!

Type questions into the **Questions Panel** at any time during this presentation.
Patient-Centered Primary Care Institute

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TA Network
Oregon’s PCPCH Model is defined by six core attributes, each with specific standards and measures

- **Access to Care**  “Health care team, be there when we need you”
- **Accountability**  “Take responsibility for making sure we receive the best possible health care”
- **Comprehensive Whole Person Care**  “Provide or help us get the health care, information and services we need”
- **Continuity**  “Be our partner over time in caring for us”
- **Coordination and Integration**  “Help us navigate the health care system to get the care we need in a safe and timely way”
- **Person and Family Centered Care**  “Recognize that we are the most important part of the care team - and that we are ultimately responsible for our overall health and wellness”

Learn more: [http://primarycarehome.oregon.gov](http://primarycarehome.oregon.gov)
Introduce Presenter

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Training and Development Manager
Oregon Primary Care Association
Learning Objectives

• Understand the impact of Health Literacy on successful communication and health outcomes

• Consider ways to assess Health Literacy within your organization and during individual client interactions

• Learn about the tools and techniques you can use to have successful communication
PCPCH Standards Addressed

• Comprehensive Whole Person Care  “Provide or help us get the health care, information and services we need”

• Person and Family Centered Care  “Recognize that we are the most important part of the care team - and that we are ultimately responsible for our overall health and wellness”
Webinar Agenda

• Time to reflect
• What is health literacy?
• How literate are your patients?
• Communicating well
• Questions
• Resource List
“The Curse of Knowledge”

“Once we know something, we find it hard to imagine what it was like to not know it.”

**Definition of Health Literacy**

**Health literacy** is the degree to which individuals have the capacity to obtain, process, and understand basic **health** information and services needed to make appropriate **health** decisions.

Simply stated, health literacy is the ability to:

- Find what I need
- Understand what I find
- Use what I find to meet my health needs
My Teachers

• Laurie Francis – OPCA, on IOM Committees that address Health Literacy

• Cassie Burns – Community Health Partners (CHP) in Montana - amazing website and excellent training

• Legacy Health – Excellent annual conference and organization wide efforts
Impacts

According to a national survey, over one-third of the adult population has limited health literacy, meaning that they have basic or below basic health literacy levels.

Limited health literacy is associated with medication errors, increased health care costs, and inadequate knowledge and care for chronic health conditions.

Health Literacy Universal Precautions Toolkit AHRQ Pub. No. 10-0046-EF
Published in April, 2010
The Minnesota Health Literacy Partnership states, half of all American adults (90 million) experience difficulty understanding and using health information. Statistics quoted on their website:

- Low health literacy increase US health costs by $50 to $73 billion each year.

- In patient spending for someone with low health literacy was $993 higher than for patients with adequate reading skills.

- Those with low health literacy incur average health care costs of $13,000 compared to $3,000 for those with higher literacy levels.
Personal Impacts

Think of a time you saw a health professional and did not fully understand what they told you.

How did you feel after the visit?

Did you successfully do all the things you were told to do in that visit?
Assessing your organization

Questions to ask yourself:

• Do we have a systematic way to assess the written materials we provide to clients?

• Have our staff been introduced to this concept and how to address it?

• Do our staff feel equipped to communicate with a client who has low health literacy?
Polling Question #1

Does your organization have a systematic way to assess the written materials you provide to clients?

Yes
No
Not sure
Polling Question #2

Have you been introduced to this concept and how to address it?

Yes
No
Unsure
Polling Question #3

Do you feel equipped to communicate with a client who has low health literacy?

Yes

No

Somewhat
Practices should assume that all patients and caregivers may have difficulty comprehending health information and should communicate in ways that anyone can understand.
Assessing HL in your patients

• The Newest Vital Sign
• Observations and questions
• Input from other staff and family
• Is your patient asking questions?

Rule of Thumb – treat everyone the same. Apply your precautions to everyone you treat.
Tools and Techniques

To use with staff to create awareness
• Training Exercises
• Videos

To use with patients to ensure communication
• 5 Steps to better health literacy
• Teach back – prompts
• Universal Medication Schedules (UMS)
• REALM-R Test for medication Adherence
Training and Tools For Staff

Training Exercises & Videos
Community Health Partners
http://www.embed.chphealthmt.org/index.php/health-literacy

Newest Vital Sign – use it with your staff
Legacy 5 STEPS to better health literacy

- Speak slowly
- Teach back
  - Encourage questions
  - Plain language
  - Show examples
Legacy Teach-Back Prompts

• I want to be sure that I explained your medications correctly. **How** are you going to take your medications when you get home?

• We Covered a lot today. **What** are some things you can do that will help control your diabetes?

• **Show** me how you are going to change your dressing when you get home?

• I shared a lot of information today. **Tell** me how you are going to explain what you have learned to your spouse?
# Universal Medication Schedule (UMS)

<table>
<thead>
<tr>
<th>Take</th>
<th>Medication Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take</td>
<td>1 pill in the morning (bedtime)</td>
</tr>
<tr>
<td>Take</td>
<td>1 pill in the morning, 1 pill in the evening</td>
</tr>
<tr>
<td>Take</td>
<td>1 pill in the morning, 1 pill at noon, 1 pill in the evening</td>
</tr>
<tr>
<td>Take</td>
<td>1 pill in the morning, 1 pill at noon, 1 pill in the evening, 1 pill at bedtime</td>
</tr>
</tbody>
</table>

- **Morning:** 6-8 am
- **Noon:** 11-1 pm
- **Evening:** 4-6 pm
- **Bedtime:** 9-11 pm
Figure Legend:

Case examples of older adults' dosing of a 7-drug regimen. UMS indicates universal medication schedule.
What Next?

When you log off of this webinar will you do anything differently?
What Questions Do You Have?

Type questions into the **Questions Pane** at any time during this presentation.
Resources & Thanks!

Resources referenced in this presentation:

- http://healthliteracymn.org/
- http://www.embed.chphealthmt.org/index.php/health-literacy
- http://www.adultmeducation.com/AssessmentTools_1.html

Additional resources:


Thanks!

Please complete post-webinar survey