



# Taking on the 800 Pound Gorilla: The Case For Health Literacy

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# Disclaimer

~~DISCLOSURE~~

# Thanks to:

The National Academy of Science,  
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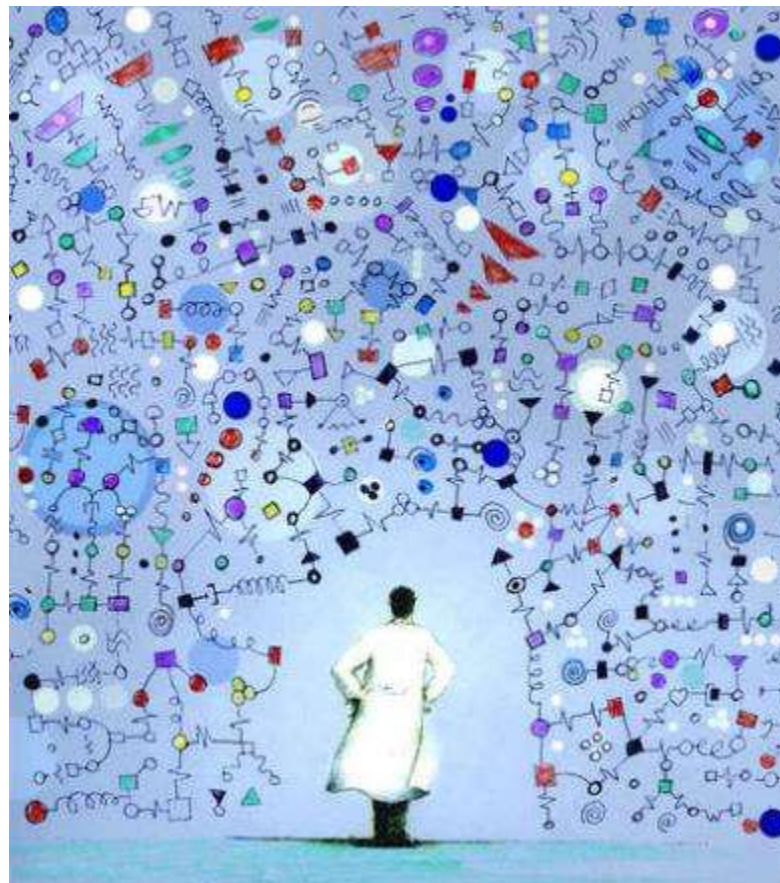
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Karen Edison, MD.

Be careful about reading health books. You may die of a misprint.

*Mark Twain*

*www.thequotes.in*

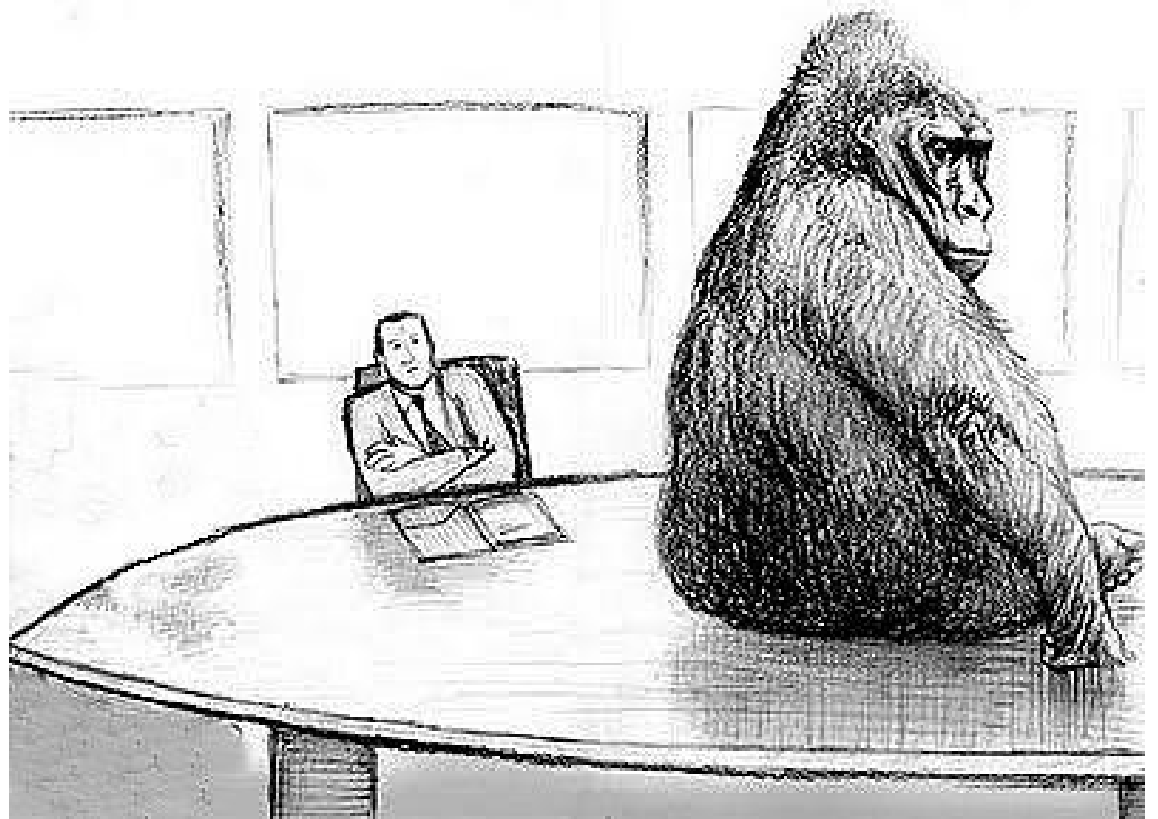
# Health Literacy



**Patient/Caregiver Skills**

**Complex System Demands**

Most  
patients  
don't know  
how to  
engage in  
their health



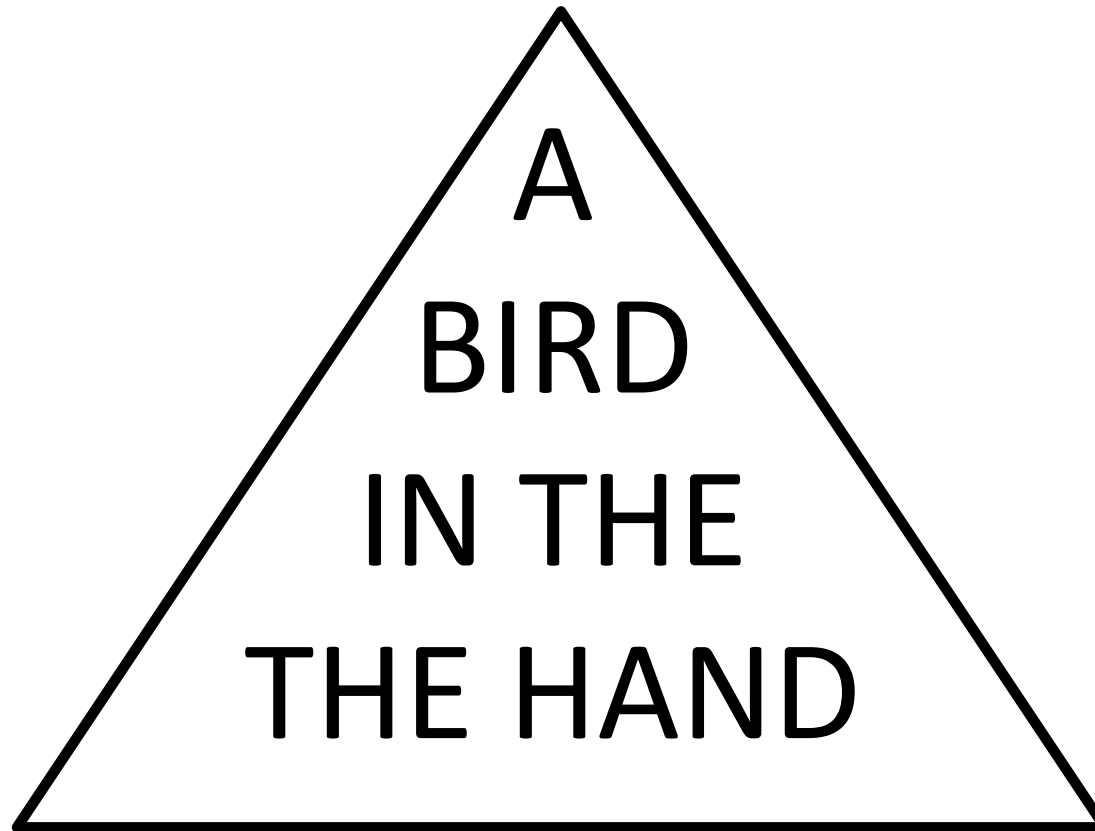




# **“Health Care is Too Hard to Use and It’s Not Your Fault”**

<http://www.coloradohealth.org/yellow.aspx?id=6604>

# The Curse of Knowledge





# Inattentional Blindness

The failure to notice a fully-visible, but unexpected **object** because attention was engaged on another task, event, or object



# Inattention Blindness

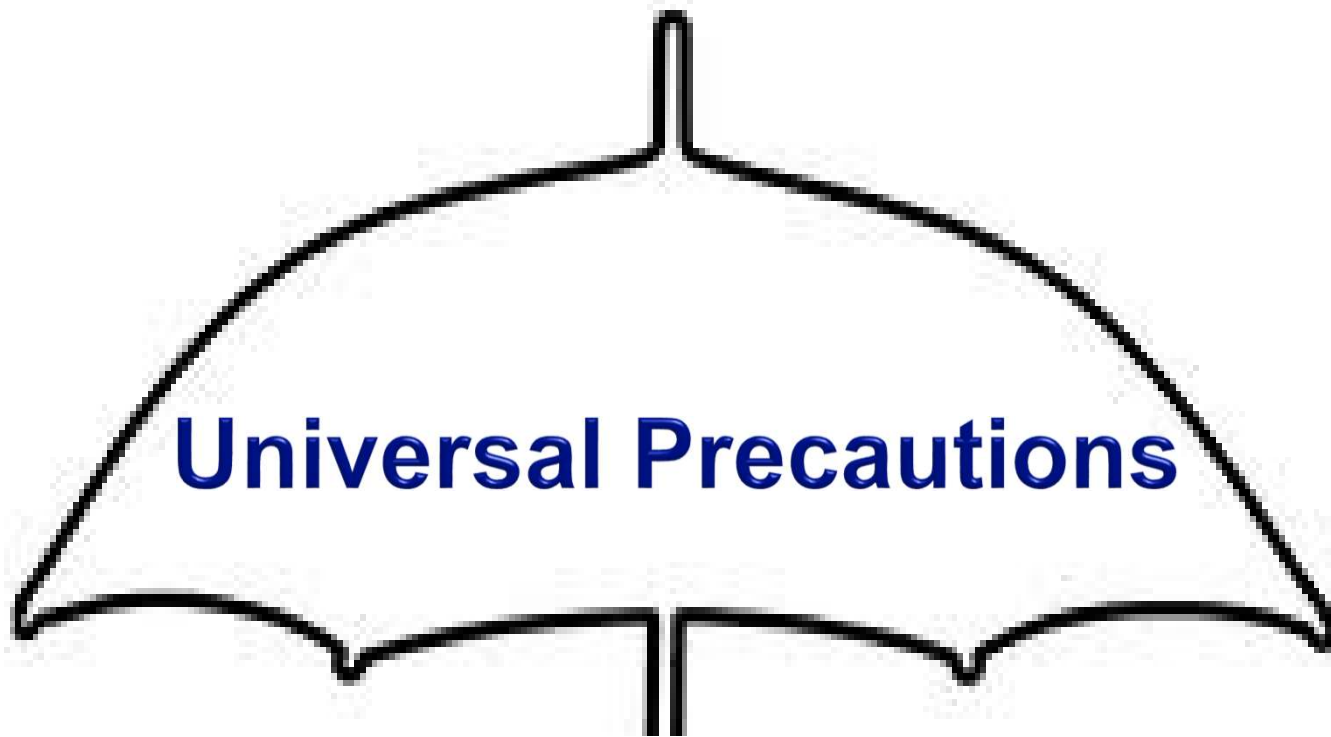




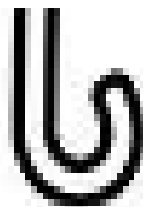
“If you can’t explain it to a six year old,  
you don’t understand it yourself.”

---- Mark Twain





A communication strategy which assumes that all health care encounters are at risk for communication errors, and aims to minimize risk for everyone



# Remove the Blinders





PROCEEDINGS OF A WORKSHOP

# Building the Case for Health Literacy

*The National Academies of*  
SCIENCES · ENGINEERING · MEDICINE







# Challenges to the Case for Health Literacy:

1. Existing reimbursement incentives.



2. Lack of transparency in price and quality.

# Health Literacy and the Bottom Line



# Cost Savings

- About 18% of those who received an automated phone call to remind them to have a cancer screening, were screened. **This led to an increase of close to \$684,930 in income in just 2 months.**
- Massachusetts General Hospital hired a Community Resource Specialist (CRS). This move cut ER visits by 13%. At the same time, they increased annual net savings by 7%. **For each \$1 spent on the CRS, Mass General saved \$2.65.**
- The “What to Do When Your Child Gets Sick” book gave parents the knowledge to know what to do to deal with their child’s health care at home. This is instead of taking their child to urgent care. **An average of close to \$1.50 in health care costs for each \$1 spent was saved.**

# The Behavioral Case

- The “What to Do When Your Child Gets Sick” books to were given to new moms who would soon give birth to a child. **This led to less ER use.**
- An interactive phone call was made to patients who had heart failure. In the first two weeks, **patients who called in to tell their daily weight went from 28% to 36%.**
- An adult education class added health literacy into the course. **Teaching real life skills.**

# The Case for Health Outcomes

- A patient navigator program for individuals with heart failure resulted in a **15.8% decrease in unplanned readmission.**
- Videos and multimedia programs → **video education program were more likely** to have controlled blood pressure regardless of blood control status.
- Online interactive media with automated phone calls resulted in a 15-day delay in readmission for chronic obstructive pulmonary disease (COPD) → **69% reduction in readmission length of stay.**



# Quality Improvement

- Health literacy plays a role to help patients take their **medicine like they should.**
- Simple health literacy universal precautions, such as listing specific times to take doses, using milligram as the standard unit for liquid medication, and using oral syringes over cups for small doses **make a difference.**
- The Veterans Administration developed and adopted a patient-centered medication label format in an attempt to **improve the quality of care** for its over 9 million veterans.



# Example – Medication Adherence

30 to 50% of Meds are not taken correctly if at all. This accounts for:

- 10% of hospitalizations
- 26% of avoidable readmissions
- Up to 125,000 deaths a year
- 72% of post-discharge adverse events

**\$290 Billion a Year**



# Patient-Centered Medication Labels

- Goal 20% to 25% adoption.
- 18.2% 26 systems with 144 pharmacies
- Sig task force and pilot
- Implementation guide and consulting
- Strong private/public partnership
  - Pharmacy Society of Wisconsin
  - Medical College of Wisconsin
  - UW Health
  - Epic
  - U.S. Pharmacopeia

# Care Experience

- Hospitals employing commercially developed and implemented video programs → **100% of hospitals had a higher aggregate HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Top Box percentage** scores.
- Satisfaction can be further enhanced by coupling these with **telephone-based education and support services.**
- **Solutions do not have to be extensive or expensive**
  - rewording MRI reports
  - standardizing emergency room instructions
  - employing audio-recorded messages
  - encouraging patients to bring a family member or other “helper”

# Because It Is the Right Thing to Do...



# Health Equity

Health literacy perspective → health equity means that everyone has equal access to health information that they can act upon.

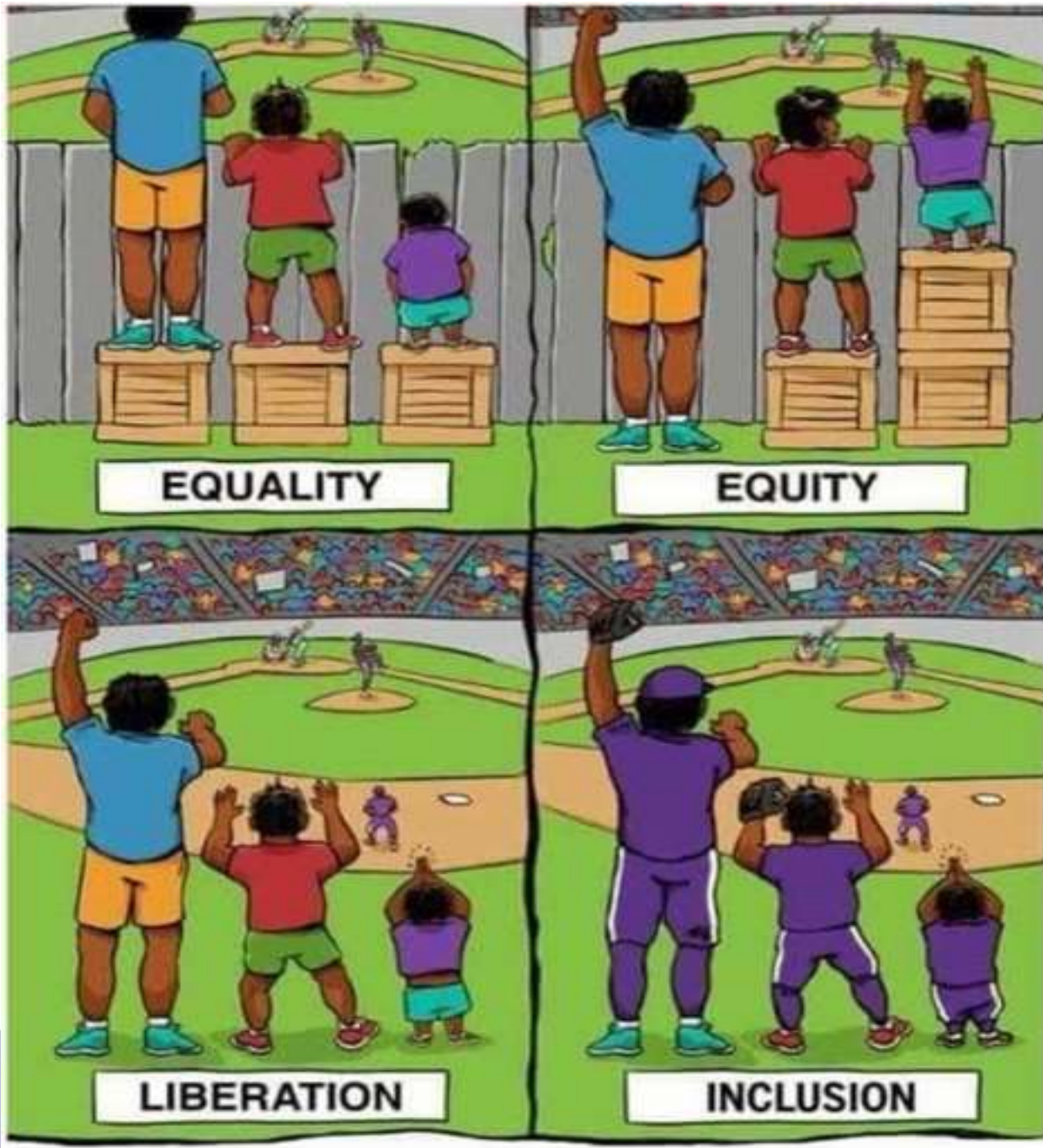
- Why?
  - Lack of trust with health care systems,
  - Even with access, information may meet the needs of some but not all.
  - Patient portals are leaving these folks behind.

# Health Equity

## 2016 CMS Quality Strategy to achieve health equity

- Goal 1 - “Improve safety and reduce unnecessary and inappropriate care by teaching health care professionals how to better communicate with people of low health literacy and more effectively link health care decisions to person-centered goals.”
- Goal 3 - “Enable effective health care system navigation by empowering persons and families through educational and outreach strategies that are culturally, linguistically, and health literacy-appropriate.”









# CMS Regulatory Case

- Conditions of Participation for Home Health Agencies and Guidance Operations for LTC Facilities requires information to be provided in ways the patient can understand
- In 2020 over half of all Medicare reimbursement will be value-based through MACRA (Medicare Access and CHIP Reauthorization Act)
  - MIPS (Merit-based Incentive Payment System)
  - APMs (Alternative Payment Models)
- State Medicaid programs are increasingly using health home, medical homes, and other value-based alternative payment models to incentivize effective quality care.



# Attributes of a Health Literate Organization

1. Has leadership that makes health literacy integral to its mission, structure, and operations.
  - Leadership establishes the culture of the organization through its language, expectations and the behavior.
    - Resources are allocate to HL issues
    - Money
    - Staff time

# Attributes of a Health Literate Organization

2. Integrates health literacy into planning, evaluation measures, patient safety, and quality improvement.
3. Prepares the workforce to be health literate and monitors progress
  - **Everyone** needs health literacy training
  - Evaluate health literacy skills of staff on an on-going basis

# Attributes of a Health Literate Organization

4. Includes populations served in the design, implementation, and evaluation of health information and services.
5. Meets the needs of populations with a range of health literacy skills while avoiding stigmatization.



# Attributes of a Health Literate Organization

6. Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact
  - Plain language
  - Teach back
  - Invite questions
7. Provides easy access to health information and services and navigation assistance.

# Attributes of a Health Literate Organization

8. Designs and distributes print, audio/visual materials, and social media content that is easy to understand and act on.
  - Evaluate materials
  - Find well written materials or revise existing materials

# Attributes of a Health Literate Organization

9. Addresses health literacy in high risk situations, including care transitions and communications about medicines

- Transfer to another floor of hospital
  - Hospital discharge
  - Transfer to long term care
  - Check understanding about new medications

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



# Strengthening the Case – Filling in the Gaps



## Recommended Areas for Future Research

1. To assess impact on quality and savings from long-term outcomes and behavior change → **longitudinal studies of broad-based health literacy activities.**
2. To change health behaviors and health outcomes → **public health literacy provides an upstream “pay off”.**
3. To ensure that information and communication technologies (ICTs) translate into better health outcomes → **examine eHealth literacy interventions and health outcomes.**



## Recommended Areas for Future Research

4. To understand the direct relationship between health literacy and medical errors → **examine the causal link between health literacy and adverse events.**
5. To examine the link between health literate organization and provider-patient communication → **evidence on the direct relationship between health literacy and provider satisfaction.**
6. To achieve health equity → **focus on the impact of the health care power dynamic on health equity and opportunities for people to achieve a healthy life.**



**ECONOMICS IS ALL ABOUT HOW PEOPLE  
MAKE CHOICES. SOCIOLOGY IS ALL ABOUT  
WHY THEY DON'T HAVE ANY CHOICES TO  
MAKE.**

**- JAMES DUESENBERY -**

# Patient-Centered Quadruple Aim

Quadruple Aim



Patient-Centered Quadruple Aim





# Thank You!

## What questions do you have?

For more information please contact:

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