Building Health Literate Organizations: A Guidebook to Achieving Organizational Change

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15th Annual IHA Health Literacy Conference
Anaheim, CA  |  May 6, 2016
Objectives

- Discuss the 10 attributes of a health literate health care organization

- Describe and use the *Building Health Literate Organizations* Guidebook

- Guide a team to become a more health literate health care organization
Questions

- Formally working in health literacy?

- *Building Health Literate Organizations: A Guidebook to Achieving Organizational Change*
  - Familiar?
  - Using?

- Confidence in advancing your organization as a health literate organization?
Health Literacy

“...the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”

Institute of Medicine, 2004
Health Literacy

...the product of individuals’ capacities and the health literacy-related demands and complexities of the health care system.


Addressing health literacy includes improving the skills of the system in communicating with individuals as patients, family members, employees, staff, and communities.
10 Attributes of Health Literate Health Care Organizations

- Leadership that makes health literacy a priority.
- Integrate health literacy into planning, evaluation, safety, and quality efforts.
- Create a shame-free care environment to meet the needs of patients with a range of health literacy skills.
- Ensure easy access to health information and services and navigation support.
- Communicate health insurance and health care cost information clearly.

Brach, et al, 2012
10 Attributes of Health Literate Health Care Organizations

- Include consumers in design, implementation, and evaluation efforts.
- Prepare the workforce to be health literate, and monitor progress.
- Use health literacy strategies in interpersonal communication to ensure and check patient understanding.
- Address health literacy at high-risk points (e.g., care transitions, medicines).
- Design and use print, audiovisual, social media content that is easy to read, understand, and act on.

Brach, et al., 2012
Health Literate Health Care Organizations

…“make it easier for people to navigate, understand, and use information and services to take care of their health.”

Chapter 1 – Introduction

3 Questions

1. Why do you need to address health literacy issues in this area?

2. What would success in this area look like?

3. How—what tools, resources, and actions will you use to reach target outcomes?
Ch. 1 – Introduction

6 Principles

• universal issue
• affects all aspects of care
• part of quality care
• involve health care consumers
• help employees who struggle with literacy
• make changes last
Ch. 1 – Introduction

- Start with any chapter.
  - not a step-by-step process
  - no correct starting point
- Each chapter:
  - relates to others, but can stand alone
  - necessary, but not sufficient, to bring improvement
- Start where you can build a pattern of success.
  - use improvement strategies
  - build to work in more than 1 area at a time
  - eventually work in all areas for sustainable results
- Form/work with a team.
Ch. 2 – Background

- Importance of health literacy
  - Associations with limited health literacy
  - Prevalence
  - Disparities
  - Ethical issues

- Transforming Health Care System
  - Quality Care & Patient Safety
  - Chronic Care & Self-Management
  - ACA-related initiatives
  - Patient Engagement & Patient-centered Care

- Accreditation, Guidelines, Recommendations
Quality - A Framework for Health Literacy

**Triple Aim**: optimizing health system performance by simultaneously pursuing 3 dimensions:

- Improving the patient experience of care (including quality & satisfaction)
- Improving the health of populations
- Reducing the per capita cost of health care
Today’s Session

• Discussion Groups
• Chapters 3 – 7
• All teach. All learn.

Chapters
1. Introduction
2. Background
3. Engaging Leadership
4. Preparing the Workforce
5. The Care Environment
6. Involving Populations Served
7. Verbal Communication
8. Reader-friendly Materials
9. Case Study

Discussion Groups & Questions - 10 minutes

3. **Leadership:** What do you want leaders to do for health literacy?

4. **Workforce:** Objections & How to handle them

5. **Care Environment:** Situations where non-clinical staff may need to pass along health communication concerns; What to do when you see a problem

6. **Involving Populations Served:** How to involve patients, families, & adult learners? What does success look like?

7. **Verbal Communication:** How do you embed & sustain improvements in plain language principles & teach-back?
Ch. 3 - Leadership

In a Health Literate Health Care Organization
Senior Leaders are Champions of Clear Communication

• What Senior Leaders Do
  • Take the status quo off the table
  • Remove barriers
  • Get your projects seen by others
  • Make sure you have the time & money you need
  • Help build will & support in your organization

Ch. 3 – Leadership - Discussion

• What do you want leaders to do for health literacy?
  - Identify health literacy & clear communication as vital to mission.
  - Use their bully pulpit to underscore relationship to quality & safety.
  - Carry importance to board members, other leaders, & all staff & departments.
  - Give time & resources.
  - Model plain language in their own speech & writing.

• What does this look like?
A Health Literate Health Care Organization Prepares Its Workforce

- Clear communication is everyone’s job.
  - Recognize signs a person/questioner needs help.
  - Give clear answers.
  - Assess own ability to answer, & recognize when to go to someone else.
  - Convey important questions to the right person for an answer.
  - Pass what you observe along the continuum of care.
  - Go the extra mile to help.
Ch. 4 – Preparing the Workforce
Traditional Methods

• Make it personal - connect to their experience or setting
• Power of stories – A-ha Moments lead to:
  - Communicating differently with patients & families
  - More willingness to try new approaches
  - Opening up to partnering with patients
  - Evolving into being health literacy champions
• Call to action – What can you DO by Tuesday?
  - Could you try using this plain language hand-out during discharge for one patient?
  - Would you be willing to try using teach-back with your last patient tomorrow?
  - Could you ask a family member for feedback to help you improve your registration process?
Ch. 4 – Preparing the Workforce
Marketing Strategies

- Plan. Explain benefits.
- Ask questions.
  - How do you feel when patients don’t keep their follow-up appointments?
  - Where do you see using teach-back as being most helpful?
  - How do you see yourself using this reader-friendly diabetes guide?
- Handle objections.
  - Interested enough to listen & think about it
  - Restate
  - Clarify, if needed. Address concerns. Support your point.
- Close w/ call to action: …willing to use? …willing to try?
- Follow up.
Ch. 4 – Preparing the Workforce
Coaching

- Build motivation
- Honor current work
- Understand change is hard
- Resistance is natural
- Foster new skill development
- Build confidence to integrate new habit into work patterns
- Build reliability: standard work; reminders; default; appropriate redundancy
- Manage relapses: follow-up coaching; share questions & problems; recognize & reward

www.teachbacktraining.org/

Lally, 2011; Miller, 2010
Ch. 4 – Preparing the Workforce

Handling Objections - **Discussion**

- There isn’t enough time.
- That isn’t my job.
- This isn’t a problem in my practice.
- No one can really do anything about it anyway.

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<thead>
<tr>
<th>Lack of Understanding</th>
<th>- Explain. Educate. Check understanding.</th>
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<tbody>
<tr>
<td>Different Perspective</td>
<td>- Understand, acknowledge perspective. Address importance, inspire.</td>
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<td>Competing Priorities</td>
<td>- Validate. Problem-solve together.</td>
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<tr>
<td>Focus on Barriers</td>
<td>- Understand specifics. Focus on their own behaviors. Seek their solutions, feedback. Formulate action plan.</td>
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Ch. 4 – Preparing the Workforce

Tips

- Early adopters
- Make it stick.
  - Policies & procedures
  - Take advantage of systems
  - Keep it in front of everyone
  - Involve patients
Why do we need to change?
- People hide their reading problems.
- Screening for low literacy may not help.
  - See Chapter 2.
• Take a universal approach.
• Take a look around your care setting.
• Create a welcoming setting.
• Offer all patients help with paperwork.
• Tune into clues that a patient/family member may need help.
Ch. 5 – The Care Environment

- **Discussion**: Situations where non-clinical staff may need to pass along concerns
- What to do when you see a problem?
- SBAR
  - Situation
  - Background
  - Assessment
  - Recommendation
SBAR Example - Front Office Staff to Medical Assistant

- **Situation:** Mrs. Reston seems to have something bothering her.
- **Background:** She’s here for a diabetes check and when I gave her the paperwork to update her forms, she kept the clipboard a lot longer than most people. And when she gave it back to me, it was only half-filled out.
- **Assessment:** I think she may have trouble reading or at least not be able to see the forms very well.
- **Recommendation:** Can you make sure everyone goes over her health problems and medicines very clearly, and makes sure she really understands when to come back? Maybe someone should ask if she wants to bring somebody with her to her appointments.
Ch. 5 – The Care Environment

• Literacy, language, and culture
• Accessibility
• Know your community’s adult education resources
• Use data to help you improve
  - HCAHPS / CAHPS
  - Satisfaction surveys
  - Periodically re-evaluate your care environment assessments
Ch. 6 – Involving Populations Served

In a Health Literate Health Care Organization, Populations Served Inform How Health Information and Services are Provided

- Health literacy is central to patient involvement.
- Patient involvement is basic to patient-centered care.
  - Dignity & respect
  - Sharing information
  - Participation
  - Collaboration

- Adult learners

Ch. 6 – Involving Populations Served

**Discussion:**

How do you involve patients, families, adult learners?

- Find patients & family members willing to help.
- Ask what they think.
- Invite to join your team.
- Let people choose how they will help.
- Volunteer health literacy work groups
- Patient and Family Advisory Councils
- Adult Learners:
  - Offer adult literacy programs something in return
  - Mentoring
- Value participation
Ch. 6 – Involving Populations Served

• **Discussion:** What does success look like?
  - patients, families, adult learners on key health care teams, e.g., patient safety, chronic disease management
  - include stories and recommendations from patients, families, adult learners
  - participation in health literacy presentations
  - periodic navigational audits with adult learner or patient/family participation
  - resources in development & revision of written materials
  - staff know how to make referrals to adult literacy & English-as-a-second-language (ESL) programs
  - ongoing working relationships...
Ch. 7 – Verbal Communication

A Health Literate Health Care Organization Confirms Understanding

- Model & use plain language
- Teach staff to use teach-back
- SBAR - enables anyone to raise concern about patient/family understanding
- Interpreters
- Communicate across care settings

Teach-back in Action

Here is a good example of teach-back in action. Watch how the doctor shows empathy and effectively uses a hand-out. To watch the video click on the picture or go to http://www.screencast.com/t/VFrb3ysN5.
Discussion: How do you embed & sustain improvements in plain language principles & teach-back?
Sustaining Improvement

- Organizational Priorities
  - Agenda item for quality meetings
  - Performance scorecards
  - Communication-related adverse events
  - Lay reader review when developing materials
  - Faculty teach, model, & evaluate for learners
  - Recognize leaders & champions
  - Engage community – teach how to elicit teach-back
Sustaining Improvement

- **Policies & procedures**
  - Clear communication responsibilities in job descriptions & performance reviews
  - Orientation & credentialing
  - Training for new staff & when jobs or roles change

- **Systems**
  - Required education
  - Skills fairs
  - Observation & feedback
  - Build into care processes & competencies
  - Incentives & bonus strategies
Sustaining Improvement

- Order sets
- Documentation systems
  - Work flow – prompts & checklists
  - Data feedback: use of & response to teach-back
- Focus on high-risk situations
  - Medications
  - Transitions – within & between settings
Sustaining Improvement

- Follow-up calls using teach-back

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<tr>
<th>Yes/No Questions</th>
<th>Teach-back Questions</th>
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<tr>
<td>Do you have your follow-up doctor appointment scheduled?</td>
<td>Please tell me when your next appointment with your doctor is.</td>
</tr>
<tr>
<td>Do you understand your medications and how you are to take them?</td>
<td>Sometimes medicines can be confusing. Let’s talk about some of the key medications you are taking. Please tell me what you know about your medications. Tell me about when you take them.</td>
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<tr>
<td>Do you have any pain?</td>
<td>How are you handling your pain?</td>
</tr>
<tr>
<td>Do you have any further questions or concerns or need for further health information?</td>
<td>What questions do you have about everything you need to do to take care of yourself over the next week or two? What questions do you have about what we went over today?</td>
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Sustaining Improvement

Standard policies:

- Patients always invited to include family member or friend to help ask questions & remember information.
- All doctors & staff know when & how to access & work with trained medical interpreters.
- Clinical & non-clinical health care team members use SBAR to pass on need for clearer communication with patient or family member.
- Anyone can “stop the line” if they sense a patient or family member doesn’t understand or is confused by what they’re told.
Example PDSA Cycle:
Using Plain Language and Teach-back
A Health Literate Health Care Organization Has Materials that Are Easy to Understand and Use
Ch. 8 – Reader-friendly Materials

• **Why?**
  - Adherence
  - Safety & quality
  - Lessen health disparities

• Even good readers prefer materials that are easy to read.

• **Reader-friendly materials:** checklists & tools

• Using print materials w/ patients

• Website evaluation tools

• User feedback
Example PDSA Cycle:
Using Reader-friendly Health Education Materials
Using a health literacy initiative to become a more health literate health care organization:

- Develop a health literacy-based consent process via reader-friendly consent document
- Promote patient understanding through plain language & teach-back
- Optimize peri-operative consent communication
- Educate staff/providers
- Collaborate with HL Teams, adult learners, risk managers, healthcare providers, Law Department

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<tr>
<th>Attributes of Health Literate Health Care Organizations</th>
<th>Elements of Health Literacy-based Consent Process</th>
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<tr>
<td>1. Has leadership that makes health literacy integral to its mission, structure, and operations.</td>
<td>Health literacy representatives met with system leaders and representatives of the Law Department to present the idea of designing a reader-friendly consent form to be used across the system.</td>
</tr>
<tr>
<td>2. Integrates health literacy into planning, evaluation measures, patient safety, and quality improvement.</td>
<td>Obtained support from administrators and providers by emphasizing the industry's increasing focus on health literacy and patients' right to understand health care information, including presenting informed consent in a way that is simple, clear, and in plain language.</td>
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<tr>
<td>3. Prepares the workforce to be health literate and monitors progress.</td>
<td>Affiliate health literacy teams attended a UnityPoint Health-sponsored training workshop on developing reader-friendly print materials that was pivotal to teams' understanding and skill-building for development of reader-friendly print materials, including the new consent form.</td>
</tr>
<tr>
<td>4. Includes populations served in the design, implementation, and evaluation of health information and services.</td>
<td>Input from the New Readers of Iowa, a group of individuals who learned to read later in life, was critical. Health literacy teams revised the consent form with multiple versions, each revised by the New Readers of Iowa and UnityPoint Health literacy teams, to clarify terms and improve reader-friendliness.</td>
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<tr>
<td>5. Meets the needs of populations with a range of health literacy skills while avoiding stigmatization.</td>
<td>Consent form includes traditional section for description of the procedure in medical terms and section for writing the patient's description of the procedure in his or her own words, incorporating teach-back. Purpose of this process was to promote patient understanding through use of plain language principles and teach-back.</td>
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<tr>
<td>6. Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact.</td>
<td>To further encourage communication the new form includes a prompt to the patient to be sure all of his or her questions have been asked and answered before signing it.</td>
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<tr>
<td>7. Provides easy access to health information and services and navigation assistance.</td>
<td>Written at 7th-8th grade reading level, including simple words, short sentences and paragraphs, and minimal use of medical terminology. Reader-friendly features include: large (12 to 14 point) serif font, clear headings, liberal use of bullets and numbering, ample white space, key use of bold text, and 1-1/2-line spacing.</td>
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<td>8. Designs and distributes print, audiovisual, and social media content that is easy to understand and act on.</td>
<td>The enhanced process addresses the risks associated with the informed consent process by engaging patients in this important decision so they fully understand the procedure, its potential risks and benefits, and possible alternative treatments.</td>
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<td>9. Addresses health literacy in high-risk situations, including care transitions and communications about medicines.</td>
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Ch. 9 – Case Study

**Evaluation**

- Increased number of patients observed to read the form
- Higher proportion of patients asked to describe their surgery in their own words*
- Improved patient comfort with asking questions*
- Patients, families, & nurses satisfied with enhanced process & form

Take-away: Effectively and Reliably...

- Small scale testing
- Reach beyond 1 provider or department...taking root in organization itself
- Using key health literacy interventions the right way every time they are needed
- Use resources to change behavior and culture
- Embed and spread
Resources

- **Always Use Teach-back! Toolkit**
  - [http://www.teachbacktraining.org/](http://www.teachbacktraining.org/)

- **Building Health Literate Organizations: A Guidebook to Achieving Organizational Change**

- **Health Literacy Universal Precautions Toolkit – 2nd Edition**

- **The Health Literacy Environment of Hospitals and Health Centers**
  - [http://www.ncsall.net/index.html@id=1163.html](http://www.ncsall.net/index.html@id=1163.html)

- **Plain Language Pediatrics, American Academy of Pediatrics**
Acknowledgements

- American Medical Association Foundation
- Des Moines University: Brent Blum, Editor; Dr. Roberta Wattleworth, Professor and Chair, Department of Family Medicine
- UnityPoint Health: Bob Dickerson, MSHSA, RRT; Dr. Ken Cheney; Barb Earles, RN, MHA, CPHRM; Gail A. Nielsen, BSHCA, RTR; Suzanne Rita, RN, MSN; Barb Savage, MT (ASCP); Health Literacy Teams
- Eileen Boggess, Nolan Boggess, Frank Burns, Javier Harris, Community Volunteers
- Norma Kenoyer, New Reader
- Sabrina Kurtz-Rossi, MEd, Kurtz-Rossi & Associates
- John D. Mahan, MD, Nationwide Children’s Hospital
- Audrey Riffenburgh, MA, Riffenburgh & Associates