CMS Perspective

• Actively participated in development of the Action Plan for Health Literacy
• Recently developed and disseminated a toolkit for helping to make written materials useful and understandable – a plain language and consumer-focused design orientation ([http://www.cms.gov/WrittenMaterialsToolkit](http://www.cms.gov/WrittenMaterialsToolkit))
• Social marketing supported by rigorous consumer testing plays a key role in achieving both health literacy and Affordable Care Act (ACA) goals
Many Relevant ACA Provisions

- Supporting informed consumer decision-making
- Standardization of prescription drug and insurance plan information
- Improving communications with diverse, low literacy patients
- Improving beneficiary-provider communication
- Encouraging use of new preventive benefits
- Promoting health care system innovation - Center for Medicare & Medicaid Innovation (CMMI)
Some Vulnerable Populations

• Medicare
  – Chronic Disease
  – Seniors
  – Disabled (Dual eligible)
  – Low-income

• Medicaid/CHIP
  – Low-income family
  – Low English proficiency
Social Marketing Supports Health Literacy and ACA Goals

- Understand target audience – health literacy, culture, language, attitudes, perceptions, “consumer reality”.
- Identify barriers.
- Use plain language and consumer-centered design.
- Test materials and messages.
- Develop campaigns.
- Evaluate behavioral impact.
- Refine and repeat process.
Using Social Marketing to Improve Communications relevant to ACA

- Low Income Subsidy (LIS) Outreach
- Home Health Compare
- Discharge Planning Checklist
- Understanding Medicare Choices
- Motivational Assessment of Messages
- CHIP Enrollment
- Toolkit for Making Written Material Clear and Effective
Experimental Field Study

Using census block-level data and internal enrollment data, CMS identified beneficiaries where median income was in the lowest 30% who also had no known creditable coverage.

Database underwent cleaning procedures; selected individuals who reside in states without an SPAP and in counties with active SHIPs.

Attached income/age estimates from Experian; randomly selected 20,000 study participants; divided the database into two.

Refined list accepted only those with predicted incomes of < $25K; Standard list did not apply criterion.

Participants randomly assigned to experimental groups which designate levels of outreach.
Key Finding –
We Can Improve LIS Application Rate

Reported Applying
Low-Income Subgroup

<table>
<thead>
<tr>
<th></th>
<th>Odds Ratio</th>
<th>Std. Error</th>
<th>t</th>
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<tr>
<td>Aware of LIS</td>
<td>2.38</td>
<td>.744</td>
<td>2.76</td>
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<td>Age &lt; 65</td>
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<td>.796</td>
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<td>Married</td>
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<td>-1.36</td>
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<td>High School or above</td>
<td>1.05</td>
<td>.365</td>
<td>0.13</td>
<td>0.898</td>
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<td>Race White vs. Other</td>
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<td>.993</td>
<td>1.01</td>
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<td>Race Black vs. Other</td>
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<td>Male</td>
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<td>.513</td>
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<td>Active</td>
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<td>.261</td>
<td>-0.86</td>
<td>0.388</td>
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<td>CMS Letter</td>
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<td>11.86</td>
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<td>0.021</td>
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<tr>
<td>Self-Mailer + BRC</td>
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<td>5.10</td>
<td>1.41</td>
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<td>Invite + BRC + Recorded Calls</td>
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<td>15.43</td>
<td>2.61</td>
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<tr>
<td>All + Enrollment Assistance</td>
<td>13.55</td>
<td>14.08</td>
<td>2.51</td>
<td>0.012</td>
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Discharge Planning Checklist

Instructions:
- Use the checklist early and often during your stay.
- Talk to your doctor and the staff (for example, a discharge planner, social worker, or nurse) about the items on the checklist.
- Check the box next to each item when you and your caregiver complete it.
- Use the notes column to write down important information like names and phone numbers.
- Skip any items that don’t apply to you.

<table>
<thead>
<tr>
<th>ACTION ITEMS</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What’s Ahead?</strong></td>
<td></td>
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<tr>
<td>- Ask where you will get care after discharge. Do you have options? Be sure you tell the staff what you prefer.</td>
<td></td>
</tr>
<tr>
<td>- If a family member or friend will be helping you after discharge, write down the name and phone number.</td>
<td></td>
</tr>
<tr>
<td><strong>Your Condition</strong></td>
<td></td>
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<tr>
<td>- Ask the staff about your health condition and what you can do to help yourself get better.</td>
<td></td>
</tr>
<tr>
<td>- Ask about problems to watch for and what to do about them. Write down a name and phone number to call if you have problems.</td>
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</tr>
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**Simple Step-by-Step Reminders, Engaging Caregivers**

### ACTION ITEMS

- Use the space called “My Drug List” to write down your prescription drugs, over-the-counter drugs, vitamins, and herbal supplements.
- Review the list with the staff.
- Tell the staff what drugs, vitamins, or supplements you took before you were admitted. Ask if you should still take these after you leave.
- Write down a name and phone number to call if you have questions.

### Recovery and Support

- Ask if you will need medical equipment (like a walker). Who will arrange for this? Write down where to call if you have questions about equipment.
- Ask if you're ready to do the activities listed below. Circle the ones you need help with and tell the staff.
  - Bathing, dressing, using the bathroom, climbing stairs
  - Cooking, food shopping, house cleaning, paying bills
  - Getting to doctors' appointments, picking up prescription drugs
- Ask the staff to show you and your caregiver any other tasks that require special skills like changing a bandage or giving a shot. Then, show them you can do these tasks. Write down a name and phone number to call if you need help.
- Ask to speak to a social worker if you're concerned about how you and your family are coping with your illness. Write down information about support groups and other resources.
- Talk to a social worker or your health plan if you have questions about what your insurance will cover, and how much you will have to pay. Ask about possible ways to get help with your costs.

### Action Items

- Ask for written discharge instructions that you can read and understand and a summary of your current health status. Bring this information and your drug list with you to your follow-up appointments.
- Use the space called “My Appointments” to write down any appointments and tests you will need in the next several weeks.
- **For the Caregiver**
  - Do you have any questions about the items on this checklist? Write them down and discuss them with the staff.
  - Can you give the patient the help he or she needs?
    - Talk to the staff about your concerns.
    - Write down a name and phone number to call if you have questions.
  - Get prescriptions and any special diet instructions early, so you won't have to make extra trips after discharge.

If you need help choosing a home health agency or a nursing home, talk to the staff. Visit [www.medicare.gov](http://www.medicare.gov) to compare the quality of nursing homes, home health agencies, dialysis facilities, and hospitals in your area. You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

**Medicare Discharge Appeal Rights:** If you have Medicare and feel you're being asked to leave a hospital or other health care setting too soon, you may have the right to ask for a review of the discharge decision by an independent reviewer called a Quality Improvement Organization (QIO) before you leave. The QIO can explain your appeal rights. To get the number for the QIO in your state, call 1-800-MEDICARE.
Simplifying Medicare Choices

Start

Step 1: Decide how you want to get your coverage

OR

ORIGINAL MEDICARE

Part A
Hospital Insurance

Part B
Medical Insurance

or

MEDICARE ADVANTAGE PLAN
(like an HMO or PPO)

Combines Part A, Part B, and usually Part D

Step 2: Decide if you need to add drug coverage

Part D
Prescription Drug Coverage

Part D
Prescription Drug Coverage (if not already included)

Step 3: Decide if you need to add supplemental coverage

Medigap
(Medicare Supplement Insurance) policy

If you join a Medicare Advantage Plan, you don’t need and can’t be sold a Medigap policy.

End
Sharing Lessons Learned

Toolkit for making written material clear and effective

Table of Contents
for all 11 parts of the toolkit

SECTION 1
Background

PART 1  About this toolkit and how it can help you (14 pages)

PART 2  Using a reader-centered approach to develop and test written material (24 pages)

SECTION 2
Detailed guidelines for writing and design

PART 3  What are the "Toolkit Guidelines for Writing and Design"? (24 pages)

PART 4  Understanding and using the "Toolkit Guidelines for Writing" (4 chapters: 56 pages)

PART 5  Understanding and using the "Toolkit Guidelines for Graphic Design" (8 chapters: 219 pages)

SECTION 3
Methods for testing material with readers

PART 6  How to collect and use feedback from readers (19 chapters: 257 pages)

SECTION 4
Special topics for writing and design

PART 7  Using readability formulas: A cautionary note (39 pages)

PART 8  Will your written material be on a website? (14 pages)

PART 9  Things to know if your written material is for older adults (15 pages)

PART 10  "Before and after" example: Using this Toolkit’s guidelines to revise a brochure (39 pages)

SECTION 5
Detailed guidelines for translation

PART 11  Understanding and using the "Toolkit Guidelines for Culturally Appropriate Translation" (43 pages)
Some Next Steps

- Expand use of alternative communication channels/techniques (e.g., Edutainment).
- Expand to new audience segments.
- Help staff and partners communicate more effectively.
- Address paradoxical effects of generally effective health education.
- Explore ways to measure population health literacy.
Center for Medicare & Medicaid Innovation (CMMI)

• Will fund pioneering efforts to bring the vision of the ideal health care system to reality.
  – High quality
  – Reducing avoidable costs
  – Patient-centered care
• Health literacy can (and is expected to) play an important role.
• Extends focus to health care consumer as an active part of the health care system.
CMMI Provides a Tremendous Opportunity

- Improvements in health literacy can be important in building an accountable health care system.
- Approaches that examine how improvements in health literacy could be linked to improved patient-centered outcomes (e.g., Patient-Centered Primary Care, Accountable Care Organizations) would be welcomed.
- Accountability for improving health literacy could support more general health care system improvements.
What Can Improved Health Literacy Do?

- Help build an accountable health care system.
- Support better consumer decision-making.
- Help reduce avoidable costs.
- Produce better outcomes.
- Result in better health outcomes and improved quality of life for our beneficiaries.
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