The Other Side of the Coin: Attributes of a “Health Literate” Healthcare Organization

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Rationale for Focusing on Health Literacy on the Organizational Level

- Most HL research has focused on characterizing patients’ deficits, how best to measure a patient’s health literacy, and on clarifying relationships between a limited health literacy and outcomes.

- Growing appreciation that health literacy represents a balance between individuals' health literacy skill and the health literacy demands and attributes of the healthcare system.

- Interest and commitment from multiple stakeholders to address system-level factors contributing to the high literacy demands of the healthcare system.

- Enactment of the Patient Protection and Affordable Care Act (ACA) provides both opportunities and challenges for individuals with limited health literacy:
  - Insurance reform and Medicaid expansion
  - Patient Centered Medical Homes
  - HITECH Act
GOAL OF THIS PAPER

Identify and describe a set of attributes or goals that diverse health care organizations can *aspire to* so as to mitigate the negative consequences of limited health literacy and improve access, quality, safety and value of healthcare services.

We describe organizations that have committed to improving and re-engineering to better accommodate the communication needs of populations with limited health literacy as “health literate healthcare organizations”, reinforcing the notion that the healthcare sector shares significant responsibility in promoting health literacy.

A humble attempt to advance a vision of how organizations should evolve to be more responsive to the needs of populations with limited health literacy in tangible ways, thereby improving care for all.

Applicable to organizations that provide direct care to patients; also relevant to the broader range of organizations and institutions that comprise the modern health care system.
Proximate goals of organizational investments are to maximize the extent of patients’ and families’ capacities to:

1. comprehend and engage in preventive health behaviors and receive preventive healthcare services if desired
2. recognize changes in health states that require attention and access healthcare services
3. develop meaningful, ongoing relationships with health care providers based on open communication and trust
4. obtain timely and accurate diagnoses for both acute and chronic health conditions
5. comprehend meaning of their illness, options for treatment, and anticipated health outcomes
6. build and refine skills needed to safely and effectively manage their conditions at home and communicate with the healthcare team when illness trajectory changes
7. report their communication needs or comprehension gaps
8. make informed healthcare decisions that reflect their values and wishes
9. effectively navigate transitions in care
10. make health care coverage choices based on their personal or family’s health needs, better comprehend the range of benefits and services available to them and how to access them, be more aware of financial implications of health care choices to improve decision-making
Framework for Attributes and Aspirational Goals for Health Literate Health Care Organizations

1. Effective Bidirectional Communication
2. Embedded Policies and Practices
3. Augmented Workforce
4. Accessible Educational Technology Infrastructure
5. Organizational Commitment
1. Establish Promoting Health Literacy as an Organizational Responsibility

- Promote a culture of clear communication, prioritize communication
- Raise organization-wide awareness re the importance of health literacy
- Take organizational responsibility for effective communication
- Build health literacy concerns into organizational operations, strategic planning, job descriptions, evaluations and budgets
- Integrate health literacy into quality improvement initiatives, patient safety initiatives and provider competencies
2. Develop a Culture of Active Inquiry, Partner in Innovation, and Invest in Rigorous Evaluations of Operations Improvements

- Recognize that the science is informative but not fully developed
- Partner with health literacy researchers to develop and implement health literacy interventions
- Pilot successful health literacy interventions in ‘real world’ settings
- Evaluate health literacy strategies and programming in real time and apply change as needed
3. Measure and Assess the Health Literacy Environment and Communication Climate

- Perform institutional health literacy reviews

- Identify, track, and monitor health literacy metrics relevant to the healthcare organization both on the individual and organizational level

- Track provider implementation of best practices in communication
4. Commission and Actively Engage a Health Literacy Advisory Group that Represents the Target Populations

A health literacy advisory group can have many functions:

- Development and implementation of health literacy programming and strategies
- Formulation of organizational policies around health literacy
- Institutional health literacy reviews and environmental assessments
- Development and piloting of health IT, educational initiatives and materials
5. Provide the Infrastructure to Avail Front-Line Providers, Patients & Families a Package of Appropriate, Quality Educational Supports & Resources

- Promoting patient comprehension and building patient skills requires high-quality human, technical and pedagogical resources easily accessible across the organization
- Ensure effective one-on-one interpersonal communication
- Provide clearly written health information developed in partnership with members of the low literacy community and embodying best practices in written information or developed by organizations that apply health literacy principles
- Ensure multiple opportunities to interface with the healthcare team to reinforce self-management goals, health education, assist with pre-visit planning, and provide decision support
  - Group visits
  - Telephone visits
  - Automated telephonic support (Schillinger et al. 2008)
- Implement effective multimedia educational and decision aid tools
  - Video decision aids (Volandes et al. 2007, 2010)
  - Interactive computer-based teaching via virtual advocates (Bickmore et al. 2009)
6. Leverage Accessible Health Information Technology (IT) to Embed Health Literacy Practices and Support Providers and Patients

Health literate healthcare organizations have an instrumental role in influencing the marketplace of patient communication products by demanding rigorous testing with and adaptation for populations with limited health literacy, and in supporting the development of national certification standards for print and digital material that is accessible to these populations.

- Encourage vendors to pre-test new health IT with populations with limited health literacy
- Implement new health IT that shows promise for limited health literacy populations
- Innovate existing health IT to better suit the needs of limited literacy populations
7. Provide Patient Training and Assistance around Personal Health Records and Health IT Tools

**Benefits of personal electronic health records (pEHR)**
- Patients can store and access personal health information
- Additional points of interaction with providers
- Receipt of results and electronic educational resources

**Challenges using pEHR in limited literacy populations**
- Studies show limited literacy populations use pEHR less (Sarkar et al. 2010).
- Individuals with limited literacy skills often have low eHealth literacy skills, preventing them from benefiting from new initiatives

**Ameliorative strategies**
- Involve limited health literacy populations in the development and selection of pEHR systems
- Develop educational initiatives to orient and motivate patients in pEHR use
- Ensure that information and education available on pEHR is also be accessible through interpersonal/alternative means
8. Foster an Augmented and Prepared Workforce to Promote Health Literacy

- Develop a diversified workforce with expanded job descriptions for non-physician/nursing members that includes a variety of educational roles
  - health educators
  - health coaches
  - patient navigators
  - medical assistants
  - peer educators
  - ‘expert educators’

- Prioritize recruiting healthcare team members that reflect the socio-demographic profiles of the patient populations served

- Provide health literacy and health communication training for all members of the integrated health team

- Ensure that all members of the healthcare team are prepared to employ best practices in communication during all patient interactions
9. Distribute Resources to Better Meet the Needs of the Populations Served

Inverse Care Hypothesis = the availability and quality of healthcare varies inversely with the needs of the population

Allocate additional educational and communication resources to populations or sites that have worse individual or population outcomes that are attributable to limited health literacy

Provide an intensity and interactivity of communication that is proportional to the communication needs of the patients it is targeting
10. Employ a Higher Standard to Ensure Understanding of High Risk Decisions and High Risk Transitions

High risk decisions and important transition points demand a heightened level of assurance of patient understanding

- Identify common, high risk decisions that require greater scrutiny
- Routinely use standardized and well designed teaching tools
- Include health literacy practices, such as the teach-back method, as part of the education and consent process for high risk decisions and periods of transitions
- Include confirmed understanding as part of consent documentation
11. Prioritize Medication Safety and Medication Communication

- Recognize that patients with low health literacy have difficulty with medication management
  - More likely to misunderstand prescription labels and warning label (Davis et al. 2006, Wolf et al. 2007)
  - More likely to make mistakes taking their medications (Lindquist et al. 2001, Sarkar et al. 2010)

- Implement systems and interventions that advance medication safety and self-management
  - Incentivize implementing a ‘brown bag exercise’
  - Incorporate medication reconciliation into workflow
  - Establish guidelines and standards for uniform prescribing practices, including standardized times and use of plain language
12. Make health plan and health insurance products more transparent and comprehensible

Enactment of the Patient Protection and Affordable Care Act (ACA) will improve access to care through

- Insurance reform
- Medicaid expansion
- Health insurance exchanges

To assist limited health literacy populations fully realize the benefits of health care reform health care organizations should

- Establish straightforward methods for patients and families to access in-person support
- Ensure information about health benefits packages is understandable
- Provide decision support
  - e.g. Plain language Summary of Benefits, glossary of terms
  - e.g. Culturally appropriate guides
13. Make systems more navigable and support patients and families in navigating the healthcare system

- Establish a welcoming, shame-free, environment where question asking is encouraged

- Offer assistance with all literacy/numeracy related tasks

- Implement system designs that make the health systems more navigable
  - e.g. electronic referrals

- Perform environmental assessments to identify literacy barriers
  - Poor signage
  - Inconsistent labeling
  - Lack of available personnel for assistance
14. Recognize Social Needs as Medical Concerns and Connect People to Community Resources

- Partner with community resources
  - Health Leads program
  - Prescription for Health

- Develop a clearinghouse of local resources

- Appoint a team member to be the expert in local resources

- Partner with case managers and social workers
15. Create a Climate in Which Question-Asking is Encouraged and Expected

- Activate patients by implementing question asking campaigns
  - National Patient Safety Foundation *Ask Me 3* campaign
    1. What is my main problem?
    2. What do I need to do?
    3. Why is it important for me to do this?

- *(AHRQ)* “Questions are the Answers”

- Encourage allied staff to reinforce question asking
16. Develop and Implement Curricula to Develop Mastery of a Threshold-Level Set of Knowledge and Skills

Principles to guide the development of health curricula:

1. Define a limited set of critical learning goals and eliminate all other information that does not directly support the learning goals
2. Present information in discrete, pre-determined ‘chunks’
3. Determine the optimal order for teaching the topics
4. Develop plain language text to explain essential concepts for each goal and employ appropriate graphics to increase comprehension and recall
5. Confirm understanding after each unit perform tailored instruction until mastery is attained, and review previously learned concepts until stable mastery is achieved
6. Link all instruction to a specific attitude, skill, or behavioral goal

Baker et al. 2011
17. Continually Assess and Track Patient Comprehension, Skills, and Ability to Problem-Solve Around Health Conditions

- Assess and document patient comprehension, and basic problem-solving skills for health conditions that rely on self-management skills
  - CHF
  - Diabetes
  - Asthma
  - Anticoagulation

- Put in place systems to connect individuals identified to have continued educational needs with additional educational support
18. Recognize and Accommodate Additional Barriers to Communication

Limited health literacy patients often face additional communication challenges

- Limited English proficiency
- Cognitive decline
- Hearing and visual impairment
- Learning disabilities
- Mental health problems

Ameliorative strategies to address additional communication barriers

- Establish systems to identify and address communication disabilities
- Provide extra support and case management to individuals with cognitive decline
- Implement CLAS guidelines and recommendations
- Recruit and cultivate a culturally and linguistically diverse staff
Concluding Thoughts

- This paper offers a set of attributes, aspirational goals and foci for institutional investments for organizations striving to become more ‘health literate’
- We recognize that it reflects a utopian vision
- Many of the attributes listed apply to direct service health organizations but can also be made relevant to the broad range of institutions contributing to the healthcare system
- The list is not exhaustive and should be seen as the *continuation of a conversation* re how healthcare organizations can address health literacy on the institutional level
- Provides a roadmap to advance an optimistic vision of how organizations should evolve to be more responsive to the needs of populations with limited health literacy in tangible ways