America’s Health Insurance Plans’ Response to Health Literacy

Institute of Medicine Roundtable on Health Literacy Workshop on Measures of Health Literacy

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Emory University
Overview of Session

- Why should health plans care?
- America’s Health Insurance Plans (AHIP) health literacy activities
- Pharmacy Intervention for Limited Literacy (PILL) study
- Improving health literacy friendliness of health plans
- Where do we go from here?
Why Health Plans?

- Chronic disease care and self-management
- Patient-provider communication
- Patient safety and health-care quality
- Access to health care and preventive services
- Provider time limitations
- Consumer-directed health care
- Health expenditures
AHIP Health Literacy Activities

- Created Health Literacy Task Force
- Ongoing discussions with the ACP Foundation
- Present case studies and other information sharing during monthly Task Force conference calls
- Webinar on reader and user friendly web design for health plans, April 2008
- Sponsored an all day training session in June 2008
- Transformed training session into a series of three webinars
Checklist and Guidelines

- Checklist of steps to apply principles of clear health communication to web-based materials, including Personal Health Records

- Guidelines for developing and designing user-friendly health plan Web sites

http://www.ahip.com/content/default.aspx?bc=39|341|22050
AHIP Webinars on Health Literacy

Three-Part Virtual Seminar on Health Literacy:

- January 22: Health Literacy Overview and Steps for Implementing Your Own Program
- February 26: Starting Up and Advancing Your Company's Health Literacy Program
- March 26: Health Literacy Campaigns Case Studies from the National Health Insurance Plans

http://www.ahip.org/virtual/healthliteracy
AHIP Board Proposed Key Steps Toward Creating a Culture of Clear Health Communication

- Create responsibility for health literacy at an appropriate level in the organization
- Adopt a consistent approach to clear health communication
- Provide training in clear health communication for staff who prepare written communications for members and interact with members directly
- Adopt a target reading level for written consumer communications, and review the content of documents to ensure that they meet the target
AHIP Health Literacy Activities (continued)

Collaboration with Emory University on developing, piloting and evaluating health literacy friendliness assessment
Pharmacy Intervention for Limited Literacy: The PILL Study

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- Program Officer: Cindy Brach, MPP
- Advisory Board:
  - Dan Cobaugh, PharmD
  - Terry Davis, PhD
  - Collette Duncan
  - Ruth Parker, MD
  - Rima Rudd, ScD
  - Mike Wolf, PhD, MPH
Study Purpose

- Health literacy intervention: 3-P Approach
- Determine the effect of health literacy intervention on:
  - Medication refill adherence
  - Costs
  - Secondary outcomes:
    - Self-reported adherence
    - Understanding of medication instructions
    - Patient satisfaction
    - Pharmacist satisfaction
- Assess effect of health literacy on success of intervention
Setting

- Intervention site
  - Grady Memorial Hospital outpatient pharmacies
  - High volume: 5,000 Rx per day, 3rd in nation
- Control site: Dekalb Grady clinic
- High burden of co-morbidities
Study Phases

Phase 1: Assessment of the pharmacy

Phase 2: Implementation of intervention

Phase 3: Outcome evaluation
Why Conduct a Pharmacy Health Literacy Assessment?

To better meet the needs of limited-literacy patients by:

- Raising staff awareness
- Detecting barriers to effectively using pharmacy services
- Identifying opportunities for improvement
What Does a Pharmacy Health Literacy Assessment Involve?

- Part 1: Pharmacy assessment tour
  Adapted from Literacy Alberta’s *Health Literacy Audit*
- Part 2: Pharmacy staff survey
- Part 3: Patient focus groups

Three-part approach limits bias

Part 1: Assessment Tour

- Physical environment and staff interactions
- Identify existing barriers in these areas:
  - Promotion of services
  - Print materials
  - Clear verbal communication
- Should be completed during both busy and less busy times in the pharmacy
- Pharmacy staff should not be aware of assessment
- Takes 20-30 minutes
Part 1: Assessment Tour
Who Should Conduct the Assessment?

- Trained, objective assessors who are:
  - Familiar with principles of clear health communication
  - Not pharmacy staff or patients
  - Able to blend in with patients who use the pharmacy

- At least two assessors per pharmacy
- Should be trained together
Part 2: Survey of Pharmacy Staff

- Why survey all staff?
  - Staff members help create the environment
  - Offer different perspectives

- Evaluates staff opinions of pharmacy’s sensitivity to the needs of limited-literacy patients in 3 areas:
  - Print materials
  - Clear verbal communication
  - Sensitivity to health literacy

- Takes about 20 minutes
Part 3: Pharmacy Patient Focus Groups

Ask patients about their personal experiences in four areas:

- Physical environment
- Care process and workforce
- Paperwork and written communication
- Culture
Pharmacy Assessment: Results

- Many strengths identified
- Main areas for improvement:
  - Literacy-sensitive counseling
  - Pharmacy flow, signage, wait times
  - Few take-home materials available
  - Few services for limited English proficiency
  - Printed information not easy to understand
Moving Beyond the Research

Improving Health Literacy
Friendliness of Health Insurance Plans
Improving Health Literacy Friendliness of Health Plans

- Goal: to modify the PILL assessment tool and its applicability to the needs of health insurance plans
- Plans for expansion of the tool:
  - **Adapt** the current health literacy assessment tool for application in health insurance plans
  - **Test** new assessment tool in a variety of health plan organizations
  - **Disseminate** the tool for widespread use in assessing health literacy friendliness of health insurance plans.
Improving Health Literacy
Friendliness of Health Plans

- Collaboration with AHIP
- Opportunity to work with diverse health plans throughout the country
- Timeline:
  - Adapt/develop tool: Nov 08-March 09
  - Pilot test: April 09
  - Implement: May-June 09
  - Develop and distribute report: July-Sept 09
Proposed Assessment Areas

- Member information
- Member services/Communication Personnel
- Web navigation
- Forms
- Nurse call line
- Nurse case/disease management
Inventory of Health Plan Health Literacy Activities

- Assess current state of health literacy among health plans
- Brief, 10 question, web-based survey
- Invited 41 plans to complete survey by e-mail (phone follow-up)
- January-February 2009
- 27 of 41 plans completed survey to date (66% response) – 29 individuals
### Inventory Results

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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Have you heard of the term “health literacy”?</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Does your company currently have a policy or program in place to address health literacy?</td>
<td>69%</td>
<td>31%</td>
</tr>
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</table>
Type of Job Title for Person Responsible for Health Literacy

- Media, Public Affairs, Communications, Marketing, Editing – 7
- Health Education, Promotion, Cultural, Health Equity – 6
- Management – 6
- Project, Program Coordinator, Manager (vague) – 3
- Quality/Healthcare Improvement – 2
- None, N/A - 3
Rating Company Support for Health Literacy

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Poor</td>
<td>3%</td>
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<tr>
<td>Fair</td>
<td>28%</td>
</tr>
<tr>
<td>Good</td>
<td>59%</td>
</tr>
<tr>
<td>Excellent</td>
<td>10%</td>
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## Funding of Organization’s Health Literacy Programs

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Health Literacy Department</td>
<td>4%</td>
</tr>
<tr>
<td>Each Department</td>
<td>25%</td>
</tr>
<tr>
<td>Unsure</td>
<td>29%</td>
</tr>
<tr>
<td>Other</td>
<td>43%</td>
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Responsibility for Carrying Out Health Literacy Programs/Policies

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<tr>
<th>Responsibility</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Health Literacy Department</td>
<td>4%</td>
</tr>
<tr>
<td>Each Department</td>
<td>32%</td>
</tr>
<tr>
<td>Unsure</td>
<td>11%</td>
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<tr>
<td>Other</td>
<td>54%</td>
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### How are Health Literacy Efforts Focused?

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Universal health literacy precautions</td>
<td>50%</td>
</tr>
<tr>
<td>HL efforts targeted to members with low HL skills</td>
<td>14%</td>
</tr>
<tr>
<td>Unsure</td>
<td>14%</td>
</tr>
<tr>
<td>Other</td>
<td>21%</td>
</tr>
</tbody>
</table>
Examples of Programs/Materials for Members with Low HL Skills

- Specific reading levels for all materials
- Staff training
- Simplified consent forms
- Simplified health education materials
- Plan language toolkit
- Revised enrollment form
- Interpreter translates materials
Assessment of Member Understanding

- Yes – 11
  - Surveys, focus groups, informally at member benefit education classes
- Sort of – 4
  - Health plan satisfaction survey, advertising understanding
- No / Don’t know – 9
Where Do We Go From Here?

- Infuse clear health communication into all prevention and chronic care disease management programs
- Integrate disciplines and approaches within organizations
- Collaborate with other health care partners and communities
- Document success