Health Literacy: Best Practices Update

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Visual aids improve communication!
I have no relevant financial relationships with commercial interests that may have a direct bearing on the subject matter of this CME activity.
Learning objectives

- Describe the rationale for using a “universal precautions” approach to health communication.

- List at least 5 concrete steps one can take to improve communication with their patients/clients.
Overview

- Universal precautions for health communication
- Best practices for spoken communication
- Best practices for written communication

Orienting statements improve communication

(AMA Foundation, 2007)
“Communication works for those who work at it”

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

(DeWalt et al, 2010)
Universal precautions

Problem:
- Low health literacy is ubiquitous
- Patients hide their low skills
- We can’t tell by looking
- Screening tools not appropriate
  (Paasche–Orlow & Wolf, 2008; AMA, 2007; Kutner et al, 2006; Parikh et al, 1996)

Solution:
- “Universal precautions” approach to health communication
- “Plain language” and “clear communication”
  (DeWalt et al, 2010)
Clear communication

- Written or oral communication which helps patients to understand and act on health care information

(Pfizer Inc, 2004)
Plain language

- “Everyday” or “living room language”

- Written or oral communication which is clear, concise, organized and jargon-free

- Communication through which people can quickly and easily find what they need, understand what they find, and act appropriately on that understanding the first time they read or hear it

(Center for Plain Language, 2012; HHS, 2012; AMA Foundation, 2007; HHS, 2006)
Clear communication best practices:
11 things we can do right now...

Things that work but aren't consistently done

...To improve

• Effective oral communication (7)
• Effective written communication (4)
Improve Effective Oral Communication
1. Establish mutual expectations

- Disorganized presentations are a health literacy issue.
- Patients prioritize their concerns differently.
- Not feeling heard is a common source of dissatisfaction and lawsuits.

- **TIP**
  - Elicit all of the patient’s concerns at the outset
    - Helps avoid surprises
  - Prioritize issues
    - Helps organize the visit and the exchange of information
  - Agree on reasonable expectations
    - Helps patients feel heard and valued (i.e., satisfied)
  - Use orienting statements to increase transparency
    - Helps patients understand what’s going on

(AMA Foundation, 2007; Osborne, 2005)
2. Focus on 1–3 key “need-to-know” items

- Patients typically retain < 50% of information
- Illness and stress are major barriers to learning

**TIP**
- Focus on what they need to do, not on facts
  - Provides action-oriented knowledge
- Arrange for follow-up to add new information

(Schwartzberg et al, 2007; AMA, 1999)
3. Avoid medical jargon

- Even experienced clinicians use jargon
  (Castro et al, 2007)

- Research shows that all patients prefer simple “plain language” health information
  (AMA, 1999)

TIP
- Define and teach important unavoidable jargon
  (e.g., “hemoglobin A1c”)
Video

http://www.youtube.com/watch?v=IOK0Yc_Hg7U
# But jargon is complex!

<table>
<thead>
<tr>
<th>Type of Jargon</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Technical**  | Words, phrases or concepts with meaning only in a clinical context | • Glucometer  
• Cardiologist  
• Insomnia  
• Abdomen  
• Cath lab  
• Ortho  
|                     | Acronyms:  
• GERD  
• COPD  
• UTI  | • Follow-up  
• Referral  
• Chronic  
• PRN  
• PCP  
• Contagous |
| **Quantitative**  | Words, phrases or concepts requiring clinical judgment or knowledge | • Unlikely  
• Increased  
• Tablespoon  
• Fever  | • Excessive wheezing  
• Twice daily  | • Risk |
| **Lay**          | Words, phrases or concepts with two or more meanings or interpretations, one of which is medical | • Stable  
• Abnormal  
• Stool  
• Frequency  | Idioms:  
• Come down with  
• Break out  
• Run a fever  | Metaphors:  
• ? |
Jargon – bottom line

- You cannot know what will be jargon to any given patient in any given situation

- The only solution is:
  1. Use universal precautions, and
  2. Check for understanding (see “teach–back” later)
4. Teach through multiple learning “channels”

- Listening
- Reading
- Pictures
- Video
- Models
- Manipulating
- Problem-solving

(Sheridan et al, 2011; Barrett et al, 2008 Weiss & Coyne, 1997)
Healthcare encounters include complex communication

Clinical experience may be needed in order to know what is important

- Summarize the most important aspects of the encounter at the end
  - Helps identify the key “need-to-know” items
  - Provides repetition for better learning

- Visit summaries (written) can help patients know:
  1. Their main problem
  2. What to do about it
  3. Why doing this is important

(http://www.npsf.org/for-healthcare-professionals/programs/ask-me-3/)
6. Elicit questions in a patient–centered manner

No: “Do you have any questions?”

- Implies that you expect them to “get it” (if they don’t, something must be wrong with them…)
- Patients do not answer this honestly

Yes: “What questions do you have?”

- Implies an expectation that patients should have questions!

(DeWalt et al, 2010)
7. Assess understanding!

**Stop** asking, “do you understand?”

- Implies that patients *should* understand (if they don’t, something must be wrong with them…)

**Start** using a “Teach Back” or “show me” technique

- Ask patient to explain back what they are going to do.
- Say “I want to make sure I have explained things well. Please tell me in your own words how you are going to use this medicine.”
- Ask “how would you tell a friend to take this medicine?”
- “Show me how you use this inhaler.”

(DeWalt et al, 2010; Schillinger et al, 2003)
Research on “teach back”

- A “top safety practice”
  
  (National Quality Forum, 2003)

- Associated with better glycemic control amongst diabetics
  
  (Schillinger et al, 2003)

- Does not appear to take longer than standard care
  
  (Schillinger et al, 2003; Kripalani & Weiss, 2006)

- Try it with the last patient of the day
Video

http://www.nchealthliteracy.org/teachingaids.html
Summary

- Follow universal precautions
- Establish mutual expectations
- Limit the amount of information
- Use plain language
- Use multiple teaching channels
- Summarize and emphasize
- Ask “what questions?”
- Use “teach back”
Improve
Effective Written Communication
“Be careful about reading health books. You may die of a misprint.”

– Mark Twain
8. Use written materials effectively

- Evidence shows improved knowledge when appropriate written materials are used

  (Berkman et al, 2011)

  - Ask about learning preferences
  - Use written materials only to reinforce spoken instruction (repetition through a second learning channel)
  - Always review written materials with patients
  - Highlight key information
9. Select written materials at 5th–6th grade level

- The *average* US adult reads at an 8th grade level
  
  (Kutner et al, 2005)

- Over 1500 studies show that health information is typically written well above the average reading level!
  
  (Rima Rudd, 3rd Annual Health Literacy Research Conference, 10/18/11)

- “Most patients will not understand the majority of the educational handouts, consent forms, medical-history questionnaires, and insurance papers they receive”
  
  (Weiss & Coyne, 1997)

10. Write for easy understanding

<table>
<thead>
<tr>
<th>Content</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>State the purpose</td>
<td>Lots of white space</td>
</tr>
<tr>
<td>Plain jargon-free language</td>
<td>Subject headings</td>
</tr>
<tr>
<td>1–2 syllable words</td>
<td>Short simple sentences</td>
</tr>
<tr>
<td>5th–6th grade level</td>
<td>Bulleted lists</td>
</tr>
<tr>
<td>“Need-to-know” info first</td>
<td>12-point font or larger</td>
</tr>
<tr>
<td>Focus on action items</td>
<td>Serif–style font</td>
</tr>
<tr>
<td></td>
<td>Reinforcing pictures</td>
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</tbody>
</table>


- Test your product before distribution

(Doak et al, 1996)
April 16, 2010

Dear _________

Your bloodwork is unremarkable without any signs to suggest parasitic infection, inflammation of blood vessels or other problems. I suspect your symptoms are functional in nature and not due to a specific disease process. I doubt that further testing would be productive. You may want to consider getting a second opinion and I would be happy to assist in arranging one. Please let me know if I can be of help in that regard.

Sincerely,

______________, MD
April 16, 2010

Dear __________

Your bloodwork is unremarkable without any signs to suggest parasitic infection, inflammation of blood vessels or other problems. I suspect your symptoms are functional in nature and not due to a specific disease process. I doubt that further testing would be productive. You may want to consider getting a second opinion and I would be happy to assist in arranging one. Please let me know if I can be of help in that regard.

Sincerely,

______________, MD
April 16, 2010

Dear _________

Your blood test was normal. I think your symptoms are not due to a specific disease. I do not think that more tests will help. You may want to get a “second opinion” from another doctor. I would be happy to help set that up. Please let me know if I can be of help with that.

Sincerely,

___________, MD
E-communication with patients

FLU SEASON UPDATE

Vaccine Availability
As of today, Oct. 19, 2009, OHSU currently has seasonal flu vaccine available for children and adults. Please call your OHSU doctor’s office to schedule an appointment.

OHSU currently has a limited amount of H1N1 influenza vaccine available for children. Parents should call the office of their child’s doctor to make an appointment.
Visit summaries

- If text is difficult to read, the reader may get tired and give up.

- A text may be readable, but if the reader does not quickly find what they’re looking for, they may give up.
Summary of Your Hospital Stay & Discharge Instructions

Thank you for entrusting your care to us. Below is a summary of your hospital stay, along with information you will need after you leave the hospital. This document includes your new medication list. Please bring this document with you when you follow-up with your doctor, pharmacist or other healthcare provider.

Summary of Your Hospital Stay

The Reason for Your Hospitalization

**DIAGNOSIS**

Principal Final Diagnosis:
1. Hepatic Encephalopathy

Additional Diagnoses:
2. Urinary tract infection
3. Acute kidney injury
4. End stage liver disease
5. Hypocalcemia
6. Anemia, normocytic
7. Thrombocytopenia
8. Lifelong anticoagulation for history of mesenteric venous thrombosis

The Attending Physician(s) Who Cared For You

<table>
<thead>
<tr>
<th>Provider</th>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td></td>
<td>02/25/12</td>
<td>02/25/12</td>
</tr>
<tr>
<td></td>
<td>02/26/12</td>
<td>02/26/12</td>
</tr>
</tbody>
</table>

What Happened During Your Hospital Stay

Future Orders

**HOSPITAL COURSE**

Comments:
You were admitted with altered mental status that we think is due to hepatic encephalopathy (build up of ammonia in your body). You are susceptible to accumulating ammonia in your body because of your liver disease. The only way for you to get rid of it is through your bowel movements. To prevent this from happening in the future, it is very important that you take lactulose at least 3 times a day (more often if needed) to have at least 2 or 3 bowel movements per day. We also found that you had a urinary tract infection so we are sending you home on an...
You were admitted with altered mental status that we think is due to hepatic encephalopathy (build up of ammonia in your body). You are susceptible to accumulating ammonia in your body because of your liver disease. The only way for you to get rid of it is through your bowel movements. To prevent this from happening in the future, it is very important that you take lactulose at least 3 times a day (more often if needed) to have at least 2 or 3 bowel movements per day. We also found that you had a urinary tract infection so we are sending you home on an antibiotic called ciprofloxacin to complete a 7 day course; you need to take it twice a day for 4 more days. It is very important that you take all of the antibiotics that are prescribed to make sure the infection is adequately treated.
Note the nice use of color to help organize info. However, it prints in gray!

Unusable!
2 tablets by mouth every morning and 2 every evening for high blood pressure (Sheridan et al, 2011)
Summary

- Use written materials as a second “channel”
- Select materials at 5th–6th grade reading level
- Write using plain language and clear communication content and format
- Write explicit prescriptions and instructions
“Communication works for those who work at it”

-- John Powell, composer

Thank you for working at it!
References


References cont.


References cont.


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References cont.


Schillinger D, Piette J, Grumbach K et al. Closing the loop. Physician communication with diabetic patients who have low health literacy. Arch Intern Med 2003;163:83–90


Weiss BD, Coyne C. Communicating with patients who cannot read. NEJM 1997;337(4):272–4