Htlaeh Ycaretil & Patient Education

Marcia Francis, M.A., M.Ed., A.H.I.P
Southwest Clinical Campus Librarian
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Topics to Cover

- What is health literacy?
- Why is low health literacy a concern?
- Who is affected by low health literacy?
- How can physicians help?
What is Health Literacy?

"The degree to which an individual has the capacity to obtain, communicate, process, and understand health information and services in order to make appropriate health decisions."

p. 518

Patient Protection & Affordable Care Act, 2010, Title V—Health Care Workforce, Subtitle A—Purpose and Definitions, Section 5002. Definitions.
Is 180/110 normal? If not, what is?
### Numeracy / Quantitative Literacy

**Directions**
- use dose cup or tablespoon (TBSP)
- do not exceed 4 doses per 24 hrs

<table>
<thead>
<tr>
<th>Group</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>adults &amp; children 12 yrs &amp; over</td>
<td>30 mL (2 TBSP) every 6 hrs</td>
</tr>
<tr>
<td>children 6 to under 12 yrs</td>
<td>15 mL (1 TBSP) every 6 hrs</td>
</tr>
<tr>
<td>children 4 to under 6 yrs</td>
<td>ask a doctor</td>
</tr>
<tr>
<td>children under 4 yrs</td>
<td>do not use</td>
</tr>
</tbody>
</table>

On a scale of 1 to 10, with 0 being no pain at all and 10 being the worst pain imaginable, how would you rate your pain right now?
“Three-quarters of the patients in the study who rated their pain as moderately intense - four to seven on the pain scale, a range typically resulting in higher doses of medication - also described their pain as tolerable, a description that normally means no more pain treatment is needed.”
# Knowledge of Health Insurance Terms and Concepts

Percent who correctly answered each question:

<table>
<thead>
<tr>
<th>Question</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health insurance premium must be paid every month</td>
<td>79%</td>
</tr>
<tr>
<td>Definition of “health insurance premium”</td>
<td>76%</td>
</tr>
<tr>
<td>Definition of a health plan “provider network”</td>
<td>76%</td>
</tr>
<tr>
<td>Definition of “annual health insurance deductible”</td>
<td>72%</td>
</tr>
<tr>
<td>Ability to appeal health plan denial</td>
<td>68%</td>
</tr>
<tr>
<td>Definition of the “annual out-of-pocket limit”</td>
<td>67%</td>
</tr>
<tr>
<td>Calculate out-of-pocket costs for hospital stay with deductible and copay</td>
<td>51%</td>
</tr>
<tr>
<td>Not all doctors who provide care at in-network hospital may be in-network</td>
<td>41%</td>
</tr>
<tr>
<td>Definition of a “health insurance formulary”</td>
<td>33%</td>
</tr>
<tr>
<td>Calculate out-of-pocket costs when insurer pays a portion of allowed charges for out-of-network lab test</td>
<td>16%</td>
</tr>
</tbody>
</table>

*SOURCE: Kaiser Family Foundation, Assessing Americans’ Familiarity With Health Insurance Terms And Concepts (conducted October 17-27, 2014)*
Patients & Healthcare Provider

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"A patient's ability to obtain, understand and act on health information"

"The capacity of health care providers and health care systems to communicate clearly, educate about health and empower patients"

https://healthliteracymn.org/health-literacy/health-literacy-basics

"As clinicians, what we say does not matter unless our patients are able to understand the information we give them well enough to use it to make good health-care decisions. Otherwise, we didn’t reach them, and that is the same as if we didn’t treat them."

p. 784

Why?

Evidence-Based Medicine

The EBM Triad

http://med.fsu.edu/index.cfm?page=medicalinformatics.ebmTutorial
Health Communication and Health Information Technology

HC/HIT-1   Improve the health literacy of the population

https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology

Increase the proportion of persons who report their health care provider always . . .

HC/HIT-1.1
Gave them easy-to-understand instructions about what to do to take care of their illness or health condition
(2011: 64.1%; target: 70.5%)

HC/HIT-1.2
Asked them to describe how they will follow the instructions
(2011: 24.4%; target: 26.9%)

https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology
The New Era of Informed Consent
Getting to a Reasonable-Patient Standard
Through Shared Decision Making

In the United States, approximately half of the
states have adopted the reasonable-patient
standard.” p. 2,063


<table>
<thead>
<tr>
<th>State</th>
<th>Classification</th>
<th>Statutory Authority</th>
<th>Key Case</th>
<th>Other Pertinent/ Recent Case Law</th>
<th>Explanatory Notes</th>
</tr>
</thead>
</table>

“When one accounts for the future costs of low health literacy that result from current actions (or lack of action), the real present day cost of low health literacy is closer in range to $1.6 trillion to $3.6 trillion.”


Health Impacts on Patients

https://www.youtube.com/watch?v=BgTuD7L7LG8
Patients with limited literacy may not understand:

- Prescription medication labels
- Complex instructions (e.g., medication dosing, diet restrictions)
- Patient education materials
- Instructions for clinical tests

Health Implications

- Disease knowledge
- Use of preventive services
- Hospitalization
- Overall health status
- Control of chronic disease
- Mortality


Who?
Limited health literacy is most common in patients with:

- Older age
- Lower knowledge of disease
- Lower use of preventive services
- History of hospitalization
- Poor overall health status
- Poor control of chronic disease
- Higher predicted mortality rates

“Avoid making assumptions about your older patients; they are diverse and will have different views of aging . . . . Ask about the patient’s priorities for care.”
Even people who read well and are comfortable using numbers can face health literacy issues when they:

• Are not familiar with medical terms or how their bodies work.
• Have to interpret statistics and evaluate risks and benefits that affect their health and safety.
• Are diagnosed with a serious illness and are scared and confused.

Behavioral Clues

- Patient registration forms are incomplete or inaccurately completed
- Noncompliance with medication regimens
- Lack of follow-through with laboratory tests, imaging tests, or referrals to consultants
- Patients say they are taking their medication, but lab tests or physiological parameters do not change as expected


More Behavioral Clues

**Responses to receiving written information**
- “I forgot my glasses. I’ll read this when I get home.”
- “I forgot my glasses. Can you read this to me?”
- “Let me bring this home so I can discuss it with my children.”

**Responses to questions about medication regimens**
- Unable to name medications
- Unable to explain a medication’s purpose
- Unable to explain timing of medication administration

Screening

A single screening question:

“How confident are you filling out medical forms?”

Extremely/quite a bit = adequate health literacy
Somewhat/a little/not at all = marginal or inadequate health literacy

Another single screening question:

“How happy are you with how you read?”

How?
Health Literacy Universal Precautions

Everyone benefits when communication is clear:

• Looks can be deceiving. Offer help to all.
• Worry or illness can cloud understanding.
• Offer clear explanations.
• Check to see if you have been clear.


CFM Resident Policies

Patient Education

Patient education is given to a patient to provide help in solving his/her health problem. It should be incorporated in to routine office visits for all patients. Effective patient education ensures that patients have a sufficient level of knowledge and understanding, which allows them to make informed decisions regarding their care.

Patient education is selected to recognize the education level, literacy and language needs of patients. Select education materials that are written at a 5th to 8th grade level. Education materials need to support education provided and not take place of provider education.

Approved Websites to provide patient handouts for education are listed below. Multiple copies of handouts that cover common health problems in the community can be printed. Periodically check website for revisions and update handouts. If education materials are not on this list or part of current handouts the information needs to be approved by a faculty member.

http://med.und.edu/policies/_files/docs/gme-und-cfm-bismarck-2018.pdf, pp. 32-33
Pediatric Medicine: www.cponline.org
Dermatology: www.aad.org
Diabetes: http://www.diabetes.org
www.internationaldiabetescenter.com

Health Maintenance http://epss.ahrq.gov/ePSS/GetResults.do?method=search&new=true
Medicaid Lexicomp Patient Instructions

Approved Patient Handouts to provide education to patients are listed below. If new education handouts are to be implemented they need to be approved by a faculty member.

OB: First OB packets
Diabetic Patients

Do you have any questions?

What questions do you have for me today?
Living Room Language

- Utilize » Use
- Adverse reaction » Side effect
- Hypoglycemia » Low sugar
- Oral » Mouth
- Topical » On the skin
Living Room Language?

- Adverse
- Analgesic
- Anti-inflammatory
- Avoid
- Contraception
- Diet
- Generic
- Internist
- Intermittent
- Cellulitis
- Enlarge
- Insurance premium
- Lateral
- Lipids
- Menses
- Monitor
- Normal Range
- Osteoporosis
- Referral
- Terminal
- Toxic
- Depression
- Practitioner

Be Clear with Words & Numbers

Words with multiple meanings: stool, dressing, gait, diet, etc.

No Acronyms (or explain): HDL, CAT, MRI, PCI, MI

Put health measurements in a context (their # & then healthy #)

Idioms may not work (Are you sad? vs. Are you feeling blue?)

Meanings vary by language (Once means 11 in Spanish)

Picture = 1,000 words

The Altoona List of Medical Analogies

Communication of complex medical concepts can be challenging and frustrating. The medical analogy is a valuable tool to bridge the gap between clinician and patient. The goal of the Altoona List of Medical Analogies is to raise consciousness of this tool and to begin sharing the rich variety of analogies available.

Browse, enjoy, send us your favorites; really communicate with your patients.

"An good analogy is better than gold, yea than much fine gold” Paraphrase of Proverbs
Teach-Back . . .

• **NOT** a test of the patient, but of how well you explained a concept.

• Ask patients to repeat *in their own words* what they need to know or do, in a non-shaming way.

• A chance to check for understanding and, if necessary, re-teach the information.
8 Most Common Patient Education Mistakes

1. Make assumptions.
2. Teach before you know who you are teaching.
3. Talk, talk, talk.
4. Lecture.

https://www.youtube.com/watch?v=qLISVPGP8fY

8 Most Common Patient Education Mistakes

5. Don’t let the learner interrupt you.
7. Ignore or make light of the learner’s concerns.
8. Teach when the problem isn’t a lack of information.

https://www.youtube.com/watch?v=qLISVPGP8fY