

Health Literacy For Doctors (Practices): How to Use Physician Practices to Help Patients Understand Health Information

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Michael S. Barr, MD, MBA, FACP
Vice President, Practice Advocacy & Improvement
Division of Government Affairs & Public Policy
American College of Physicians
Email: mbarr@acponline.org
Phone: 202-261-4531

Definition of Health Literacy

Health literacy is defined in Healthy People 2010 as:

"The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions".

Is “Health Literacy” in the Medical Office an Oxymoron?

From *Answers.com*:

ox-y-mo-ron (o(k'se--môr'o(n', -mo-r'-)
pronunciation|n., pl. -mo-ra (-môr'?, -mo-r'?) or
-rons.

A rhetorical figure in which incongruous or contradictory terms are combined, as in a deafening silence and a mournful optimist... [*or a health literate medical office*]

Opportunity – and Risk

- “During 2003–04, there were, on average, 161,200 office-based medical practices in the United States involving 311,200 physicians”
 - Estimate of total office visits: 908 million
- “Solo physician practitioners, who constituted 69.2 percent of all practices but 35.8 percent of all physicians, had 36.8 percent of all office-based visits”
 - Interpretation: 334 million visits in small offices

Many Small Practices...

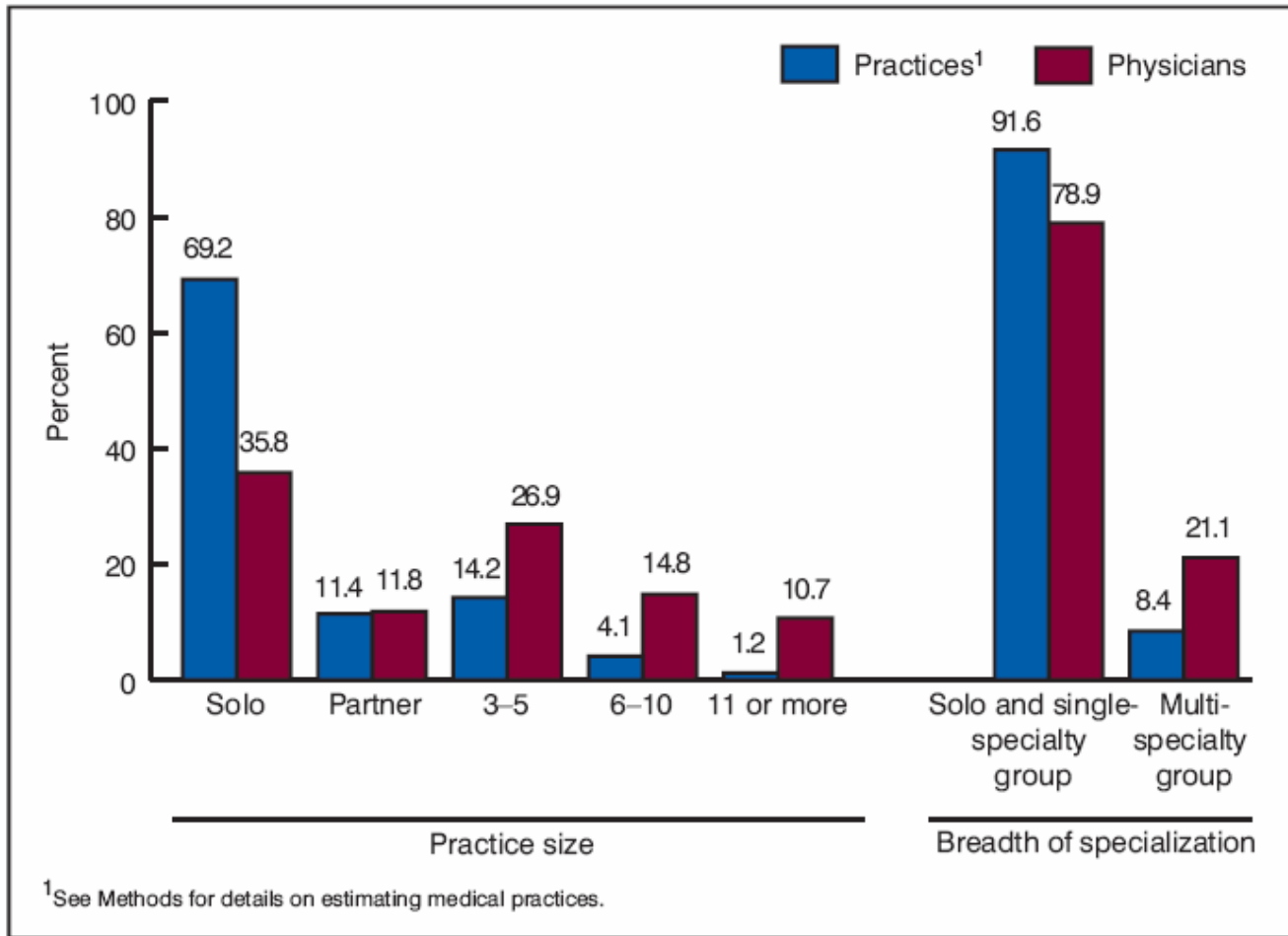
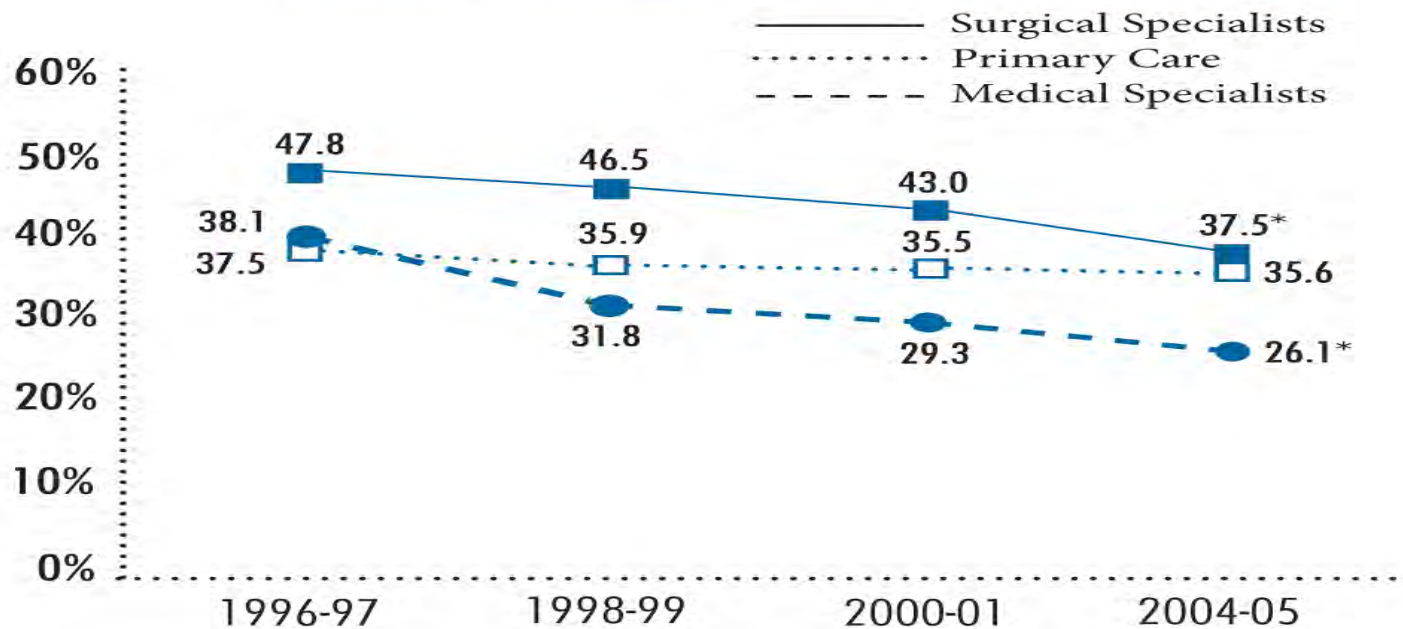


Figure 1. Percent distributions of office-based medical practices and physicians within practices by size and breadth of specialization: United States, 2003-04

That Are Not Going Away (Primary Care)...

Figure 2:

Physicians in Solo/Two-Physician Practices by Specialty, 1996-97 to 2004-05



* Change from 1996-97 is statistically significant at $p < .001$.

Source: HSC Community Tracking Study Physician Survey

Which are Small American Businesses...

Physicians Who are Full/Part Owners, by Specialty, 1998-97 to 2004-05

	1996-97	1998-99	2000-01	2004-05
All Physicians	61.6%	56.7%	55.9%	54.4%*
Primary Care	54.3	49.6	50.1	51.8
Medical Specialists	58.1	51.8	51.7	47.3*
Surgical Specialists	75.5	72.7	71.2	68.4*

*Change from 1996-1997 is statistically significant at $p < .001$.
Source: HCS Community Tracking Study Physician Survey

That are Slow to Adopt Technology...

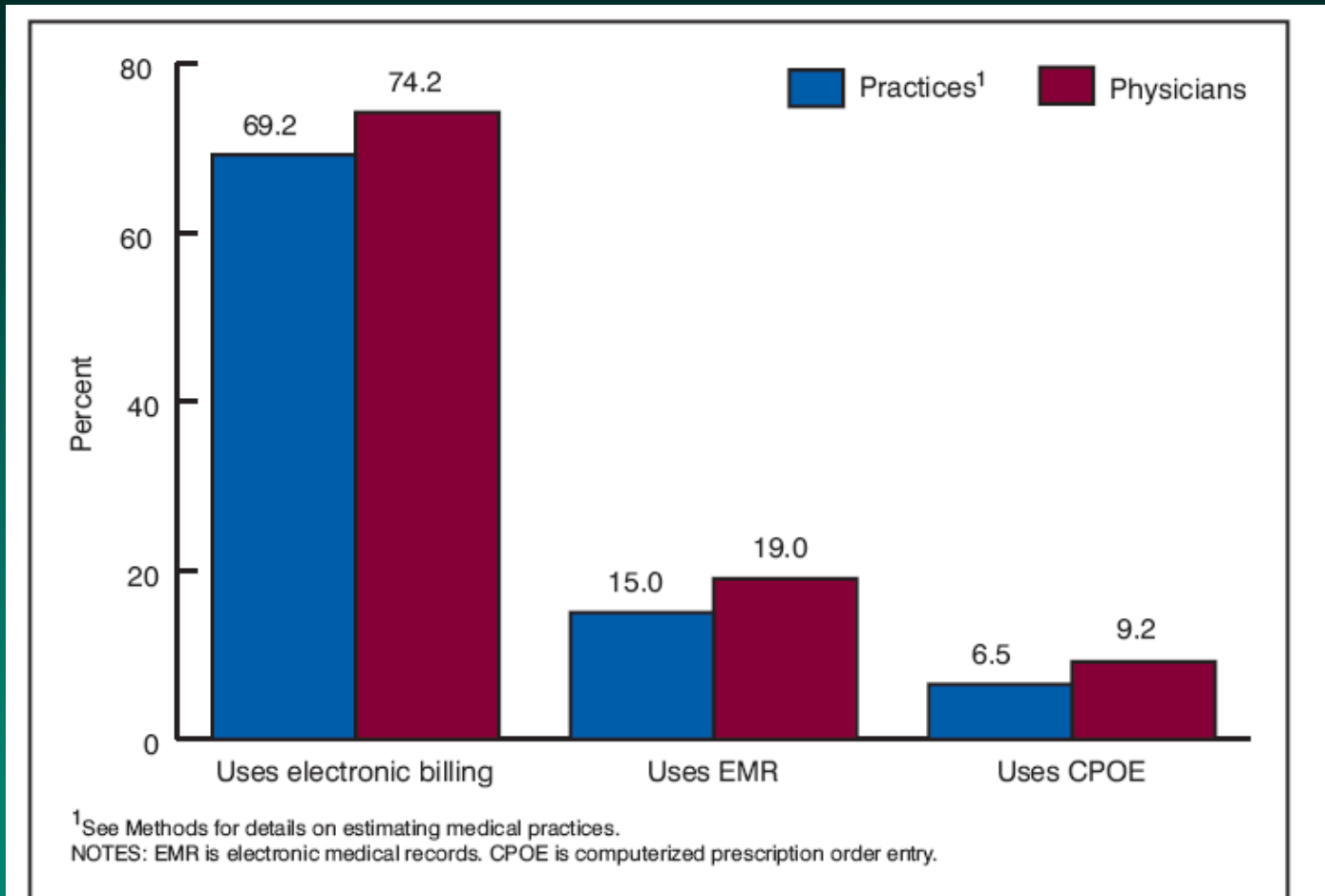
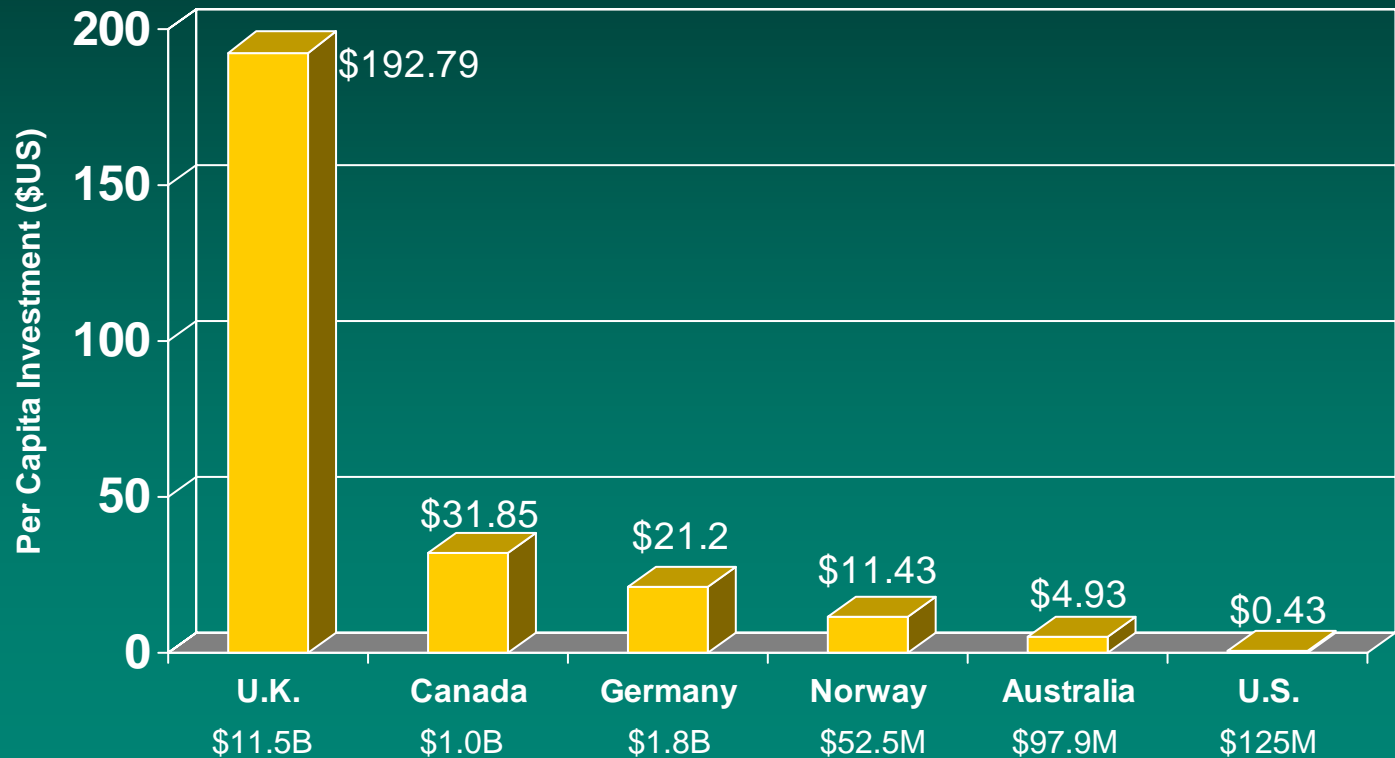


Figure 2. Percent of office-based medical practices and physicians using computerized administrative and clinical support systems: United States, 2003–04

Perhaps Due to Underinvestment...

Total Investment in HIT Per Capita



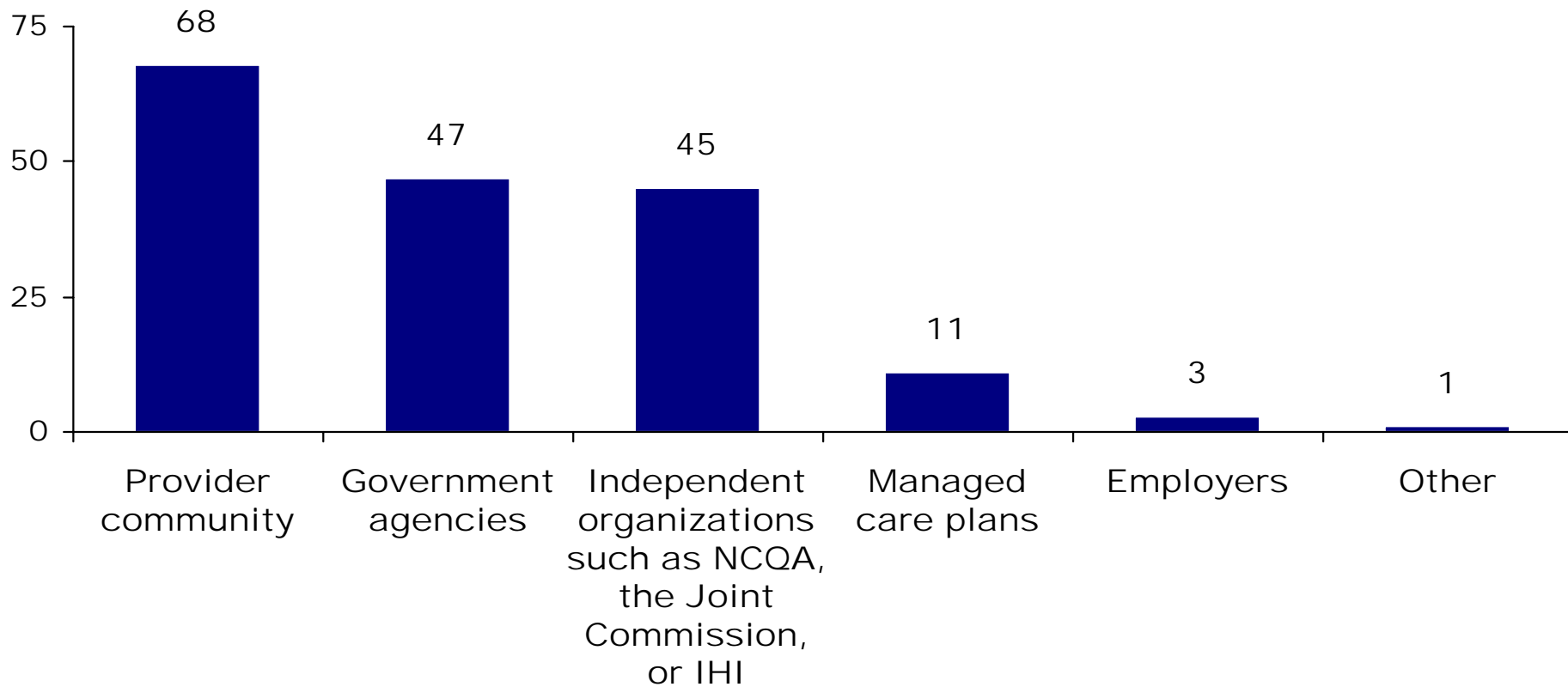
Anderson GF, Frogner BK, Johns RA, Reinhardt UE: Health Care Spending and Use Of Information Technology in OECD Countries. Health Affairs 25, no. 3 (2006): 819-831

**...But are Still Held Accountable for
Change**

Health Care Opinion Leaders: Views on Responsibility for Improving Quality and Safety of Health Care

“Who should be primarily responsible for improving the quality and safety of care delivered in the United States?”

Percent responding . . .



Note: Bars do not sum to 100% because survey respondents were asked to choose two options.

Source: Commonwealth Fund Health Care Opinion Leaders Survey, July 2007.

Challenges

Multitude of Opportunities for Failure

- **Calls to office; voice mail prompts**
- **Sign-in sheet**
- **Signage in parking lot/entry/lobby/front desk**
- **Clip board forms (history, insurance, HIPAA, ABN)**
- **School forms**
- **Posters in the exam room**
- **Educational materials**
- **Prescriptions by clinician**
- **Pharmacy forms**
- **Lab results**
- **Advance Directives**

CMS: Advance Beneficiary Notice

PLEASE CHOOSE **ONE** OPTION. CHECK **ONE** BOX. **SIGN & DATE** YOUR CHOICE.

Option 1. YES. I want to receive these items or services.

I understand that Medicare will not decide whether to pay unless I receive these items or services. Please submit my claim to Medicare. I understand that you may bill me for items or services and that I may have to pay the bill while Medicare is making its decision. If Medicare does pay, you will refund to me any payments I made to you that are due to me. If Medicare denies payment, I agree to be personally and fully responsible for payment. That is, I will pay personally, either out of pocket or through any other insurance that I have. I understand I can appeal Medicare's decision.

Option 2. NO. I have decided not to receive these items or services.

I will not receive these items or services. I understand that you will not be able to submit a claim to Medicare and that I will not be able to appeal your opinion that Medicare won't pay.

Date

Signature of patient or person acting on patient's behalf

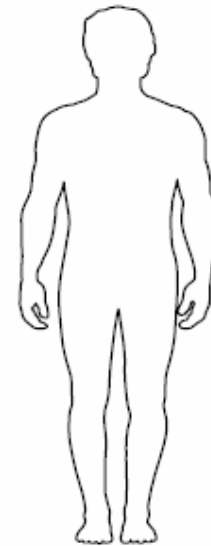
7.5 Grade Reading Level!

Pain Questionnaire

1. Where is your pain? Write in words or use the picture to show where you have pain.

2. Circle the words that describe your pain.

Aching	Sharp	Penetrating
Throbbing	Tender	Nagging
Shooting	Burning	Numb
Stabbing	Exhausting	Miserable
Gnawing	Tiring	Unbearable



Patient Rights & Responsibilities - From a Community Health Center

You have the right to:

- A personal clinician who will see you on an on-going, regular basis.
- Competent, considerate and respectful health care, regardless of race, creed, age, sex or sexual orientation.
- A second medical opinion from the clinician of your choice, at your expense.
- A complete, easily understandable explanation of your condition, treatment and chances for recovery.
- The personal review of your own medical records by appointment and in accordance with applicable State and Federal guidelines.
- Confidential management of communication and records pertaining to your medical care.
- Information about the medical consequences of exercising your right to refuse treatment.
- The information necessary to make an informed decision about any treatment or procedure, except as limited in an emergency situation.
- Be free from mental, physical and sexual abuse.
- Humane treatment in the least restrictive manner appropriate for treatment needs.

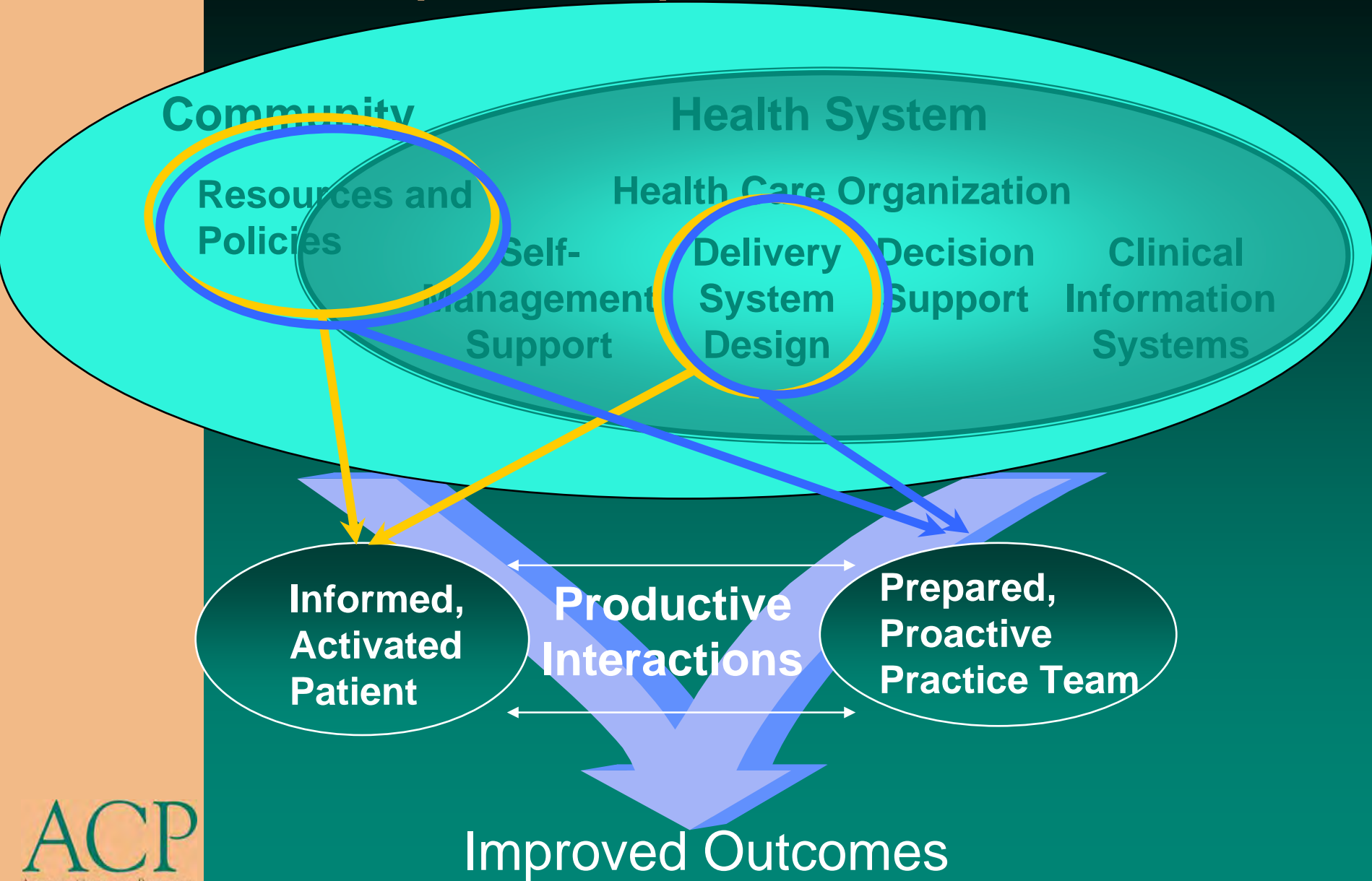
12th Grade Reading Level!

**IF YOU HAVE SYMPTOMS OF THE FLU
OR A COLD, *YOU* MAY BE ASKED TO
WEAR A MASK IN ORDER TO PROTECT
OTHER PEOPLE FROM GETTING YOUR
ILLNESS!**

**IN ADDITION PLEASE DO THE
FOLLOWING:**

- 1. Cover your mouth when you cough.**
- 2. Use the tissues provided if you do not have some of your own.**
- 3. Please discard used tissues in the trash cans.**
- 4. Please clean your hands using the alcohol based hand sanitizer after coughing, sneezing or blowing your nose. See directions for alcohol based hand sanitizer next to dispenser!**

(Chronic) Care Model



Practice Support: Overcoming Barriers



www.acponline.org/cfpi

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Physicians' Foundation for Health Systems Excellence

www.physiciansfoundation.org

Center for Practice Innovation



Overview of Selected Practices

- 34 practices
- Average size: 1.79 physicians
- Staffing ratio approximately 2 support staff/physician
- Most general internal medicine; some subspecialists
- 30% with an EMR
- Almost 50% of practices are “family-run” businesses
- 41% have at least one staff working in practice more than 8 years

Project Outline

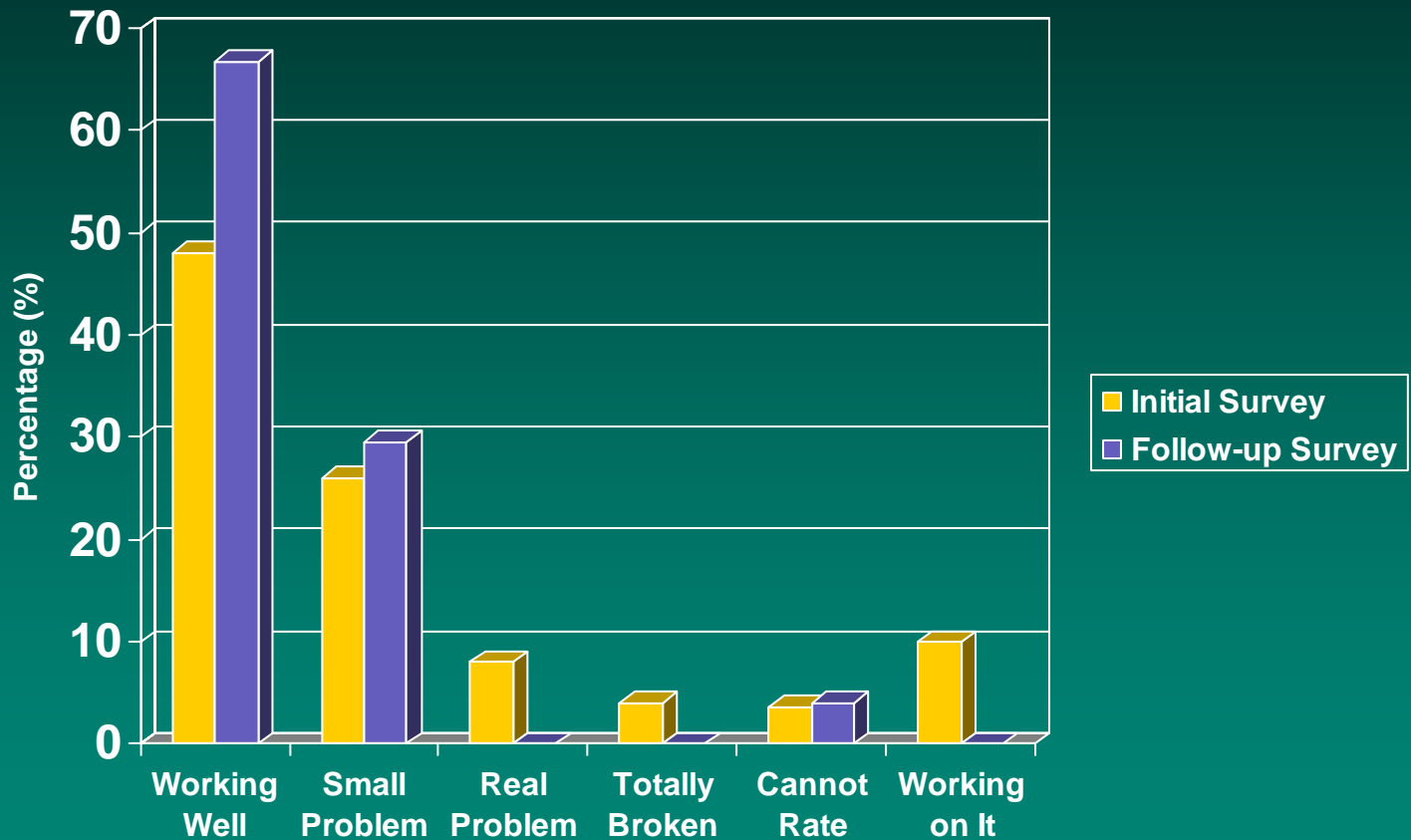
- **Initial visit (Spring/Summer 2006)**
 - “Fly-on-the-wall” perspective
 - Clinical chart review
 - Workshop with physicians and key staff to review observations
- **Development of work plan**
 - Clinical improvements
 - Workflow improvement strategies
 - Financial assessment
- **Implementation of work plan/reporting**
 - Conference calls
 - Email exchanges
- **Follow-up visit to re-assess (Spring/Summer 2007)**
- **CME and credit for Part IV of Maintenance of Certification**

The CPI Scurry

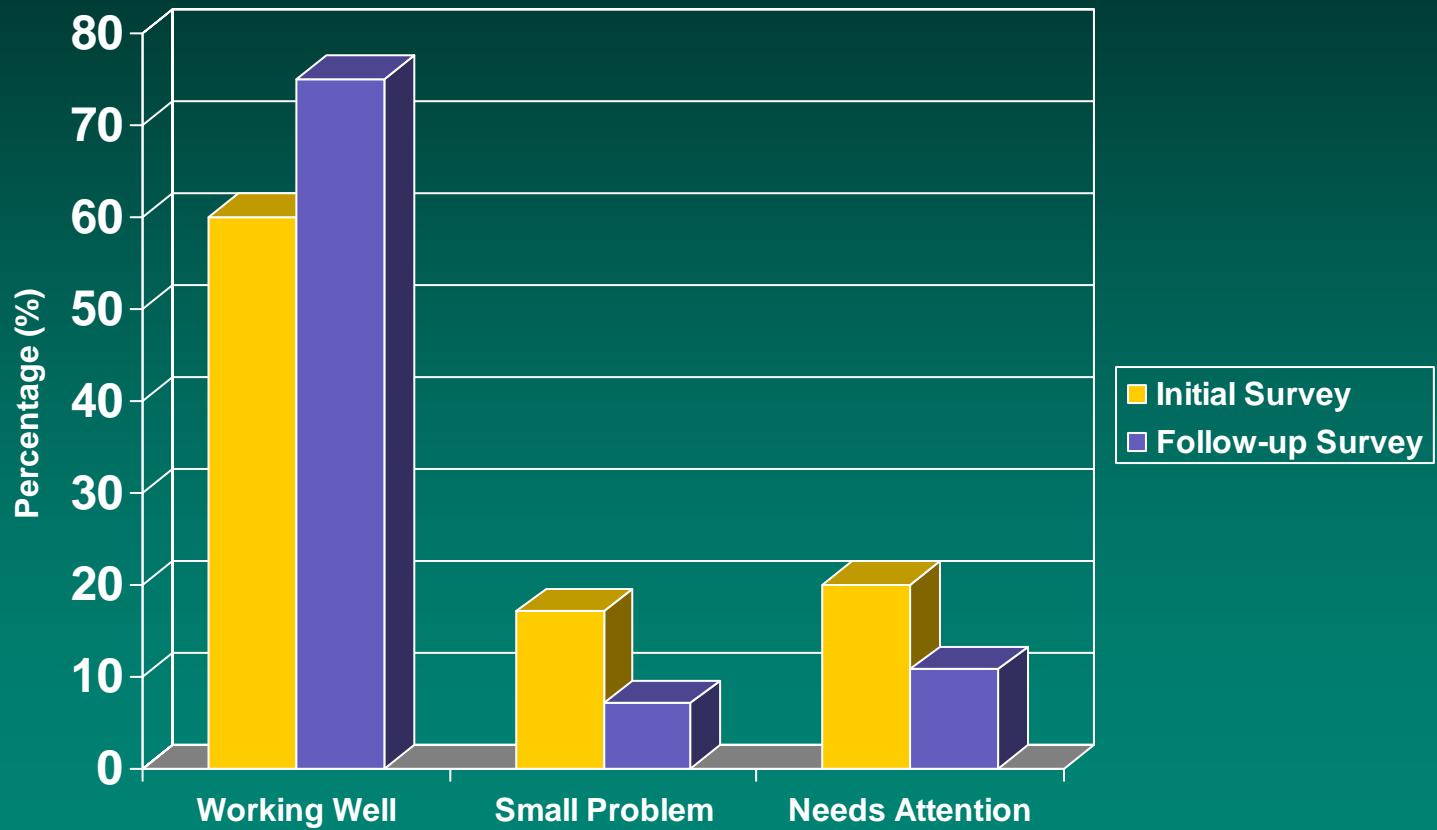
- Initial site visits between 5/31/06 and 9/22/06
- Site visits
 - 2-4 hours evaluating each practice
 - 1-2 hours preparing report (on site)
 - Approximately 2.5-3 hours in workshop presenting reports
- Second site visits May – June 2007 (30 practices)
- Conference calls
- Emails
- Data collection on clinical measures, satisfaction (patient, staff & clinicians) and financial performance



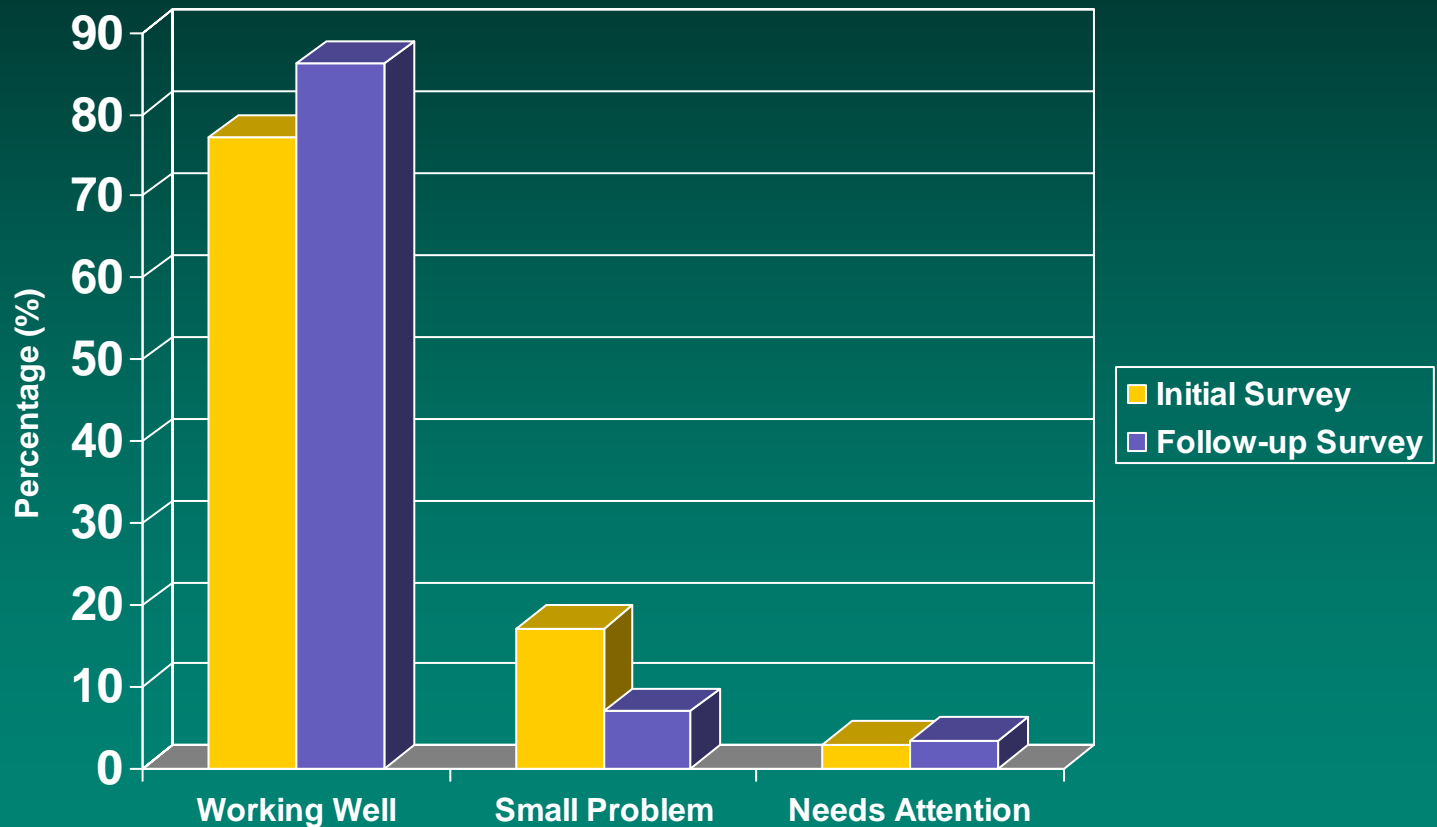
Self-Rating of Education Processes for Patients & Families



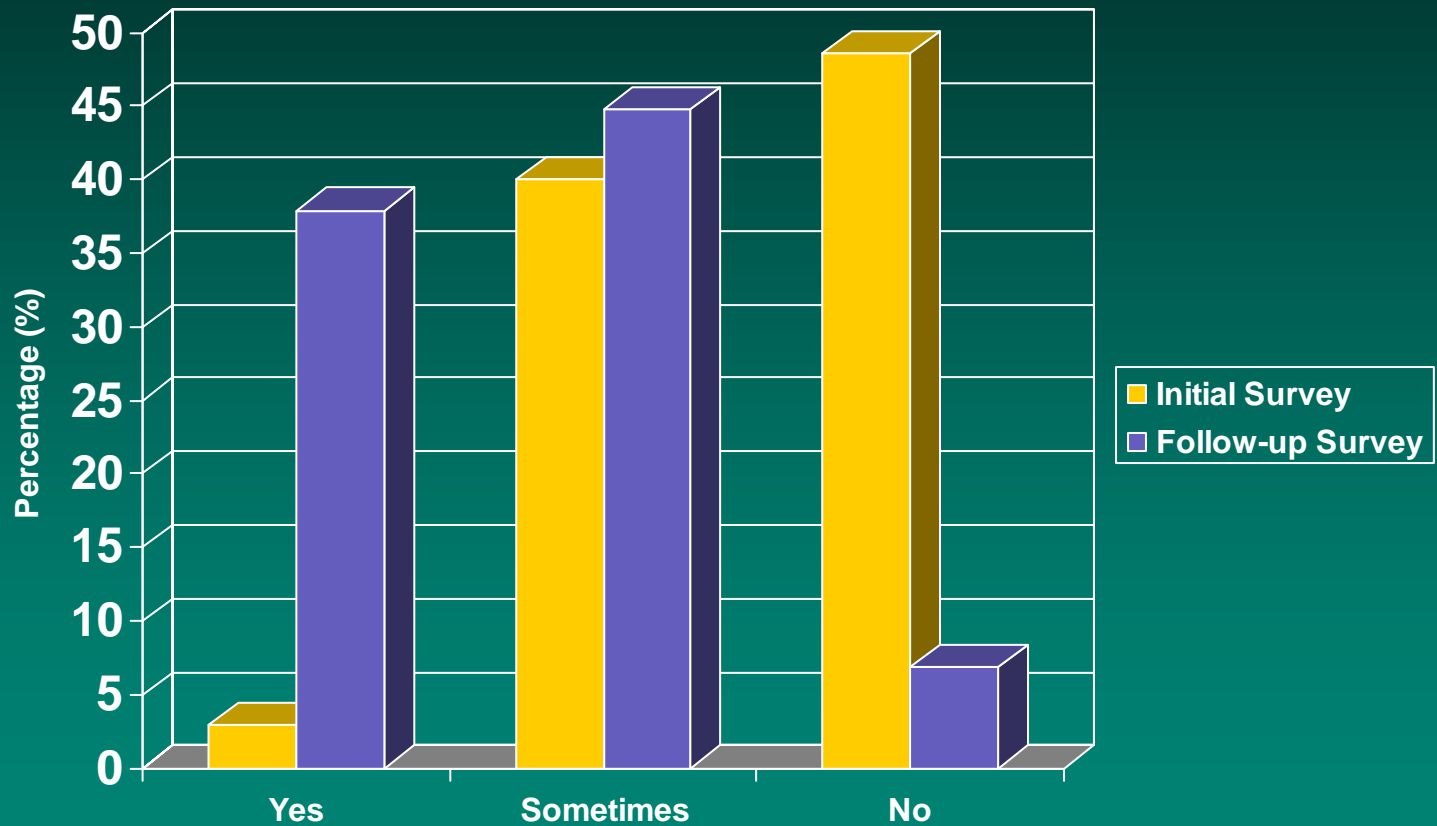
Patient Education (Reviewer Ratings)



Communication with Support Team (Reviewer Rating)

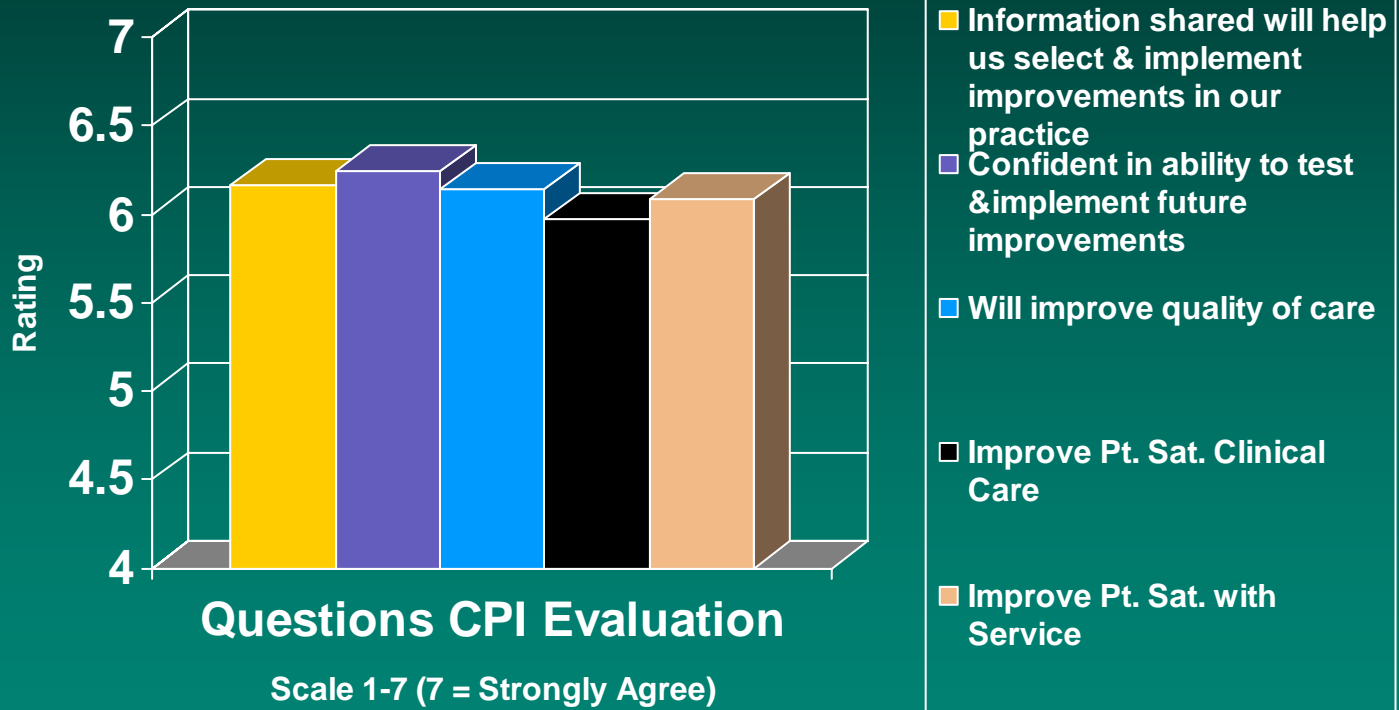


Sample Medication Management (Reviewer Rating)



CPI Evaluation

Selected Survey Results (n=37)



Next Steps

- **Use a standardized evaluation tool* to assess the ability of practices to meet the health literacy needs of the vulnerable and underserved populations with respect to:**
 - **Navigation of the practice by patients and families, including attention to access from the outside and movement within the practice.**
 - **All forms and methods of communication with patients and/or families by the practice staff and clinicians.**
 - **The understandability and cultural sensitivity of written and spoken information.**
 - **The use of technology to support patient/family self-management.**

For example, an adaptation of “Partners for Action: Making your Healthcare Facility Literacy-Friendly” by Rima E. Rudd, MSPH, ScD

Conclusions

- **Many Americans receive care in small ambulatory practices**
- **Multiple opportunities for both success & failure**
- **Many practices are not aware of issues but once they are, small offices can implement corrections quickly**
- **Need to broaden focus of research to health “literacyzing” practices**
- **Possible synergistic impact of creating materials that activate patients AND prepare the clinical team**