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What Needs to Be Done to Introduce Change In Health Literacy

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The Quality Problem

- The U.S. health care system is the most expensive in the world
- ... and in return for that vast outlay of funds it delivers inconsistent quality and poor health outcomes relative to other advanced countries. (infant mortality, disability adjusted life expectancy, etc.)

“On average, Americans receive about half of recommended medical care processes.” — McGlynn, et al, NEJM, 6/26/03

		# of Indicators	% Receiving Recommended Care
Type of Care	Overall care	439	54.9%
	Preventive	38	54.9%
	Acute	153	53.5%
	Chronic	248	56.1%
Function	Screening	41	52.2%
	Diagnosis	178	55.7%
	Treatment	173	57.5%
	Follow-up	47	58.5%

IOM: “What is perhaps most disturbing is the absence of real progress toward restructuring health care systems to address both quality and cost concerns, or toward applying advances in information technology...”

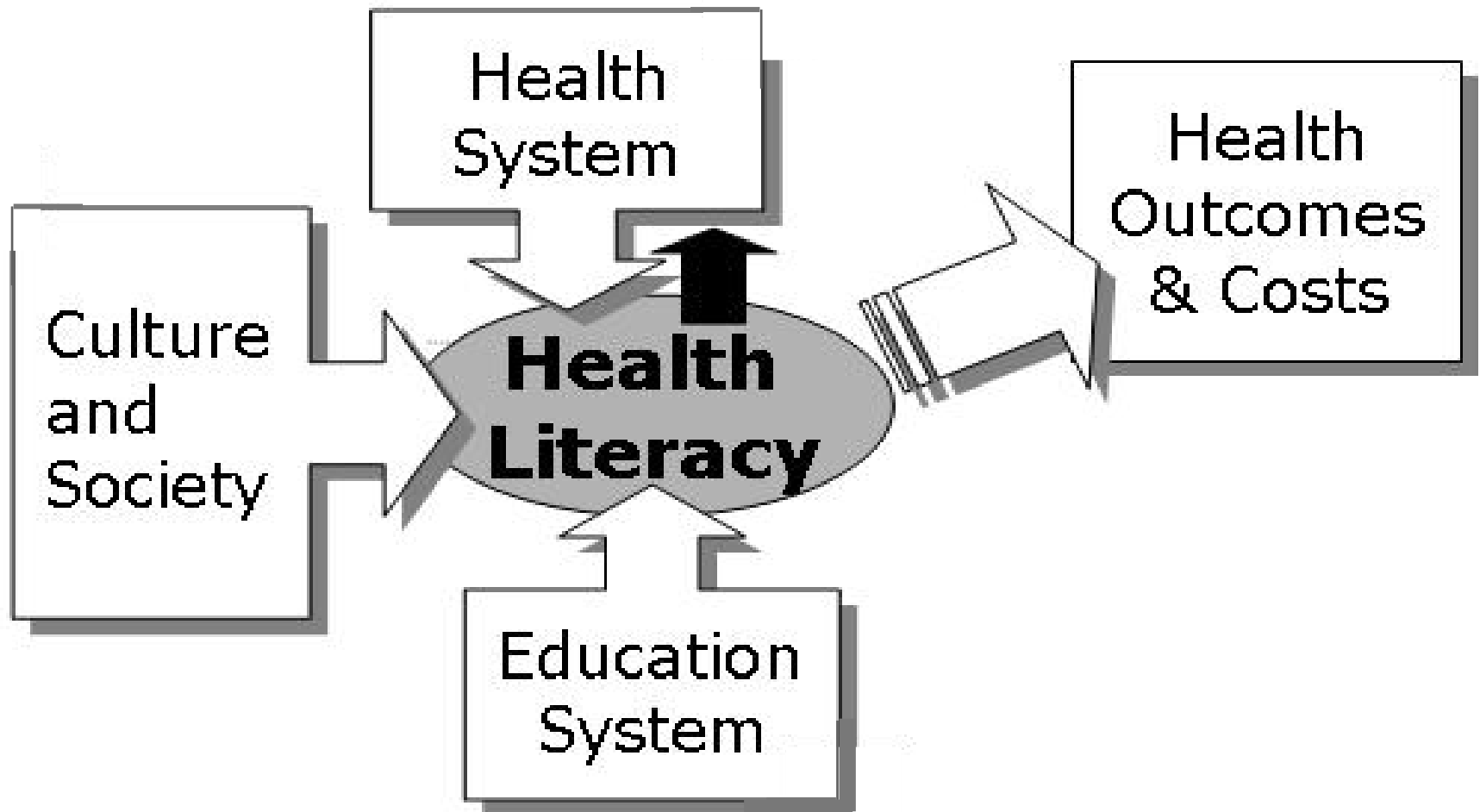
Source: NEJM 348:26, Rand study

Does It Matter If Recommended Care is Received?

Condition	What We Found	Preventable Complications/ Deaths (Annual)
Diabetes	Blood sugar not measured for 40%; 24% uncontrolled	2,600 blind; 29,000 kidney failure
Hypertension	Blood pressure uncontrolled in 58%	68,000 deaths
Heart attacks	39-55% did not receive needed medications	37,000 deaths
Pneumonia	36% no vaccine	10,000 deaths
Colon cancer	62% not screened	9,600 deaths

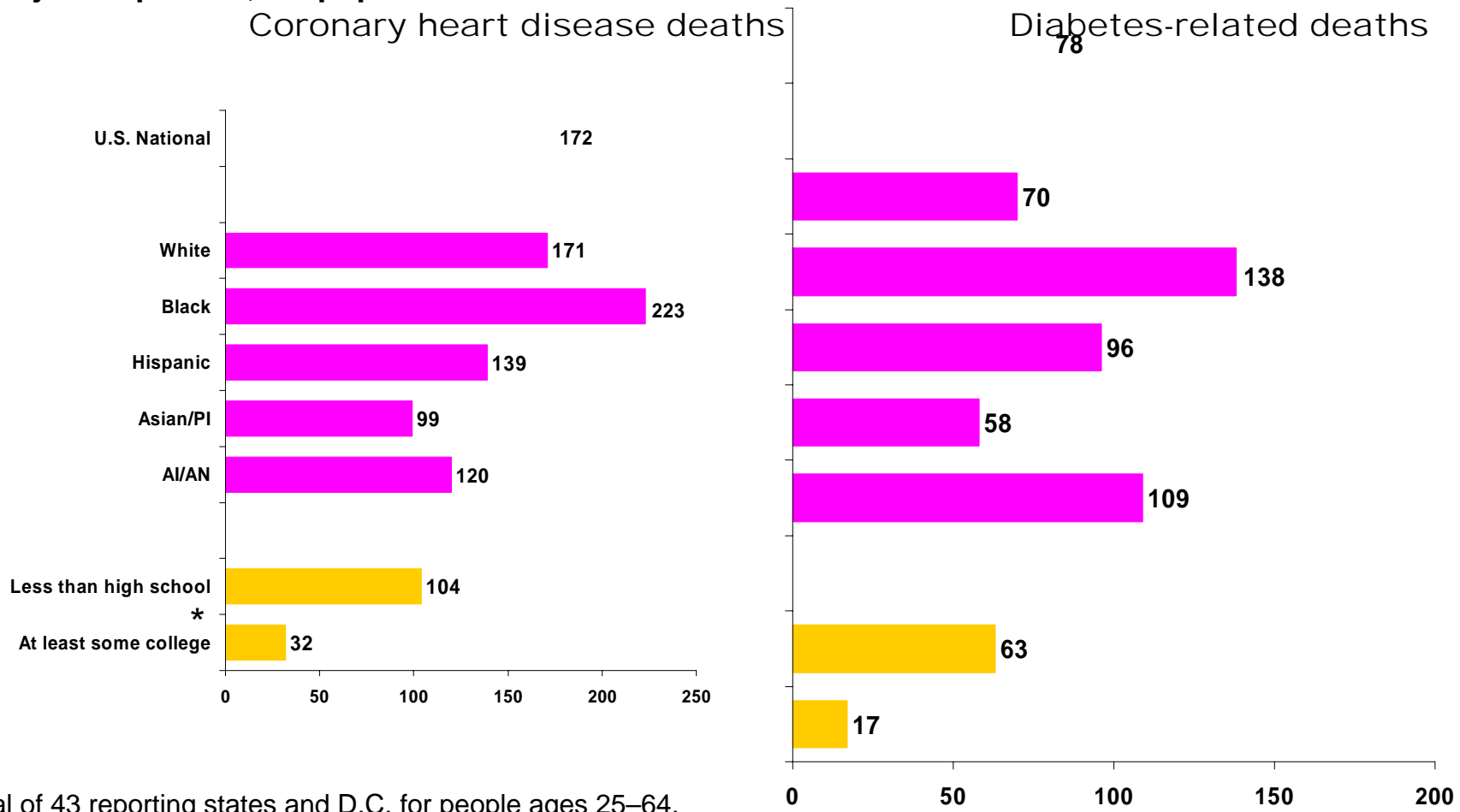
Robert Brook, Rand, Presentation September, 2004, Pittsburg, PA

Health Literacy Framework



Coronary Heart Disease and Diabetes-Related Mortality, by Race/Ethnicity and Education Level, 2003

Age-adjusted per 100,000 population



* Total of 43 reporting states and D.C. for people ages 25–64.

PI = Pacific Islander; AI/AN = American Indian or Alaskan Native.

Data: National Vital Statistics System—Mortality (Retrieved from DATA2010 at <http://wonder.cdc.gov/data2010>).

Financial impacts

- Low health literacy increases US health care costs by \$50-73 billion annually.

(Georgetown University Center on an Aging Society in 1998 dollars.)

- Those with low health literacy have an average health care cost of \$13,000 compared to \$3000 for those with higher literacy levels.

(AMA)

Factors affecting health literacy

- General literacy
- Complexity of health information
- Experience with health system
- Culture and language
- How information is communicated
- Aging
- Emotions

It's not just the patient's problem...

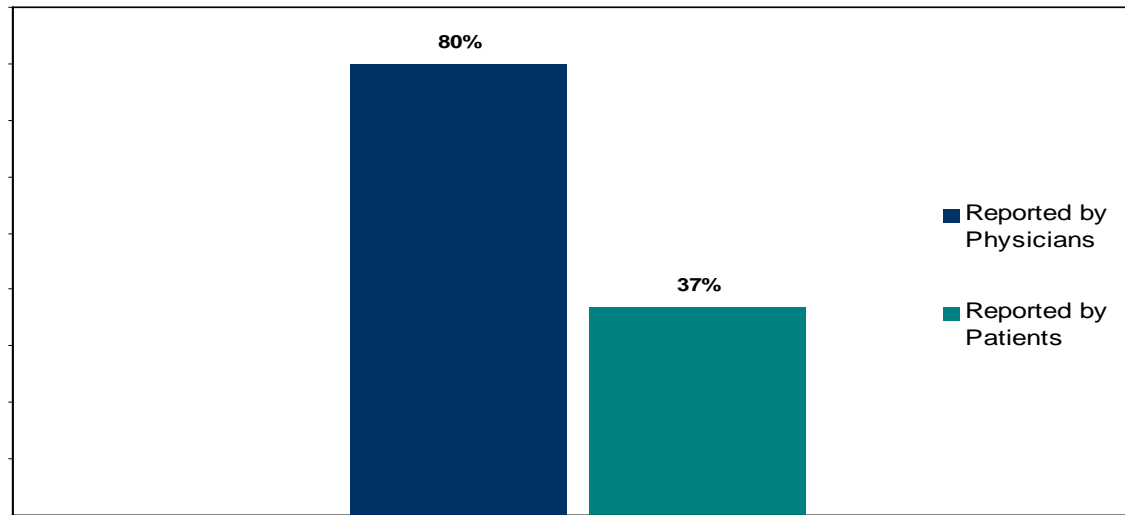
- Limited health literacy is not just due to the patient's characteristics. It's about how well we connect with the patient.
- Health literacy comes from patient-centered communication tailored to each patient's needs, including language, understandability, format, level of detail and cultural appropriateness.

We contribute to the problem

- People's ability to understand health information is related to the clarity of our communications. Health professionals' skills, medical jargon, and complicated health care systems & information affect health literacy.
- There is often a mismatch:
 - between the reading level of health information and reading skills of patients
 - between the communication skills of health professionals and consumers.

We may assume they understand...

- Patients leaving the physician's office with a good understanding of what they are told
(Intermountain Healthcare study, 2005 – IOM)



Possible Areas for Roundtable Action to Implement a Vision for a Health-Literate America

Health Care System

- Access to care/provider
- Access to reliable, understandable information and materials
- Infrastructure support for good patient-provider interaction
- Clear communication at all levels
- Health law, patient rights and responsibilities
- Technology

Government

- Health plan purchasing
- Drug labeling and advertising
- Regulatory role
- Health education role

Improved Health Literacy and Health Outcomes

Society

- Community-based supports and infrastructure, engagement with other sectors (education, healthcare, etc)
- Support for individuals' role in home-based health care

Business

- Employee health and safety and literacy programs
- Health plan purchasing
- Partnership with other sectors
- Role of PHARMA in health literacy

Media

- Access to reliable, understandable information through variety of media channels

Education

- Literacy Education
- Health & science in K-12 curriculum
- Adult education
- Health professionals education

Health Literacy is Cross-Cutting

- Health literacy is integral to all four dimensions of the HealthPartners strategic plan, especially the experience & health dimensions, and it's a key to the success of just about everything we do.
 - 2010 Health Goals
 - Consumer engagement
 - Cultural competence
 - Best care, best experience
 - Patient and health education
 - Patient safety
 - Equitable care
 - Decision support

2010 Health Goals

- Patients and members have and understand the information they need to be effective decision-makers.
 - By 2010, 75% of each defined member/patient segment within the plan, medical group, and dental group will report “strongly agree” (top box) when responding to:
 - “HealthPartners provided information and support for decision making.”
 - “I make better decisions about my health and care using information and support.”
 - By 2006 HealthPartners will outline a formal process for supporting patient decision making and health literacy (Accomplished) .

What Needs to be Done to Introduce Change in Health Literacy?

- From a health system/care delivery perspective, health literacy is about providing patient centered communications.
- We need to continue to build awareness and dispel misperceptions

We Need to Dispel Misperceptions

- It's the patient's problem, not ours, if they don't understand us.
- This isn't an issue for our patients and members.
- It's easy to tell who has limited health literacy.
- Health literacy is only about written communications.
- Addressing health literacy means I'll have to spend a lot more time with patients.

We Need to Hard-Wire Clear Communications

- Build into standardized Processes of Care (e.g. teach-back into visit process)
- EMR support
 - Clear health education content
 - System to present info with patient in mind (no acronyms, don't use all caps, easy to read formats, etc.)
 - Include prompts for clinician users
- Adopt Standards for all patient communications

We Need To Work Collaboratively With Others

- MN Health Literacy Partnership
 - Formed in January, 2006
 - Membership includes hospitals, clinic systems, plans, literacy groups & others
 - Mission is to improve health by promoting health literacy.
 - Share knowledge & resources
 - Topics: medication literacy, consent forms, assessing health literacy, glossaries, policies
 - <http://healthlit.themlc.org>

We Need To Work Collaboratively With Others

- Multilingual Health Resource Exchange
 - Started in 2001
 - Membership includes hospitals, clinic systems, health plans, public health
 - Members share translated health information & best practices
 - Website: 2,000 downloadable materials in 15 languages
 - Web enhancements will include resources on health disparities, equitable care, literacy

A Process That Gets Us To Health Literacy

- Ensure Ownership/accountability and high level executive support for health literacy initiatives.
- Focus for effectiveness and stage the work.
- Set goals and measure progress toward them.

HealthPartners 2007 Initiatives

- Staff awareness & development
- Community collaboration
- Health education
- Language assistance
- Decision support
- Medication therapy management support

Planning for 2008

- Staff awareness & skills development
- Community collaboration
- Need to Hard-wire clear communications into the care process and organization's communications.
- Language assistance
- Decision support
- Policies & processes for health literacy
- Research on health literacy (HPRF)