

# **Quick Start Guide**

## **Promoting Health Literacy** **in Your Patient Encounters**

**Three Things You Can do Right Now:**

- 1. Encourage Questions**
- 2. Confirm Understanding**
- 3. Confirm Medication Accuracy**

## **Why does it matter?**

**Low health literacy is associated with:**

- ♦ Worse health outcomes.**
- ♦ More hospitalizations.**
- ♦ Greater use of emergency care.**
- ♦ Poor medication adherence.<sup>1</sup>**

### Health Literacy

Health Literacy refers to a set of skills that people need to function effectively in the health care environment.<sup>1</sup> Many Americans struggle to understand and act on health information and research suggests that when people visit their doctor, they may understand and retain only half of the information discussed.<sup>2,3</sup> Over one-third of adults in the US have limited health literacy<sup>4</sup>, and it is not just those that you think may have difficulty. Anyone who is in pain, worried or stressed may have trouble understanding and acting on the information. Watch this short [health literacy video](#) to learn more.



### How does this affect your practice?

Limited health literacy may impact your practice through:

- **Decreased patient safety** because patients are not following directions, for example, taking the wrong dose of medicine.
- **Increased phone calls** to clarify information.
- **Cancelled appointments** because patients are not properly prepared for procedures.
- **Patient dissatisfaction** because they misunderstand instructions and are not benefiting from therapies.

### 1. Encourage Questions

#### How do you encourage patients to ask questions?

- Close your encounter with “**What questions do you have?**” instead of “Do you have any questions?”
  - ◇ This creates the expectation that you anticipate questions.
  - ◇ Patients may pause after hearing this to consider things they may want to ask.
- Other ways to elicit questions:
  - ◇ “We discussed a lot of information. What can we review again?”
  - ◇ “High blood pressure is a new diagnosis for you, and I expect that you have some questions. What would you like to know more about?”



## 2. Confirm Understanding

### Use the teach-back method:

- Teach-back is a way to confirm that you have explained a concept to a patient in a manner that they understand.
- After a plan or a concept is discussed, you ask the patient to teach it back to you in their own words.
  - ◇ “Coumadin is not taken like other medicines, so I want to make sure that I explained how to take it so you know just what to do when you get home. Can you tell me how you are going to take this when you get home?”
  - ◇ “We discussed a lot of information today, so tell me what are you planning to do when you get home?”
  - ◇ “What are you going to tell your family when you get home about what we discussed today?”
- Keep in mind that this is NOT a test of the patient, but a way to assess how well you explained a concept. Help your patient feel consulted, not insulted.



### Watch a video that demonstrates using teach-back:

- Watch this [video](#) demonstrating teach-back about weight management with a cardiology patient.

### Use handouts:

- Give patients written material that they can reference at home. Review the handout with them as you are explaining the information during their visit.
- This [medication dosing form](#) is easy to fill out and may be helpful when instructing a patient on taking medicines that are not on a typical dosing schedule (e.g., Coumadin).

Mon	Tue	Wed	Thu	Fri	Sat	Sun
1 pill	2 pills	1 pill	2 pills	1 pill	2 pills	1 pill
1 pill	2 pills	1 pill	2 pills	1 pill	2 pills	1 pill

### Try teach-back:

- Try using teach-back with a few patients each day for a week. Think about what feels comfortable for you to say when asking the patient to tell you what they understand. You may discover your patients are not understanding as much as you think.

### 3. Confirm Medication Accuracy



#### Use the Brown Bag Medication review:

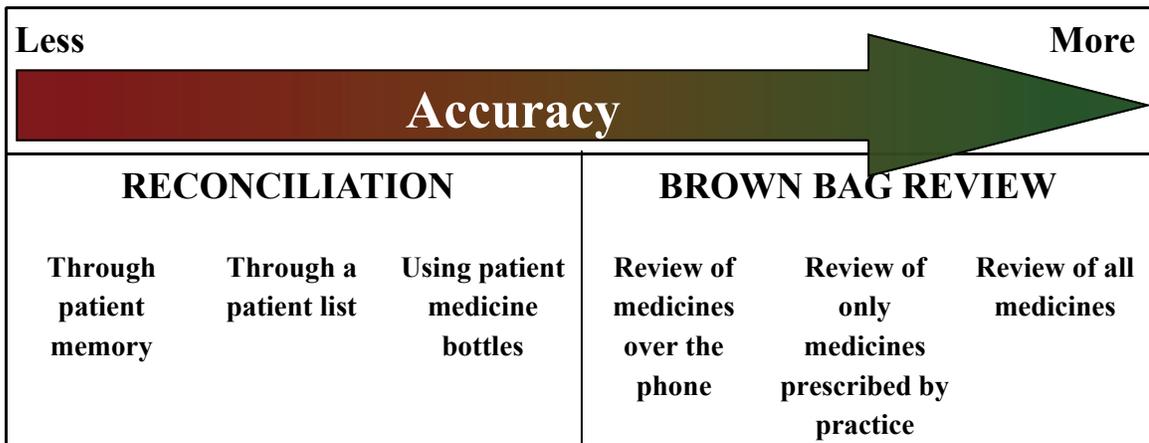
- Review with the patient each medicine they are taking by:
  - Having the patient bring all of their medicine bottles to the appointment.
  - Going through each bottle and asking the patient:
    - ◊ “How do you take this medicine?”
    - ◊ “When do you take this medicine?”
    - ◊ “What do you take this medicine for?”
  - For a sub-specialty like Cardiology, it is often abbreviated by only reviewing the medicines prescribed by that practice.

During our testing, one practice did 5 brown bag reviews, and much to their surprise, errors were identified in 4 out of 5 reviews.

#### Other methods:

- Many practices will attempt to reconcile the medicines a patient is taking with what is listed in the medical record. This is sometimes done by relying on:
  - ◊ Patient’s recall
  - ◊ Patient’s list of medicines
  - ◊ Patient’s pill bottles

Unfortunately, these methods are not as accurate as a Brown Bag Review.



#### Try the Brown Bag Review:

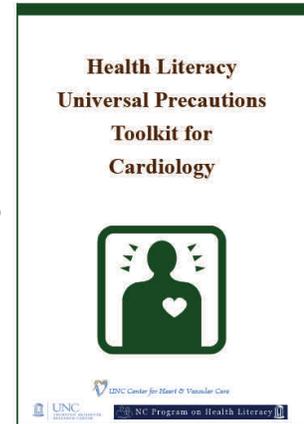
- Identify a few patients and call them the day before their appointment and ask them to bring in all their medicines to their appointment.
- Conduct a Brown Bag Medication Review.
- Use [mymedschedule.com](http://mymedschedule.com) to provide written documentation for the patient.
- Discuss your findings and confirm understanding.

## Where do you go from here?

If this information has been helpful, and you want to learn more, then click on the [list of tools](#) or review the [Health Literacy Universal Precautions Toolkit for Cardiology](#).

This toolkit was written to help practices transform the way they work. Follow our [Path to Improvement](#) for a step-by-step approach to:

- Forming a team,
- Raising awareness,
- Assessing your practice, and
- Planning changes.



You can use the tools as a guide to making changes throughout your practice. Review each tool as a team, plan and implement some changes and talk about how you see these techniques reduce phone calls, reduce cancelled appointments and increase patient satisfaction and compliance.

### References

1. Berkman ND, Sheridan SL, et al. Low health literacy and health outcomes: an updated systematic review. *Ann Intern Med.* 2011;155:97-107.
2. Kessels RP. Patients' memory for medical information. *J R Soc Med.* 2003;96(5):219-22.
3. 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(1):83-90.