

SEPA-READS

Cardiovascular Health Literacy Coalition

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THE HEALTH CARE IMPROVEMENT FOUNDATION
Building Partnerships For Better Health Care

Health and the City

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- <http://www.youtube.com/watch?v=ux6c3wYzRJM&feature=related>

Health Literacy Definition

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

(Ratzan and Parker, 2000)

- Health Literacy is the ability to read, understand, and act on health information effectively.
- Functional health literacy is the ability to apply reading and numeracy skills in a health care setting

Factors that contribute to health literacy

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

Extent of the Literacy Problem

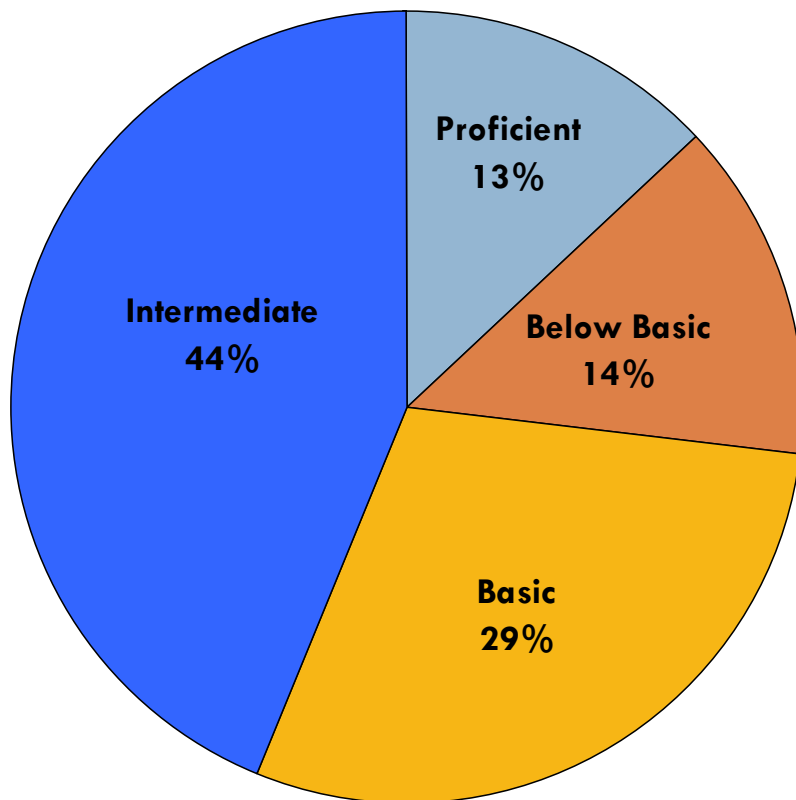
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Literacy is a stronger predictor of an individual's health status than age, income, employment status, education level or racial/ethnic group*

Source: Weiss, B.D. Health Literacy: A Manual for Clinicians. American Medical Society/American Medical Association Foundation, 2003. P.7

93 Million Adults have Basic or Below Basic Health Literacy

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Only 13% of adults in the U.S. have proficient literacy

Overall, 55% of adults have basic (33%) or below basic (22%) quantitative skills

What do we know from a decade of research?

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Low health literacy leads to:

- Lower health knowledge; less healthy behaviors
- Under-utilization of preventive services
- Poorer health outcomes
- Needless patient suffering
- Greater health costs

Specific communication techniques may enhance health literacy.

Costs of Poor Health Literacy: \$100-\$200 billion a year

- Repeat hospitalizations
- 6% more hospitalizations
- Over-utilization of health services
- Longer length of stay
- At least one more doctor visit and 1.5 times more likely to visit a doctor
- More medication & treatment errors
- Three times as many prescriptions

AHRQ, 2004; IOM, 2004; Schwartzberg, 2005
Vernon, Truillo, Rosenbaum, DeBuono, 2007.

Readmission Rates

| | Southeastern PA | Pennsylvania |
|------------------|-----------------|--------------|
| CHF | 29.5% | 27.2% |
| Stroke | | |
| Hemorrhagic | 20.9% | 18.6% |
| Non- hemorrhagic | 15.7% | 14.7% |
| Chest Pain | 12.8% | 12.1% |

Re-hospitalizations are costly and, for the most part, preventable

Pennsylvania Readmissions

- *Ineffective communication among providers, between providers and patients, and between providers across healthcare settings* were among the common themes related to Pennsylvania hospital readmissions reported between January and August 2009

(Hines, STARR: a tool for state policy makers, 2010).

- Using customized, individualized discharge instructions *that incorporate health literacy principles and strategies* designed to improve care transitions are suggested for use in inpatient settings to enhance patient learning and improve handover communication into community settings.

(PA Patient Safety Advisory 2010-Mar. 7(1):1-8)

SEPA-READS Project

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SEPA: Southeastern Pennsylvania

READS: Regional Enhancements Addressing Disconnects - in Cardiovascular Health Communication

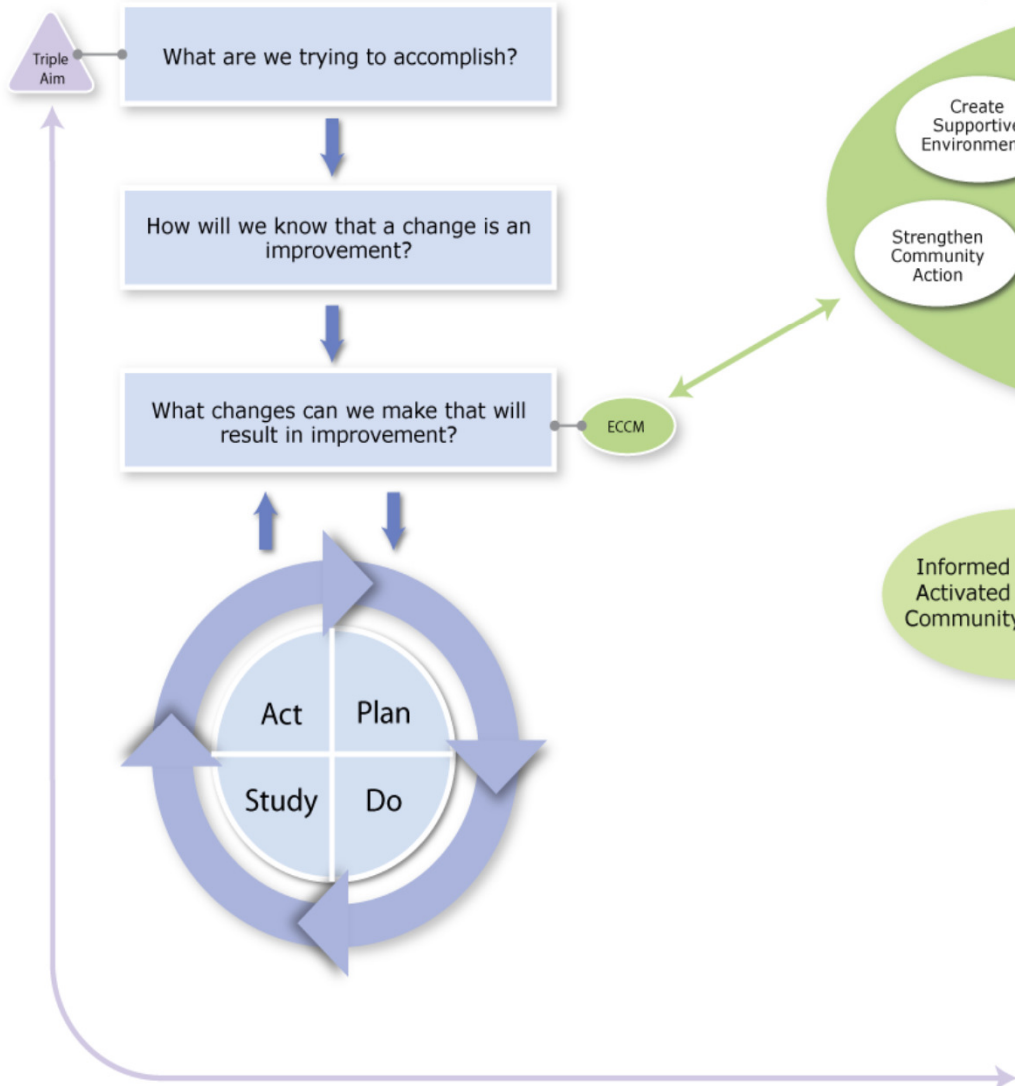
Pennsylvania Department of Health (PA DOH):

Grant funding offered through the Preventative Health & Human Services Block Grant, awarded to states through the Centers for Disease Control, to support in part chronic disease programs

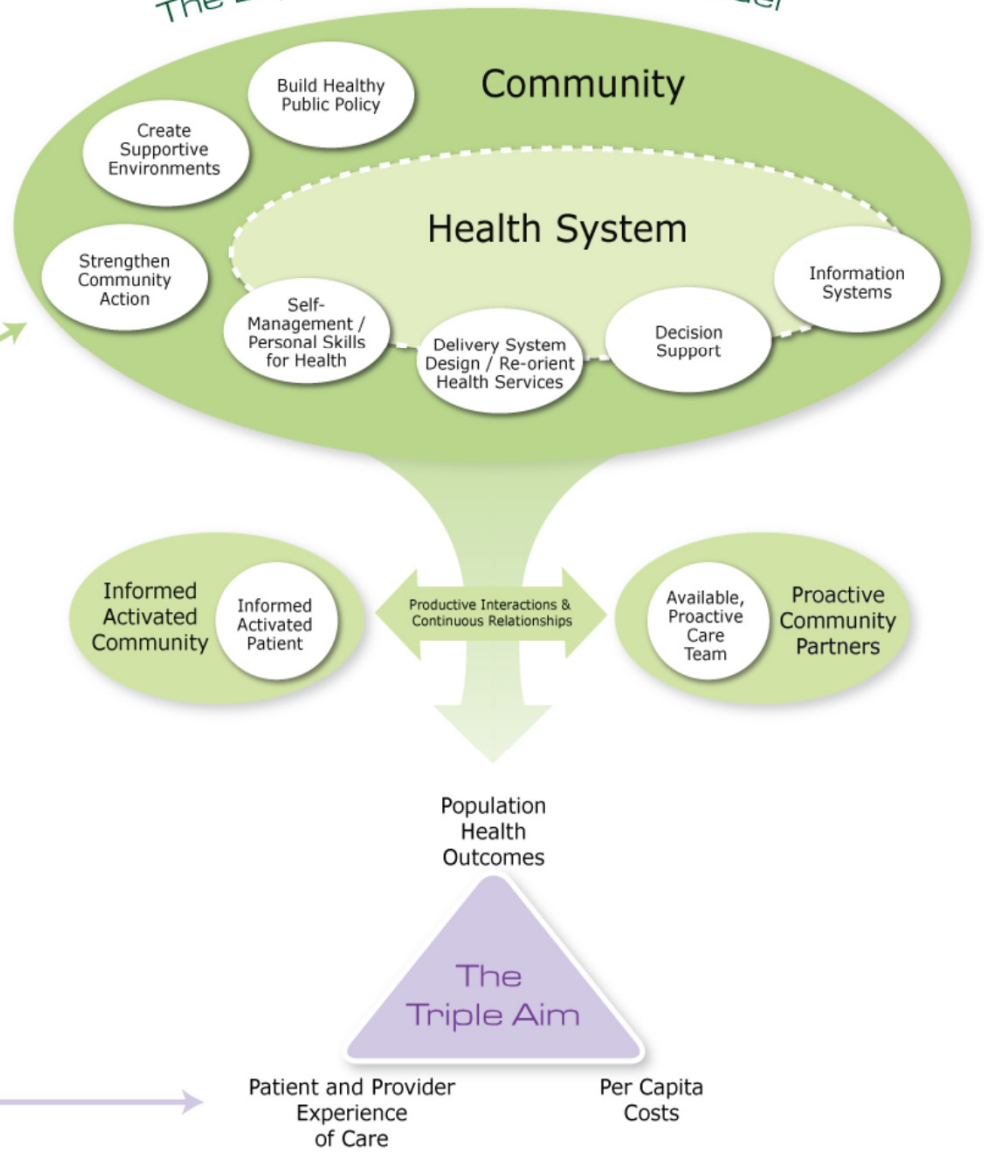
Duration of Grant:

October 2010 through June 2013

The Model for Improvement



The Expanded Chronic Care Model



SEPA-READS Partners

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Health Care Improvement Foundation (HCIF)

Experience building partnerships

- **Serves** the five county region in Southeastern Pennsylvania.
- **Collaborates** with the healthcare community to improve the delivery of healthcare in the region.
- **Clinical Advisory Committee** of medical, nursing and quality leaders advises Board on clinical priorities.

Thomas Jefferson University and Jefferson University Hospitals (TJU & JUH)

Health literacy training and evaluation expertise

SEPA-READS Community Partners

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- **14 Participating hospitals/health systems representing 4 counties**
- **7 senior centers and 1 community development corporation in Philadelphia**
- **Payors**

SEPA-READS Opportunities

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Collaboration among health care providers, senior centers, community groups and others

Significant improvements in health literacy in the region

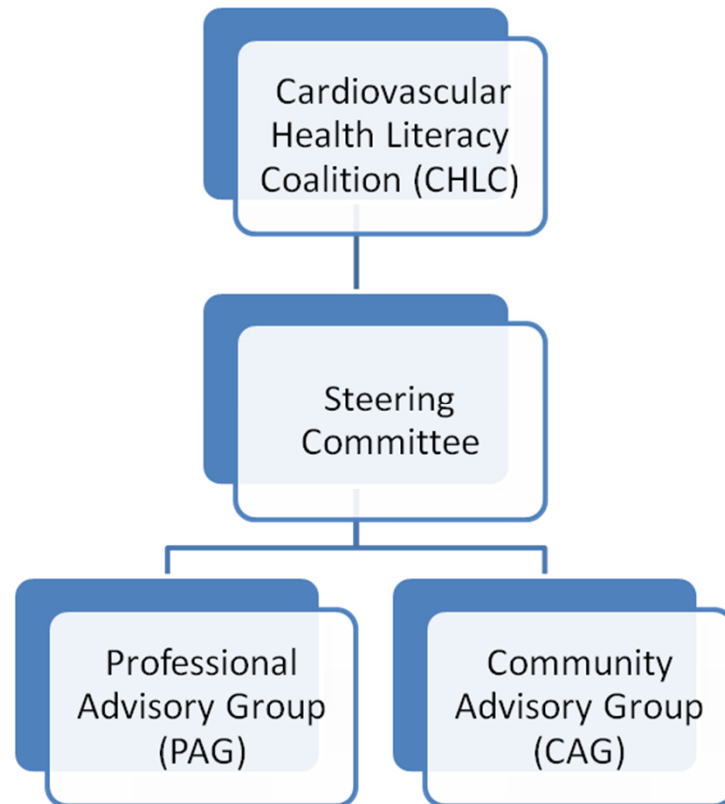
Improved health status and decreased readmissions for older patients with cardiovascular disease

SEPA-READS Goals

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- Create a broad-based Cardiovascular Health Literacy Coalition (CHLC)
 - Identifies, implements, and evaluates educational and systems changes required to enhance the cardiovascular health literacy needs of adults aged 50+
- Improve communication between patients and their health care providers
 - Patients increase their understanding of and ability to effectively act on cardiovascular health information
 - Providers communicate with their patients in a more effective and understandable manner

SEPA-READS Structure

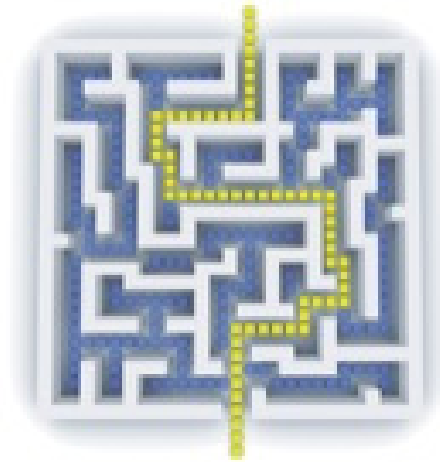


Key Components of Initiative



- Assessment at Baseline and Post-Project
- Provider Training through a “train-the-trainer” curriculum
- Peer Activation
- Development of a Learning Community (Health Literacy Toolkit & Website)

Baseline Assessment



Baseline Assessment

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- *Led by faculty of the Jefferson School of Population Health at 14 hospitals to:*
 - *Establish baseline for current practices, interventions, policies, evaluations*
 - *Plan evaluation framework to measure processes, outcomes and impacts of implementing SEPA-READS-supported interventions*
 - *Inform customization of training programs*
 - *Inform development of individual hospital projects*

Baseline Assessment

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- *Areas covered:*
 - *Environment*
 - *Patient education materials, staff/professional orientation/training materials*
 - *Standard forms that patients with cardiovascular disease and/or stroke typically receive*
 - *Educational forms*
 - *Policies that address inclusion of health literacy issues*
 - *Patient satisfaction surveys*
 - *Potential outcomes data*

Baseline Assessment

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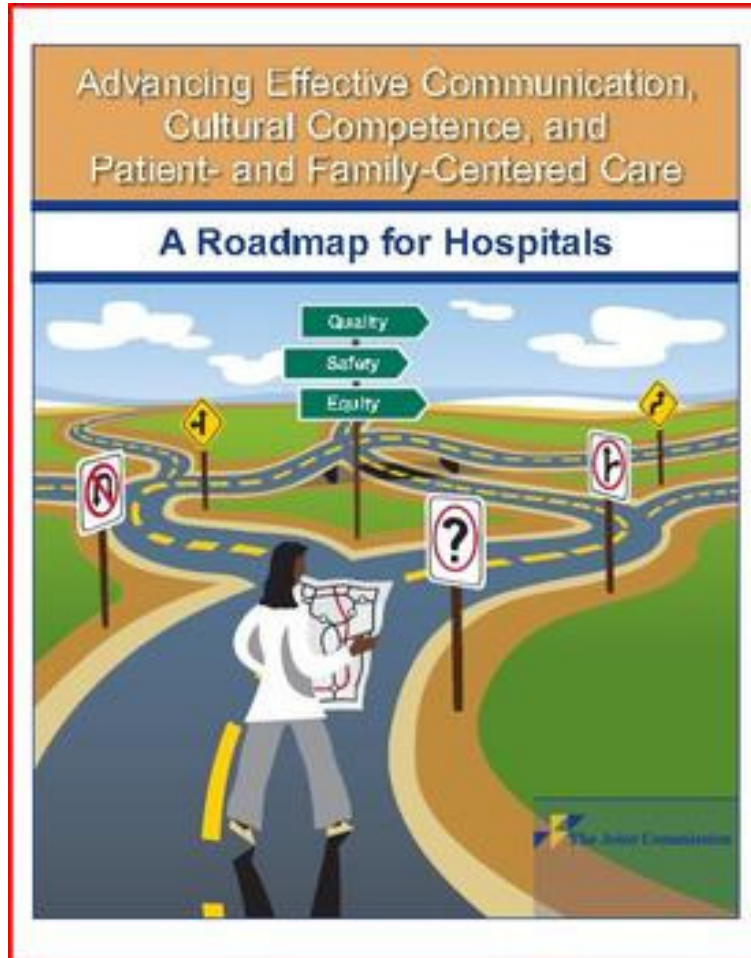
- *Preliminary findings:*
 - *Strong commitment from hospital partners*
 - *Tremendous engagement and energy*
 - *Broad scope of system involvement*
 - *Many programs, practices, and policies are already in place*
 - *Recognition of need for integrated health literacy practices*
 - *Unique practices exist across hospitals*

Baseline Assessment

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- *Tremendous opportunities exist for:*
 - ▣ *Engaging patients, families and community members to enhance quality of care and outcomes*
 - ▣ *Learning, sharing, enhancing and building on existing initiatives*
 - ▣ *Building relationships across health systems & community partners*

Provider Training



Patient Provider Communication



DONISHAN
dolighan.com

Provider Training – “Train-the-Trainer” model

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Purpose: Designed to enhance communication with patients and improve self-efficacy skills in teach-back, use of plain language, and medication reviews

- ▣ *Training conducted at regional locations*
- ▣ *Multidisciplinary teams of at least 3 people from each hospital partner attend 3 half-day training sessions annually. New teams trained annually.*
- ▣ *Teams lead health literacy advocacy and training efforts at their facility. 50 employees trained annually.*
- ▣ *Incentives - \$15,000 to implement hospital initiatives.*

Provider Training

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- *Session 1:*
 - *Overview of Health Literacy*
 - *Creating a shame-free environment*
 - *Assessment strategies*
 - *Communication techniques*
- *Session 2:*
 - *Improving patient interaction with older adults*
 - *Creating and using patient friendly written materials*
- *Session 3:*
 - *Effective use of the web*
 - *Informed Consent*
 - *Wayfinding*

To Date: Participation in Trainings



- ▣ **10 Institution participated in trainings**

- ▣ **50 “*Trained as Trainers*”**
 - 48 from hospital institutions
 - 1 from the Pennsylvania Dept of Health
 - 1 from PMA Medical Specialists

To Date: Participants' Positions

- ▣ Administrators
- ▣ Case Managers
- ▣ Staff Nurse
- ▣ Ambulance Transport Manager
- ▣ Patient Education Coordinator
- ▣ Patient Advocate
- ▣ Nursing Staff Development
- ▣ Clinical Nurse Specialists
- ▣ Nutritionist/Dietician
- ▣ Pharmacist
- ▣ Patient Information
- ▣ Quality Coordinator
- ▣ Director Patient Safety
- ▣ Public Health Official
- ▣ Community Health Educator/Outpatient Services
- ▣ Director of Clinical Operations
- ▣ Medical Practice & PMA
- ▣ Nurse Navigator

To Date: Types of Practice Changes

- All participants involved in patient services indicated that they would change their practices as a result of attending the workshop and would recommend the workshop to other health care professionals
- Patient assessments
- Patient monitoring
- Environmental changes creating shame-free environments
- Document reviews
- Using 'Teach Back' and other communication techniques
- Advocate for institutional changes
- Diagnostic practices

Patient Activation



Patient Activation

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- Natural leaders/helpers aged 50+ from partner senior centers/ community-based organizations will be trained as peer educators in patient-activation using train- the- trainer methods. (10 trained annually)
- Peer educators conduct patient activation *lunch and learn* programs in Senior Centers, Senior Housing, ESL classes, and other community venues. Each trainee will reach 50 adults annually (2500 adults over the grant period)
- Peer educators receive stipends.

Patient Activation Training

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Patient activation will use a train-the-trainer curriculum designed to enhance consumers' communication with their health care providers

- Includes Ask Me 3™, a patient education program that encourages patients to understand the answers to three questions:

- 1. What is my main problem?*
- 2. What do I need to do?*
- 3. Why is it important for me to do this?*



Good Questions
for Your
Good Health

Learning Community



Shared Public Website

- ▣ Health Literacy Toolkit training modules
- ▣ Best practices
- ▣ Reference materials and other key resources
- ▣ Resources developed by partners such as translated materials, low literacy informed consents, revised forms, policies, etc

To Date



- Hospital and Community partners identified
- Baseline assessment conducted
- Community and Professional Advisory Groups formed and meetings conducted monthly via webinars
- Train-the-Trainer Modules I, II, and III developed and conducted
- Website development
- Presentations to HCIF Board, Insurers and Grand Rounds at hospital partner
- Interest from other hospitals and American Heart Association in the state

Evaluation:

Long Term Outcomes



- Increased patient and provider satisfaction with communication during episodes of care (HCAHPS survey (*Hospital Consumer Assessment of Healthcare Providers and Systems*; PICKER))
- Improved cardiovascular health outcomes in adults aged 50+
- Reduced CVD related readmissions within 30 days of discharge
- Reduced CVD medical errors
- Reduced costs related to CVD

Evaluation:

Short Term/ Intermediate Outcomes

□ **System and Policy Changes**

- Number of health care facilities that expand employee orientation, staff training and performance reviews to include health literacy
- Number of Inpatient and Outpatient units utilizing strategies to create shame-free environment
- Number of CVD patient education material, website materials and forms revised/developed and evaluated to reflect patient-centered care for older adults
- Number of Informed Consent modifications related to CVD
- Improvements to enhance patient navigation

Evaluation:

Short Term/ Intermediate Outcomes

□ **System and Policy Changes**

- Institutionalization of effective communication materials and strategies into the culture of patient quality and safety protocols and scale-up to other hospitals.
- Centralized form and educational materials repository institutionalized
 - Findings and evidence based practices developed and evaluated by participating hospitals shared and disseminated

Evaluation:

Short Term/ Intermediate Outcomes

□ Professional Staff Trainings

- number trainings held; number staff trained
- Change in knowledge pre/post
- Improved self-efficacy of providers and staff in patient communication
- Changes in use of teach-back, medication review and use of plain language
- Overall satisfaction with trainings
- Suggested Modifications
 - Conduct module 2 sooner

Evaluation:

Short Term/ Intermediate Outcomes

□ **Peer Activation**

- Number of training programs held and number of peer educators trained
- Number of peer educators who conduct at least one program quarterly
- Number of individuals reached with training
- Number of adult literacy/ESL programs integrating health components into curriculum
- Improved patient self-efficacy in communication with provider
- Improved patients' knowledge, attitudes and behaviors about CVD disease