

The Iowa Health System Health Literacy Collaborative

Using the Model for Improvement for Organizational Transformation in Patient- Provider Communication

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Objectives

- Describe overarching strategy IHS uses to address health literacy, including overview of interventions tested
- Highlight key interventions that emerged as strategies & tools resulting in action & improvement
- Summarize outcomes to-date
- Share learning

Iowa Health System (IHS)

- Iowa's largest integrated health care system
 - 10 senior hospital affiliates in 7 cities
 - 14 rural hospital network
 - 430 primary care physicians in >30 communities
 - Serves a third of all Iowans
- Mission: “to improve the health of the people and communities we serve”
- Committed to translating shared knowledge & experience...to deliver evidence-based services through multidisciplinary teams

Learning Collaboratives

- Health care organizational teams sharing a commitment to make major, rapid changes & work together to identify improvement strategies & test changes
- Focus on improvement
- All teach, all learn
- Based on Institute for Healthcare Improvement (IHI) (www.ihl.org) Model for Improvement:
 - What are we trying to accomplish?
 - How will we know that a change is an improvement?
 - What change can we make that will result in improvement?
 - PDSA Cycles: rapid small tests of change

Health Literacy

Health Literacy:

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

Healthy People 2010

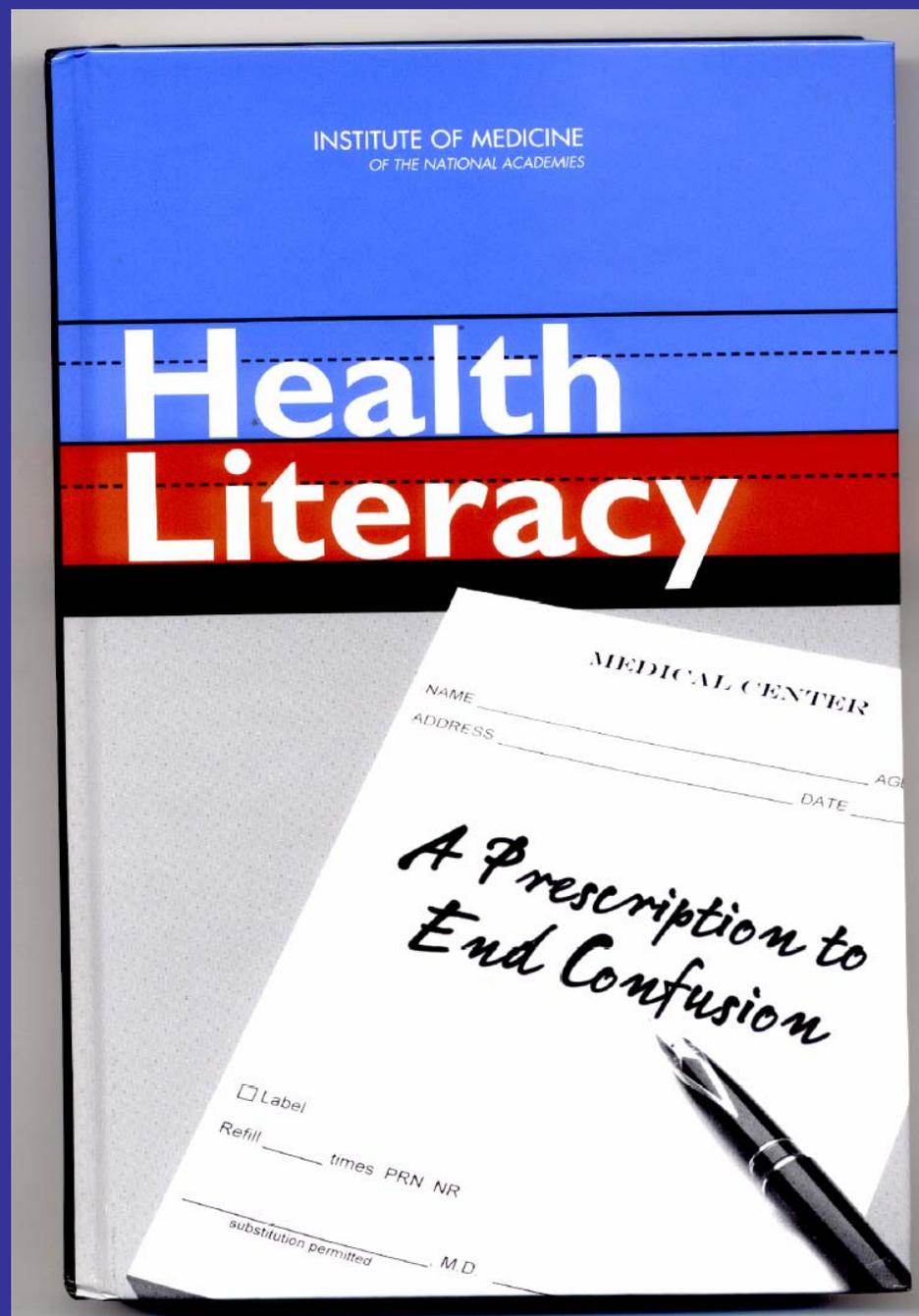
Institute of Medicine, 2004

IOM, 2004: Health Literacy...

“is fundamental to
quality care...”

Relates to 3 of the 6
aims in IOM *Quality
Chasm* Report:

- Safety
- Patient-centered
care
- Equitable
treatment



PRIORITY AREAS FOR NATIONAL ACTION

Transforming Health Care Quality



QUALITY CHASM SERIES

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Self-management & health literacy are cross-cutting priorities for improving health care quality & disease prevention.

IHS Health Literacy Collaborative (HLC), 2003 - 2006

- Aim: “Create a patient- & family-centered environment fostering effective communication that enables individuals to read, understand, & act on health care information.”
- 5 Learning Sessions
- Monthly calls
- Written materials workshop
- 10 teams across 7 cities
 - hospitals
 - outpatient clinics
 - home health
 - wellness support & call center
- Rural HLC launching July 2006

IHS HLC: Partnerships

- Multidisciplinary HL Team Members
- **Patients & families**
- **New Readers of Iowa**
- **Adult literacy programs**
- Iowa Medical Society
- Iowa Medical Society Alliance
- Iowa Healthcare Collaborative
- Iowa Pharmacy Association
- Drake University College of Pharmacy
- Iowa/Nebraska Primary Care Association (CHCs)
- Iowa Department of Public Health

IHS HLC: Interventions Tested

- Inpatient/general hospital setting
 - Care environment
 - Admissions procedures: assessment for learning style/reading comfort
 - **Written materials**
 - **Consent**
 - ***Ask Me 3***
 - Warfarin education
 - Wayfinding/navigation pilots
 - Support Services: transportation; dietary
 - Post-discharge teach-back for heart failure

IHS HLC: Interventions Tested

- Clinics
 - Management training/incentives
 - *Ask Me 3*; teach-back
 - Group visits
- Home Health
 - Client literacy assessment
 - Teach-back
- Staff development
 - Orientation: AMA video; *Ask Me 3*; HL presentations
 - Education & training
 - Personal stories

IHS HLC: Written Materials

- *Creating Reader-Friendly Print Materials* training workshop for all HL Teams
- Outcomes:
 - Dissemination through internal training/education
 - Checklists for reader-friendly materials
 - 3 Education Committees w/ policies for review of all patient education materials
- Patients on HL Teams & Patient Education Committees
- On-line education module
- Readability software
- “Difficult terms” scannable database in development

IHS HLC: Consent Work

- “Informed” consent for surgery/procedure goals:
 - create health-literate written consent *document*
 - prompt action on informed consent *process*, using teach-back
 - NQF Safe Practice #10: “Ask each patient or legal surrogate to recount what he/she has been told during the informed consent discussion.”
- Review by:
 - adult learners
 - HL Teams
 - Law Department
- Ongoing, iterative revisions
- Discussion with clinical leadership team

IHS HLC: Consent Work

- Sequential piloting & spread:
 - 7 senior affiliates: 3 pilots ~ complete (1 surgical unit -> several units -> hospital-wide/multiple procedures); 1 underway; 1 in early planning; 2 – “watchful waiting”
- Components:
 - comparison w/ original forms & processes
 - use small tests to guide revisions
 - make the case locally
- Pilot-testing guides further education, approval
- Additional dissemination & evaluation

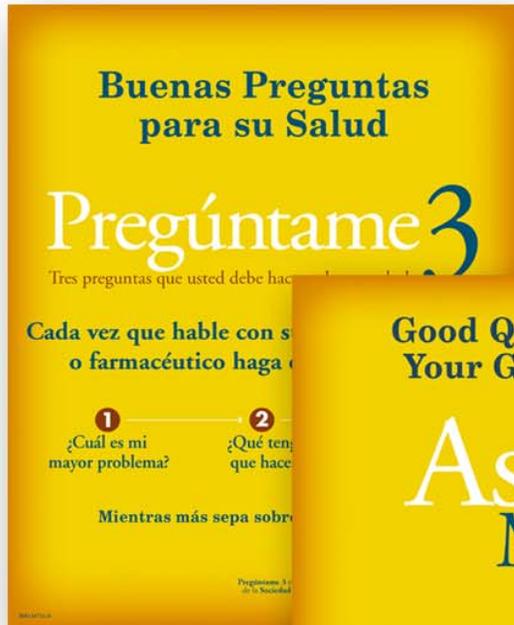
IHS Consent Work: Key Messages

- Requires groundwork & buy-in to build the case:
 - engage leadership & all potentially affected by change in process & new document
 - align w/ patient safety standards & recommendations; risk management; patient-centered care
- Challenge: impacting informed consent *process* & integrating teach-back

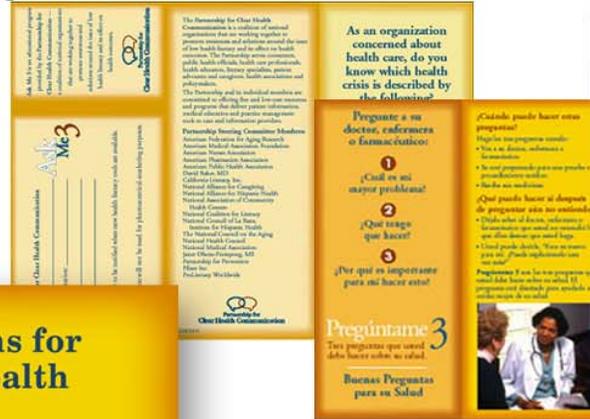
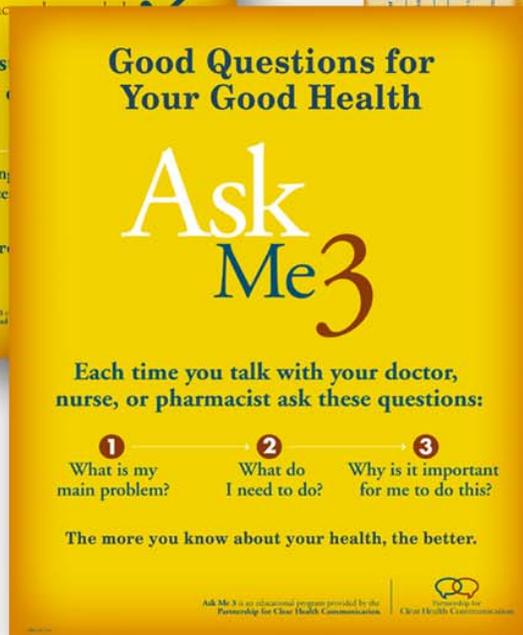
Ask Me 3 – Program Materials Available in English & Spanish

Organizational Brochure

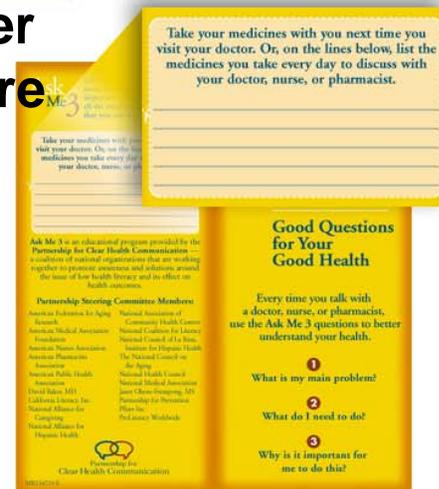
Website



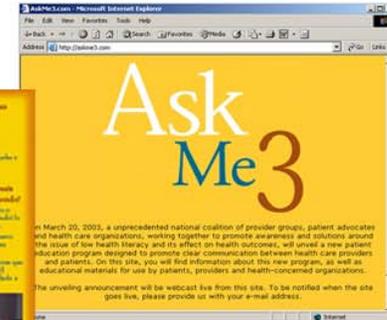
Posters



Provider Brochure



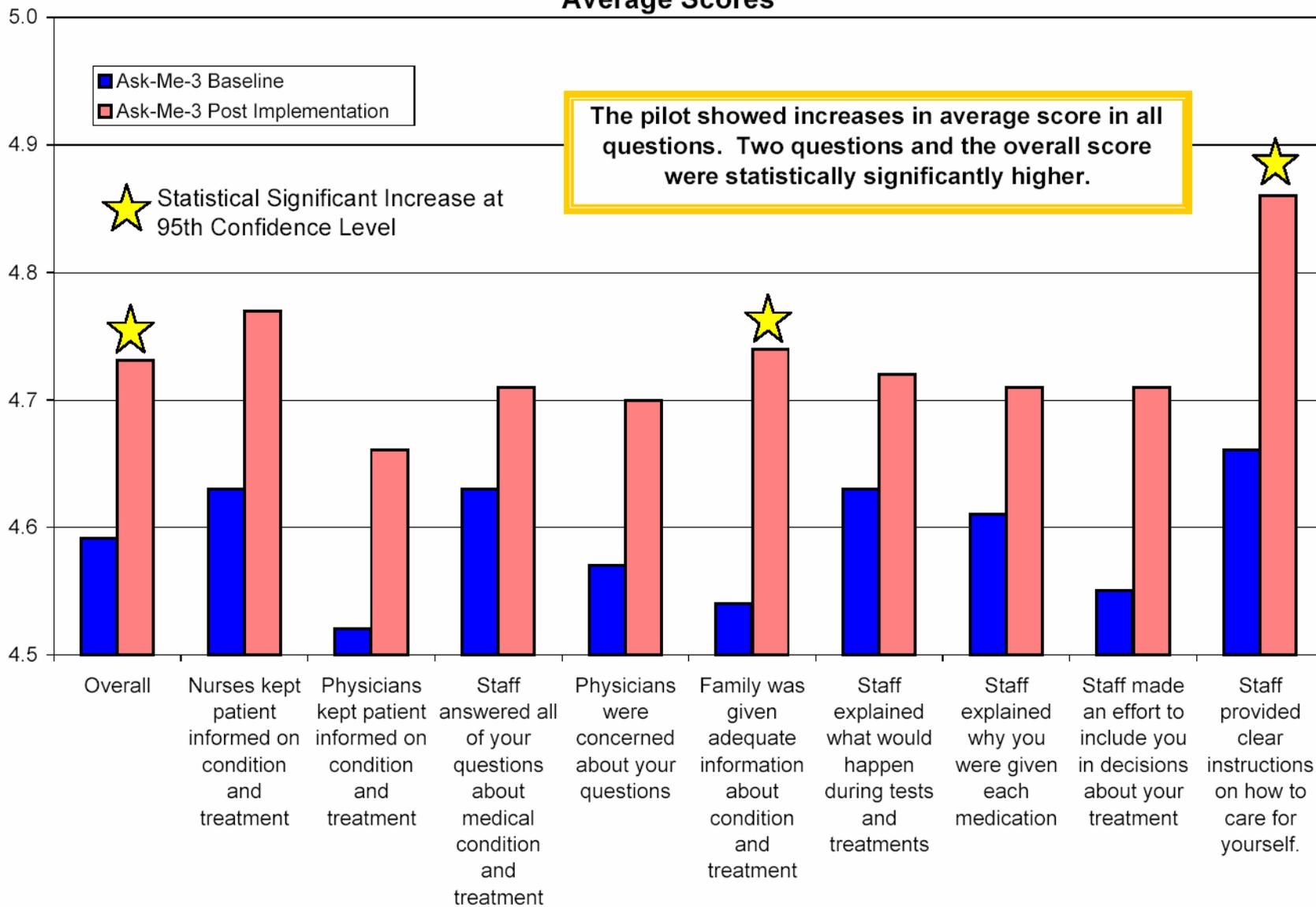
Patient Brochure



IHS HLC: *Ask Me 3*

- 1-year project w/ collaborative partners
- Implement & evaluate *Ask Me 3*:
 - various settings:
 - internal
 - external
 - and perspectives:
 - provider
 - patient

IH-DM 2 North Health Literacy Ask-Me-3 Pilot Study Average Scores



Why is This Important?

- Improved patient awareness & perception of communication w/ providers
 - Held staff more accountable
- May play important role in creating a shame-free environment:
 - Helped “set stage” & “open door” for communication w/ patients
- May make patients feel more comfortable & enhance communication; nurses noticed:
 - More patients writing questions for doctors
 - Some patients, mostly elderly, ask more questions
- May lead to improved health outcomes by improving communication

Collaboration: Patients & Families as Partners

“One of the most effective, fundamental strategies for building passion, learning about and understanding the experience of care, and testing and implementing changes to improve HL, is working directly with patients and families...”

Ad Hoc Committee on Health Literacy for the Council on Scientific Affairs, American Medical Association. Health Literacy: Report of the Council on Scientific Affairs. JAMA 1999;281:552-557.

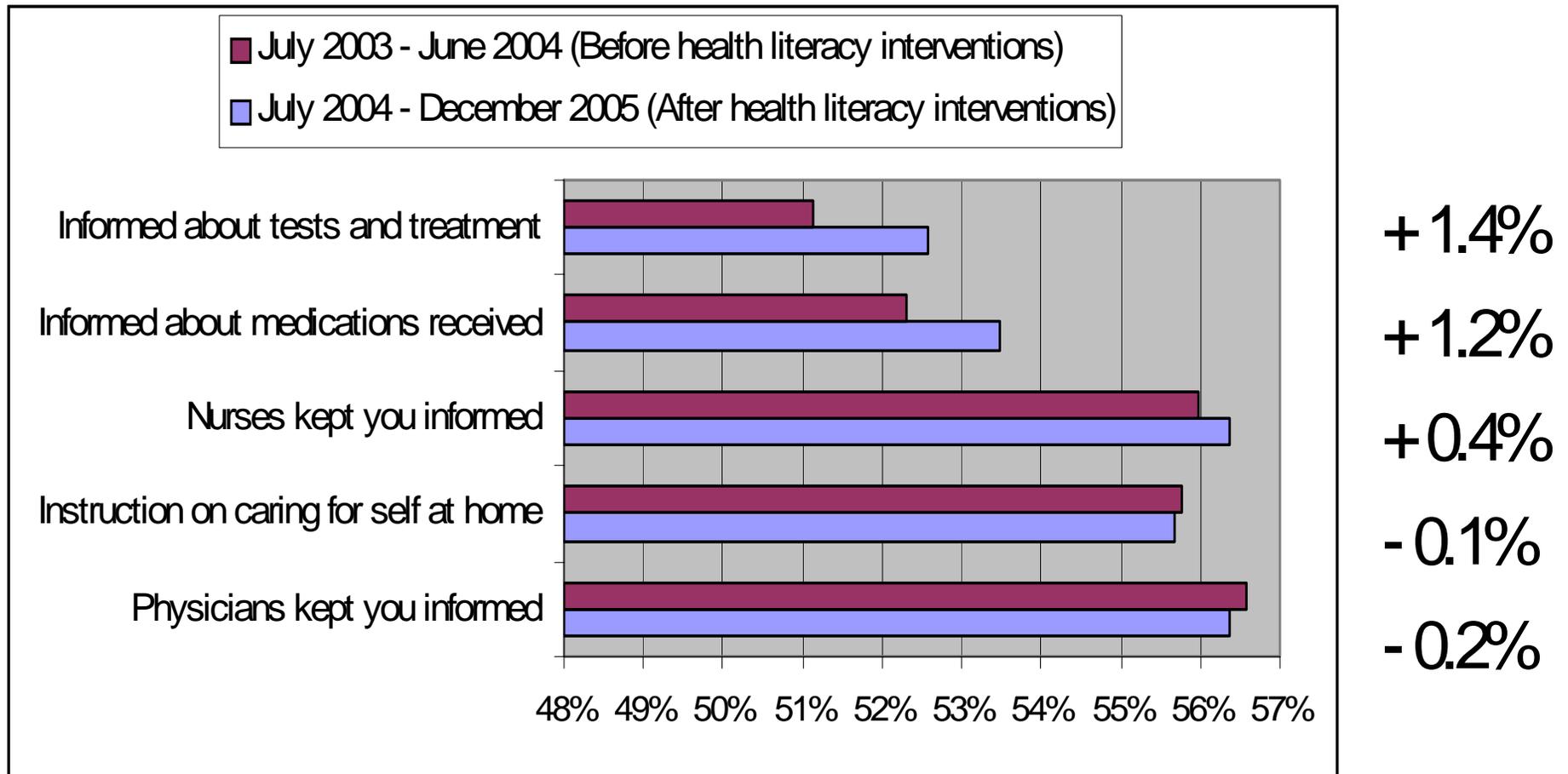
IHS HLC: Patients, Adult Learners, & Adult Literacy Programs

- Participation on:
 - Health Literacy Teams
 - Patient Education Committees
- Health literacy “walk-throughs”
- Written materials review
- Advisors on policies & tools
- Joint meeting planning & participation: 15th & 16th Iowa New Readers Conferences
- Presentations
- Adult learner panels – the patient’s voice
- *Ask Me 3*
- Adult literacy program referrals

IHS HLC - Metrics

- Press-Ganey “top-box” patient satisfaction data
- Goal: 90% “very good”
 - Nurses kept you informed
 - Physicians kept you informed
 - Informed about tests & treatment
 - Informed about medications received
 - Instruction on caring for self at home
- Related HCAHPS items

Percent "very good" responses for 5 health literacy-related Press-Ganey Patient Satisfaction Questions, Iowa Health System, July 2003 – December 2005



IHS IHC – Insights for TRIPP

- Elements for action:
 - Senior leadership
 - (Local) literacy & testing/evaluation data
 - Passion (personal stories)
- Personal stories of health care staff as providers, patients, & family members helps build the case & engender passion
- Partnering with patients, adult learners, & literacy organizations
- If 90 million (~50%) US adults are at risk for low health literacy, chances are some are our patients *and* some are our employees

IHS HLC: TRIPP-related Concepts & Linkages for Organizational Action - 1

- Universal approach to low health literacy
- Multidimensional nature: care environment; interpersonal interaction; written materials
- Points of care for traction, initiating, & sustaining activity: admission, discharge, medication change, new diagnosis, procedure, home care
- Chronic disease management/Chronic Care Model
- Cultural competence
- CMS & JCAHO priorities

IHS HLC: TRIPP-related Concepts & Linkages for Organizational Action - 2

- IOM Health Literacy Report (April 2004): “...health literacy is fundamental to quality care...”
 - Safety
 - Patient-centered care
 - Equitable treatment/reducing health disparities
- IOM Quality Chasm *Priority Areas* Report: health literacy & self-management as cross-cutting priorities for transforming quality

IHS HLC: TRIPP-related “Opportunities”

- Engaging **all** providers
- Education does not equal behavior change
- Sustaining momentum
- Translational action balanced w/ research
- Business case
- Measuring effectiveness & health outcomes

Contact Information

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Partnering with Adult Learners: Websites

- **Archie Willard home page:**
www.readiowa.org/archiew.html
- **VALUE:** www.literacynet.org/value
- **ProLiteracy Worldwide:** www.proliteracy.org
- **World Education:** www.worlded.org
- **Health Literacy Consulting:**
www.healthliteracy.com
- **Health Literacy Month:**
www.healthliteracymonth.org
- **Plain Language Association International:**
www.plainlanguagenetwork.org

Health Literacy Resources

- IOM Health Literacy Report:
www.nap.edu/catalog/10883.html
- AMA Health Literacy Toolkit and Manual:
www.healthliteracy@ama-assn.org
- Health Literacy Studies; Harvard School of Public Health -
<http://www.hsph.harvard.edu/healthliteracy/>
- *Ask Me 3*: www.askme3.org
- Clear Language Group:
www.clearlanguagegroup.com