



BHICCI

Core Competencies, Chapter 2

Supporting health literacy about chronic conditions

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Definition and Why Supporting health literacy about chronic conditions is Important to Integrated Complex Care

Health literacy is the ability to obtain, process and understand health information to function in the health care environment. Improving functional health literacy and patient education about chronic conditions is particularly important for the patient population involved in BHICCI, which has multiple, complex medical management needs.

Example

Insufficient health literacy was seen as an issue when a 63y/o Spanish-speaking woman with uncontrolled diabetes, who was identified due to several missed visits. After a long period of non-adherence on medication, she was started on insulin and yet still frequented the emergency room due to high glucose levels. An astute Care Manager asked the patient to “explain her diabetes medications plan” and notices that the patient did not understand even the basic written instructions on her prescription bottles, let alone the instructions given by her primary care provider. She concludes that health literacy may be a factor and creates an individualized plan for educating the client about prescribed treatments that included:

- Medication plan is written in large print on one paper that the patient puts on the refrigerator.
- Using spoken or pictogram explanations of her treatments.
- Including the patient’s daughter in primary care visits.

Following this approach, the patient had a dramatic reduction in her emergency room visits and was able to get off of the insulin. The care manager concluded that a health literacy approach might be helpful for more of her patients.

Narrative Description

Health literacy is essential to facilitate acceptance of diagnoses, allow active self-management, improve adherence, and engage patients/clients in treatment. Health literacy is comprised of a constellation of skills including basic reading, the ability to perform numerical tasks, and processing oral communication.

Inadequate health literacy as a result of language or educational barriers is independently associated with poor self-rated health and higher use of services. AHRQ and IOM both published reports in 2004 which concluded that patients with chronic health conditions such as HTN, DMII, asthma or HIV/AIDS with low health literacy have less knowledge of their illness and its management, which is also associated with an increase in preventable hospital visits and admissions.

Poor health literacy is more common among immigrants, older patients, and racial and ethnic minorities. (Schillinger et al, JAMA 2002). It has been documented that 35.1% of English-speaking patients and 61.7% of Spanish-speaking patients seeking care at public hospitals had inadequate health literacy, with 81% of the English-speaking patients 60 years and older. (Williams et al, JAMA 1995). Health literacy is one of the critical factors in health disparities.

There are many evidence-based strategies to address health literacy, as outlined in the National Action Plan to Improve Health Literacy and AHRQ Health Literacy Universal Precautions Toolkit. Some examples include adopting user-centered design, such as creating picture-based or graphic instructions to promote better understanding of medication instructions, using a universal precautions approach, targeting/identifying limited health literacy patients for intervention, and making organizational changes by utilizing assessments and implementing action plans.

Available Resources

1. Agency for Healthcare Research and Quality Health Literacy Universal Precautions Toolkit- <https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>
2. US department of Health and Human Services 2010 National Action Plan to Improve Health Literacy- https://health.gov/communication/hlactionplan/pdf/Health_Literacy_Action_Plan.pdf
3. Group Health Research Institute: Clinical Practice Change – Health Literacy http://www.improvingchroniccare.org/index.php?p=Health_Literacy&s=38

BHICCI Plan for Learning / Teaching / Coaching

- Clinic leadership, medical directors, and program planners READ the materials on Supporting Health Literacy About Chronic Conditions (Health Literacy) and discuss with the practice coaches or teachers.
- Clinic staff and clinicians ATTEND OR VIEW in person training / Webinar on basics of Health Literacy.
- Follow up Coaching (call, in person or materials sent) by Jen Clancy Consulting team based on unique Health Literacy Plan for the BHICCI Team.

How will Competence in this area be Measured?

Teams should set improvement goals around health literacy and chronic conditions after performing the Primary Care Health Literacy Assessment. Measures to meet specific objectives developed in the Health Literacy Improvement Plan can be found in the Agency for Healthcare Research and Quality Toolkit including - using TOFHLA (Test of Functional Health Literacy in Adults) to measure health literacy in patient populations, various means of evaluating specific goals including Communication Self-Assessment, Communication Observation Form, Brief Patient Feedback Form (all part of Universal Precautions Toolkit, 2nd Edition).

Following completion/verification of the above learning/teaching/coaching plan, each clinician will have the opportunity to practice his/her new skills under supervision. Following this, the supervisor will rate the clinician’s competency in each of the following by:

1. Case discussion of 3 or more complex care patients, or
2. Chart review of 5 or more patients, or
3. Discussion during supervision that staff can identify indicators that patient/client is having difficulty obtaining, understanding or processing health information, or
4. Direct observation of clinician interactions with patient/clients engaging them in health literacy.

COMPETENCY AREA	EVIDENCED BY:	SUPERVISOR’S RATING*
Effective Spoken Communication	<ul style="list-style-type: none"> • Communicates clearly with customers who do not speak English fluently • Explains wellness issues clearly and succinctly • Demonstrates a willingness to hear others out before reaching a decision • Builds strong working relationships with other internal departments 	1 2 3 4 5
Effective Written Communication	<ul style="list-style-type: none"> • Written materials are consistently understood by patients/clients • Can express him/herself clearly in written communication • Can explain complicated health issues in a way that patient/client can understand. 	1 2 3 4 5
Eliciting patient Feedback	<ul style="list-style-type: none"> • Initiates changes based on all feedback appropriately • Has a plan to elicit patient/client feedback at regular intervals 	1 2 3 4 5
Engaging non-medical support systems	<ul style="list-style-type: none"> • Seeks to understand other systems • Have regular meetings with non-medical support systems to build rapport. 	1 2 3 4 5
Evaluate adherence	<ul style="list-style-type: none"> • Ask patient/client clearly and directly if they have been sticking to their drug regime • Use a medication adherence scale 	1 2 3 4 5

*1= Excellent results with no need for prompting or support.
 3 = good results and/or required some prompting or support.
 5 = required much support and/or was unable to complete necessary skills.

