

# HEALTH LITERACY: IMPROVING TREATMENT ADHERENCE THROUGH BETTER PROVIDER-CLIENT COMMUNICATION

**PATRICK DEVEREUX, PHARM. D**  
PRESIDENT/CEO FAMILY MEDICAL SERVICES, INC.

**QUYEN LY, P4 PHARM.D 2019 CANDIDATE 2019/MBA CANDIDATE  
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SAMFORD UNIVERSITY MCWHORTER SCHOOL OF PHARMACY

## LEARNING OBJECTIVES

- Define health literacy and identify factors that are most commonly associated with poor health literacy.
- List and describe health outcomes impacted by poor health literacy.
- Identify and use the most common tools used to assess health literacy skills.
- Distinguish between the categories of health literacy tasks and identify risk factors for below basic health literacy.
- List and describe methods for improving the comprehension level of patient with low health literacy
- List and describe strategies practitioners can employ to improve health literacy and improve patient outcome.

## LEARNING OBJECTIVES

- Describe impact of health literacy on public health statistics
- Using patient cases, identify impact of poor health literacy on patient outcomes

## WHAT IS HEALTH LITERACY

- The degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions. (Patient Protection and Affordable Care Act of 2010)

## HOW DO YOU DEFINE HEALTH LITERACY?

- Understanding what a medical professional says?
- Understanding the patient's role in self care?
- Understanding what is necessary to achieve optimal therapeutic outcomes?
- Understanding all necessary steps and reasoning behind a treatment plan?

## USE OF HEALTH LITERACY

- Health literacy helps patients to:
  - Find information and services
  - Communicate their needs and preferences
  - Process the meaning and usefulness of the information and services
  - Understand the choices, consequences and context of the information and services
  - Decide which information and services match their needs and preferences



## USE OF HEALTH LITERACY

- Health literacy in practitioners:
  - Help people find information and services
  - Communicate about health and healthcare
  - Process what people are asking for
  - Understand how to provide useful information and services
  - Decide which information and services work best for different situations

## EXAMPLES OF POOR HEALTH LITERACY

- A patient using rapid acting insulin AFTER dinner
- Poor inhaler technique
- Not getting a flu immunization because they are “still covered from last year’s shot”
- Using a maintenance medication “as needed” when “my blood pressure is high only”
- “My sugar has been fine lately so I am only taking my oral diabetes med when needed

## FACTORS THAT AFFECT HEALTH LITERACY

- Patient and practitioner knowledge of various health topics
- Communication skills of patients and health professionals
- Demands of the healthcare system
- Demands of the situation/context
- Culture

## POOR HEALTH LITERACY AFFECTS PATIENTS

- Navigate the healthcare system (finding a provider, filling out forms)
- Share personal and health information with providers
- Engage in self-care and chronic disease management
- Adopt health-promoting behaviors (i.e exercising, healthy eating)

## 6 HEALTH OUTCOMES FOUND TO BE IMPACTED BY POOR HEALTH LITERACY:

- Use of preventative services
- Knowledge about medical conditions and treatment
- Rates of hospitalization
- Health status
- Health care costs
- Stigma and shame

## HEALTH OUTCOMES

- Use of preventative services
  - More likely to skip important preventative measures
  - Enter the health care system in poorer health
- Poor knowledge about medical conditions and treatment
  - More likely to have chronic conditions and are less able to manage them effectively
  - Studies have found that patients with high blood pressure, diabetes, asthma, or HIV/AIDS who have limited health literacy skills have less knowledge of their illness and its management.

<https://health.gov/communication/literacy/quickguide/factsliteracy.htm>



## HEALTH OUTCOMES

- Poor health literacy leading to increase rates of hospitalization
  - Increase in preventable hospital visits and admissions
  - Higher rate of hospitalization and use of emergency services
- Health status
  - Significantly more likely to report their health as poor

## HEALTH OUTCOMES

- Health care cost
  - Greater use of services designed to treat complications of disease and less use of services designed to prevent complications
  - Higher hospitalization and use of emergency services use is associated with higher healthcare costs
- Stigma and shame
  - Negative psychological effect
  - Sense of shame about skill level: may hide reading or vocabulary difficulties to maintain dignity

## IMPLICATIONS OF POOR HEALTH LITERACY

- Incomplete health history due to confusing intake paperwork
- Poor outcomes because of misunderstanding of directions/treatment plan
- Improper choosing of health plans in the marketplace because of confusing terminology
- Taking certain TV or internet advice because it is “easy to understand”

## DETECTING LOW HEALTH LITERACY

- Informal methods
- Formal methods



## INFORMAL METHODS TO DETECT LOW LITERACY

- Forget classes
- Fill out intake forms incompletely
- Misspelling many words
- Leaves the clinic before completing forms
- Get angry about forms
- Identifies medication by looking at pill rather reading the label

## FORMAL METHODS TO IDENTIFY LOW LITERACY

- National Assessment of Adult Literacy (NAAL)
- Rapid Estimate of Adult Literacy in Medicine-Revised (REALM-R)
- Test of Functional Health Literacy in Adults (TOFLA, STOFILA)
- Short Assessment of Health Literacy for Spanish and English (SAHL-S&E)
- Newest Vital Sign (NVS)

## WHAT STRATEGIES CAN PRACTITIONERS IMPLEMENT TO IMPROVE HEALTH LITERACY?

- Recognize patients who need extra help
- Focus on & repeat key message/actions to implement improve health care literacy
- Explain things clearly in everyday words
- Use a “Teach-Back” method for clarity & understanding
- Use patient-friendly materials

## WHAT STRATEGIES CAN PRACTITIONERS IMPLEMENT TO IMPROVE HEALTH LITERACY?

- Improve the usability of health information:
  - limit the number of messages, use plain language, and focus on action
  - Revise forms to ensure clarity and simplicity
  - Train staff on assistance with completing forms and scheduling follow-up care
- Improve accessibility of physical environment
- Improve access to accurate and appropriate health information

## USE THE “DOC MC STUFFINS” METHOD

- Video clips here

## CMS AND HEALTH LITERACY

- Interested in improving quality of care, decreasing hospital re-admissions
- Improving Medicare shared savings programs and accountable care organizations
- The SUCCESS of any of these initiatives start with the health literacy and motivation of the patient
- Money is on the line as well as overall patient health



## NATIONWIDE BY THE NUMBERS

- 2.3 million re-hospitalizations/year
- \$17 billion in annual Medicare costs



- 40 and 75% of readmissions are preventable
- Hospital penalties up to 3% this year

<http://www.amednews.com/article/20110207/profession/302079939/4/>

## NATIONWIDE BY THE NUMBERS

- 2.3 million re-hospitalizations each year
- 17 Billion in annual Medicare costs
- Hospital AND provider penalties in effect this year due to Medicare quality requirements
- **40 to 75% of re-admissions are preventable!!**
- Do you see good health literacy fitting in here??

## NATIONAL ACTION PLAN RELATED TO HEALTH LITERACY: 7 STEPS

- 1. Develop and disseminate health and safety information that is accurate, accessible, and actionable
- 2. Promote changes in the health care system that improve health information, communication, informed decision making, and access to health services
- 3. Incorporate accurate, standards-based, and developmentally appropriate health and science information and curricula in child care and education through the university level
- 4. Support and expand local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community

## NATIONAL ACTION PLAN RELATED TO HEALTH LITERACY: 7 STEPS

- 5. Build partnerships, develop guidance, and change policies
- 6. Increase basic research and the development, implementation, and evaluation of practices and interventions to improve health literacy
- 7. Increase the dissemination and use of evidence-based health literacy practices and interventions

## WHAT'S THE BOTTOM LINE

- Health information needs to improve and be understandable and relatable to all people
- Health information must be a call to action
- People need access to trusted reliable health information from technology, media, and other sources

## METHODS TO IMPROVE PATIENT COMPREHENSION

- Using open ended questions and motivational interviewing techniques
  - What did the doctor tell you about what we are doing today?
  - What are your goals for today's visit?
- Often times open ended questions can elicit more information



## THE QUESTION

- Do you have any questions for me today?
  - Closed ended question
  - Elicits a YES or NO response only
  - Does not allow for the patient to drive the conversation
  - Has become the norm for many health professionals
- Asking an open ended question many times can motivate patients to be more open in their responses

## OPEN ENDED QUESTIONS VS. CLOSED ENDED

- Example of open ended question
  - “What questions do you have for the pharmacist today?”
  - “What questions can we answer for you today?”
  - “What concerns or problems can I have the pharmacist address with you today?”
- Example of closed ended question
  - “Do you have any questions?”
  - “Can we answer any questions for you today?”
  - “Are you having any concerns or problems with your medication”?

## MOST IMPORTANT ASPECT OF OPEN ENDED QUESTIONS

- Helps you gain insight from patient's perspective
- Patient may be under the impression they are doing everything right.
  - Insulin and orange example
  - "Are you taking your medication correctly"?
  - Who's definition of correctly??

## METHODS TO IMPROVE PATIENT COMPREHENSION

- Look for non-verbal cues or looks of confusion from the patient
  - May or may not be easy to spot someone who is overwhelmed with information
- Watch your verbal and non-verbal cues as well
  - The wrong cue can cause a patient to close up and not be receptive to what you have to say
  - Be aware of your body language, vocal inflexion
  - Don't act rushed
  - Create an open warm environment conducive to conversation

## METHODS TO IMPROVE PATIENT COMPREHENSION

- Encourage patient to ask questions throughout at the beginning of appointment
- Start with and continue open ended questions throughout the visit
- Make sure to tell them to stop you at any time with any questions or concerns
- Encourage follow up questions after the visit
- Encourage them to bring a list of questions and concerns to the visit and subsequent visits

## PATIENT MEDICAL HISTORY

- Check your intake forms to be sure information is understandable
  - Myocardial infarction vs. Heart attack example
- Ask follow up questions when reviewing a medical history on the intake form
  - What type of allergic reaction occurred? Separate true allergy from adverse reactions
- Have them bring medication bottles or a health care professional medication list



## SEPARATE MYTH FROM FACT

- Work to gently correct misinformation generated from a non reputable source
  - Infomercial
  - “Dr” TV show
  - Blog
  - Drug Ad
  - Website
- Ask open ended questions and try not to be judgmental
  - Often, patients have no reason to doubt validity of source

## METHODS TO IMPROVE PATIENT COMPREHENSION

- Employing methods such as the teach back method
  - “I know your family is going to want to know about what we talked about today. What are you going to tell them?”
  - “What is the most important thing you are going to do after today’s visit?”
  - “How can we help you with all of the new information we talked about today?”

## TEACH BACK METHOD

- Avoid putting patient on the spot
- Let them know that you are going to ask them questions about what they learned today when starting the visit
- Allows you to correct misinformation before they leave
- Review with them the big take home points

## SET GOALS AND TIMELINES

- Cannot expect the patient to grasp and implement everything at once
- Avoid letting patient or caregiver get overwhelmed with info and implementation overload
- Prioritize the most immediate needs and set goals from there

## REVIEW SUPPLEMENTAL INFORMATION WITH THEM

- Make sure it is the right health literacy level
- Go over important points from material and ask open ended questions
- Don't just send them home with pamphlets to read and expect a high level of health literacy for that particular health problem
- Discuss any medication samples, devices given to them in the office
- Review competencies when necessary

## CASE STUDY#1

- Mrs. Johnnie has been discharged from the hospital and has presented to your clinic for follow up. She was in the hospital for high blood sugar related to her type 2 diabetes.
- The patient was discharged on new medicines
  - Insulin Glargine 22 units at bedtime(in insulin pen form)
  - Rapid acting insulin 10 units with each meal(in insulin vial form)
  - Blood glucose testing supplies for 4x daily testing



## CASE STUDY#1

- Patient's home medicines
  - Metformin 1,000mg 2 x daily (blood sugar)
  - Simvastatin 40mg at bedtime (cholesterol)
  - Lisinopril 10mg in the morning(blood pressure and kidney protection)
  - HCTZ 25mg in the morning(fluid retention and blood pressure)
  - Amlodipine 10mg in the morning(blood pressure)
  - Rapid Insulin 70/30 insulin(vials) 15 units before breakfast and 10 units before bedtime

## CASE STUDY #1

- Patient lives alone but has a daughter that checks on her twice a week
- Patient presented to the clinics complaining of feeling dizzy often and her blood glucose readings are "all over the place" even though she read the "managing diabetes pamphlet"
- Her blood pressure is 190/100
- She has brought her medications and it is noticed that her blood pressure medications have not been taken
- Also her Glargine Insulin pens are still full and not used despite her saying that she is using it daily

## CASE STUDY #1

- Patient's fingerstick glucose( 4 hours after eating is 48 and patient is having symptoms of hypoglycemia)
  - Patient said she used "her blue and white" insulin at her last meal. "It has the same name as one of my new insulins, so I wanted to use the open bottle up before opening the new bottle".
- According to the patient blood glucose log the morning readings have been 350 to 400

## CASE STUDY#1

- What health literacy issues might be a factor here?
- What open ended questions can we ask the patient to elicit what might be going on?
- Teach me how you \_\_\_\_\_
- Show me how you \_\_\_\_\_

## CASE STUDY #1

- Upon asking the proper open ended questions we determine the following
- “I read on a blog that dizziness was a symptom of low blood pressure, so I figured it must have been my medication. So, I stopped taking it”.
- “I have been injecting these insulin pens as instructed but I have not felt anything go in”
  - The patient has been putting the pens up to her belly and pushing the doses in with no needles on the pen
- “This other new insulin has a similar name to my old one so I used it up first with the new directions”

## CASE STUDY #1

- What are some steps or open ended questions we might have asked if we were the one who discharged the patient?
- What myth vs. fiction discussions could we have had?
- Proper medication reconciliation along with provider education and “teach back” could have eliminated many of these issues



## CASE STUDY #2

- Mr. Randolph discharged from hospital after a knee replacement on Enoxapirin injection 40mg once daily
- He is readmitted within 4 days because of a possible blood clot as a result of his operation
- What open ended questions can we ask?
- Show me how you \_\_\_\_\_

## CASE STUDY#2

- “ I never picked up those injections from the pharmacy. I brought the prescriptions to the pharmacy and the pharmacist told me the medication needed prior authorization with my insurance. The pharmacist sent the paperwork to the doctor. Since I was feeling pretty good, I never checked with the insurance or doctor’s office to follow up. I did not think I really needed it”.

### CASE STUDY #3

- Mrs. Smith has a child who presents to the clinic with signs and symptoms of measles
- What open ended questions can we ask here?
- How do we separate myth from fact without alienating this mother?

### CASE STUDY #4

- Mr. Farris presents to the ER with severe hypotension
- He had just seen a specialist who prescribed a new drug, Carvedilol 25mg(beta-blocker)twice daily to his blood pressure regimen.
- Upon request from his primary physician, it is determined that he is currently taking Metoprolol 50 mg(beta-blocker) twice daily

## CASE STUDY #4

- Patient did not inform specialist he was on Metoprolol 50mg
- Patient did not list on his history or current med list and did not bring meds to office
- What health literacy issues are at issue here?
- Who's responsibility was it to catch the duplication?

## TAKE HOME POINTS

- What may be common sense to us is may not be for patients
- Take time to ask open ended questions, bridge knowledge or care gaps
- You may be the last line of defense before a patient is discharged and is unintentionally misinformed
- YOUR patients need you to ask the right questions!



QUESTIONS???

Thank you for your time!

Patrick Devereux, PharmD

FMS Pharmacy

Bessemer, Alabama

(205) 424-3194

[rpdevereux@gmail.com](mailto:rpdevereux@gmail.com)