Health Literacy, The Patient Experience, and You

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St. Joseph’s Hospital and Medical Center
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Overview

• Health literacy (HL) defined, and its implications
• What is known about HL among trauma patients
• HL and the patient experience
• HL – a “universal precautions” approach
"IT CAN HOLD A THOUSAND BOOKS, WHATEVER "BOOKS" ARE..."
What Are We Talking About When We Talk About Health Literacy?

“Everything was happening so fast and everybody was so busy,” and that is why Mitch Winston, 66 years-old and suffering from atrial fibrillation, did not ask his doctor to clarify the complex and potentially dangerous medication regimen that had been prescribed for him upon leaving the hospital emergency department...
What Are We Talking About When We Talk About Health Literacy?

...When he returned to the emergency department via ambulance, bleeding internally from an overdose of Coumadin, his doctor was surprised to learn that Mitch had not understood the verbal instructions he had received, and that he had ignored the written instructions and orders for follow-up visits that the doctor had provided. In fact, these had never been retrieved from Mitch’s wallet.

“What did the Doctor say?” Improving health literacy to protect patient safety. The Joint Commission 2007
Health Literacy Defined

“The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions”
National Assessment of Adult Literacy

- National assessment of health literacy skills of US adults
- Assessed both reading and math skills
- Focused on health-related materials and tasks
- 36% of adults were identified as having serious limitations in health literacy skills
“As a former nurse, trauma surgeon, and public health director [I realized] there was a wall between us and the people we were trying to serve.

Health care professionals do not recognize that patients do not understand the health information we are trying to communicate.

We must close the gap between what health care professionals know and what the rest of America understands.”

Dr. Richard Carmona, Former U.S. Surgeon General

Mentioned health literacy in 200 of last 260 speeches
Health Literacy – Impact on Care

“How would you take this medicine?”

395 primary care patients in 3 States

• 46% did not understand instructions ≥ 1 labels
• 38% with adequate literacy missed at least 1 label

Rates of Correct Understanding vs. Demonstration “Take Two Tablets by Mouth Twice Daily”

Health Literacy and Outcomes

• Patients with low health literacy:
  • are hospitalized more often and for longer periods of time
  • use emergency departments more frequently
  • manage their diseases less proficiently

The Association of Health Literacy With Preventable Emergency Department Visits: A Cross-sectional Study

Meenakshi P. Balakrishnan, MPH, PhD, Jill Boylston Herndon, PhD, Jingnan Zhang, PhD, Thomas Payton, MD, MBA, Jonathan Shuster, PhD, and Donna L. Carden, MD, MPH

ACADEMIC EMERGENCY MEDICINE • September 2017, Vol. 24, No. 9 • www.aemj.org

<table>
<thead>
<tr>
<th></th>
<th>Limited HL</th>
<th>Adequate HL</th>
<th>RR of Being Potentially Preventable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Preventable ED Visits</td>
<td>12.1%</td>
<td>7.4%</td>
<td>1.62 (1.09 – 2.41)</td>
</tr>
<tr>
<td>Preventable ED Visits Resulting in Hospitalization</td>
<td>24.3%</td>
<td>14.7%</td>
<td>1.65 (1.07 – 2.54)</td>
</tr>
<tr>
<td>Preventable ED Visits Resulting in Treat &amp; Release</td>
<td>5.9%</td>
<td>4.7%</td>
<td>1.23 (0.82 – 1.85)</td>
</tr>
</tbody>
</table>
Trauma patients were surveyed for knowledge of their injuries, operations, and satisfaction with their care at the first outpatient visit following hospital discharge from a Level 1 trauma center.

- 175 surveys, 35 were returned and legible, leaving 20% of surveys for analysis.
Please list all of the injuries that you can recall. Be as specific as possible.

- I cannot recall any of my injuries
- I had an operation but I cannot remember exactly what was done

Please list all of the operations (if any) you underwent in the hospital. Be as specific as possible.

- I do not recall the names of any of my doctors

Please name any doctors (interns, residents, or attendings) who took part in your care.

What is your highest level of education completed?

- Some high school or less
- High school diploma
- Some college
- Completed college
- Professional degree

Which group best describes your yearly household income?

- $0 – 24,999
- $25,000 – 49,999
- $50,000 – 100,000
- More than $100,000

How would you describe your overall understanding of your injuries and operations?

- I understand very well and can recall them easily
- I understand somewhat and can recall with some assistance
- I do not understand well and have trouble remembering some of them
- I do not understand my injuries or operations at all

How satisfied are you with your understanding of your injuries and operations?

- I am very satisfied with my understanding of my injuries and operations
- I am somewhat satisfied but would like to understand a little better
- I am not satisfied and would like to understand better
- I am not at all satisfied with my understanding of my injuries and operations

How do you think your understanding of your injuries and operations affected the overall satisfaction of your hospital stay?

- Positively impacted my overall hospital stay
- Did not impact my overall hospital stay
- Negatively affected my overall hospital stay

Figure 1. Survey.
## Demographics

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>35</td>
</tr>
<tr>
<td>% Male</td>
<td>75</td>
</tr>
<tr>
<td>Age</td>
<td>32</td>
</tr>
</tbody>
</table>
Demographics

- Number: 35
- % Male: 75
- Age: 32
- ISS: 8
- Days to follow up: 16
# Mechanism of Injury

<table>
<thead>
<tr>
<th>Mechanism of Injury</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor Vehicle Collision</td>
<td>44%</td>
</tr>
<tr>
<td>Gunshot Wound</td>
<td>33%</td>
</tr>
<tr>
<td>Stab Wound</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td>12%</td>
</tr>
</tbody>
</table>
Education

- Some High School: 23%
- High School Diploma: 39%
- Some College: 29%
- College Degree: 6%
- Professional Degree: 3%
<table>
<thead>
<tr>
<th>Income</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 – $24,999</td>
<td>71%</td>
</tr>
<tr>
<td>$25,000 – $49,999</td>
<td>16%</td>
</tr>
<tr>
<td>$50,000 – $100,000</td>
<td>13%</td>
</tr>
<tr>
<td>&gt;$100,000</td>
<td>0%</td>
</tr>
</tbody>
</table>
Recall

Unable to recall injuries 40%
Unable to recall operations 54%
Unable to name a physician 71%
Satisfaction

At least somewhat satisfied with injury/operation understanding: 91%

Injury understanding had negative impact on hospital stay satisfaction: 4%
• Conclusions:
  • Patient’s surveyed had relatively poor ability to name their injuries, their operations, and especially their doctors
  • Patient satisfaction with understanding was relatively high
  • This study really didn’t directly assess health literacy
It's simple. You have dibertri-glycerhemo-fibromyal-gianosis!
## Assessments for HL - SAHL

<table>
<thead>
<tr>
<th>Stem</th>
<th>Key or Distracter</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. kidney</td>
<td>__urine</td>
<td>__fever</td>
</tr>
<tr>
<td>2. occupation</td>
<td>__work</td>
<td>__education</td>
</tr>
<tr>
<td>3. medication</td>
<td>__instrument</td>
<td>__treatment</td>
</tr>
<tr>
<td>4. nutrition</td>
<td>__healthy</td>
<td>__soda</td>
</tr>
<tr>
<td>5. miscarriage</td>
<td>__loss</td>
<td>__marriage</td>
</tr>
<tr>
<td>6. infection</td>
<td>__plant</td>
<td>__virus</td>
</tr>
<tr>
<td>7. alcoholism</td>
<td>__addiction</td>
<td>__recreation</td>
</tr>
<tr>
<td>8. pregnancy</td>
<td>__birth</td>
<td>__childhood</td>
</tr>
<tr>
<td>9. seizure</td>
<td>__dizzy</td>
<td>__calm</td>
</tr>
<tr>
<td>10. dose</td>
<td>__sleep</td>
<td>__amount</td>
</tr>
<tr>
<td>11. hormones</td>
<td>__growth</td>
<td>__harmony</td>
</tr>
<tr>
<td>12. abnormal</td>
<td>__different</td>
<td>__similar</td>
</tr>
<tr>
<td>13. directed</td>
<td>__instruction</td>
<td>__decision</td>
</tr>
<tr>
<td>14. nerves</td>
<td>__bored</td>
<td>__anxiety</td>
</tr>
<tr>
<td>15. constipation</td>
<td>__blocked</td>
<td>__loose</td>
</tr>
<tr>
<td>16. diagnosis</td>
<td>__evaluation</td>
<td>__recovery</td>
</tr>
<tr>
<td>17. hemorrhoids</td>
<td>__veins</td>
<td>__heart</td>
</tr>
<tr>
<td>18. syphilis</td>
<td>__contraception</td>
<td>__condom</td>
</tr>
</tbody>
</table>
Prospective Evaluation of Low Health Literacy and Its Impact on Trauma Patients

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Odds Ratio</th>
<th>95% Confidence Interval</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-health literacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinic follow-up</td>
<td>0.78</td>
<td>0.66 – 0.89</td>
<td>0.03</td>
</tr>
<tr>
<td>ED visits</td>
<td>1.25</td>
<td>1.11 – 1.99</td>
<td>0.03</td>
</tr>
<tr>
<td>Compliance DC instructions</td>
<td>0.71</td>
<td>0.55 – 0.81</td>
<td>0.01</td>
</tr>
<tr>
<td>Complications</td>
<td>1.31</td>
<td>1.22 – 2.42</td>
<td>0.02</td>
</tr>
</tbody>
</table>

Regression analysis for 30-day outcomes, controlling for demographics, injury parameters, mechanism of injury and ED vitals
Low Health Literacy: Who is at risk?

- 128 adult trauma patients at SJHMC completed the Short Assessment of Health Literacy (SAHL) during their stay
  - Average patient age was 44
  - 33% female
  - Median ISS 10

- 31 patients (24.2%) had low HL by SAHL result
Low Health Literacy: Who is at risk?

Native American/Alaskan Native
African American
Hispanic
Caucasian Non-Hispanic

Adequate HL
Inadequate HL

P = 0.007
Low Health Literacy: Who is at risk?

- College or More
  - Adequate HL
  - Inadequate HL
- High School or Less
  - Adequate HL
  - Inadequate HL

P = 0.009
Low Health Literacy: Who is at risk?

P = 0.025

- Adequate HL
- Inadequate HL

CNI < 5 vs. CNI 5
Trauma Patient Health Literacy

• Approximately one quarter of our trauma patients have deficient HL
• Not surprisingly, deficient HL was associated with race/ethnicity, education level, and socioeconomic conditions
• Identifying patients with low HL is relatively easy
Assessments for HL – Newest Vital Sign (NVS)

Nutrition Facts
- Serving Size: ½ cup
- Servings per container: 4

Amount per serving
- Calories: 250
- Fat Cal: 120
- Total Fat: 13g (20% DV)
  - Sat Fat: 9g (40% DV)
- Cholesterol: 28mg (12% DV)
- Sodium: 55mg (2% DV)
- Total Carbohydrate: 30g (12% DV)
  - Dietary Fiber: 2g
  - Sugars: 23g
- Protein: 4g (8% DV)


Score Sheet for the Newest Vital Sign Questions and Answers

1. If you eat the entire container, how many calories will you eat?
   - Answer: 1,000 is the only correct answer

2. If you are allowed to eat 50 grams of carbohydrates as a snack, how much ice cream could you have?
   - Answer: Any of the following is correct: 1 cup (or any amount up to 1 cup), half the container. Notice: If the patient answers “two servings,” ask “How much ice cream would that be if you were to measure it into a bowl?”

3. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42g of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day?
   - Answer: 33 is the only correct answer

4. If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?
   - Answer: 10% is the only correct answer

READ TO SUBJECT: Pretend that you are allergic to the following substances: Penicillin, peanuts, latex gloves, and bee stings.

5. Is it safe for you to eat this ice cream?
   - Answer: No

6. (Only if the patient answers “no” to question 5) Why not?
   - Answer: Because it has peanut oil.

Interpretation
- Score of 0-1 suggests high likelihood (50% or more) of limited literacy
- Score of 2-3 indicates the possibility of limited literacy
- Score of 4-6 almost always indicates adequate literacy.
## Assessments for HL – Newest Vital Sign (NVS)

<table>
<thead>
<tr>
<th>Item</th>
<th>Content Area</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medications</td>
<td>Which new medications were prescribed at discharge?</td>
</tr>
<tr>
<td>2</td>
<td>Medications</td>
<td>What is the purpose of each medication you were given?</td>
</tr>
<tr>
<td>3</td>
<td>Medications</td>
<td>Were you given any warnings about the new medications prescribed to you?</td>
</tr>
<tr>
<td>4</td>
<td>Instructions</td>
<td>Were you told to schedule a follow-up appointment after discharge?</td>
</tr>
<tr>
<td>5</td>
<td>Instructions</td>
<td>When is the follow-up date scheduled for? Or, for when did they tell you to schedule it?</td>
</tr>
<tr>
<td>6</td>
<td>Instructions</td>
<td>What were you told about returning to the hospital in case of any specific issues?</td>
</tr>
<tr>
<td>7</td>
<td>Wound Care</td>
<td>Were you instructed to maintain a specific environment for your wound site? (i.e., dressing, ointment, etc.)</td>
</tr>
<tr>
<td>8</td>
<td>Diet</td>
<td>Were you given a specific diet to follow after discharge?</td>
</tr>
<tr>
<td>9</td>
<td>Exercise</td>
<td>Were you told to avoid weight-bearing activities?</td>
</tr>
<tr>
<td>10</td>
<td>Exercise</td>
<td>Were you told not to lift objects above a specific weight?</td>
</tr>
<tr>
<td>11</td>
<td>Special Care</td>
<td>Were you given any specific instructions for special care? (i.e., ostomy tube, catheter, etc.)</td>
</tr>
<tr>
<td>12</td>
<td>Special Care</td>
<td>Were you told to give up a specific habit? (i.e., smoking, drinking, working, etc.)</td>
</tr>
</tbody>
</table>
Assessments for HL – Newest Vital Sign (NVS)
Trauma Patient Health Literacy

- Approximately one quarter of our trauma patients have deficient HL
- Not surprisingly, deficient HL was associated with race/ethnicity, education level, and socioeconomic conditions
- Identifying patients with low HL is relatively easy
- Lower HL is associated with poorer comprehension of discharge instructions
Patient Experience – A Pillar of Healthcare Quality?

- Healthcare Quality
- Clinical Effectiveness
- Patient Safety
- Patient Experience
American College of Surgeons Level I trauma centers outcomes do not correlate with patients’ perception of hospital experience

Bellal Joseph, MD, Asad Azim, MD, Terence O’Keeffe, MD, Kareem Ibrahim, MD, Narong Kulvatunyoo, MD, Andrew Tang, MD, Gary Vereruyssse, MD, Randall Friese, MD, Rifat Latifi, MD, and Peter Rhee, MD, MPH. Tucson, Arizona
A systematic review of evidence on the links between patient experience and clinical safety and effectiveness

Cathal Doyle, Laura Lennox, Derek Bell

Table 3: Associations categorised by type of outcome

<table>
<thead>
<tr>
<th></th>
<th>Objective health outcomes</th>
<th>Self-reported health and wellbeing</th>
<th>Adherence to treatment (including medication)</th>
<th>Preventive care</th>
<th>Healthcare resource use</th>
<th>Adverse events</th>
<th>Technical quality of care</th>
<th>All categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of positive</td>
<td>29</td>
<td>61</td>
<td>152</td>
<td>24</td>
<td>31</td>
<td>7</td>
<td>8</td>
<td>312</td>
</tr>
<tr>
<td>associations found</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>‘No associations’</td>
<td>11</td>
<td>36</td>
<td>7</td>
<td>2</td>
<td>6</td>
<td>0</td>
<td>4</td>
<td>66</td>
</tr>
</tbody>
</table>
Health Literacy and the Patient Experience

• Perception of the quality of physician-patient communication may be influenced by patient level of health literacy (HL)

• With respect to hospitalized trauma patients, the influence of HL on perception of physician-patient communication is relatively unknown

• We sought to determine the baseline level of satisfaction with physician-patient communication on our trauma service and to evaluate the effect of HL on satisfaction ratings

Dameworth et al. J Trauma Acute Care Surg 2018
Methods

• Hospitalized trauma patients at an SJHMC were asked to participate in survey prior to discharge:

  • Short Assessment of Health Literacy (SAHL)
    • Validated test of level of health literacy – HL-adequate vs. HL-deficient
  • Short Form-Interpersonal processes of Care (SF-IPC)
    • Validated satisfaction survey of physician-patient communication with results stratified to six communication domains scored from 1 to 5

• Rates of “top box” (5/5) scores for each SF-IPC domain were compared between HL-deficiency and HL-adequate patient groups
# INTERPERSONAL PROCESSES OF CARE SURVEY: SHORT FORM

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often did doctors speak too fast?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. How often did doctors use words that were hard to understand?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. How often did doctors really find out what your concerns were?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. How often did doctors let you say what you thought was important?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. How often did your doctors take your health concerns very seriously?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. How often did doctors explain your test results such as blood tests, x-rays, or cancer screening tests?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. How often did doctors clearly explain the results of your physical exam?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. How often did you and your doctors work out a treatment plan together?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. If there were treatment choices, how often did doctors ask if you would like to help decide your treatment?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19. How often were doctors concerned about your feelings?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>20. How often did doctors really respect you as a person?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>21. How often did doctors treat you as an equal?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>24. How often did doctors pay less attention to you because of your race or ethnicity?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>25. How often did you feel discriminated against by doctors because of your race or ethnicity?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

*Question numbers are from the original 29-question survey (IPC-29)

*List of questions modified from Interpersonal Processes of Care Survey Short Form (IPC-18) © 2006, University of California San Francisco

[https://dgim.ucsf.edu/cadc/nm/lscare.html](https://dgim.ucsf.edu/cadc/nm/lscare.html)
<table>
<thead>
<tr>
<th></th>
<th>HL-Deficient (n = 49)</th>
<th>HL-Adequate (n = 150)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Age</td>
<td>40.8</td>
<td>42.5</td>
<td>0.567</td>
</tr>
<tr>
<td>Gender: Male</td>
<td>75.5%</td>
<td>64.7%</td>
<td>0.16</td>
</tr>
<tr>
<td>Race/Ethnicity: Non-Hispanic White</td>
<td>32.7%</td>
<td>51.3%</td>
<td>0.023</td>
</tr>
<tr>
<td>Self-reported familiarity with medical terminology</td>
<td>55.8%</td>
<td>78.2%</td>
<td>0.004</td>
</tr>
<tr>
<td>Education level: More than high-school education</td>
<td>17.4%</td>
<td>49.3%</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>
IPC Survey “Top-Box” Scores by Domain

- Lack of Clarity: HL-Deficient 25, HL-Adequate 30.9
- Elicited Concerns, Responded: HL-Deficient 34.7, HL-Adequate 54.4
- Explained Results: HL-Deficient 42.9, HL-Adequate 48
- Worked Together: HL-Deficient 42.9, HL-Adequate 48
- Compassionate, Respectful: HL-Deficient 53.1, HL-Adequate 61.1
- Not Discriminated Due to Race/Ethnicity: HL-Deficient 77.1, HL-Adequate 87.8

* (p-value < 0.05)
Summary

• HL-deficient patients tended to rate their physician-patient interactions lower than HL-adequate patients and significantly less likely to rate that their concerns were always elicited by their physicians.

• Patients were generally unlikely to rate physician-patient encounters in the “top-box” irrespective of level of HL.
What to do next?

• Screen patients for deficiencies in health literacy
  • Tailor communications, both oral and written to HL-deficient patients

OR

• Assume deficient HL in all patients
  • The “universal precautions” approach
The Universal Precautions Approach to HL

MEDICINE IS A FOREIGN LANGUAGE

“To be fluent in a second language, you need a working vocabulary of about 5,000 words. To be fluent in Medicine, you need double that. The whole purpose of med school is to learn to be fluent in Medicine.”

Some guy I went to med school with, 1995
PATIENTS (i.e. HUMANS) ARE WIRED TO FEIGN UNDERSTANDING YOU

Intimidation
Shame

When Toni Cordell – a well-spoken working woman and mother – consented to her hysterectomy, everything went well. Toni had a good outcome from her surgery.
The only problem was that Toni did not know she was having a hysterectomy until after it had occurred.

“What did the Doctor say?” Improving health literacy to protect patient safety. The Joint Commission 2007
PATIENTS (i.e. HUMANS) ARE WIRED TO FEIGN UNDERSTANDING YOU
  Intimidation
  Shame

Take the case of Mr. Garcia, who needed to have his staples removed. When a resident entered his room, he asked the man in bed if he was Mr. Garcia. The man smiled and agreeably nodded his head. He then had his staples removed...prematurely. He was not Mr. Garcia.

“What did the Doctor say?” Improving health literacy to protect patient safety. The Joint Commission 2007
The Universal Precautions Approach to HL

• Recommendations from the AMA for physician-patient communication:
  1. Slow down
  2. Use plain, non-medical language
  3. Show or draw pictures
  4. Limit the amount of information provided – and repeat it
  5. Use the “teach back” technique
  6. Create a shame-free environment: encourage questions
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Focus groups of VA patients and physicians in Chicago area

- Patients did not know cancer-related terms, such as “polyp,” “tumor,” “growth,” or “lesion.”
- Even after the concept of looking for hidden cancer or precancerous lesions was described several times, some focus group members continued to ask what symptoms they should look for and never understood the concept of screening to detect early cancer, hidden cancer, or premalignant lesions.
- None of the patient participants knew what the colon or bowel was or where it was located.
Examples of Plain Language

- Annually: Yearly or every year
- Arthritis: Pain in joints
- Cardiovascular: Having to do with the heart
- Dermatologist: Skin doctor
- Diabetes: Elevated sugar in the blood
- Hypertension: High blood pressure

The Plain Language Thesaurus for Health Communications
Teach-back

- Explain
- Assess
- Clarify
- Understanding
“Tell me what you’ve understood.”

“I want to make sure I explained your medicine clearly. Can you tell me how you will take your medicine?”
Wrap-up

• Approximately one quarter of our trauma patients have deficient health literacy

• Deficient health literacy is associated with increased ED utilization, post-discharge complications, poorer comprehension of DC instructions, and poorer perception of physician-patient communication

• A universal precautions approach to health literacy makes sense and is encouraged
  • Speak slowly, plainly, and confirm that your patients understand you
“Doc, enough with the ‘English’ — just give it to me in plain academic medical terminology!”