ISSUE BRIEF NQF

National Quality Forum

NO. 13
MARCH 2009

Health Literacy: A Linchpin in Achieving National Goals for Health and Healthcare

EXECUTIVE SUMMARY

Health literacy is a linchpin in the attainment of the National Priorities and Goals for healthcare improvement. It undergirds important principles of patient-centered care, patient engagement, cultural competency, and a systems approach to improvement. Although there are many social determinants of health literacy, the healthcare system can overcome these factors to some degree by designing care to meet the literacy needs of patients. This Issue Brief demonstrates how literacy cuts across all of the National Priorities of the National Priorities Partnership, and it describes a set of tools and best practices that have made a difference in improving health outcomes for people with low health literacy.

Health Literacy and Its Implications for Health and Healthcare

Modern life demands literacy. This is true in the financial sector, where financial literacy enables many Americans to manage their own retirement plans—and bear the associated responsibilities and risks—rather than depend on financial experts. The same is true for health and healthcare, where responsibility and risk has been shifted to patients and their families, both in terms of the care itself and the management of health benefits. This is particularly evident in the following areas:

- Most gains in good health and longevity come from behavioral change on the part of consumers and patients to reduce risks of disease, environmental exposures, and unintended medical errors. Literacy and education are important assets in maintaining health.
- Healthcare is complicated, often uncoordinated, and not always definitive about the right course of treatment. Patients and caregivers need to have voice and power to wrest more control over the important decisions about them. Engagement in the process of care and equal partnership with providers about decisions are key. Information, enabled by literacy, is the pathway.
- As an increasing majority of older Americans live with chronic diseases, they must act as their own first-line care providers—monitoring symptoms, taking medications, following treatment plans, and re-engaging with the healthcare system as needed.

However, even as consumers shoulder a greater burden of responsibility for their own care, healthcare information—whether it be prescription labels, discharge plans, informed consent forms, HIPAA release forms, insurance statements, Medicare health plan options, treatment choices, or simply the directions to a doctor's office in a hospital megaplex—remains difficult to understand. More than one-third of American adults are not able to understand medical information at the "functional level"—that is, they cannot read and comprehend basic information, including prescription, appointments, and other essential health-related materials required to function

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successfully as a patient.[1] The readability of healthcare materials is a particularly difficult issue. Most healthcare material is written above the 10th-grade level, even though the average person reads at the 8th- or 9th-grade level, and one out of five reads at or below the 5th-grade level.[2]

Health literacy includes, but is not limited to, the readability of materials, and it is defined as the ability to obtain, process, and understand information that is communicated regarding health status and healthcare.[3] It includes language comprehension, numeracy, and computation and comparison making. It is influenced by many factors, including:

- sensory abilities (visual and auditory);
- cognitive abilities (processing speed, working memory, and executive function);
- genetics and the environment;
- education; and
- income.

Given the complex nature of healthcare and the growing responsibility of patients and families to manage their own care, the implications of health literacy for healthcare quality are significant. The National Patient Safety Foundation estimates that low health literacy costs up to $236 billion annually.[4] Low health literacy is more prevalent among the elderly,[5] minorities and immigrants,[6] and people of low income—often the very people who use the most healthcare services. The unfortunate irony is that those most in need of healthcare services often are least able to understand some of its essential communication materials. Therefore, health literacy interventions can play an important role in improving healthcare outcomes.

Achieving National Priorities and Goals

Health literacy is a linchpin in achieving the National Priorities and Goals for transforming America's health and healthcare established by the National Priorities Partnership. The Partnership is a collaborative effort of 28 national organizations that collectively influence every part of the healthcare system. The Partners, convened by the National Quality Forum (NQF), represent multiple stakeholders drawn from the public and private sectors. These organizations believe that the delivery of care must be fundamentally changed in order to address four major challenges—eliminating harm, eradicating disparities, reducing disease burden, and removing waste. See Table 1 for a list of the six National Priorities and Goals.

TABLE 1 National Healthcare Priority Areas Identified by the National Priorities Partnership

Priority Area	Goal
Patient and family engagement	• Engage patients and their families in managing their health and making decisions about their care
Population health	• Improve the health of the population
Safety	• Improve the safety and reliability of America's healthcare system
Care coordination	• Ensure that patients receive well-coordinated care across all healthcare organizations, setting, and levels of care
Palliative and end-of-life care	• Guarantee the provision of appropriate and compassionate care for patients with life-threatening illnesses
Overuse	• Eliminate overuse while ensuring the delivery of appropriate care

Health literacy is a core and cohesive element of all of the Priorities. Without mastering the literacy challenge, it will be difficult to achieve any of the Goals. With it, all of the Priorities will move forward. Health literacy also is key to moving forward in improving other dimensions of fundamental change in healthcare, including providing patient-centered care that is culturally competent and taking a systems approach to healthcare delivery.

Health Literacy Influences All Priorities

Patient and Family Engagement

Patient and family engagement is paramount to achieving all of the Priorities, and health literacy is an important element of patient and family engagement.

The overarching goal of patient and family engagement is for patients and families to become members of a healthcare team rather than be passive recipients of services. Healthcare providers can foster engagement by practicing patient-centered care, which the Institute of Medicine considers a core competency.[7] Patient-centered care encompasses the ability to listen to, clearly inform, communicate with, and educate patients. It empowers patients and family members with voice, control, choice, skills in self-care, and total transparency. And, it adapts to individual and family circumstances and to differing cultures, languages, social backgrounds, and health literacy levels.

Population Health

Engaged patients (patients who seek and understand information about their condition) are aware of the importance of preventive care and are more likely to demonstrate preventive behaviors (e.g., healthy choices with regard to diet, exercise, and weight management) as well as disease-specific health management behaviors (e.g., patients with diabetes who keep diaries of their glucose levels).[8] Furthermore, when providers tailor self-management programs to the cultural and literacy needs of minority populations, significant improvement occurs in healthy behaviors (e.g., exercise, communication with clinicians, stress management), health status (e.g., distress, fatigue, pain), and lower utilization.[9]

Safety

Patients who are health literate can reduce the risk of harm to themselves in a variety of ways, including understanding the dangers of infections in healthcare settings, practicing self-management to reduce hospitalization, and using medications appropriately. The evidence is compelling. Patients with low health literacy have a 50 percent greater risk of hospitalization than patients who have adequate health literacy skills.[10] For example, asthma patients who understand their conditions and practice good self-management report a reduction in hospitalizations and emergency visits and fewer work days lost.[11]

Care Coordination

Transitions in care can pose a risk to patients because of communication challenges that occur between providers, incompatible health information technology systems, and the complexity of plans for self-care. For many patients, transitions often feel more like "the continuum of confusion" rather than well-planned and coordinated care. Patients have important responsibilities, including needing to understand their discharge plans and manage their medications and understanding how to communicate with their providers as the need arises. Health literacy plays an important role. Of patients discharged from emergency departments, 78 percent do not adequately comprehend important information or instructions, leaving them at risk for improperly managing their conditions. Most of these patients do not realize that they do not understand the information presented to them.[12]

Palliative and End-of-Life Care

Like all patients, patients with life-limiting illnesses and those nearing the end of life deserve high-quality and compassionate care that addresses all of their needs. During this time, patients need support to prevent and treat pain; ensure continuity of care; make informed decisions; and meet their own spiritual needs.[13]

Therefore, it is especially important that all patients with life-limiting illnesses receive effective communication from physicians and nurses about their options for treatment; realistic information about their prognosis; timely, clear, and honest answers to their questions; advance directives; and a commitment to not abandon them, regardless of the choices they make over the course of their illness.

Overuse

The Dartmouth Medical School has researched variation in healthcare services and costs across the United States for more than 25 years and has published compelling evidence that supply-induced demand increases the number of services provided without any improvement in clinical quality or patients' perceptions of quality.[14]

Patients can reduce the likelihood of being overtreated by being informed, communicating their preferences to providers, and participating in shared decisionmaking. These all require health literacy. Often, there is no one best treatment option; rather, several options are available, each with risks and benefits, requiring thoughtful and informed consideration on the part of patients. When fully aware and informed of risks and benefits, patients often choose options that are less invasive, particularly in the case of conditions with multiple treatment alternatives.[15] For example, options for lower back pain range from conservative treatment, such as physical therapy, to aggressive interventions, such as spinal surgery.

Tools for Improving Care for Patients with Low Health Literacy

Providers should offer a variety of tools to patients and caregivers that are based on accessible literacy levels, that are culturally and linguistically appropriate, and that are evidence based, such as the following:

Regular feedback from patients about their experience of care. It is important to gather feedback from patients and their families consistently on their experiences with care, using tools such as the Consumer Assessment of Healthcare Provider and Services (CAHPS®) surveys.[16] Feedback should include answers to questions such as whether the information communicated to patients and their families was accessible; whether patients understood the forms they signed or instructions they were given; and whether patients understood what follow-up was recommended.

Shared decisionmaking. Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire, has a library of decision aids for more than 15 conditions, developed by the Foundation for Informed Medical Decision Making, including those for chronic condition management, back pain, heart disease, and weight management.[17] DVD and web-based decisions guides are available for most of these conditions. For example, one guide provides decision support to patients regarding medical or surgical treatment for herniated disk and spinal stenosis. Another guide provides support for managing pain through self-care for acute and chronic low back pain, as well as for other conditions.

Systems approach. Providing literacy-sensitive care requires more than making materials easier to read. It requires a systems approach to redesign care processes, simplify care tasks, and make care seamless and organized, all within a patient-centric model and with attention to health literacy. For example, the University of North Carolina diabetes "planned care" program (see Box 1) has demonstrated that patients with literacy levels at or below the 6th-grade level who

BOX 1 The University of North Carolina Diabetes "Planned Care" Program

This comprehensive and coordinated program includes standardized treatment and monitoring algorithms, patient education, care coordination, an expanded care team, and a patient registry. It adopts a patient-centered learning approach to education, focusing on behaviors rather than on knowledge, and it stresses survival skills, employs teach back, and operates on the premise that persistence, repetition, and reinforcement are required. The program intervenes at every opportunity to coordinate care, review self-care skills and address deficits, help patients navigate healthcare systems, address barriers to medication access, transportation, and communication, help the patient solve problems, and act as a patient advocate. The University of North Carolina has developed a complete guide for practice redesign.[22]

participated in the program achieved excellent results. HbA1c levels for participants were 1.2 percentage points lower than the levels for controls at 12 months' follow-up.[18] Similarly, its re-engineered discharge (RED) checklist for cardiopulmonary disorders significantly reduced rehospitalizations and emergency visits.[19] The RED checklist includes 11 mutually reinforcing components adopted from NQF's *Safe Practices for Better Healthcare,* including practices on medication reconciliation, patient education, and assessment of patient understanding.[20]

Cultural competency. NQF recently endorsed a comprehensive framework and preferred practices for measuring and reporting cultural competency.[21] This framework addresses patient-provider communication, which includes health literacy strategies to improve oral and written communication with low-literacy patients and makes recommendations on strategies to improve oral and written communication with low-literacy patients:

- avoid the use of medical jargon, and instead use commonly understood words;
- use audiovisual and graphic aids to supplement oral and written instructions;
- include interactive instructions by making patients do, write, say, or show something to demonstrate their understanding;
- write materials at or below the 6th-grade level;
- pretest materials to evaluate whether they are suitable for the intended audience; and
- utilize the NQF-endorsed® "teach back" method to ask patients to "teach back" in their own words key information about the proposed treatments or procedures for which they are being asked to provide informed consent (see Box 2).

Payers and policymakers can also take actions to improve health literacy, such as the following: Benefit designs and payment methods can support health literacy and patient engagement by paying for services such as shared decisionmaking and patient education. Incentives for providers who improve in engaging patients and their families through education and addressing literacy needs also would be useful.

Conclusion

Health literacy is a linchpin in achieving the National Priorities and Goals for improving health and healthcare. Patients who have it will have better outcomes than those who do not. It is a critical aspect of providing high-quality care for all Americans. Including strategies for achieving health literacy as a central goal in the provision of patient-centered care and culturally competent care and in taking a systems approach to care can lead to dramatic improvements in health outcomes.

Patients and family members must be significant partners in their own care. To do so, they need to understand their treatments and options, be involved in decisions about their care, provide feedback on system performance, and choose the right providers. This requires a high degree of health literacy.

NQF challenges providers to educate, support, and include patients in decisionmaking by using NQF's safe practices and its cultural competency framework and practices.

Acknowledgments

Dwight McNeill, Sarah Callahan, and Ben Yelin, members of the NQF staff, and Sara Maddox and Tamara Lee, consultants to NQF, contributed to this Issue Brief. ●

BOX 2 NQF's Health Literacy "Teach Back" Preferred Practice Statement

Use "teach back" as a patient engagement tool to enhance communication between the healthcare provider and the patient during clinical encounters.

Specifications:

- At a minimum, patients should be able to explain, in their everyday words, the diagnosis/health problem for which they need care and instructions for the prevention and/or treatment of conditions.
- "Teach back" should begin early in the process of patient care decisionmaking to ensure that patients have time to understand and think about their care options.
- Questions that begin with phrases such as "I want to be sure we have the same understanding...," "Please tell me in your own words…," and "This is important for your safety…," asked by healthcare professionals through interpreters will allow patients to relay or teach back that they understand what they have been told.
- Consider using a standardized approach to educating providers that promotes adequate communication and informed consent and one that appreciates the implications of limited health literacy.
- Use new staff orientations and ongoing educational and peer reinforcement events to teach the process of improving communication, which should include specifically telling patients that to help ensure better communication they need to state in their own words what the provider discussed with them.
- Children also should be assessed for their understanding of their condition, taking into account developmental stage.

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NQF's mission is to improve the quality of American healthcare by setting national priorities and goals for performance improvement, endorsing national consensus standards for measuring and publicly reporting on performance, and promoting the attainment of national goals through education and outreach programs.

NQF Issue Briefs provide insight into payer, policy, and industry efforts to promote quality healthcare and are produced with sustaining support from the Cardinal Health Foundation.

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Issue Brief No. 13
March 2009

Notes

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