Improving Health And The Bottom Line: The Case For Health Literacy

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Challenges to the Case for Health Literacy:

1. Existing reimbursement incentives are a barrier to the integration of health literacy principles into practice.

2. Consumer information in health care is not as transparent as in other consumer based industries.

Economics is all about how people make choices. Sociology is all about why they don't have any choices to make.

- James Duesenberry -
Challenges to the Case for Health Literacy:

3. The **legal profession** has not embraced the literacy movement and can be a barrier in health care.

4. Research is needed to support the **efficacy** of health literacy interventions.

5. There are **no large scale longitudinal studies** that examine long-term outcomes related to **cost, quality, satisfaction, and impacts** of broad based health literacy initiatives and interventions.

6. Available evidence may not be **uncovered by traditional methods** when searching more broadly for data in the domain of “**health literacy**.”
Health Literacy and the Bottom Line
Cost Savings

• About 18% of those who received an automated phone call to remind them to have a cancer screening, were screened. This led to an increase of close to $684,930 in income in just 2 months.

• Massachusetts General Hospital hired a Community Resource Specialist (CRS). This move cut ER visits by 13%. At the same time, they increased annual net savings by 7%. For each $1 spent on the CRS, Mass General saved $2.65.

• The “What to Do When Your Child Gets Sick” book gave parents the knowledge to know what to do to deal with their child’s health care at home. This is instead of taking their child to urgent care. An average of close to $1.50 in health care costs for each $1 spent was saved.
The Behavioral Case

• The “What to Do When Your Child Gets Sick” books to were given to new moms who would soon give birth to a child. This led to less ER use.

• An interactive phone call was made to patients who had heart failure. In the first two weeks, patients who called in to tell their daily weight went from 28% to 36%.

• An adult education class added health literacy into the course. This gave a boost in knowledge of health to the learners.
The Case for Health Outcomes

• Videos and multimedia programs → **video education program were more likely** to have controlled blood pressure regardless of blood control status.

• Online interactive media with automated phone calls resulted in a 15-day delay in readmission for chronic obstructive pulmonary disease (COPD) → **69% reduction in readmission length of stay.**

• A patient navigator program for individuals with heart failure resulted in a **15.8% decrease in unplanned readmission.**
Quality Improvement

• Health literacy plays a role to help patients take their medicine like they should.

• Simple health literacy universal precautions, such as listing specific times to take doses, using milligram as the standard unit for liquid medication, and using oral syringes over cups for small doses make a difference.

• The Veterans Administration developed and adopted a patient-centered medication label format in an attempt to improve the quality of care for its over 9 million veterans.
• Hospitals employing commercially developed and implemented video programs → **100% of hospitals had a higher aggregate HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Top Box percentage scores.**

• Satisfaction can be further enhanced by coupling these with **telephone-based education** and **support services**.

• **Solutions do not have to be extensive or expensive** rewording MRI reports, standardizing emergency room instructions, employing audio-recorded messages, and encouraging patients to bring a family member or friend have all been found to improve patient experience or satisfaction.
Because It Is the Right Thing to Do...
CMS Regulatory Case

• Conditions of Participation for Home Health Agencies and Guidance Operations for LTC Facilities requires information to be provided in ways the patient can understand

• By 2018 half of all reimbursement will be value-based through MACRA (Medicare Access and CHIP Reauthorization Act)
  • MIPS (Merit-based Incentive Payment System)
  • APMs (Alternative Payment Models)

• State Medicaid programs are increasingly using health home, medical homes, and other value-based alternative payment models to incentivize effective quality care.
Health Equity

• Health literacy perspective → health equity means that everyone has equal access to health information that they can act upon.

• Why?
  • Lack of access to health care services,
  • Even with access, information may meet the needs of some but not all.

• 2016 CMS Quality Strategy to achieve health equity
  • Goal 1 - “Improve safety and reduce unnecessary and inappropriate care by teaching health care professionals how to better communicate with people of low health literacy and more effectively link health care decisions to person-centered goals.”
  • Goal 3 - “Enable effective health care system navigation by empowering persons and families through educational and outreach strategies that are culturally, linguistically, and health literacy-appropriate.”
Implications for Health Policy and Practice
Ten Attributes of a Health Literate Organization

1. Has leadership that makes health literacy integral to its mission, structure, and operations.
2. Integrates health literacy into planning, evaluation measures, patient safety, and quality improvement.
3. Prepares the workforce to be health literate and monitors progress.
4. Includes populations served in the design, implementation, and evaluation of health information and services.
5. Meets the needs of populations with a range of health literacy skills while avoiding stigmatization.
6. Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact.
7. Provides easy access to health information and services and navigation assistance.
8. Designs and distributes print, audiovisual, and social media content that is easy to understand and act on.
9. Addresses health literacy in high-risk situations, including care transitions and communications about medicines.
10. Communicates clearly what health plans cover and what individuals will have to pay for services.
Strengthening the Case – Filling in the Gaps
Recommended Areas for Future Research

1. To assess the savings from long-term outcomes and behavior change → longitudinal studies of broad-based health literacy activities.

2. To change health behaviors and health outcomes → public health literacy provides an upstream “pay off”.

3. To ensure that information and communication technologies (ICTs) translate into better health outcomes → examine eHealth literacy interventions and health outcomes.
4. To understand the direct relationship between health literacy and medical errors → examine the causal link between health literacy and adverse events.

5. To examine the link between health literate organization and provider-patient communication → evidence on the direct relationship between health literacy and provider satisfaction.
6. To achieve health equity → focus on the impact of the health care power dynamic on health equity and opportunities for people to achieve a healthy life.
Thank You!
What Questions Do You Have?

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