Dear Colleague:

Patients with poor health literacy skills have a complex array of communication problems, which may interact to influence health outcomes. This newsletter is presented to increase your awareness of this issue and to focus on strategies designed to enhance patient comprehension.

D. Ted Lewers, M.D.
Chair of the Board
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Poor Health Literacy — The Hidden Healthcare Dilemma

Healthcare professionals routinely provide patients and their family members with written appointment instructions, informed consent forms, pre-procedure materials, diagnostic information, medication labels and inserts, self-care directives and even patient satisfaction surveys. Many of these materials contain numbers, acronyms, and specialized medical terminology. Health literacy refers to that set of skills needed to read, understand, and act on basic health care information. Most of this information is written at a 10th grade reading level. However, according to a 1993 study of adult literacy in the United States, nearly half of all adult Americans read at or below an eighth grade reading level.

No study has directly measured the health literacy of the U.S. population. However, it is possible to estimate the number of people who have low health literacy skills using results from the 1992 National Adult Literacy Survey (NALS). The survey reported that some 40 to 44 million of the 191 million adults in the country are functionally illiterate. They read at or below a fifth grade level, or cannot read at all. Another 50 million are marginally illiterate. They are generally able to locate and assimilate information in a simple text, but are unable to perform tasks that require them to assimilate or synthesize information from complex and lengthy texts. Because of the literacy demands upon patients in an increasingly complex health care system, adults who are functionally illiterate or marginally illiterate are likely to have low health literacy skills which create difficulties in understanding basic health materials provided by their physician.

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Among adults with at least one doctor visit in 1994, those with low health literacy skills had on average one more doctor visit than adults with higher health literacy skills.

Overall, the study found that the major source of higher health care expenditures for persons with low health literacy skills is longer hospital stays. Other factors, such as the ineffective use of prescriptions or misunderstandings about treatment plans may also have contributed to the economic consequences. When patients do not follow medical instructions because they cannot understand them, the result can be life threatening.

Patients with low literacy are at much higher risk for errors and poorer than expected outcomes in the current health care delivery system than they would have been 30 years ago. Ineffective communication between health care providers and patients can result in medical errors due to misinformation about medications and self-care instructions.

With new medical knowledge, patients are out of the hospital in less time than ever before. Today’s patients are quickly on new medications, and appointments in hand.

Health literacy problems have grown as patients are asked to assume more responsibility for self-care in a more complex health care system. Additionally, most people with low literacy skills are deeply ashamed and have trouble telling their providers how they are feeling. They would never confide in their doctor. In fact, some have never even confided in their spouse. How can you know whether you’re being understood?

Making a difference

Simplifying the written word can make a difference in patients’ lives. Here are some things to do to get started:

- Look over the materials you are currently providing patients in the office. Notice which ones are read and which ones are discarded and then ask patients and their families about their preferences.
- Talk with staff members and managers about the need for clearly written materials.
- Form a team to work on assessing, writing, editing and testing new documents and revamping old ones.
- Simply rewriting your forms for a lower reading level may not be enough. Establish relationships with patients and family members who can help you develop and test new written material.

Most people, even those who read well, use visual clues to reinforce learning.
- Use models patients can hold and touch.
- Verify understanding by finding out what a patient understands and what he or she doesn’t. Determine what the patient thinks is happening and what they still need to learn. You can accomplish this by asking concrete questions and offering opportunities for patients to let you know how they will implement your treatment plan.
- Repeat, repeat, repeat. Have nurses review and repeat the instructions before the patient leaves the office. Provide written instructions, diagrams, or sources for further information. Make telephone calls within a day or two of the visit to make sure the patient is on track.

Communication is the cornerstone of the doctor-patient relationship. It is a critical component of all medical interaction. Whether verbal, written or computer-assisted, what people convey, “hear” and remember has important implications for the successful delivery of quality health care.

Since a large percentage of the population will have difficulty understanding health care information, it makes sense that physicians take steps to make this information accessible for all patients. This means consciously leaving time in the discussion to ensure the patient’s understanding of the information. Sit down, take extra time and actively listen. Studies have shown that currently this is being done only two percent of the time. It is essential that you make a concerted effort within your own health care environment to improve communication and give all patients their best chance at a good health outcome.

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Stress Management Program Introduced

Stress is an unavoidable part of our complex and fast-paced world. It is a particularly acute problem for Physicians. But, there are ways to manage the stresses encountered in your professional and personal life. MEDICAL MUTUAL and Professionals Advocate are pleased to present a FREE, online educational program on Stress Management specifically designed for Physicians. And you can access it 24/7, at your convenience, on the internet.

Act today! Increase your understanding of Stress Management and take control of your life.

www.weinsuredocs.com
1. Low health literacy is only associated with elderly patients.
   A. True   B. False

2. The health literacy of United States citizens is measured annually by the U.S. Census Bureau.
   A. True   B. False

3. A study by the National Academy on an Aging Society found that persons with low health literacy skills have longer hospital stays.
   A. True   B. False

4. Large print materials written at an eighth grade reading level will work for older patients.
   A. True   B. False

5. 50 million people in the United States are functionally illiterate.
   A. True   B. False

6. "Reading level" refers to a material’s content, not the ease at which it can be accessed.
   A. True   B. False

7. Most people use visual means to reinforce written information.
   A. True   B. False

8. Asking a patient how they will implement your treatment plan aids in determining their health literacy.
   A. True   B. False

9. The literacy skills of patients strongly correlate with their knowledge of illness and disease management.
   A. True   B. False

10. Health literacy increases with age.
    A. True   B. False

CME Evaluation Form

Statement of Educational Purpose
"Doctors RX" is a newsletter sent bi-annually to the insured physicians of MEDICAL MUTUAL/Professionals Advocate. Its mission and educational purpose is to identify current health care related risk management issues and provide physicians with educational information that will enable them to reduce their malpractice liability risk.

Readers of the newsletter should be able to obtain the following educational objectives:
1) gain information on topics of particular importance to them as physicians,
2) assess the newsletter's value to them as practicing physicians, and
3) assess how this information may influence their own practices.

CME Objectives for Health Literacy
Educational Objective: To provide participants with an understanding and awareness of the issue of health literacy and how it affects their patient population. Additionally, strategies are provided for enhancing physician-patient communication.

Part I. Educational Value:
I learned something new that was important.
I verified some important information.
I plan to seek more information on this topic.
This information is likely to have an impact on my practice.

Part 2. Commitment to Change:
What change(s) (if any) do you plan to make in your practice as a result of reading this newsletter?

Part 3. Statement of Completion:
I attest to having completed the CME activity.

Part 4. Identifying Information:
Please PRINT legibly or type the following:
Name: ______________________ Telephone Number: ______________________
Address: ______________________