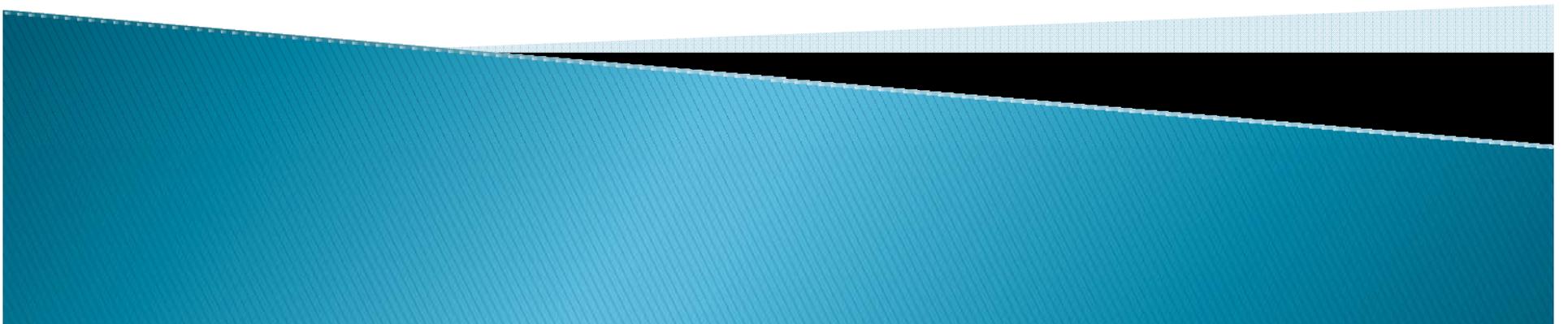


# Evaluation of Health Literacy–Related Quality Improvement Activities

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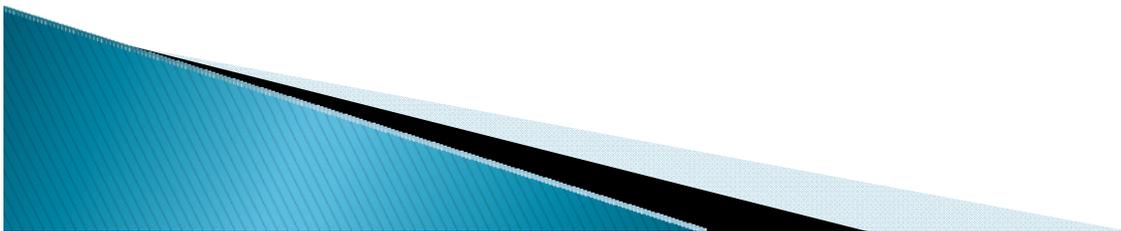
# Demonstration of the HL Universal Precautions Toolkit

- ▶ Toolkit developed with support from AHRQ
  - Guide primary care practices in making changes to reduce health-literacy burden on patients
  - 20 tools
    - Verbal communication (e.g., jargon, Teach-Back)
    - Written communication (e.g., easy-to-read materials)
    - Empowering patients (e.g., encouraging questions)
    - Link patients with community resources (e.g., meds)
- ▶ Demonstration funded by AHRQ
  - Evaluate real-world implementation in 12 family practices
  - Identify refinements to the Toolkit



# Research vs. Quality Improvement

- ▶ Research
  - Tightly controlled
  - Focused on a single condition/outcome
- ▶ Quality improvement
  - Different approaches to implementation
  - May focus on implementing change across conditions, outcome, settings, patients
  - Short time frame
  - Iterative – continuous refinement of process



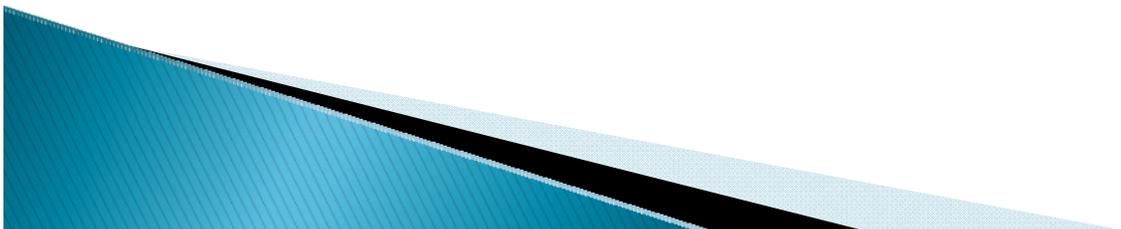
# Evaluation Approach

## ▶ Research

- Focus on the constructs with which HL is related
  - Knowledge
  - Self-efficacy
  - Behavior (e.g., diet, preventive services)
  - Clinical indicators (e.g., glycemic control)

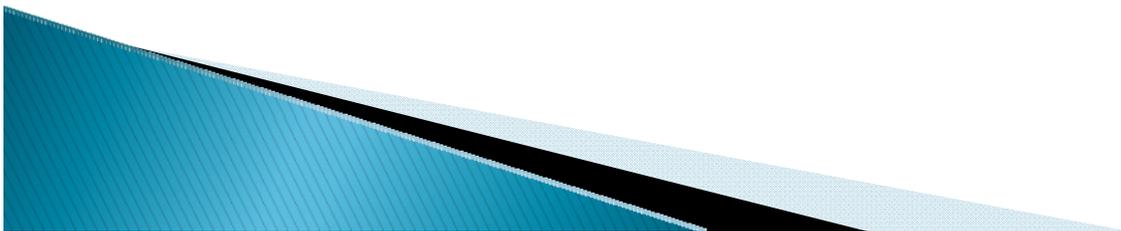
## ▶ Quality improvement

- Is not one kind of knowledge, one set of behaviors, or one clinical outcome



# How Do We Measure Impact?

- ▶ Focus not on patient outcomes, but on the implementation process
  1. Training
  2. Has change been implemented in practice?
    - a. What are the barriers to change?
  3. Have policies or systems changed?
  4. Has change had immediate impact expected?



# Staff Training

## ▶ Breadth

- Attendance records
- Query staff
  - Have you ever received training on:
    - the importance of communicating with patients in plain language instead of using technical terms?
    - ways to check whether patients understand instructions (such as the teach-back or the “show-me” methods)?

## ▶ Who has been trained?

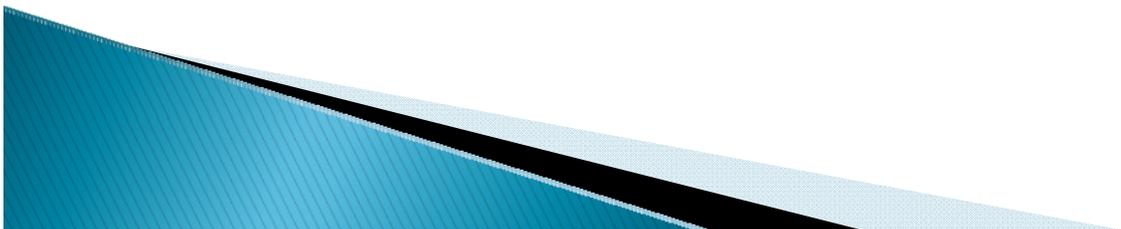
## ▶ Quality of training

- Training has helped me communicate better with patients.



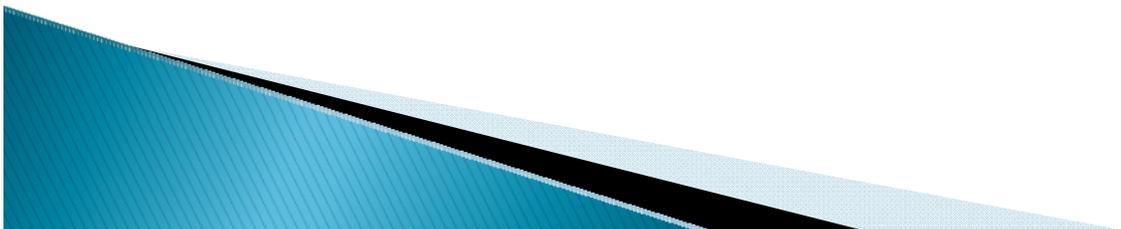
# Has Practice Changed?

- ▶ Are recommended changes being made?
  - Staff
    - In the last week, how many patients did you ask to explain in their own words the instructions you gave them?
  - Patients
    - In the last 6 months, how often did this doctor ask you to describe how you were going to follow these instructions?
  - Limitations in staff report
  - Observation (e.g., written materials)



# Understanding the Barriers

- ▶ Why are staff not adopting change?
  - Staff not convinced of the value
  - Not enough training – not sure how to implement
  - Takes too much time
- ▶ Allows practice to refine their approach in ways that support change
- ▶ Allows evaluator to determine real-world barriers to implementation



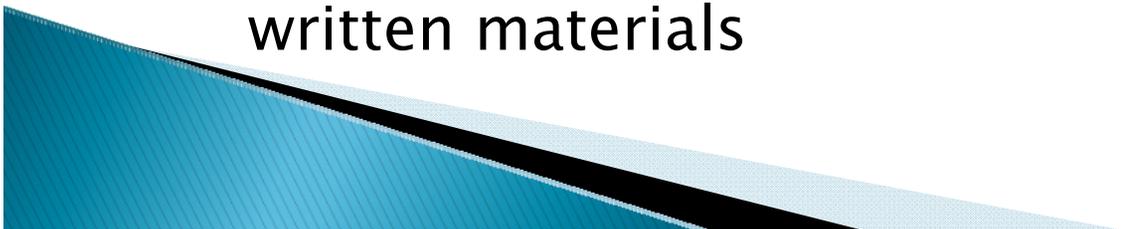
# Have Policies and Systems Changed?

## ▶ Policy change

- Development of performance goals related to HL
- Is communication highlighted in employee training?
- Is good communication rewarded?
- Funding to support training and QI work

## ▶ Systems change

- Does EMR include data on communication needs (e.g., preferred language, need for interpreter)
- Does practice have system for referring patients to non-medical resources in the community?
- Process for reviewing or obtaining patient review of written materials



# Has Change Produced Immediate Impact Expected?

- ▶ Has quality of communication improved?
  - ...how often did this doctor explain things in a way that was easy to understand?
  - ...how often did this doctor use medical words you did not understand?
  - ...how often was the written information you were given easy to understand?
  - ...how often were the forms that you got at this doctor's office easy to fill out?



# Conclusions

- ▶ Patient outcomes may not be the focus
  - This is the reason we're doing this work
  - Can measure in discrete settings
- ▶ What defines success?
  - Change in communication quality

