IMPLEMENTATION OF HEALTH LITERACY PRACTICES IN DESIGNING TRAINING PROGRAMS FOR COMMUNITY BASED TRANSITION CARE COACHES TO REDUCE HOSPITAL READMISSIONS

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INTRODUCTION

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WHY ARE WE INVOLVED?

"It is neither just, nor fair, to expect a patient to make appropriate health decisions and safely manage his/her care without first understanding the information needed to do so."

(AMA, 2007)

HEALTH LITERACY PROBLEM

- Target population: Adults 65 and older
  - population with lowest level of health literacy skills

(Kutner, Greenberg, Jin, & Paulsen, 2006)

- Poor health literacy skills associated with poor health outcomes
  - increase in hospitalization and readmissions

(Berkman, DeWalt, & Pignone, 2004)

- Collaborations between health care providers and community health workers who serve older adults lead to
  - increase in health literacy skills in this population
  - Improve care transitions
  - decrease in hospital readmission rates

WHO ARE INVOLVED?

Central Mass Health Literacy Project (CMHLP)	Coalition of health care providers who share the vision of a healthier Central Massachusetts through health literacy efforts
Elder Services of Worcester Area (ESWA)	Lead community based organization (CBO) for the Central Mass/ Metro West Transitions in Care Collaborative consisted of hospitals, community organizations, home care, and hospice care
Community based Aging Services Access Points and Area Aging Agencies (ASAP)	Provide local community resources and transition care coaches trained by Coleman Transition Care Model

CENTRAL MASS/ METRO WEST TRANSITIONS IN CARE COLLABORATIVE

Part of a community based care transitions program under the Patient Protection and Affordable Care Act to reduce hospital readmissions rates

- Goal: Provide right care for each patient at the right time in the right care setting

CMHLP's Role:

- Design and implement a training program for transitional coaches on medical conditions associated with high risk of hospital readmissions for elderly patients

TRANSITION CARE COACHES

- Community health workers, case managers, social workers from community based aging agencies
- Training based on the Coleman Care Transitions Intervention Coaching Model created by Dr. Eric Coleman
- One visit prior to discharge, one home visit, three phone calls over 30 days
- Help elderly build skills, confidence and provide tools to support self-care
- Model behavior for how to handle common problems
- Practice or role-play visit
- Elicit patient's health related goal
- Create a "gold standard" medication list (in collaboration with transition care team and elderly)

Source: http://www.caretransitions.org/

RESEARCH QUESTIONS

- To determine if implementation of health literacy practices and utilization of effective health literacy resources had a positive impact on the training of transition care coaches
- Can we use these health literacy resources for elderly patients and their caregivers to reduce hospital readmissions?
- Can this collaboration be a model for future partnerships between health care providers and community organizations to improve health literacy?
- Will this training of transitional care coaches have an impact on reducing hospital readmissions?

METHODS

- Pre-test evaluation
  - Demographics especially health literacy skills of the coaches' clientele
  - Health care background of transitions coaches
  - Goals and expectations
- Post-test evaluation
  - Evaluate success of the program and implications for future studies and program planning
  - Evaluate health literacy resources for training
  - Evaluate trainers' ability to use clear communication skills to explain complex medical conditions

METHODS

- Trainers:
  - nurses with acute care background and knowledge of admission, discharge, and caring of patients with medical conditions associated with high readmission rates
  - all have health literacy and community health/public health training

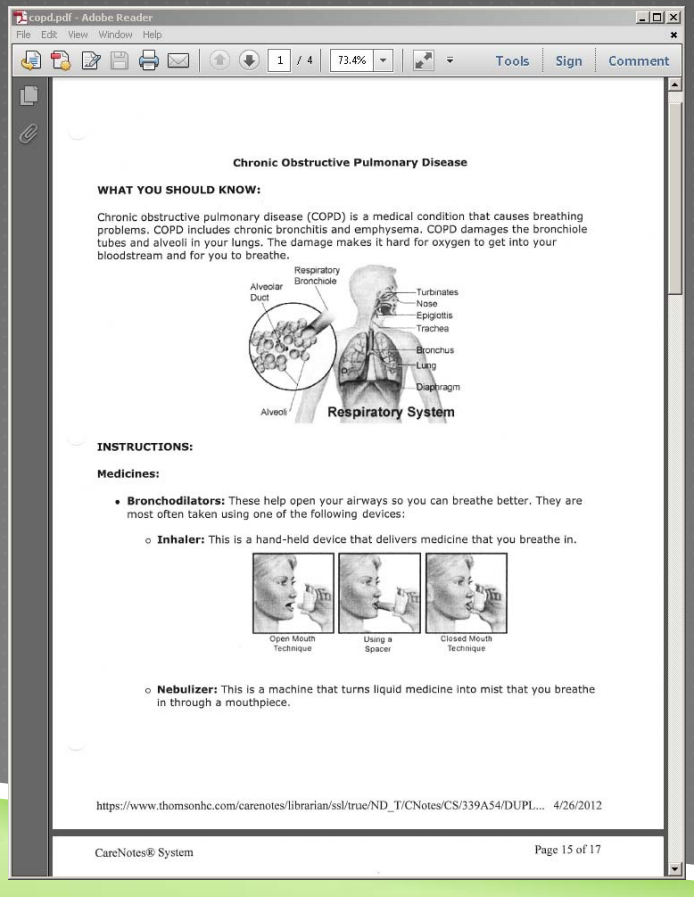
- 13 medical conditions responsible for high readmission rates
  - congestive heart failure, arrhythmia, coronary heart disease, acute MI
  - chronic obstructive pulmonary disease
  - peripheral vascular disease, deep vein thrombosis, stroke
  - pneumonia
  - hip fracture, spinal stenosis/medical-surgical back conditions
  - diabetes

METHODS

- Training focuses on "red flags" and how to respond to them
- Standardize training materials and presentations
- Use proven effective health literacy resources and easily accessible for diverse clientele
  - MedlinePlus®
    - National Library of Medicine
    - Multilingual
    - Multi-media
    - Mobile accessible
    - Free
  - CareNotes®
    - Commonly used discharge information in acute care facilities
    - Multilingual with graphics
    - Thompson Reuters Health Care

METHODS

CareNotes®



RESULTS

- Twenty-one transition coaches from seven community based aging agencies participated in a two half day training program
- Coaches identify their client's health literacy skills as grade school competency with limited medical knowledge
- Multilingual clients who speak Spanish, French, and Vietnamese
- All coaches have limited health care background
- All coaches are not familiar with MedlinePlus resources and/or CareNotes

RESULTS

- 95% of participants rated that they can generally identify “red flags” and how to respond to them
- Clear and simple training materials are effective and appropriate
- Trainer's experience with elderly patients such as discharge teaching and hospital admissions and how to navigate the health care system to be the most beneficial aspect of the training
  - ex: how to reach the right practitioner, who to ask, and what to say are just as important
- Self-evaluation by trainers shows that it is difficult to explain complex medical conditions in plain language

RESULTS

"We are so busy with new referrals and I am training coaches to try and keep up! ….. I think in another month we will have some good data and experiences with coaching patients to have a follow up with you all.

Thank you so much! I have used the medical condition training on red flags at every visit and it has really enriched the experience!"

- transition care coach

CONCLUSION/IMPLICATIONS

- Innovative community partnerships are needed to improve health and health literacy of older adults.
- Our training program utilizing health literacy practices by health care providers for transition coaches from regional aging agencies can be an effective partnership model for others to follow.
- Our effort to reduce hospital readmissions involving health literacy interventions has just started.
- Further studies and data are needed to evaluate the effectiveness of our collaboration to reduce hospital readmissions.

QUESTIONS

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