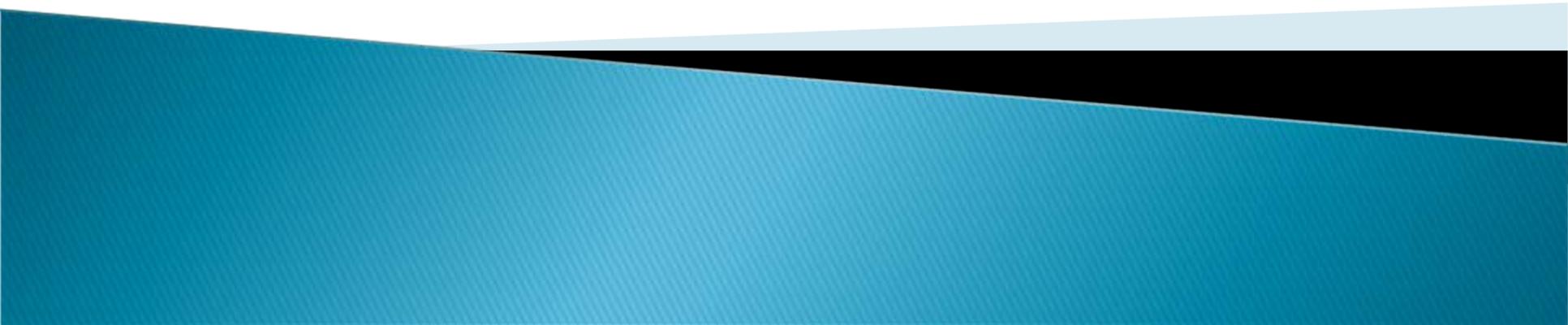


Health Literacy Annual Research Conference

October 22-23, 2012



Introduction and Overview

Consultants and occasionally researchers may assume that prior work is easily translatable and scalable to a health insurance company when in fact our relationship to individual patients/consumers is broader and more complex than that within a smaller environment (e.g., individual medical practice, pharmacy).

Introduction and Overview

- ▶ So, a fundamental question about existing research is whether or not it will translate across a system and what the costs may be to make change.
 - ▶ This is particularly important while we are in the midst of implementing thousands of pages of ACA regulation that require change across large companies
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Overarching Themes

- ▶ Greater collaboration between researchers and health plans, so that there is a greater understanding of our realm and so that we can bridge the language gap
 - ▶ Research that is easily translated to and implemented in health plans
 - ▶ Research that shows health literacy as a solution
 - ▶ Practical models of organizational change in addressing health literacy
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What are the key questions we need answers to?

- ▶ What health literacy interventions work, and what works best?
 - ▶ What skills and skill levels are needed to navigate the health care system?
 - ▶ How much can health literacy mitigate disparities in health and health care?
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What can help make the case for health literacy within health plans?

- ▶ More research on the impact on customer service calls (or appeals or grievances or other metrics) when written materials or a process are clear and easy to act on.
 - ▶ Evidence that health literacy improves long-term health outcomes and affects health status and quality of life. What degree of ongoing intervention is required?
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What can help make the case for health literacy within health plans?

- ▶ **Research that demonstrates a link between health literacy and better engagement of consumers in their own health.**
 - ▶ **Information that tells us how individuals with varying degrees of health literacy may respond differently to various engagement strategies.**
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What tools do we need that we do not have?

- ▶ The ability to get more direct and ongoing feedback from consumers on written materials, but in an affordable manner.
 - ▶ Consensus around a validated brief tool to measure health literacy, perhaps one that could be incorporated into health risk assessments and that would enable us to measure the experience of patients by health literacy levels.
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What tools do we need that we do not have?

- ▶ **Models that show how to best train health professionals whose work has an impact on the information and instructions that are provided to patients.**
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What do we need within organizations or within our industry to move ahead?

- ▶ More about health literacy and return on investment. That it improves care, controls costs, advances the brand, and helps to attract and retain customers.
 - ▶ Research on the benefits to patients of incorporating health literacy into new models such as the Patient Centered Medical Home and ACOs.
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What do we need within organizations or within our industry to move ahead?

- ▶ **A literature review of studies that make “the business case” for health literacy.**
 - ▶ **The bottom line is that research must tell us that if we communicate more effectively patients will use the system better and be healthier as a result.**
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