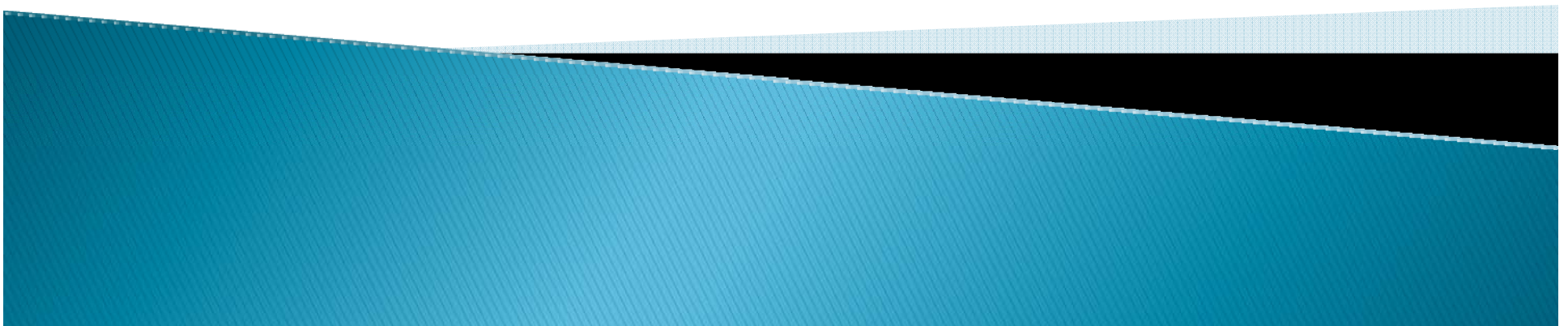


Evaluation of Health Literacy–Related Quality Improvement Activities

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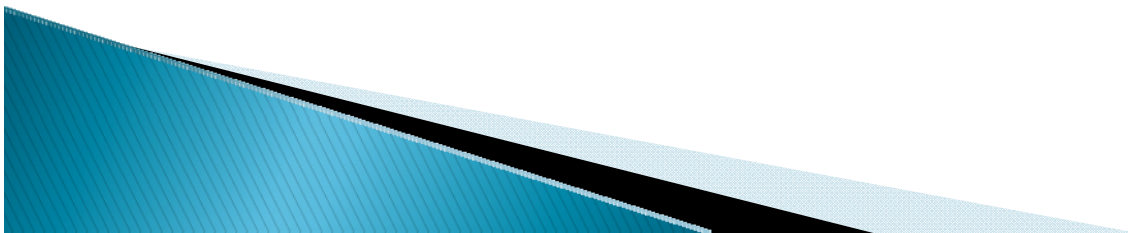
Demonstration of the HL Universal Precautions Toolkit

- ▶ 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



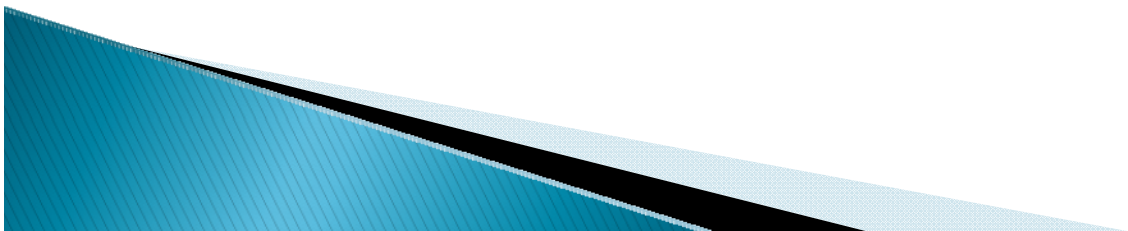
Evaluation Approach

▶ 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)

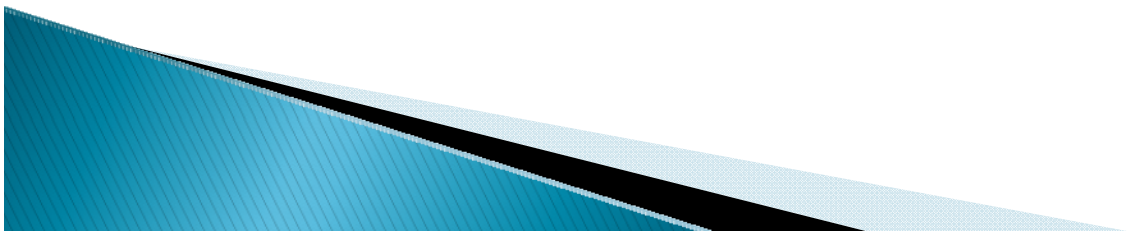
▶ Quality improvement

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



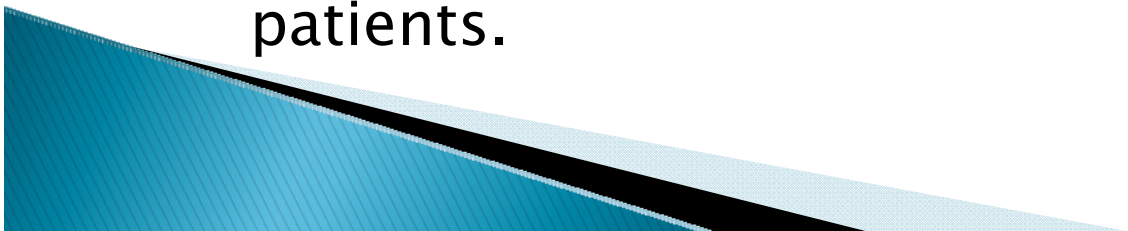
How Do We Measure Impact?

- ▶ 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?



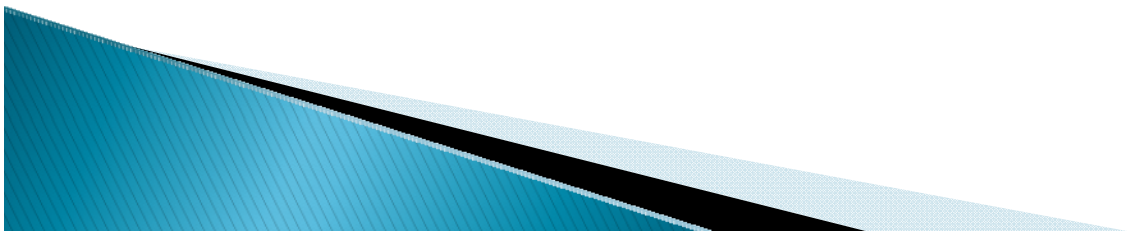
Staff Training

- ▶ 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.



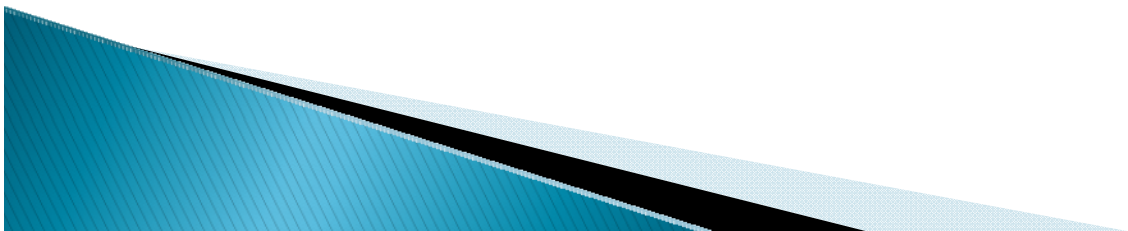
Has Practice Changed?

- ▶ 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



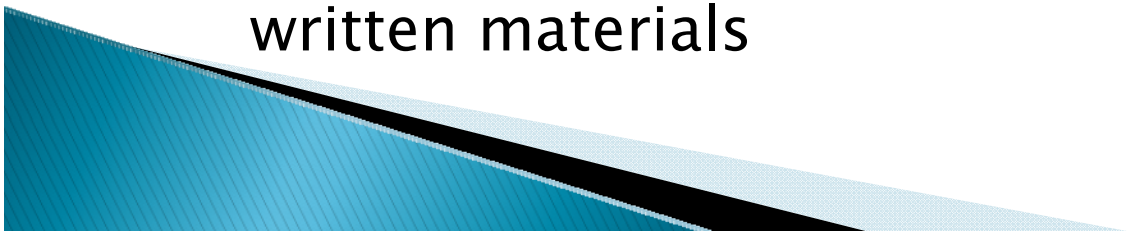
Have Policies and Systems Changed?

▶ 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

