
Integrating Universal Precautions: Results from the Health Literacy Practice Improvement Program

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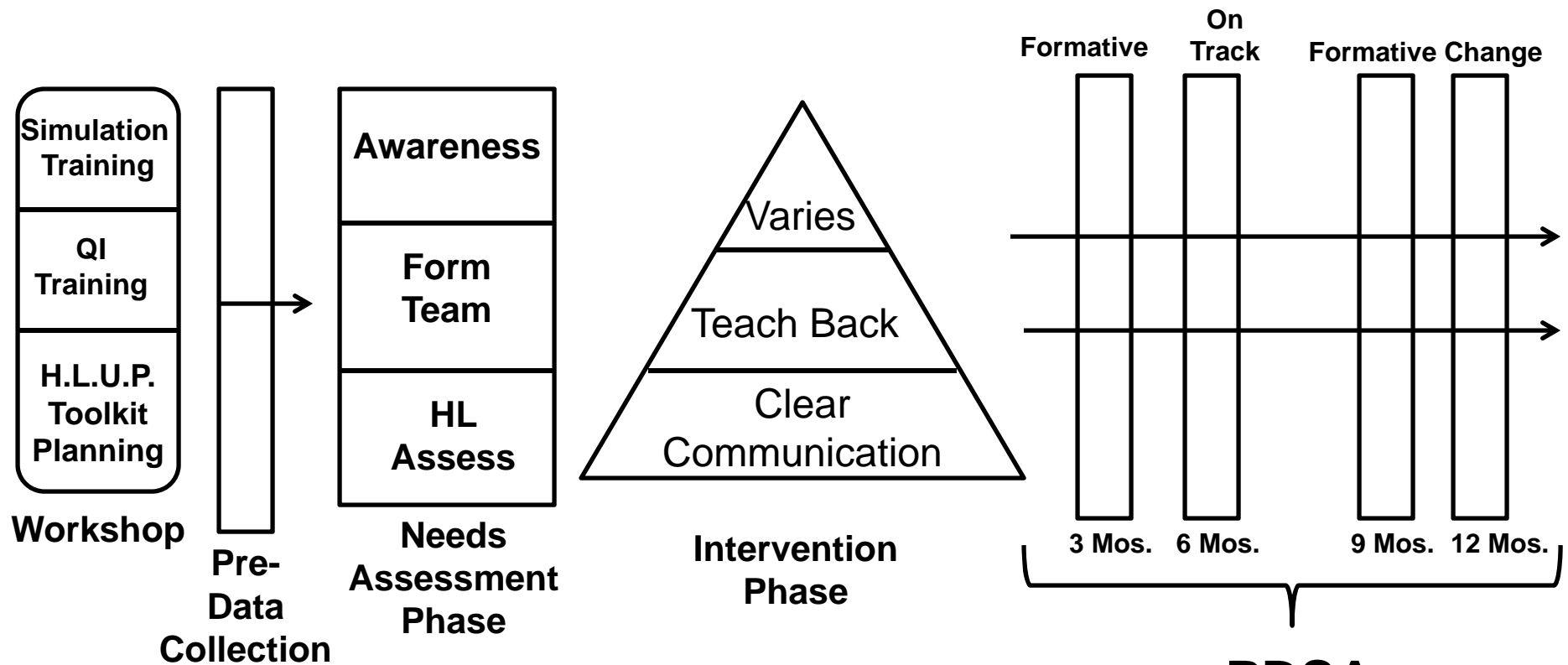
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Support for this project was provided by UnitedHealthcare.

Learning objectives

- Identify health literacy best practices for health professionals.
- Understand how health literacy best practices can be used in the design and implementation of quality improvement training for health professionals.
- Implement health literacy quality improvement activities using the AHRQ Universal Precaution Toolkit and the CAHPS Health Literacy Item Set.

HL Practice Improvement Module



<http://healthpolicy.missouri.edu/projects-hlmoc.html>

Evaluation

- One day workshop:
 - ❑ Pre-post survey on knowledge related to health literacy
 - ❑ Face-to face feedback through the session during the simulation cases review and during the health literacy coaching session
- Participant physicians=15
 - ❑ 12-internal medicine, 3- family medicine
 - ❑ Seven participants were from Missouri and eight from the Northeast (New York, Delaware, Pennsylvania)

Pre-post survey results

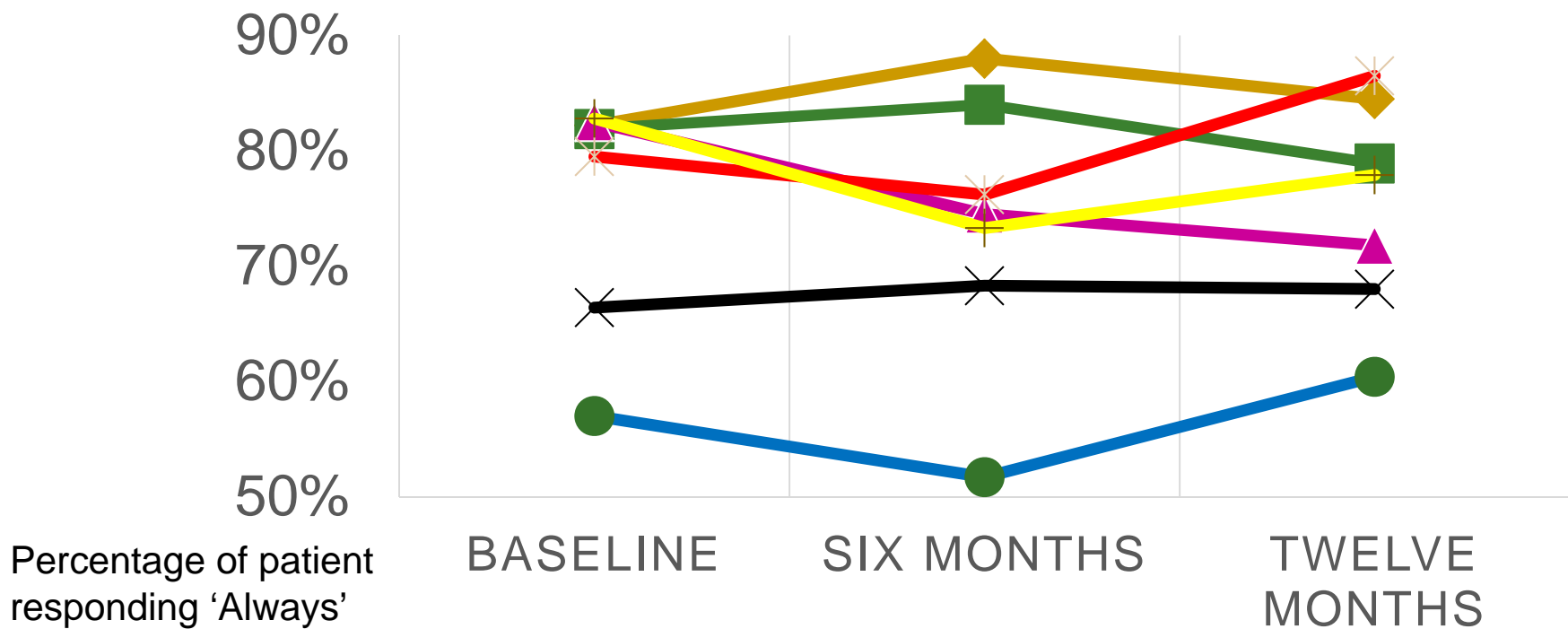
	Mean Pre	Mean Post	Mean difference	P-value
Knowledge and awareness of health literacy issues <ul style="list-style-type: none">• Patient Understanding• System Navigation• Patient Compliance	2.80	3.33	0.53	0.033
Knowledge of the role health literacy plays in patient-provider communication.	3.07	3.87	0.80	0.013
Knowledge about health literacy strategies and techniques: <ul style="list-style-type: none">• Teach-Back, Flip It	3.27	3.53	0.26	0.314

Best-rated program components:

- Standardized patient encounters
- Health literacy coaching session
- Practical tips on universal precautions to improve oral and written communication, including:
 - Plain language
 - Managing or chunking the amount of information a patient is given at any one time
 - Use of the teach-back method
- Peer discussions, video debriefing
- The AMA Foundation health literacy video

Evaluation

- One year practice improvement program:
 - ❑ Tailor the survey based on the health literacy tools the provider has chosen
 - ❑ Chose a survey methodology based on the clinic resources
 - ❑ Patients surveyed at baseline, 6 months and 12 months
- Patients surveyed to date= 369
(146 patient surveys at baseline, 126 patient surveys at six months and 97 at twelve months)



—◆— Q1. Explains things in a way that is easy to understand

—■— Q5. Answers all your questions to your satisfaction

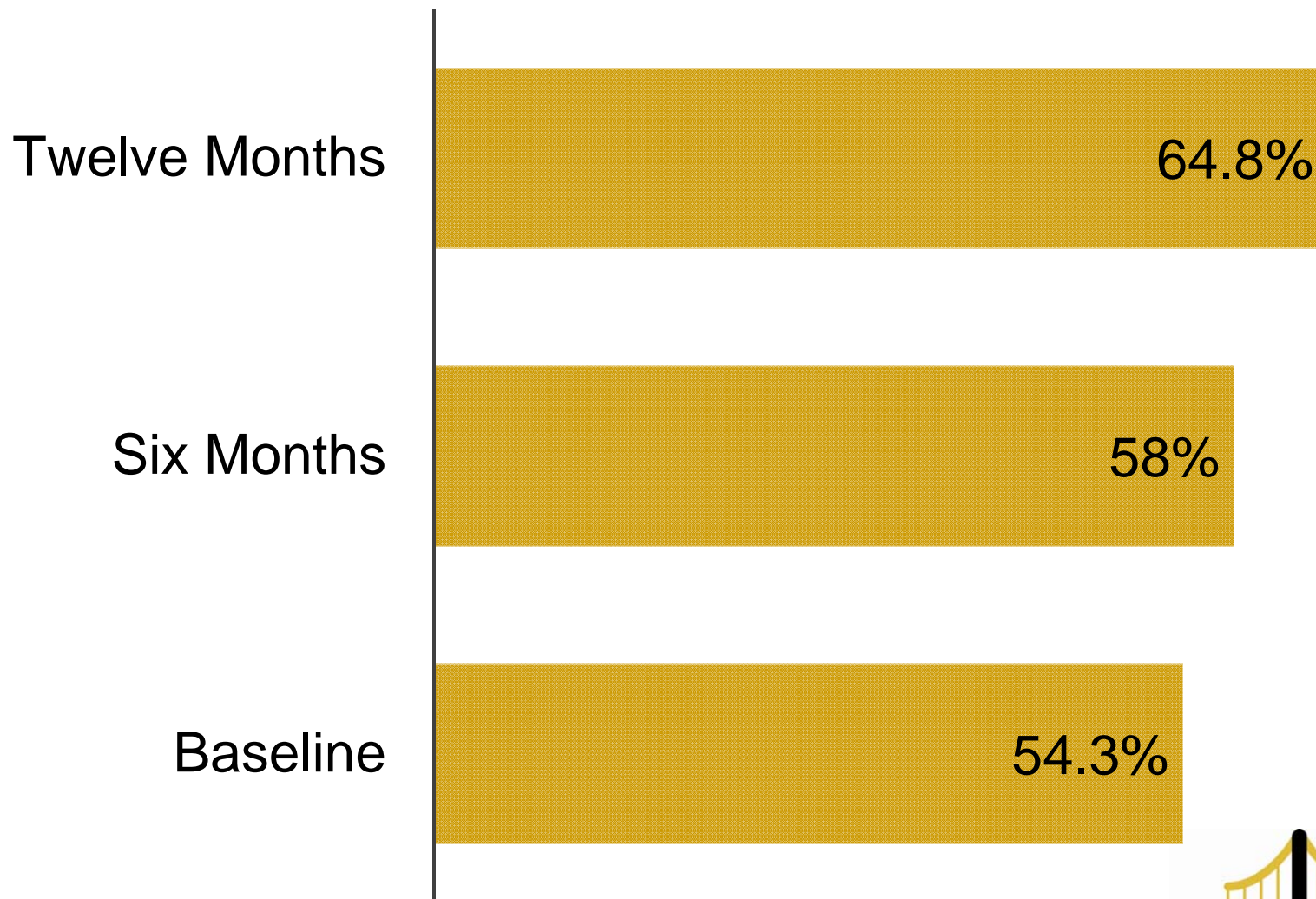
—▲— Q6. Gave the information you wanted about your health

—×— Q7. Encourage you to talk about all your problems and concerns

—×— Q8. The doctor gave you easy to understand instructions

—●— Q9. The doctor asked if you had any problems doing what you need to do to take care of your illness

The use of 'Teach-Back'



Percentage of patient responding 'Always'



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Lessons Learned

- Recruitment challenges
- Maintenance of Certification challenges
- Importance of learner engagement
- Quality improvement must be completed within the confines and realities of practice demands

Conclusions

- Raised awareness about the role health literacy plays in the therapeutic patient-provider relationship.
- Provided practical strategies for incorporating evidenced-based techniques into clinical practice.
- Overall, patients reported increased satisfaction with the way medical information was communicated to them.
- Patients reported improvements in the physicians' use of plain language and clear communication techniques.

What questions do you have?

For more information please contact: