Building Patient Trust Through Health Literacy

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Disclaimer

The information provided through this activity is for educational purposes only. This information is intended to provide general guidelines for risk management. It is not intended and should not be construed as legal or medical advice.

Disclosure

- No planners, writers, reviewers, faculty, or staff have any relevant financial relationships to disclose





Objectives

- Describe how labeling patients as non-compliant can contribute to bias
- Identify 5 common health literacy red flags
- Describe 4 high-risk health literacy situations
- Identify health literacy themes found in claim data

Negative Descriptors and Bias

- Negative descriptors contribute to stigmatization and bias.
- Unconscious bias is associated with lower levels of patient adherence to treatment plans and lower trust in health care.
- Patients who perceive racial discrimination in health care are:

More likely to

- **Delay care**

Less likely to

- **Follow clinician recommendations**
- **Get recommended chronic disease screening**

Sun 2022, Himmelstein 2022, Park 2021

Negative Descriptors That Contribute to Bias

- Aggressive
- Agitated
- Angry
- Challenging
- Combative
- Confrontational
- Defensive
- Exaggerates
- Hysterical
- Non-adherent
- Non-compliant
- Non-cooperative
- Refuses to
- Resists
- Unpleasant

Sun 2022, Himmelstein 2022, Park 2021

Review of MPL Claims Data

The data used to examine the topic of Health Literacy was gathered by using Risk Management issues that address outcomes related to:

Provider to Patient Communication

- Informed Consent
- Provider to Patient communication
- Patient Education/Instruction
- Interpreter Issues
- Communication Over Phone

Patient Factors

- Patient Engagement
- Patient Unhappy with Care/Outcome

Patient Assessment

- Obtaining Patient and Family History

Clinical Decision Making

- Managing Treatment
- Managing Surgical Process
- Managing Pregnancy and Delivery Process

Case Type Categories

- Patient understanding need for surgery
- Patient expectations on outcomes (consent)
- Pre-op eval/clearance (comorbidities)
- Post-op visits

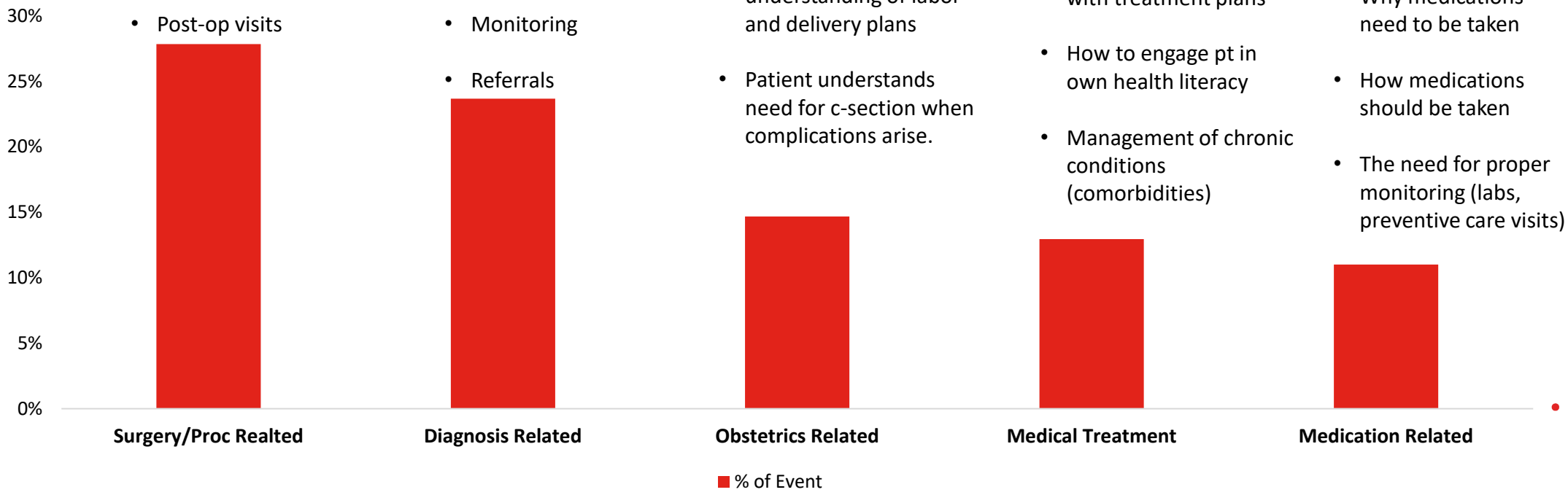
- Patient able to communicate history and relevant medications
- Routine Yearly Testing
- Follow-up visits
- Monitoring
- Referrals

- Patient/family understanding of labor and delivery plans
- Patient understands need for c-section when complications arise.

- Non-engaged patients with treatment plans
- How to engage pt in own health literacy
- Management of chronic conditions (comorbidities)

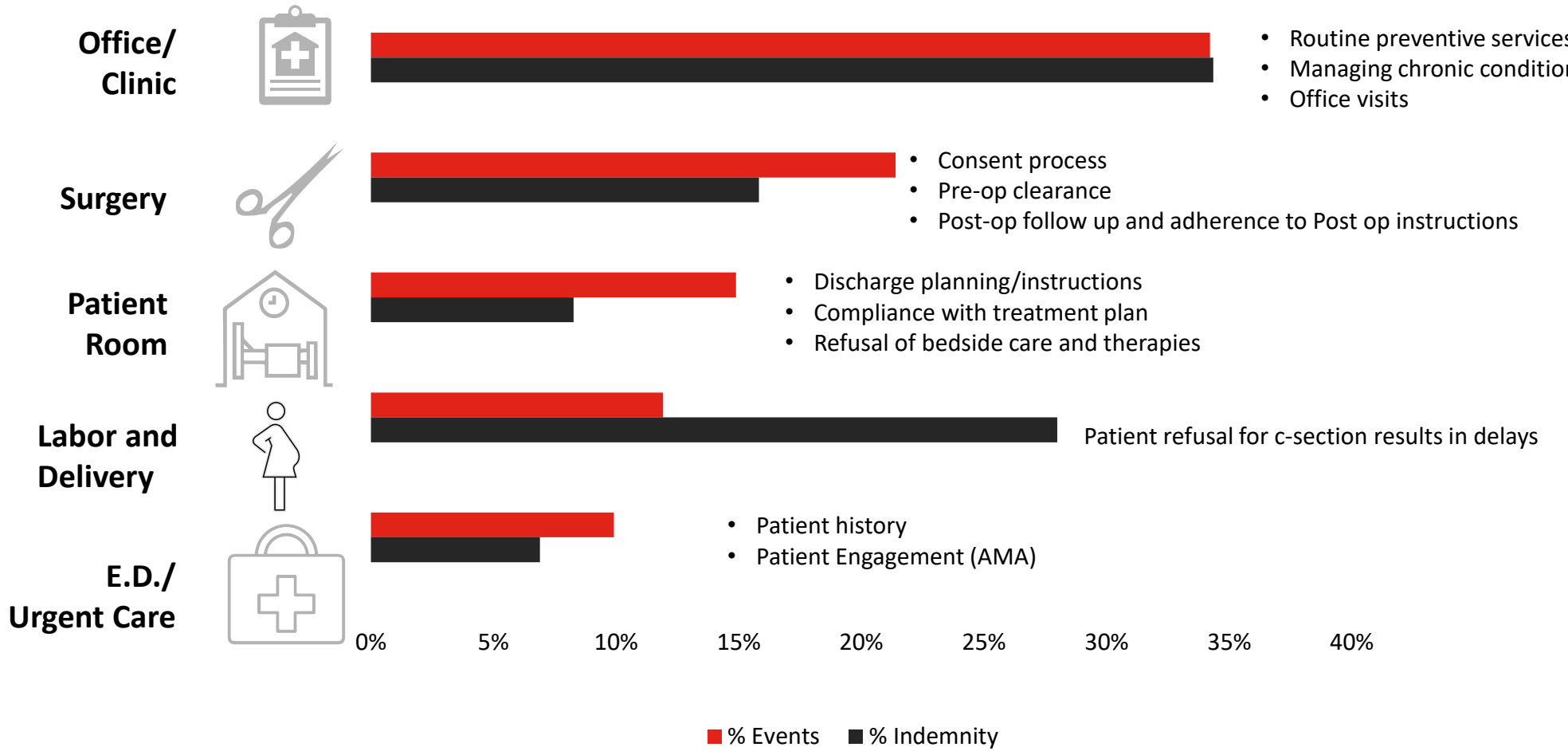
Educating patient clearly:

- Why medications need to be taken
- How medications should be taken
- The need for proper monitoring (labs, preventive care visits)



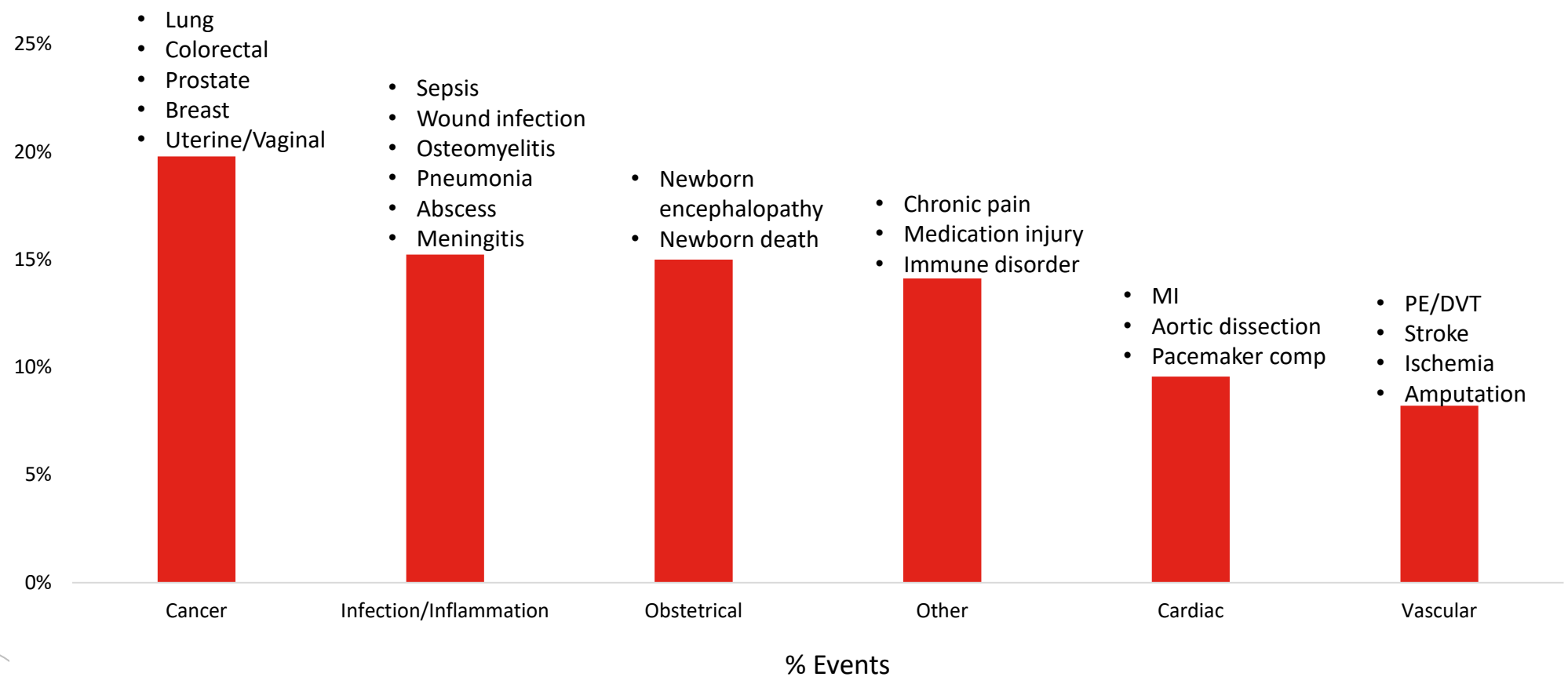
Coverys N=1443 Closed events from 2019-2023 with selected RM Issues

Top Locations



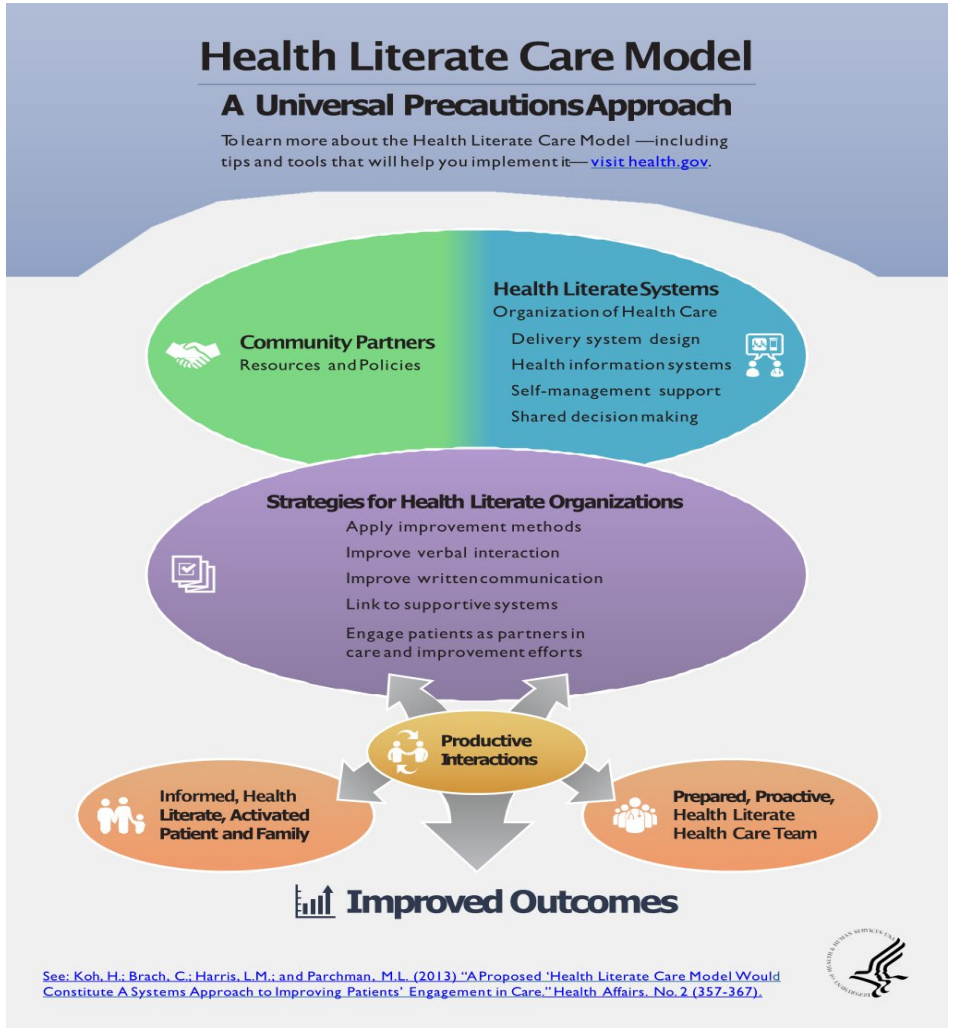
Selection: Coverys N=1443 Closed events from 2019-2023 with selected RM Issues

Top Final Diagnosis Impact



Selection: Coverys N= 630 Final Dx coded on Closed events from 2019-2023 with selected RM Issues

How Can We Engage or Activate Patients?



Office of Disease Prevention and Health Promotion. Health Literate Care Model. https://health.gov/our-work/national-health-initiatives/health-literacy/health-literate-care-model

What's Health Literacy?

- **Personal health literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

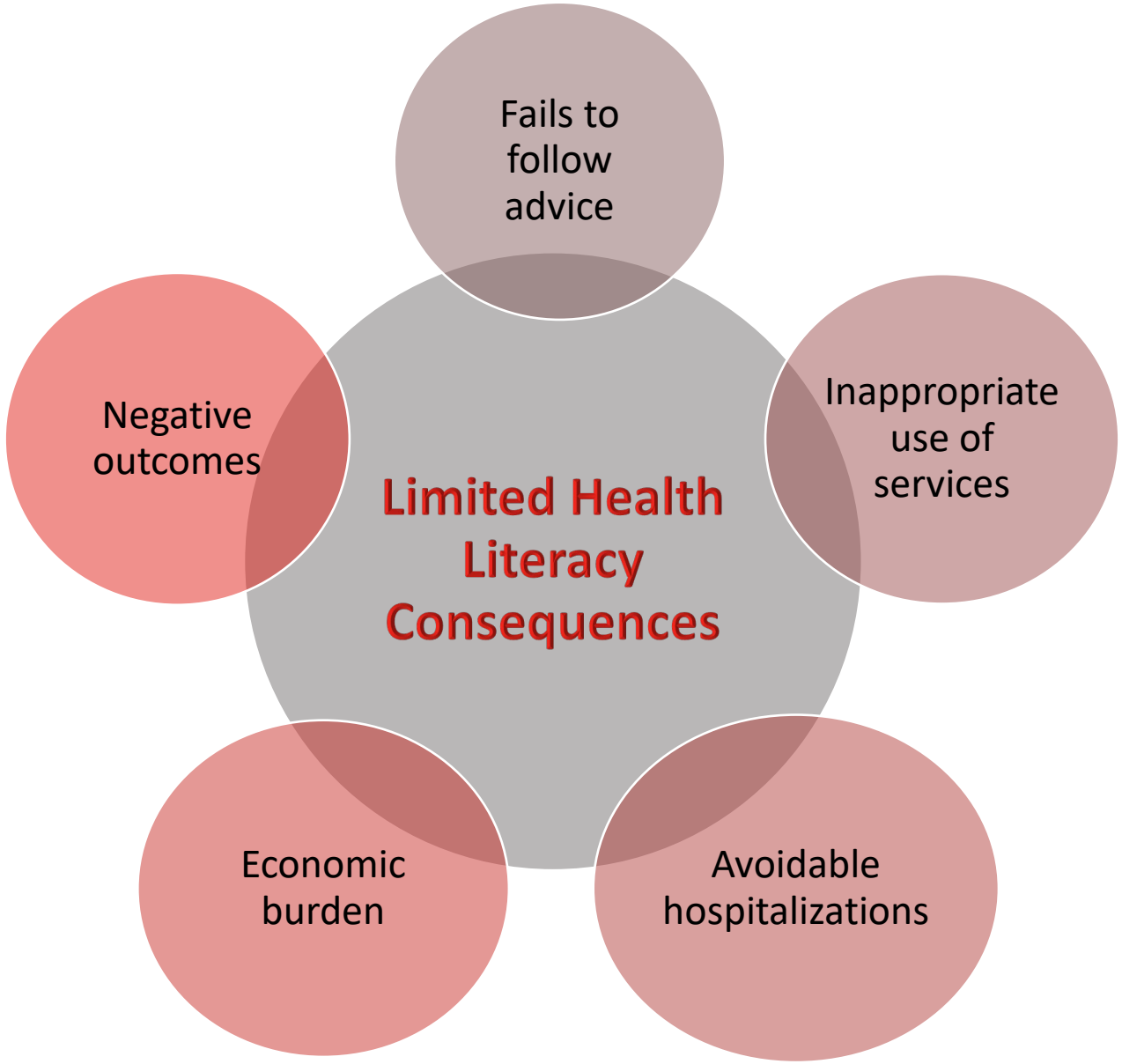
- **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

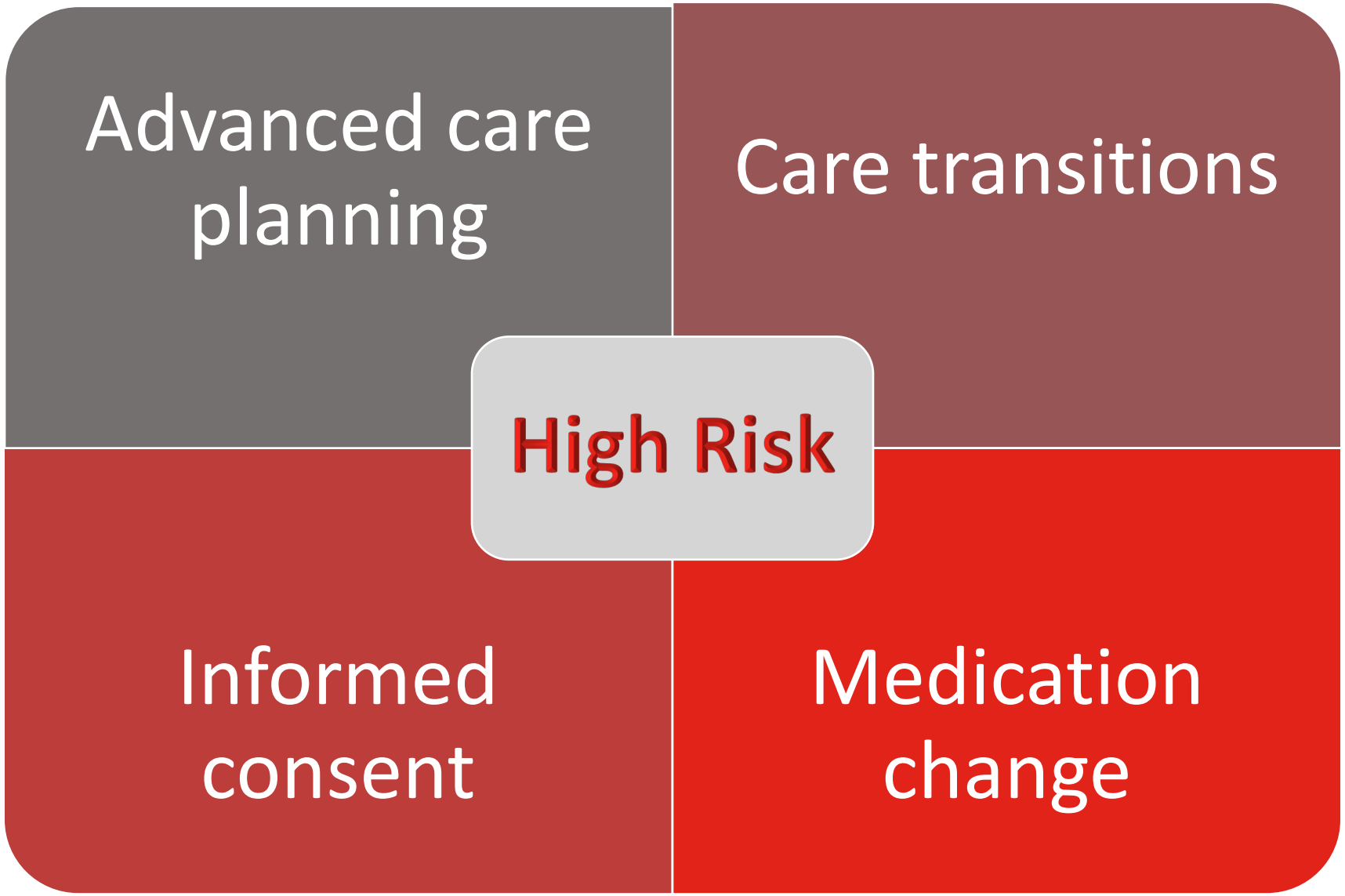
Health Literacy Red Flags

- Delay seeking care
- Angry/Demanding
- Quiet/Passive
- Incomplete forms
- Excuses
- Trouble discussing health
- Trouble listing medications/doses
- Missed visits
- Skip testing/referrals



Institute for Healthcare Advancement 2021.


Fails to follow advice
Negative outcomes
Limited Health Literacy Consequences
Inappropriate use of services
Economic burden
Avoidable hospitalizations


Advanced care planning
Care transitions
High Risk
Informed consent
Medication change

Case Study: Cost Impacts Treatment Choice

Allegation: Dentist improperly placed a bridge that caused damage to other teeth

- Dentist recommended a complete bridge
  - Patient chose lower cost, temporary bridge
- Over the years, dentist recommended replacement with a permanent bridge
  - Patient continued to request re-cementing of temporary bridge
  - Patient suffered continuing decay that advanced over the years
- Dentist made numerous referrals to a specialist
  - Patient declined due to cost

Case Study: Lack of Engagement Leads to Amputation

Allegation: Patient with long history of diabetes and foot ulcers alleged negligent management of his diabetic foot ulcer led to amputation

- Patient initially began treatment for a small ulcer to the right toe
- Doctor recommended:
  - Wearing custom orthotics to prevent further ulceration
  - Follow-up with a vascular surgeon due to weak pulses in feet
- Patient seen 7 times over the next year
- Doctor provided and documented verbal and written education on:
  - Diet
  - Diabetic foot care
  - Causes and effects of diabetic neuropathy
  - Potential complications
- Patient eventually diagnosed with osteomyelitis and required partial foot amputation

Review of Risk Recommendations

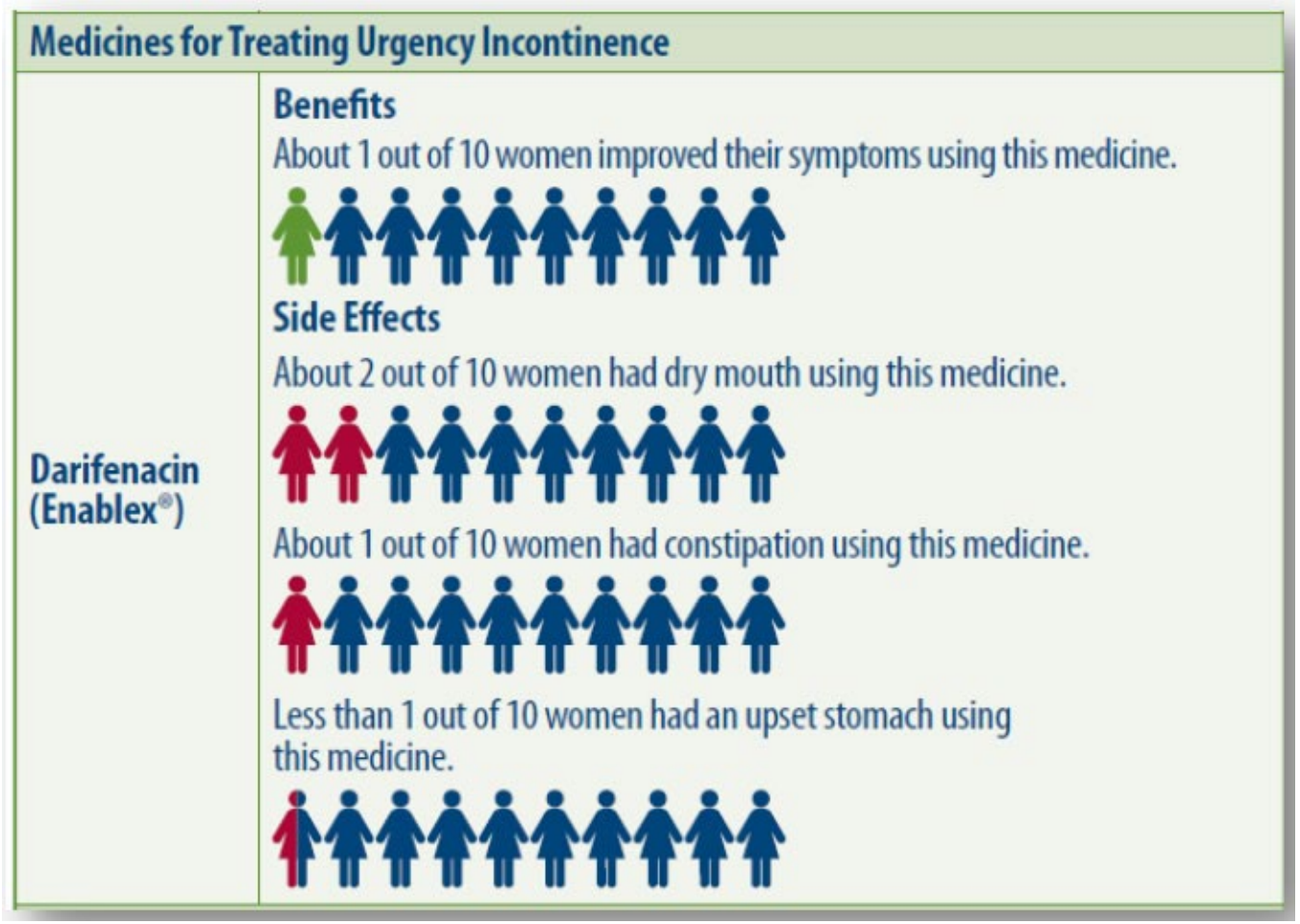
Risk Recommendation

- Identify an area of health literacy focus
  - Informed consent
    - Informed refusal when patients fail to follow treatment advice

Plain Language Strategies

- Employ basic plain language writing and design principles to ALL patient-facing materials, including **consent forms and refusal of treatment forms**
  - Consider using a health literacy or patient education specialist who is familiar with these design principles
  - Evaluate written materials using a plain language assessment tool
    - Readability formulas ≠ plain language
- Use icon arrays to communicate risk

Plain Language Strategies



AHRQ 2020.

Plain Language Strategies

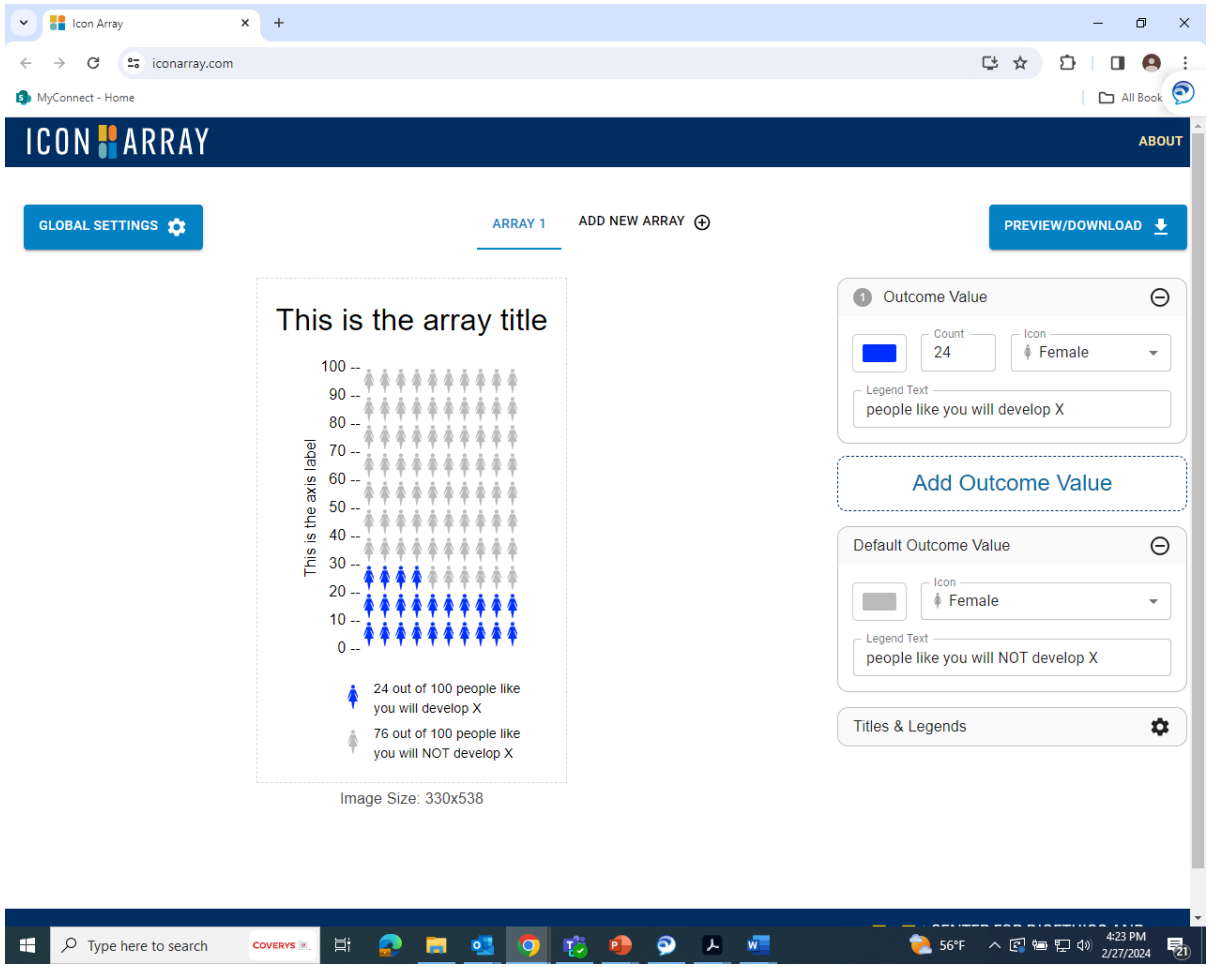


Image Size: 330x538

https://www.iconarray.com/

Informed Consent

- Patients and health care teams can both benefit
- Both clinicians and patients view the informed consent process as a formality – a hurdle to jump – a form that must be signed
  - After signing a form, patients may NOT understand:
    - The risks, benefits, and alternatives, including the option to say no
- Informed consent forms are typically written and reviewed by highly-educated professionals. They can include legalese and clinical terms patients do NOT understand
- Regulatory bodies and accrediting bodies often have reading level requirements; for example, 5th grade reading level

Plain Language Consent Form Elements

Title

Permission (Consent) for Surgery or Procedure

Patient Directions

- Please read this form
- Ask about any part you do NOT understand
- Make sure your doctor answers your questions before you sign this form

Plain Language Consent Form Elements

Surgery or Procedure Name:

(*Doctor or health care worker enters surgery or procedure clinical name and includes level when applicable*.)

Body Side

On which side(s) of your body will the doctor perform the surgery or procedure? Check one box.

☐ Right side

☐ Left side

☐ Right AND left side (bilateral)

☐ There is NO side for this surgery or procedure

Plain Language Consent Form Elements

Patient Teach-Back

Describe the surgery in your own words. This is NOT a test for you. It is to make sure your doctor has explained your surgery or procedure so that you understand it.

_____

_____

_____

Plain Language Consent Form Elements

Patient Permission for Blood or Blood Products

Do you give permission for your doctor to give you blood or blood product(s) if your doctor thinks you need to have blood or blood product(s)?

☐ **YES,** I give permission for my doctor to give me blood or a blood product(s)
☐ **NO,** I do NOT give permission for my doctor to give me blood or a blood product(s)

Please tell us why you chose NO

_____

[*Enter reason why patient chose NO]*

Plain Language Consent Form Elements

Patient Permission for Surgery or Procedure

I understand and my doctor has told me:

- What I am having done and why I need it
- The chance of success
- How long it will take to get better
- The possible risks of having this done (Can list procedure-specific risks here too)
- What might happen if I do NOT have it done
- What other choices I can make instead of having this done
- What can happen to me if I choose to do something else
- What can happen if I choose NO treatment
- That there is NO guarantee of the results

Plain Language Consent Form Elements

Signatures

When you sign this form, you are giving permission to do this surgery or procedure.

Make sure your doctor answers your questions before you sign this form.

_____	_____
Patient or Legal Representative Signature	Date/Time
_____	_____
Witness Signature	Date/Time
_____	_____
Doctor’s Signature	Date/Time
_____	_____
Translator Name/Number (if applicable)	Date/Time

Plain Language Refusal Form Elements

Title

Refusal of Treatment or Test

Patient Directions

- Please read this form
- Ask about any part you do NOT understand
- Make sure your doctor answers your questions before you sign this form

Plain Language Refusal Form Elements

Patient Teach-Back

Describe the treatment or procedure in your own words.
This is NOT a test for you. It is to make sure your doctor has explained your treatment or procedure so that you understand it.

_____

_____

Plain Language Refusal Form Elements

Patient Refusal of Treatment or Test

I understand and my doctor has told me:

- What treatment or test my doctor thinks I need and why I need it
- What might happen if I do NOT have it done
- What other choices I can make instead of having this done
- What can happen to me if I choose to do something else
- What can happen if I choose NO treatment
- That I can change my mind at any time

Please tell us why you choose NOT to get this treatment or test

_____

Plain Language Refusal Form Elements

Signatures

When you sign this form, you are refusing the treatment or test your doctor thinks you need. Make sure your doctor answers your questions before you sign this form.

_____	_____
Patient or Legal Representative Signature	Date/Time
_____	_____
Witness Signature	Date/Time
_____	_____
Doctor’s Signature	Date/Time
_____	_____
Translator Name/Number (if applicable)	Date/Time

Risk Recommendations

- Utilize **health literacy universal precautions**
  - Take precautions with ALL patients
  - Improve navigation
  - Create a welcoming, shame-free environment

- Address **organizational health literacy**

- Address **personal health literacy**.
  - Use health literacy strategies, such as plain language and teach-back in interpersonal communications.
  - Create plain language content.

Questions?

References

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- Institute for Healthcare Advancement. Health Literacy Specialist Certificate Program. 2021.

Resources

- Agency for Healthcare Research and Quality (AHRQ)
  - AHRQ's Making Informed Consent an Informed Choice: Training Modules for Health Care Professionals
  - Always Use Teach-back Training Toolkit
  - Health Literacy: Hidden Barriers and Practical Strategies
  - Health Literacy Universal Precautions Toolkit, 3rd Edition
  - Ten Attributes of Health Literate Health Care Organizations
  - The SHARE Approach – Communicating Numbers to Your Patients: A Reference Guide for Health Care Providers
- Centers for Disease Control and Prevention (CDC), Everyday Words for Public Health Communication
- Health Affairs, Negative Patient Descriptors: Documenting Racial Bias In The Electronic Record
- Institute for Healthcare Advancement, Health Literacy Specialist Certificate Program
- Office of Disease Prevention and Health Promotion, Health Literate Care Model