PFCCpartners
Patient & Family Centered Care

Session: Health Literacy: Please Don't Ask Me if I Understand
Presenters: Martha Carnie, James Harrison, Melissa Wurst
Organization: HOMERUN

barbara davis: your slides are not compatible with what you ae saying.
Harvey Hellerstein: Yes, slides matching???
Melissa Wurst: We did not want to just read the slides. We put up the main idea and are adding information
Harvey Hellerstein: OK thanks!!
Lisa Morrise - CAPS: The â€œbrain fogâ€ that can accompany COVID may impact a personâ€™s normal ability to,process information. With family members not allowed to support persons in these situations, an ability to assess and support a patientâ€™s understanding is vital! (I speak from a COVID ED Visit experience)
Cherie Binns: It is important that healthcare literature be at a level of patient understanding and not require patient to understand what has been created by the health care team
Risa Hayes: I believe the ADA has some guidelines on care partners being present. I am looking for these.
Teresa Prouty: I observe residents in a pediatric hospital and provide education on not using medical acronyms, terms etc. If it is avoidable they need to explain. I also look at most patient/family facing materials to ensure it is understandable for our families. I also found that using short bullet points are easier to digest for patients and families versus lengthy sentences.
Robert Small: Pharmacists should and can help remedy this understanding gap
Kim Werkmeister: Such a great example of how the words we use can be so confusing to those outside of the profession!
Robert Small: As a pharmacist, I match my patient counseling to the literacy level of my patients
Kim Werkmeister: Robert great point! How do you assess health literacy for your patients?
Caryn Anthony: This should be applied for pediatric patients when possible too so they can be involved in their own care (with adult supervision).
Harvey Hellerstein: Most patients are on many Rxs. How can you do this in 90 seconds???
Kim Werkmeister: @Caryn - yes! We can start improving health literacy at an early age.
Robert Small: It is easier for me at this point because I know my patients quite well. If I feel there is cloudiness in the understanding, I ask them to repeat back to me the dosage regimen etc.
Greg Merritt: What if at the end of every clinic visit...we say 1. Are you going to tell anyone else about our time today (checks for loneliness/connection) 2. What are you going to tell them? (checks for understanding) And then if not accurate or not most important, can redirect points again
Kim Werkmeister: @ Robert - another great example of why relationships matter!
Robert Small: I also encourage them to contact me with any further questions. I supply them with my email and phone #
Kim Werkmeister: @Greg - fabulous questions to build our measurement of and understanding of not only health literacy, but other important factors for our patients
Harvey Hellerstein: Press Ganey often asks education levels
Teresa Prouty: This is why we need to begin including children at an early age to be active participants in their healthcare. It sets them up for success when they transition to adult care.

naomi williams: I'd like to say when patients/caregivers are overwhelmed ability or capacity to receive diminishes - at least from what I've experienced
Robert Small: Some times when I perceive a "blank stare" when I begin my counseling, I will ask them if the understand the English language. We have quite a large Hispanic population
Linda Starnes: Great reminder, @Teresa Prouty! As a passionate supporter of HCT for our youth/young adults and their families, you are never too young to start learning health lit skills!
Teresa Prouty: Remember that the English words we use when speaking with ESL families do not always translate or are received with the same meaning as we know
barbara davis: Some of these characteristics apply to older adults regardless of their redaing level. Eye sight-is a factor also.
Risa Hayes: Activation level can impact and be impacted by these factors as well. A persons activation level can/does change from time to time as well and is greatly impacted by overwhelm. Too much info is overwhelming.
Linda Starnes: This is why organizations with which Iâ€™m a part of ae moving more and more to infographics to support information sharing â€" well thought out use of graphics to support info/data.
naomi williams: white space is important too
barbara davis: Again many of these guidelines apply to reading material for seniors.
Kim Werkmeister: @ Risa - YES! Rather than assume a person is "non-compliant" with care instructions, we need to understand both their health literacy and the activation level.
Teresa Prouty: 7 times 7 ways not everyone learns the same
Linda Starnes: All of this is helpful for those with I/DD too â€¦ and sometimes an even lower reading level is needed, if possible.
Greg Merritt: New way to think about informed consent... https://theaspirinstudy.org/2016/02/2813/
Melissa Wurst: Excellent Greg - those are the very questions of teach back. You can learn so much about your patient that way and listen for other clues as well that may inform them. Most importantly in Teach back, it's critical that you are not testing them. You tell them that you want to see if you did a good job of explaining it. Did you get it right?
Charlene Setlow: What factors are included in the 'reading level' algorithm? Specifically how is that level determined?
Teresa Prouty: Why the Serif font for readability?
Charlene Setlow: Thank you Melissa
Teresa Prouty: Is that Serif the same as Ariel? We use Ariel
Teresa Prouty: misspelled arial sorry
Sheila Daniels: I thought wording was based on 4th grade reading level not 6th grade.
naomi williams: clear and understandable information should be the ultimate goal!!
Charlene Setlow: Well said Stephen!
Maureen Maurer: In written materials, it's helpful to think about what people need to know versus what is nice to know. Less info can be clearer
Mary K Jones: I take back 2 things.
The importance of building literacy into our document/procedure review in our PFAC work and
The Talk Back Method. Staff should be trained, physicians to front desk and scheduling staff to use this in every interaction
naomi williams: There seems to be a lot of resistance to teach back - not enough time for that is the response I get from our providers
Charlene Setlow: All instructions should be written either on paper OR electronic for future reference.

naomi williams: do you understand and do you have any questions go hand in hand for me. If this is new to me I don't know what questions I should have. Does any one use or share FAQ when talking with patients or in creating materials?
Linda Starnes: The aspect of health literacy is incumbent with all of us â€" the provider, the patient, the family member who might be involved in the shared care activity. Build a trusting relationship with patients so one is comfortable in saying I donâ€™t understand; can you explain it in a different way? Or, I canâ€™t easily read/understand this information.
Kim Werkmeister: Great question from Naomi - how are others utilizing FAQs or other methods when talking with patients or creating materials to ensure better understanding?
Lindsay Holland: AHRQ has a lot of great tools for teachback https://www.ahrq.gov/patient-safety/reports/engage/interventions/teachback.html
Kim Werkmeister: @Linda - absolutely. If a person doesn't know that I truly care about them, they won't feel comfortable asking questions
Mary K Jones: I believe it's part of our MyChart that generates an After Visit Summary or Discharge instructions that are very useful to me, a patient that overall provide the information I need in a print format that I can refer to.
Stephen Hoy: Takes longer to get that person healthy if they aren't engaged or understanding
DONNA DROUIN: kudos to batstate on the hearing impaired event they put on a couple years ago...very informative ...dont use google translator
Linda Starnes: As patients access EHR and Patient Portals â€¦ are these all at an appropriate health literacy level, presentation?
naomi williams: How do we shift from doing things because reimbursement is tied to the job? Why are we not teaching/treating because we need/want to educate our patients and improve their health and the care we provide?
naomi williams: great session. Thank you!
Stephen Hoy: Amen, Naomi!
Melissa Wurst: Find the champion in your organization Naomi! Maybe it's you
Linda Starnes: Excellent point â€" thank you!
Harvey Hellerstein: AND it starts with medical education for docs and nurses, etc.!!!
naomi williams: I model every opportunity I'm given!
Kim Werkmeister: @Harvey yes!
Charlene Setlow: This has been an EXCELLENT investment of time! Many salient points perspicuously presented. Thank you.
Stephen Hoy: Yippee!
Linda Starnes: Within the world of disability and universal design, it has been found over and over that the to help a sub-group actually is found to be helpful and used by far more than the original group. Health lit is similar in some respects!
naomi williams: yes Linda!
Robert Small: Thank you all!
Linda Starnes: FYI an upcoming event may be of interest, hosted by AUCD: Oct. 15 twitter chat on #OwnMyHealthRecord, that will discuss and encourage those with I/DD, and their families and providers, to review EHRs together each year to ensure accuracy, update the record, and build health understanding.
Maureen Maurer: Thank you!
Melissa Wurst: Thank you for wonderful questions!
James Harrison:Thank you everyone for joining
Linda Starnes: Terrific session! Linda Starnes, Orlando, FL
Joyce Moss: This was great! Thank you!

Stephen Hoy: Let's make a world where the health record adopts health literacy methodology to create records that are useable by both patients, and enjoyed by clinical teams.
Barry Nelson: Thank you Martie, Melissa and James, great presentation!