

Health Literacy Series—Part II

Starting Up and Advancing Your Company's Health Literacy Program

Case study: Group Health



GroupHealth

AHIP Virtual Seminar

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Overview



- How and when our programs got started
- How we define and approach health literacy
- Who leads and participates in our initiatives
- How we got buy-in from leadership
- Our initial goals
- Tools, training, and other accomplishments—past, current, and ongoing
- Obstacles, observations, and lessons learned

The Group Health setting



Group Health Cooperative

- Based in Seattle, founded in 1947
- A consumer-governed, non-profit, integrated health care delivery system
- We currently serve ~590,000 members in Washington and Idaho

Group Health Center for Health Studies (CHS)

- Research arm of Group Health
- ~50 faculty with ~200 active grants at any given time
- Clinical and health services research focused on diagnosis, treatment, and prevention
- Funded primarily by federal and foundation grants
- Typical projects recruit from our health plan membership

Project to Review and Improve Study Materials (PRISM)



PRISM began as a short-term readability initiative at CHS

- Goal = improving the readability of print materials given to our study participants: invitation letters, study information sheets, and most importantly, *consent forms*
- Began in February 2005 as a short-term project
- Evolved into an enduring initiative supported by our core budget

PRISM now consists of three primary resources

- Training workshop
- Editing service
- The PRISM Readability Toolkit—a public domain resource tailored for the research environment but with broad applicability

The PRISM Readability Toolkit



Available at www.centerforhealthstudies.org (click on “Our capabilities”)

- Plain language principals and strategies
- Quick Reference Guide and Editing Checklist to streamline document development
- Examples of improved readability and formatting
- Nearly 700 plain language alternatives to complex terms common in medical and research settings
- Easy-to-read template language for common consent topics and other consent form tips
- Information and advice about using readability formulas

Once in the public domain, the Toolkit took on a life of it’s own, leading to CHS involvement in a variety of health literacy initiatives.

The start of something bigger



PRISM galvanized support for a parallel movement in the care-delivery system after the Toolkit found its way to key managers in 2006.

- PRISM training workshop for staff who develop health education materials
 - Drew multi-disciplinary attendance and connected staff members working on similar projects in different departments
 - Became the springboard for a grassroots movement

- New leaders emerged and joined forces to kick off an interest group
 - Manager of Health Information and Promotion – Kim Wicklund
 - Manager of Patient Safety – Sheila Yates
 - Clinical Content Specialist – Kathryn Ramos

March 2007 – First meeting of a “health literacy interest group”



- Defined the problem and how we experience it in our daily work
- Named our purpose: advancing health literacy through clear communication *with all patients in all interactions*
 - Verbal and written (print and web)
 - Clinical, customer service, health plan
 - A “universal precaution” approach
- Framed our message: supporting clear communication through the routine use of plain language—a strategic decision that anchors the problem around the *complexities of the health care system*, rather than the *patient’s skill set*
- Identified key players and parallel projects happening in different silos

Quick definition of plain language



Plain language is...

- communication the audience can understand the first time they hear or read it
- focused on what the audience needs to know
- delivered—either verbally or in print—using terms and techniques that the audience can easily understand

For more about plain language, visit:

- www.plainlanguage.gov
- www.plainlanguagenetwork.org
- www.health.gov/communication/literacy/plainlanguage

Building a vehicle to drive the plain language initiative



Summer 2007 – An 8-member multidisciplinary workgroup emerged to lead the work forward

Our immediate goals:

- Identify a network of “plain language champions” to help carry out planned work
- Establish executive-level support for a plain language initiative
- Develop an online plain language toolkit for all staff

Ongoing work:

- Set annual goals and meet quarterly; info-sharing via email and listserv
- Oversee project specific-workgroups, drawing participants from our plain language network
 - Discrete projects identified and planned by the task force
 - Organic projects that come up in our daily work

The growth of the Group Health Plain Language Network



Founding members and ongoing “drivers”	Other departments and programs represented	
	Early adopters	By end of 2008
<ul style="list-style-type: none"> •Center for Health Studies •Health Information and Promotion •Patient Health Education Resources •Patient Safety •Pharmacy Services 	<ul style="list-style-type: none"> •Clinical Knowledge Support •Communications and Community Relations •Continuing Medical Education •Executive Leadership •Family Practice •Hospital Administration •Human Resources •Interpretive Services •Practice and Leadership Development •Quality Performance Review •Web Services 	<ul style="list-style-type: none"> •Clinical Improvement and Prevention •Governance and Consumer Participation •Legal •Marketing •Medical Library •Medication Safety •Nursing Operations •Population Management •Primary Care •Screening Programs

2007 accomplishments



✓ Develop an online **plain language toolkit** for all staff

- Why plain language is important and how it supports Group Health priorities
- Tips for verbal interactions and print materials
- Specific tips for pharmacy and medications
- Patient-friendly word list with 700+ entries
- Before and after examples of print materials
- Plain language “partners” to emphasize that the initiative is multi-disciplinary
- Links to dozens of resources for clinicians and patients

Request a PDF by emailing patienthealth@ghc.org or download one from the AHIP health literacy website at:

<http://www.ahip.org/Issues/Toolkit.aspx?docid=21686>

Plain Language Home

[Why Plain Language is Important](#)

Using Plain Language

[When Writing](#)

[For Medications](#)

[When Talking to Patients](#)

Tools

[Patient-Friendly Word List](#) PDF

[Tools to Help Patients](#)

Want to Learn More?

[Frequently Asked Questions](#)

[Resources and References](#)

[Contact Us](#)

For a printable (PDF) version of this toolkit contact patienthealth@ghc.org.

What is plain language?

Plain language is communication that an audience can understand the first time they read or hear it. The concept of plain language is closely related to the concept of health literacy. In short, clear communication is critical to success.

Providing high-quality care is at the heart of Group Health, and clear communication is both a key component and an expression of our core values. Group Health's key strategies focus on **patients, people, and purchasers**.

By using plain language, we:

- Show **patients** that we're invested in them and respect their needs.
- Optimize performance and effectively engage **people** on staff by ensuring that information is readily understood and likely to result in medical errors or compromise patient safety.
- Demonstrate to **purchasers** that we are a trusted partner with this attention to clear and comprehensible services.

Plain language makes sense

See some health-care related ["before" and "after"](#) plain language examples.

Group Health Plain Language partners:

- [Center for Health Studies](#)
- [Communications and Community Relations](#)
- [Group Health Permanente Practice and Leadership Development](#)
- [Interpretive Services](#)
- [Patient Health Education Resources \(PHER\)](#)
- [Patient Safety](#)
- [Quality and Informatics](#) Division of S2Q

Comments or questions?

Contact us: patienthealth@ghc.org

2007 accomplishments (cont.)



✓ **Get leadership endorsement for a plain language initiative**

- Followed existing procedures to secure executive sponsorship and develop a charter that was approved by our Quality Oversight Team
- No new resources requested, rather “endorsement of our efforts to broadly promote clear, direct, and effective communication with patients”

Goals defined in the charter:

- Develop plain language tools and resources for staff
- Train staff in the use of plain language
- Raise awareness and build buy-in
- Revise print and online patient materials

Charter: Linking plain language to our business plan and our priorities



Plain language supports key aspects of our commitment to patient-centered care:

- Shared decision-making
- Chronic disease self-management
- Patient safety
- Patient activation
- Cultural competency and diversity
- Improved communication between patients and providers (identified by staff as a top priority in our “what’s next for patient health” campaign)

Simply put, using plain language is the right thing to do.

Results from plain language initiatives in other industries

Plain language saves money and improves outcomes:

- Washington State: \$5 million extra revenue and 95% fewer hotline calls
- Veterans Benefits Administration: Raised response rate from 35% to 55%--with a cost savings of \$8 million per year

It boosts productivity:

- Federal Communications Commission: Moved all five employees who answered public questions by phone to other jobs.

And it increases customer and employee satisfaction

- BANCO: 61% higher employee satisfaction, with 37% ↑ productivity and 77% ↓ errors

2007 accomplishments (cont.)



✓ Kick off a strategic awareness-building campaign

- Promoted the new toolkit in various staff newsletters, etc.
- Booths and presentations at various member events
- Planned internal news highlights in October (Health Literacy Month, see www.healthliteracy.com for more info)

Building awareness—among staff and members—is a permanent and ongoing goal:

- Periodic “plain language stories” written by our network members in various staff communication channels

Develop plain language training programs for staff with direct member contact, starting with clinicians.

- CHALLENGE = Clinician burden. We'd like to build it into existing clinical training programs, but not yet feasible without ↑ resources.
- CHALLENGE = Different staff have different training needs, but a tailored program is resource-intensive.
- HIGH NOTE = We added an award-winning health literacy Category 1 CME course to our online training materials.
- HIGH NOTE = We developed a generic “train the trainer module” that our network members can use to orient their staff to plain language basics (verbal and written).

Test and implement a system for routinely involving patients in the development of health education materials

- CHALLENGE = How to find the patients we need and get feedback efficiently?
- HIGH NOTE = Can start with existing member groups, despite the limitations.
- HIGH NOTE = Medication record revised based on patient feedback
- HIGH NOTE = Focus groups to test new diabetes materials planned for 2009.
- HIGH NOTE = When patient feedback isn't feasible, we cross silos and utilize each other for objective feedback and "fresh eyes"

Begin rewriting clinical consent forms and templates

- CHALLENGE = No one process or department oversees the consent process. For now, will approach this case by case as they come to us.
- HIGH NOTE = We already have buy-in from legal.
- HIGH NOTE = Recently overhauled one department's consent templates, including bringing the surgery consent from >15th grade reading level to <7th grade.

Propose new plain language approaches for health plan and benefits information.

- CHALLENGE = Few examples in the industry.
- CHALLENGE = Our health plan administration initially requested this work and said they would oversee the process. But it ultimately fell off their short priority list due to scarce resources.

Other noteworthy activities not overseen by the Plain Language Network



Awareness-raising presentations within and outside Group Health

Internal

- Specialty team managers
- Nursing Leadership Forum
- Consulting Nurse Services
- Nutritionists
- Clinical pharmacists
- Diabetes experts
- Network Services and Care Management Leadership Team

External

- Patient Safety Network
- Public Health – Seattle & King County
- HMO Research Network
- AHIP

Other noteworthy activities not overseen by the Plain Language Network (cont.)



Organic plain language projects implemented by pioneering departments and individuals

- Complete overhaul of diabetes education materials
- New patient safety brochure and medication record
- Revised pre-op instruction packets
- Revised health profile questionnaire and patient report on the secure member Web portal
- Revised all patient education materials, including all online articles
- Revised dozens of patient letters, including the annual outreach letter and standardized lab reminder letters

Observations

- Overall change in the tide of how the work comes in: staff are asking us for plain language instead of us recommending it to them
- Anecdotal evidence: After editing a reminder letter for a self-management program, calls asking for clarification dropped immediately.

XXXXXXXXXXXXXXXXXXXX

Dear XXXXXXXXXXXX,

As part of our continued focus on preventive care, Group Health has a program to remind members when they need regular lab screening tests. Our records indicate that you take the following medication(s):

LISINOPRIL
NOVOLIN N

Because you are taking these medications, your doctor has recommended that you have the following test(s):

2202 POTASSIU 2207 CREATINI
2239 FAST_LIP 2960 MICRO_AL 3204 HBA1C

In order to provide the most accurate test results, we would like you to follow these instructions:

(X) Please do not eat or drink anything (except water) for 8-12 hours, but not over 16 hours, before this test.

(X) The lab will collect a urine sample for your microalbumin test.

If you are diabetic and having fasting lab work done, do not take your insulin or diabetic medications until after your blood is drawn.

If you are scheduled for routine lab work within the next 2 weeks, you may have these tests done at that time. If not, your doctor would like you to have these tests completed within two weeks.

You may go to any Group Health lab to have these tests performed. Your order will be readily available in the Lab's computer system.

If you have had these tests in the last month, please disregard this letter.

If you and your doctor have made a decision to stop taking this medication, you do not need this test. Please make sure that your doctor knows if you have stopped taking this medication.

For your convenience, we will mail normal lab results to your home. You may also view your results online with MyGroupHealth at www.ghc.org. If your lab results indicate a change in medication is needed, your health care team will contact you with recommendations.

If you have any questions regarding this information, please contact the health care team at your Group Health clinic.



Old lab reminder letter

- Opens with organizational, not patient, perspective
- Impersonal messages, not patient-friendly
- Passive voice and jargon
- What's a "FAST_LIP"?
- Small, hard-to-read font
- Bureaucratic language and tone
- Confusing and not well-organized

Getting regular lab tests is one important way to find out how well your medicine is working for you. This letter lists the lab tests we recommend for you based on the medicine you're taking. It also includes instructions, if needed, to help you prepare for the tests.

Please come in for your lab tests in the next 2 weeks. You don't need an appointment and you won't pay a copay. You can go straight to any Group Health lab for your tests. If you plan to come in for other lab work in the next 2 weeks, you can have these tests done at the same time.

Our records show that you're taking the following medicine:

LISINOPRIL
NOVOLIN N

If you stopped taking any of your medicine, please talk with your doctor as soon as possible. You might not need to have these tests done.

Lab tests we recommend for you:

POTASSIUM
CREATININE
FASTING LIPID
MICROALBUMIN
HBA1C

Please follow these instructions to help you prepare:

We'll collect a urine sample when you get to the lab.

You're having a fasting blood test:

- Please don't eat or drink anything (except water) for 8 to 12 hours before your test.
- If you take medicine for diabetes, don't take your pills or insulin on the day of the test until after we've drawn your blood.

We'll mail your test results to your home. You can also view them online if you get primary care at a Group Health medical center. Log on to MyGroupHealth for Members at www.ghc.org

New lab reminder letter

- Shifts focus to why it's important for the patient, not the organization
- Organized with the most important information first
- Patient knows what to do, when, and why
- Uses common, everyday words, active and engaging voice
- Removes jargon and meaningless abbreviations
- Tone is personal, not bureaucratic
- Larger, more readable font

Things we need or want but don't yet have

- Hard-and-fast policies about document readability (we have loose grade level *targets*, but no system-wide monitoring)
- Policies to make plain language training compulsory
- Coordinated needs assessment
- Outcomes measurement to enhance our business case—but we're starting to build a strategy to leverage “natural experiments”

Measuring our impact is our #1 priority for 2009—and we're fortunate to be taking part in an AHIP workgroup to share ideas and perhaps identify a joint project.

What have our biggest obstacles been?



MONEY

- PRISM is funded by core CHS dollars, but the plain language initiative at Group Health is taking place without new resources.
- How to get plain language efforts written into the budget?

Finding “who’s in charge” at a massive organization

- How to get all necessary stakeholders into the conversation?
- How to efficiently roll out best practices?

“Thanks, but no thanks”

- How to convince the doubters? Until we have data of our own, we continue to borrow from other industries and to listen to what our competitors are doing (CIGNA and Regence, for example)

Don't reinvent the wheel! Instead, borrow and use what works.

- Probably the single best resource for building awareness and buy-in is the video in the AMA Foundation's Health Literacy Kit, "Help Your Patients Understand"
 - \$35 at <http://www.ama-assn.org/ama/no-index/about-ama/9913.shtml>
- The AHIP task force is the source of many ideas we've implemented. Get involved!
- Hundreds of health literacy reports and plain language resources on the Internet. (If you're overwhelmed, start with those listed in the PRISM Toolkit or on the AHIP website)
 - http://centerforhealthstudies.org/capabilities/readability/readability_home.html
 - <http://www.ahip.org/Issues/Toolkit.aspx?docid=21686>

Training and tools help, but sometimes you still need a centralized resource to support plain language communication.

- Requests for plain language editing continue to grow—through both PRISM and PHER—despite available training and tools
- Reflects increased awareness combined with the realization that writing health information in plain language isn't always intuitive. Even with training and tools, it's sometimes most efficient to get help from staff who have honed this skill set.

One upside to this is that an editing service facilitates tracking the reading level of your print materials.

- PRISM: ~100 consent forms and other documents edited
 - Average grade level of originals = 9.9
 - Average grade level of revised = 7.7

Be solution-oriented, finding a goal that cuts across silos.

- Instead of defining the problem as low health literacy, we proposed a plain language initiative to increase the effectiveness of our communication with members.
- Clear communication has obvious value and aligns well with most organizational strategies and priorities. The business case from other industries is strong.
- Staff from disciplines who might not take an interest in “health literacy” are more likely to recognize the relevance of “plain language” in their jobs.

Regardless of how you define your initiative, tailor your pitch for every group you connect with and put a positive spin on your message.

- Work health literacy's many angles to get cross-departmental support: quality, cost, safety, satisfaction, etc.
- Present examples from their daily experiences and challenges
- Don't make it about what's being done wrong; show them how a health literacy program can help them do their jobs better
- Refer people to key reports or statistics, but make an effort to distill this information for them

Most importantly, make it real!

- It's not about literacy or patient skills. It's about navigating a complex system.
- We all seek health care. We're all patients. We've all been confused at one time or another...

Here's an example of how to start your presentation and some key elements to consider including...

Most people have probably had trouble:

- Figuring out how to take a medicine correctly
- Finding their way around a clinic or hospital
- Reading a consent form
- Remembering exactly what their doctor said to do after an appointment
- Understanding written or spoken treatment recommendations

What is “health literacy”



Health literacy is...

- the ability to find, understand, and act on health information.
- an **interaction** between patients and the health care system.

Health literacy is not...

- the same thing as general literacy. A rocket scientist diagnosed with diabetes may have trouble understanding a new and complex self-care routine.

What is “plain language”?



Plain language is...

- communication the audience can understand the first time they hear or read it
- focused on what the audience needs to know
- delivered—either verbally or in print—using terms and techniques that the audience can easily understand

Plain language is not...

- talking down to people
- impossible—successful plain language movements are taking place in the medical, legal, and financial sectors...even in state and federal governments!

Putting health information in plain language



Before (*Approx. grade level = 10.0*)

Your initial evaluation may take up to one hour.

During the evaluation, your therapist will provide appropriate testing and discuss various treatment strategies designed to help you reach your optimal state of health and function.

It is advised that you wear comfortable and loose clothing for this initial evaluation. If your legs or feet are being examined, gym shorts are recommended.

After (*Approx. grade level = 3.6*)

Your first appointment may take up to one hour.

Your therapist will do some tests and talk with you about your treatment options.

Please wear comfortable clothes that fit loosely. If we are looking at your legs or feet, please wear shorts.

What we can achieve with clearer communication: Our long-term vision at Group Health



Well-informed and activated patients

- Better communication between patients and providers
- Meaningful written materials that patients can easily understand
- Overall better health

Shared decision-making and patient-centered care

- Higher patient satisfaction

Cost savings

- Fewer emails, phone calls, unnecessary appointments
- Less overall waste

Fewer errors and more lives saved

Subtitle for this case study: “How a no-budget, grassroots movement can begin to advance health literacy through a commitment to clear communication.”

Thank you and good luck!



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