Noncompliance may mean patients misunderstand.

Low health literacy contributes to readmissions

If your patients aren't following their treatment plan, it may not be that they are non-adherent. It could be that they simply do not understand what they are expected to do.

"People have to understand what their health care providers are saying. At the end of the day, if you can't communicate effectively, it doesn't matter how much time you spend trying to give people health education or get them to take responsibility for managing their conditions. They can't adhere to a treatment plan if they can't understand it," says Jay Feldstein, DO, corporate chief medical officer for the AmeriHealth Mercy Family of Companies.

Low health literacy is a problem that leads to poor medical outcomes for millions of Americans and adds millions of dollars in costs to the health care system, Feldstein adds.

In fact, in its 2004 report "Health Literacy: A Prescription to End Confusion," the Institute of Medicine estimated that poor health care literacy cost the health care system more than $58 billion a year.

The inability of many Americans to read, combined with the use of medical jargon that even people who can read have difficulty understanding, creates a tremendous health care literacy problem, adds Gloria Mayer, RN, EdD, CEO for the Institute for Healthcare Advancement based in LaHabra, CA.

About 90 million adult Americans can't read above the fifth-grade reading level, Mayer says, pointing out that most health education materials are written between the eighth grade and college level.

As case managers talk with their patients, either in person or over the telephone, they should make sure that patients understand their medication regimen, their follow-up appointments, and other elements of their treatment plan, adds Aracely Rosales, BS, chief content expert and multilingual director of Health Literacy Innovations.

They should make it a point to talk in plain language, and avoid medical jargon that is beyond the comprehension level of many patients.

"When patients aren't familiar with the terminology the case manager uses, they miss the message, and they don't understand what they need to do so that translates into non-adherence," she says.

Instead of saying "myocardial infarction" use "heart attack." Substitute "pee" for "urine" and "X-ray" for "radiology," Mayer suggests.

Remember that patients can absorb only two or three things at a time. Even if you have 20 items on their chart that need discussing, break them into small portions.

"If people are sick, they are even less likely to understand everything you are telling them," she adds. Make sure that your patients understand what you have told them, she adds.
Confirming understanding is an essential step in communication and one that often gets left out, says Helen Osborne, MEd, OTR/L, president of Health Literacy Consulting, a Natick, MA, firm.

"We as health professionals do our best to use plain language, but doing that alone is not sufficient. We need to make sure our message is understood," she says.

If you are talking to someone, confirm his or her verbal understanding. If you are preparing written materials, confirm that the recipient will understand it. If you have a document translated into another language, have it translated back into English to make sure it makes sense, she says.

One way to make sure that your clients understand is the teach-back method, Mayer adds. Ask them to tell you what they're going to do when they go home. Go over their medication, and then ask them to tell you how and when they're going to take their pills.

Give them a call back a few days later and ask them what they are doing to take care of their wound and what medication they are taking at what time of day.

As you talk to patients, pause and confirm understanding when you come to a key point, Osborne suggests. Don't pause after every sentence. That is repetitive and the patient will get bored. Pause only after the key points, she says.

Put the responsibility for clear communication on yourself by saying something such as "I want to make sure I explained this clearly. Tell me again which medication you will be taking and when."

Involve the family whenever possible, so if the client doesn't understand what you are saying, the family member will, Mayer suggests.

Make sure that you are really listening to what the other person says when he or she responds, Osborne adds.

"When patients tell us in their own words, we can see where the gaps in information are and further clarify the information," Rosales says.

If the patient or family member doesn't understand a key point, explain it again in other ways.

"Don't just say the same thing louder. Explain it a different way and confirm understanding again," Osborne says.

When you talk to clients, limit the information in each conversation to two or three important facts.

"Don't give them so much information they can't absorb it," she says.

Don't just ask if the patient has any questions. It's too easy for them to answer "no," Osborne points out.

"If someone is feeling overwhelmed or awed, they may not feel it appropriate to ask questions. Case managers may have to try different strategies to coach and coax out questions," Osborne says.

For instance, say, "Many people who have your disease want to know about X. Is that something you want to discuss?"

Or simply ask: "What questions do you have?"

If you have done your best in explaining and the other person still isn't getting it, think about other ways to communicate that message. If that doesn't work, look for other options. For instance, maybe the patient could benefit from a few visits from a home health nurse to demonstrate how to take the medicine.

Mayer suggests making sure that educational materials are simple and to the point so every client can understand
them.

"Some people argue that college-educated patients would be insulted by easy-to-read materials, but in fact, nobody ever complains that something is too easy to understand. We've published five health care books for adults and nobody has said they were too simple," she says.

When you develop written materials, always get input from the people who are going to be reading them, Osborne suggests.

"It takes a team to write a readable document. This includes a content expert, a plain language writer or editor who knows how to use plain language and is an advocate for the reader, and representatives from the reading audience," she says.

When you are writing something that goes out to a particular group of people, send the first draft to readers and get feedback. Consider what they tell you, revise the document, and send it out for input again, she suggests.

When you produce written material, make sure that the material contains only the key points the patient needs, Rosales suggests.

"The information should be targeted to the actual person and tell them step by step what they need to do," she says.

"Often medical professionals give patients a lot of scientific information about their disease, such as how it develops and why the body goes through changes. But what patients really need to know is that they should check their blood sugar daily or take their medication three times a day," she says.

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