




# Care Coordination Quickinar Series: Health Literacy, Part 2

Lindsay Holland, MHA, Director Care Coordination  
Deborah Christian, PA, Senior Clinical Improvement Advisor  
Health Services Advisory Group (HSAG)

May 2, 2023

# OBJECTIVES

A close-up photograph of a hand in a dark suit jacket and white shirt cuff, pointing towards the text. The hand is positioned on the right side of the slide, with the index finger pointing towards the word 'OBJECTIVES'.

- Recognize health literacy as a tool for effective healthcare communication.
- Describe how to become a health literate organization.
- Demonstrate the use of tools and strategies to address health literacy.

# Quality Improvement Innovation Portal (QIIP): Assessments and Data Dashboard



Assessments	Reports	Hospital Dashboards	Nursing Home Dashboards	Interventions	Administration
-------------	---------	---------------------	-------------------------	---------------	----------------



Quality Improvement Innovation Portal

For questions, please contact [QIIPSupport@hsag.com](mailto:QIIPSupport@hsag.com).

Assessments

Reports

Hospital Dashboards

Nursing Home Dashboards

Interventions



# QIIP Care Transitions Assessment

Acute Opioids

ED Opioids

Acute ADE

Acute Care Transitions

ED Care Transitions

## Care Transitions

Work with your department leadership team to complete the following assessment. Each item relates to care transition elements that should be in place for a program to improve care transitions within your facility. This Care Transitions Implementation Assessment is supported by published evidence and best practices including, but not limited to, The Joint Commission (TJC), National Quality Forum (NQF), Project RED (Re-Engineered Discharge from the Agency for Healthcare Research and Quality [AHRQ]), Project BOOST (Better Outcomes to Optimize Safe Transitions from the Society of Hospital Medicine), and the Care Transitions Model ([CTM®] also known as the Coleman Model). Select the level of implementation status on the right for each assessment item.

Download Assessment 

To understand the rationale and references for each question, click [here](#).

### A. Medication Management

1. Your facility has a pharmacy representative verifying the patient's pre-admission (current) medication list upon admission. <sup>i</sup>

Previous Answer as of: Not Answered

Not implemented/no plan <input type="radio"/>	Plan to implement/no start date set <input type="radio"/>	Plan to implement/start date set <input type="radio"/>	In place less than 6 months <input type="radio"/>	In place 6 months or more <input type="radio"/>
--	--	---	--	--

2. For high-risk medications (anticoagulants, opioids, and diabetic agents), your facility utilizes pharmacists to educate patients, verifying patient comprehension using an evidence-based methodology. <sup>ii</sup>

Previous Answer as of: Not Answered

Not implemented/no plan <input type="radio"/>	Plan to implement/no start date set <input type="radio"/>	Plan to implement/start date set <input type="radio"/>	In place less than 6 months <input type="radio"/>	In place 6 months or more <input type="radio"/>
--	--	---	--	--


3. Your facility has a process in place to ensure patients can both access and afford prescribed medications prior to discharge (e.g., Meds-to-Beds, home delivery of meds, for affordability verification). <sup>iii</sup>

Previous Answer as of: Not Answered

Not implemented/no plan <input type="radio"/>	Plan to implement/no start date set <input type="radio"/>	Plan to implement/start date set <input type="radio"/>	In place less than 6 months <input type="radio"/>	In place 6 months or more <input type="radio"/>
--	--	---	--	--

### B. Discharge Planning


### C. Care Continuum



# Care Coordination Website

Care coordination is a key priority for the Centers for Medicare & Medicaid (CMS) to improve quality and achieve safer and more effective care. However, gaps in care, such as poor communication and ineffective discharge processes, remain a challenge. To address these gaps, HSAG provides evidence-based tools, strategies, resources, and training needed to improve care coordination.



 **Care Coordination Assessments**  
**Download PDF versions:**

- Acute Care Transitions Assessment
- ED Care Transitions Assessment
- SNF Care Transitions Assessment



## Care Coordination Resources

- Medication Management 
- Health Equity 
- Patient Engagement 
- Care Coordination Collaboration 
- Quality Improvement Tools 
- Care Coordination Evidence-Based Models 

- Hospitals
  - ▶ **Care Coordination**
    - Hospital Care Coordination Toolkit
  - Emergency Preparedness
  - Infection Prevention
  - Opioid Stewardship
  - QIO Events

# Health Literacy Assessment Tools

## CAHPS<sup>®</sup> Hospital Survey

6 topic areas:

- Information about medications
- Communication
  - Between nurses and patients
  - Between doctors and patients
  - About tests
  - About forms
- Information about how to care for yourself at home

## CAHPS Nursing Home Survey

3 standardized surveys:

- Long-Stay Resident Survey (in person)
- Discharged Resident Survey (questionnaire)
- Family Member Survey (questionnaire)

CAHPS = Consumer Assessment of Healthcare Providers and Systems Plan. CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

[https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/item-sets/literacy/about the health literacy item set for hospitals 911.pdf](https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/item-sets/literacy/about%20the%20health%20literacy%20item%20set%20for%20hospitals%20911.pdf)  
<https://www.ahrq.gov/cahps/surveys-guidance/nh/index.html>


# Health Literacy: 6 Healthy People 2030 Objectives

Objectives	Baseline (% of adults)	Target
Increase proportion of adults whose healthcare provider (HCP) checked their understanding.	26.6% (2017)	32.2%
Decrease proportion of adults who reported poor communication with their HCP.	8.9% (2017)	8.0%
Increase proportion of adults whose HCP involved them in decisions as much as they wanted.	52.8% (2017)	62.7%
Increase the proportion of persons who report their HCP always listened carefully to them.	Developmental status	
Increase the proportion of adults with limited English proficiency who say their providers explained things clearly.	Developmental status	
Increase the health literacy of the population.	Developmental status	

# Addressing Health Literacy: Making the Case

Nearly 9 out of 10 adults struggle with health literacy.

patients with low  
**HEALTH LITERACY...**



The infographic consists of four white boxes with blue icons and text on a dark blue background. From left to right: 1. An ambulance icon with a cross, text: 'Are more likely to visit an EMERGENCY ROOM'. 2. A person in a hospital bed with a heart rate monitor icon, text: 'Have more HOSPITAL STAYS'. 3. A clipboard with a heart and checkmark icon, text: 'Are less likely to follow TREATMENT PLANS'. 4. A skull and crossbones icon, text: 'Have higher MORTALITY RATES'. At the bottom, the URL 'www.cdc.gov/phpr' is displayed in white.

www.cdc.gov/phpr

**People with low health literacy skills are more likely to:**

- Have poor health outcomes, including hospital stays and emergency room visits.
- Make medication errors.
- Have trouble managing chronic diseases.
- Skip preventive services, like flu shots.



# Addressing Health Literacy: Making the Case (cont.)

Health Literacy Level	Task Examples	Percentage
<b>Proficient</b>	Using a table, calculate an employees share of health insurance cost for a year.	12%
<b>Intermediate</b>	Read instructions on a prescription label, and determine what time a person can take a medication.	53%
<b>Basic</b>	Read a pamphlet, and give two reasons a person with no symptoms should be tested for a disease.	21%
<b>Below Basic</b>	Read a set of short instructions, and identify what is permissible to drink before a medical test.	14%

# Aspects of Health Literacy

**Personal  
Health Literacy**

**Organizational  
Health Literacy**

**Digital  
Health Literacy**

**Numeracy**

# Attributes of a Health Literate Organization



Brach C, Keller D, Hernandez LM, et. al. Ten Attributes of Health Literate Health Care Organizations. Discussion Paper. *Institute of Medicine of the National Academies*. June 2012. ©National Academy of Sciences. [https://nam.edu/wp-content/uploads/2015/06/BPH\\_Ten\\_HLit\\_Attributes.pdf](https://nam.edu/wp-content/uploads/2015/06/BPH_Ten_HLit_Attributes.pdf) This graphic reflects the views of the authors of the Discussion Paper and not necessarily of the authors' organizations or of the Institute of Medicine (IOM). The paper has not been subjected to the review procedures of the IOM and is not a report of the IOM or of the National Research Council.

# Health Literacy: Begin the Journey

## To Get Started

- Conduct a health literacy organizational assessment
- Focus on written and spoken communication
- Address difficulties in navigating systems

## Focus on Communication

- Providers
- Self-management
- Medications
- Tests and test results
- Forms



# Health Literacy Toolbox

# Health Literacy Toolbox: Educational Opportunities

- **On-Demand Health Literacy Training:**  
<https://statics.teams.cdn.office.net/evergreen-assets/safelinks/1/atp-safelinks.html>
- **CDC Online Health Literacy Courses for Health Professionals:**  
<https://www.cdc.gov/healthliteracy/gettraining.html>
- **AHRQ Interactive Teach-Back Module:**  
[https://www.ahrq.gov/downloads/teachback/story\\_html5.html](https://www.ahrq.gov/downloads/teachback/story_html5.html)
- **HSAG Teach-Back:** <https://www.hsag.com/teach-back>

# Health Literacy Toolbox: Resources and Tools

- **Health Literacy Questionnaire:** <https://www.ahrq.gov/health-literacy/improve/precautions/tool17d.html>
- **Understanding Organizational Health Literacy:** <https://mcw.libguides.com/healthliteracy/organization>
- **AHRQ Health Literacy Universal Precautions Toolkit:** <https://www.ahrq.gov/health-literacy/improve/precautions/index.html>
- **Health Literacy Online Guide:** <https://health.gov/healthliteracyonline/>
- **Digital Health Literacy Curriculum:** <https://allofus.nlm.gov/digital-health-literacy>
- **Telehealth Consent Form:** <https://www.ahrq.gov/health-literacy/improve/informed-consent/index.html>

# Our Next Care Coordination Quickinar

## Engaging Patients in Care Coordination Efforts

Tuesday, June 6, 2023 | 11 a.m. PT

[bit.ly/cc-quickinars2](https://bit.ly/cc-quickinars2)





# Care Coordination Quickinar Series Extended

We are extending  
our series:  
August 2023–May 2024!  
Stay tuned for topics and  
registration information!



# Questions?



# Please Take 5 Seconds and Let Us Know



We want this call to be meaningful to you, so we need your input.

At the end of the webinar, you will be asked **one question** to determine if this call equipped your organization to begin implementing care coordination practices.



# Thank you!

Lindsay Holland

818.813.2665

lholland@hsag.com

Deborah Christian

818.395.3988

dchristian@hsag.com



This material was prepared by Health Services Advisory Group (HSAG), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. QN-12SOW-XC-04252023-02