

Health Professions Education to Promote Health Literacy: Leverage Points and New Opportunities

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The issue brief makes a case for the increasingly important role the patient plays as part of the health care team in managing chronic illness, improving health outcomes, and navigating the complex health system. This commentary discusses the history of patient engagement in care decisions to show that empowering the patient to play a stronger role cannot be done in isolation. Health care practitioners must be taught new ways of relating to patients and incorporate those practices into their day-to-day routines.

One of the challenges and opportunities the North Carolina Area Health Education Centers Program (AHEC) has is to work with health professions schools and other educators to incorporate these new approaches to care into the curricula for undergraduate and graduate students, residents, and practicing health professionals. This is no simple task since students and practitioners are already stretched to the limit. They are asked to assimilate new material about medications and treatments, understand the changing economic realities of health care, and develop new ways to deliver services. As a result, AHEC looks for practical ways that we can introduce evidence-based practices for patient education and practitioner-patient communication throughout the spectrum of health professions education and practice.

Several key regulatory and policy changes over the past 35 years have had a major influence in advancing evidence-based practices in patient education and improved practitioner-patient communication. These include the American Hospital Association's Patient's Bill of Rights (1972), Medicare's prospective payment with Diagnosis Related Groups (1983), and the Joint Commission on the Accreditation of Health Care Organizations making patient and family education a focus area (1993). Each has raised awareness of the

professional responsibility for teaching and the skills needed to communicate effectively with patients and families. Throughout these developments in accreditation and federal regulation, health care providers and institutions have called on the AHEC Program for continuing education and clinical training to prepare health professionals and students with the knowledge and skills they need to meet agency and public expectations for patient and family education. Many of the first patient education programs were hospital-based. The health care delivery system has changed dramatically, and clinicians practice in many different roles and settings. Patient education is integrated into care delivery in each of these.

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Professional Responsibility for Patient and Family Education

In 1972, in response to the American Hospital Association's Patient's Bill of Rights, hospitals emphasized informed consent as the way to ensure the patient's “right to know.” Specifically, the patient had the right to know about his illness, the diagnostic

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and therapeutic processes to be used, and the prognosis for physical recovery. The patient had a right to refuse treatment and to be informed about the consequences of those actions. This led to formal statements by professional groups including physicians, nurses, and pharmacists that addressed patient teaching responsibilities in their practice standards. The Area Health Education Centers Program responded by offering continuing education programs to teach health care practitioners the legal and ethical responsibilities for patient education.

The curricula for students in the health disciplines, whether medicine, nursing, allied health, pharmacy, dentistry, social work, or others, underscore the professional, legal, and ethical responsibilities they will have to share their medical knowledge in a way that is understandable and usable in the daily management of health. Student and resident learning about patient-practitioner communication begins in the classroom. The Area Health Education Centers Program facilitates community-based clinical experiences in a variety of settings including home care, free clinics, health departments, schools, senior centers, and long-term care facilities where students are able to learn that health care encounters extend beyond basic evaluation and diagnosis; they also require communicating health care information to patients and teaching them the skills and knowledge for self-management. This process involves a relationship between patient and practitioner that is long-term and takes advantage of every encounter with the health care system to promote healthy behaviors.

Developing Patient Education Materials

In developing consent forms and patient education brochures, patient reading ability, understanding, language, and culture must be addressed by replacing medical terminology with plain language, basic concepts, and illustrations. AHEC has advised and continues to advise students and practitioners to develop materials that are at the fifth grade reading level, in the patient's native language, and sensitive to cultural and religious beliefs. While great strides have been made, researchers continue to find that patient education materials are written far above the reading levels of most patients and contribute to problematic low health literacy. Patients cannot understand directions, lack self-care skills, misuse medications, and are unable to access needed services. Health care professionals are frequently not aware of the gap in reading level and patient understanding and of how to rectify it. In light of the report of the North Carolina Institute of Medicine task force on low health literacy, the AHEC Program understands that we must continue to raise awareness among health care practitioners about the prevalence and impact of low health literacy in North Carolina. The new Center for Health Literacy Excellence proposed by the task force offers North Carolina an excellent opportunity to create a central source for the best evidence-based tools and curricula for practitioners so that these resources don't have to be developed locally.

Discharge Planning and Patient Safety

In 1983, Medicare's prospective payment with Diagnosis Related Groups tied financial incentives to shorter hospital stays. Patient education efforts focused on discharging patients safely with the ability to manage some aspects of care at home, especially medications, modified diets, and use of medical equipment. The pressure to teach more in less time and impart skills (such as insulin injection) needed for self-care initially meant that more staff were teaching patients, and teaching was started earlier, often when patients were too ill to absorb the information. The Area Health Education Centers Program continuing education workshops teach practical strategies to coordinate teaching provided by various health disciplines, document patient learning, and provide consistent information to patients and families. Practitioners are urged to reduce the number of handouts and facts to be taught and actively engage patients in learning using teach back, role play scenarios, and return demonstration of skills. Many health professionals continue to struggle with what to teach, how to identify survival skills, and how to pare down instruction to make teaching practical.

In 1993, the Joint Commission on the Accreditation of Health Care Organizations (JCAHO) made patient and family education a focus area, insisting that all patients and families receive the education necessary to acquire survival skills, utilize community resources, and understand the role patients must play in their treatment plans. The Joint Commission's patient safety initiatives place patients and families at the center of the health care team and open lines of communication among patients and practitioners which are viewed as essential. Many hospitals have called on AHEC to assist with staff development efforts for managers and front-line staff related to JCAHO mandates for accreditation.

Chronic Illness and Disease Management

Today there is a growing awareness of the improvements in health outcomes that can be realized by incorporating evidence-based prevention and disease management strategies into the patient care practices of physicians and other primary care practitioners. Patient involvement and empowerment are essential for the success of these approaches, however, and patients with chronic diseases who also have low health literacy have less knowledge about their disease, more complications, and worse health outcomes. Patients and families may seek health information from other sources including the Internet, relatives and neighbors, and cultural or religious communities. The ability to exchange ideas, identify inaccurate information, and acknowledge patient choice requires openness and flexibility. The Area Health Education Centers Program continuing education efforts bring health librarians to teach practitioners about information patients find in lay literature and on the Internet and how to help patients access reliable sources.

The cornerstones of chronic illness management include

smoking cessation, weight loss, regular exercise, stress reduction, and adherence to medication regimens. Patient education efforts drive home in a forceful way the changes that patients need to make.

Health professionals tend to view cooperation or compliance as a single choice. Following a therapeutic diet, however, involves multiple choices throughout every day. Being compliant with a treatment plan for chronic illness may be costly, painful, or socially isolating. It is important to acknowledge the frustration that many practitioners feel when patients are unable or unwilling to comply with all the behavioral changes that are prescribed and to stress that patient teaching for effective management of chronic illness should have broader goals than compliance. As we prepare present and future health care practitioners to teach patients, AHEC student and continuing education programs should stress that helping patients understand their disease is a good beginning, but self-efficacy also relies on very specific action plans and daily strategies that patients choose to engage in which will ultimately lead to achieving long-term goals. Practitioners can incorporate practical strategies such as limiting the number of changes, making easier changes first, and working with families to anticipate barriers such as the cost of medications. Patient education is a partnership in which professionals must also strive to be role models and coaches for these health practices.

Future Opportunities

New initiatives currently underway in North Carolina to improve quality and patient safety in physician offices, hospitals, health departments, and other settings offer exciting opportunities to incorporate better patient-practitioner communication techniques, improve patient education materials, and create a better system of care that includes the patient as a critical part of the health care team. Incentives to improve outcomes will include moves by Medicare, Medicaid, and private insurers to begin rewarding physicians and other practitioners through pay for performance programs. The new climate will enhance motivation for health professionals to utilize the most advanced techniques in educating patients, simplifying processes of care, and incorporating the patient into the process.

North Carolina is on the cutting edge in developing programs to enhance quality and patient safety. The national program Improving Performance in Practice, funded by the Robert Wood Johnson Foundation and others, selected North Carolina as one of 2 pilot states. The project, a collaborative effort of the Community Care Networks, AHEC, the medical professional societies, and state health agencies has been successfully implemented in 2 regions this year and will be developed in 3 more regions this fall. The program seeks to support physician practices in collecting data on how chronic illness is managed in the practice and then offer assistance through a regional quality improvement coach to make improvements that lead to better health outcomes for patients.

The North Carolina Center on Hospital Quality and Patient Safety of the North Carolina Hospital Association engaged more hospitals than any other state in the national

100 000 Lives Campaign and now leads North Carolina hospitals in participating in the 5 Million Lives Campaign. Both initiatives seek to improve outcomes in hospital quality through quality collaboratives, educational programs, and greater transparency of data on quality measures of care.

Particularly in the outpatient setting, these quality initiatives require new approaches to managing chronic illness and fostering prevention at both the individual patient level and the practice level. Practitioners will be required to learn new skill sets, but patients will also have to be more engaged in the process if successful outcomes are to be achieved.

AHEC Statewide Initiatives to Promote Patient-Practitioner Communication

The Area Health Education Centers Program is committed to playing its traditional role of incorporating educational materials and curricula into all phases of the educational process in collaboration with the educational institutions of the state. The following recommendations address new efforts to meet the needs and challenges mentioned in the preceding paragraphs:

- (1) AHEC can assist the health science schools in identifying and utilizing community-based clinical experiences that advance students' skills in patient education. Our mutual goal is to help students take concepts introduced in the classroom and apply them with the guidance of skilled community preceptors. The Area Health Education Centers Program can offer grant funding to support the development or expansion of new clinical experiences for health science students and would place priority for funding decisions on projects that include interdisciplinary collaboration, use of effective written patient instructions, patient and family teaching, and assessment of learning outcomes. Patients and their family members can be incorporated into training programs by sharing their stories about living with and managing chronic illness. This will add another dimension to what is taught in the classroom.
- (2) AHEC will continue to offer continuing education programs that address how to evaluate and rewrite materials and that identify practical ways to screen patients for low health literacy. Interdisciplinary AHEC continuing education workshops with case studies and role play can help practitioners become more skillful using the teach-back method. It is important for each discipline to consider the unique contributions it can make to teaching. For example, when practitioners confirm the diagnosis and the daily management needs with patients, this sets the stage for ongoing teaching by other disciplines. Sharing experiences among different disciplines illustrates the gap between what patients need and what is provided. For example, when nurses make home visits, they become aware that a written action plan is critical to activating patients for self-care.

(3) AHEC librarians can provide health care practitioners with information about resources available on the Internet, how to evaluate Web sites for reading level and illustrations, and how to steer patients to reliable and accurate sources. At the same time, we must look for new ways to make this information available when practitioners and patients need it. Online resources, materials developed through the proposed Center for Health Literacy Excellence, and other nationally developed tools need to be available in real time, and practitioners need to be educated to use them most effectively. The Area Health Education Centers Program can highlight these resources in continuing education programs and include links to them via the AHEC Digital Library. The North Carolina Institute of Medicine Task Force on Health Literacy has identified many experts and agencies with valuable resources that can assist us in transforming patient education practices to address low health literacy, and AHEC can raise awareness among health care professionals.

(4) AHEC can develop learning collaboratives and invite practitioners to participate in the sharing of best practices and

practical strategies for patient-practitioner communication in the management of chronic illnesses. In caring for children with asthma, the consistent use of daily management plans, family teaching, and consistent follow-up with asthma registries are effective. These effective techniques can be shared to improve care for other chronic illnesses.

For over 3 decades, the AHEC Program has been actively engaged in efforts to promote patient partnership and patient education. Incorporating communication and patient education techniques in continuing education and patient training has gained momentum as the result of new regulatory measures. The current climate places a much greater emphasis on better patient outcomes, including establishing uniform standards of care for managing chronic illnesses and assisting practitioners in measuring and improving the outcomes of their practices. This serves as a catalyst for greater strides in patient education. If we are to realize fully the kinds of improved health outcomes that everyone wants, it will be essential for patients to be fully engaged in the process of managing chronic illness and to play a greater role in making better decisions about lifestyle issues. **NCMJ**

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