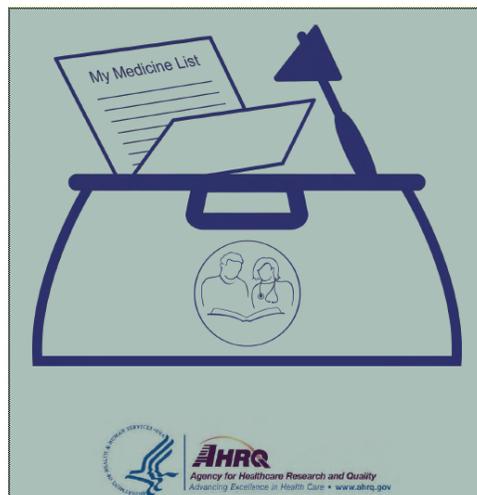# Implementing the AHRQ Health Literacy Universal Precautions Toolkit

Practical Ideas for Primary Care Practices

Implementing the AHRQ Health Literacy Universal Precautions Toolkit: Practical Ideas for Primary Care Practices

This guide is a formal deliverable under the Agency for Healthcare Research and Quality Contract HHSA290200710008, TO#10 (Task Order Officer: Cindy Brach, MPP)

Authors:
Maribel Cifuentes, RN, BSN [1]
Angela G. Brega, PhD [2,1]
Juliana Barnard, MA [3]
Natabhona M. Mabachi, PhD, MPH [4]
Karen Albright, PhD [3]
Barry D. Weiss, MD [5]
David R. West, PhD [2,3]
Cindy Brach, MPP [6]

Author Affiliations:
[1] Department of Family Medicine, University of Colorado Anschutz Medical Campus, Aurora, Colorado

[2] Colorado School of Public Health, University of Colorado Anschutz Medical Campus, Aurora, Colorado

[3] Colorado Health Outcomes Program, University of Colorado Anschutz Medical Campus, Aurora, Colorado

[4] American Academy of Family Physicians, Kansas City, Kansas

[5] Department of Family and Community Medicine, University of Arizona, Tucson, Arizona

[6] Agency for Healthcare Research and Quality, Rockville, MD

For convenience, we use the term "patient" throughout the toolkit, but recognize that health literacy improvement efforts often include caregivers, family members, and other consumers of health care.

This document is in the public domain and may be used and reprinted without permission except those copyrighted materials noted for which further reproduction is prohibited without the specific permission of copyright holders.

Suggested Citation

Cifuentes M, Brega AG, Barnard J, Mabachi NM, Albright K, Weiss BD, West DR, Brach C. Guide to Implementing the Health Literacy Universal Precautions Toolkit. (Prepared by Colorado Health Outcomes Program, University of Colorado Anschutz Medical Campus under Contract No. HHSA290200710008, TO#10.) AHRQ Publication No. 15-0023-1-EF) Rockville, MD. Agency for Healthcare Research and Quality. January 2015.

Table of Contents

Supportive Systems for Patients

About This Guide

This guide was created as a companion to the information and step-by-step guidance provided in the [AHRQ Health Literacy Universal Precautions Toolkit](#). It presents concrete implementation advice based on the implementation experiences of twelve diverse primary care practices that participated in the Demonstration of Health Literacy Universal Precautions Toolkit (Agency for Healthcare Research and Quality Contract HHSA290200710008, TO#10).

Who is this guide for?

This guide was created for use by people assisting primary care practices to implement the [AHRQ Health Literacy Universal Precautions Toolkit.](#) This includes practice facilitators and health literacy and QI team leaders and members.

How to use this guide?

This guide is a supplement to, not a substitute for, the Toolkit. Review both documents side-by-side prior to starting health literacy-related quality improvement (QI) work. You can draw on the practical ideas presented in this guide when developing your tool implementation plan, when experiencing challenges, or when you're feeling stuck.

Organization of the guide

This guide is organized in six sections. The first section, General Toolkit Guidance, contains advice that is relevant no matter which tools your practice chooses to implement. In Section 2, Path to Improvement, we address Tools 1 through 3, which are aimed at helping practices develop the foundation needed to begin their QI efforts. As such, these tools should be fully implemented before starting work on other tools.

The next four sections of the guide correspond to the four domains identified in the Toolkit as key focus areas for promoting health literacy in your practice: Spoken Communication, Written Communication, Self-Management and Empowerment, and Supportive Systems. Each of these sections contain real-life examples, strategies, shortcuts, and tips that demonstration practices used to implement the rest of the tools from the Toolkit successfully.

General Toolkit Guidance

General advice about ways practices can make the most of the Toolkit is summarized below:

◆ The Health Literacy Team should take the time to become appropriately familiar with the Toolkit's materials and its resources in order to derive full benefit from its use. If the team is not sufficiently familiar with the Toolkit, tool implementation may be slow or ineffective.

◆ Make sure there is a champion for health literacy improvement in the practice. Invite a Health Literacy Team member to be the expert on the Toolkit's contents/resources. Before searching for a resource externally, look to see if it already exists in the Toolkit.

◆ Start with Tools 1, 2, and 3. These tools will help you organize your team (Tool 1), create a health literacy improvement plan for your practice (Tool 2), and raise staff awareness of health literacy (Tool 3). These are key steps to complete before starting work on other tools.

◆ Use the Toolkit flexibly and creatively based on your practice's needs and capacities. You don't have to implement every action item suggested for a given tool and you can develop new ways to take action that makes sense for your practice.

◆ Don't try to do too much too quickly. Practices that try to implement too many changes at once risk doing none of them well. Don't lose sight of the fact that your long-term goal is to redesign your systems to improve patient care, which takes longer than making incremental changes.

◆ Don't forget to use the "Track Your Progress" section of each tool. This section suggests ways to assess how well you are doing at making changes. This step is critical to help you implement successful health literacy changes in your practice.

◆ Linking implementation activities for two or more tools can foster efficiencies and bring about added clarity and connectedness for your practice staff. For example, one practice focused on improving communication between front desk staff and patients. In doing so, they placed the Key Communication Strategies Poster (Tool 4) in the line of sight of front desk staff while also implementing other ways front desk staff can create a welcoming environment (Tool 13).

◆ Choose health literacy tools that can build on or complement other QI and/or practice transformation efforts, such as Patient-Centered Medical Home certification. Linking these efforts together can help staff to see health literacy work as a logical extension to existing efforts instead of an added burden.

◆ Track and report progress regularly. Ways to do this include regular check-in calls with a practice facilitator, participation in a learning collaborative, or direct reporting to a practice improvement committee. These activities can help build and support accountability for this work.

Path to Improvement

Tool 1: Form a Team

The goal of this tool is to assist practices in assembling a health literacy team that includes membership and participation from all areas of your practice and is led by a committed champion with authority to direct practice change.

Tips for Assembling the Team

♦ Your team leader should have the passion and time necessary to make health literacy QI a priority in every practice area. He or she should know how your practice functions, how its members work together, and have authority to make and sustain changes. Potential team leaders could be senior clinicians, practice managers, or QI experts.

♦ Limit team size to no more than 8 team members to help manage logistics.

Avoid These Common Pitfalls

♦ The team leader comes from outside your practice and is unfamiliar with on-the-ground operations.

♦ The team leader does not have enough time to commit to the process of implementation and assessment of health literacy changes.

♦ Ad-hoc members are not informed or engaged in the decisions and work of the team.

♦ Reluctant members are assigned to the team without ensuring full buy-in for their participation.

♦ The health literacy team stops meeting after kicking off some initial activities and forgets to regularly measure the impact of their work.

Potential members of the health literacy team:

Front office staff: Receptionists, schedulers, patient navigators.

Administrative staff: Practice managers and administrators; billing, referral, and medical records specialists; phone triage operators; practice facilitators.

Clinicians and staff: Doctors, residents, nurse practitioners, physician assistants, medical assistants, social workers, psychologists, care managers, patient educators, and laboratory staff.

Don't forget to include patients! Patients and caregivers have key insight into the challenges they face when they interact with your practice and ideas for how your practice could better meet their needs.

♦ In selecting members for your team, consider which individuals from the front and back of your practice can best help to…
- Create buy-in with key practice members (opinion leaders and decisionmakers).
- Formulate an effective and realistic implementation plan (planners/strategists).

- Implement desired changes in a timely and efficient manner and sustain them (doers/organizers).
- Evaluate and refine your changes (patients and data analysts)

◆ Practices affiliated with large health systems may also want to include members from departments that bring additional resources and knowledge to the team. These may include marketing and communications, patient education, interpreter services, and health information technology, among others.

◆ Practices that are residency training programs should include residents and residency faculty on the team. Connecting health literacy work with residency training requirements to conduct QI work is one way to make residents' participation more meaningful.

◆ Sometimes existing practice teams (e.g., QI team) also assume the role of the health literacy team. Make sure its members are committed to health literacy work and have full buy-in for participation. Instead of "assigning" staff to the team, "invite" participation from all potential team members.

Tips for Running the Team

◆ Conduct regular team meetings, at least twice a month at the beginning of your tool implementation and at least monthly thereafter to "check in" on progress, brainstorm solutions to barriers, and plan implementation of additional tools.

◆ Revisit the three key implementation plan questions listed in the Tool 2 section at team meetings, and collaboratively plan further changes using your implementation plan. Make sure you update your written plan after every meeting.

◆ Often practices are so focused on implementation activities that they forget to track their progress. The health literacy team should make sure you are using measures that can help you understand whether or not your implementation efforts are successful, as well as gather the necessary data to measure implementation activities. Don't forget to use the Track Your Progress section of each tool to help you with these tasks. Feel free to identify other methods for measuring your progress.

◆ Set up an accountability structure whereby the team reports regularly (at least monthly) to a designated practice manager, QI committee, or practice leader about their progress.

Tool 2: Create a Health Literacy Environment Improvement Plan

The goal of this tool is to help your health literacy team choose and make a plan for the implementation of health literacy-related improvements for your practice to work on. The Primary Care Health Literacy Assessment will help your practice identify strengths and

opportunities for improvement, and the improvement plan will help your health literacy team implement these changes.

Tips for Administering the Primary Care Health Literacy Assessment

♦ Lay the groundwork for the assessment by explaining to practice members that the intention is to understand how different activities are occurring in all aspects of the practice and from all perspectives.

♦ Before having the members of the health literacy team complete the assessment, review each item so everyone is on the same page about what is being asked. Try to avoid discussions about how your practice is performing on these items. Once shared understanding is established, everyone should complete the assessment individually, <u>not</u> as a group exercise.

♦ Reassure those completing the assessment that it is OK to mark "not sure" when they are not aware of health literacy-related aspects of the practice (e.g., automated phone system) or if they are not familiar with a specific health literacy concept (e.g., teach-back).

♦ Underscore the importance of completing the entire assessment. Team members may think they know which areas are relevant to their improvement work and want to skip sections or items they think are not pertinent. Explain that the practice's improvement priorities may shift after they see the assessment results.

♦ Ensure that all health literacy members have completed the assessment in advance of the health literacy team meeting where results will be discussed.

♦ Your team may decide it wants input from the entire practice staff. While it can be more time consuming to get all staff members to respond to the assessment, it can help to raise awareness and buy-in for health literacy improvement efforts. If you decide to ask all staff members to fill out the assessment:

- Consider setting up an online survey that automatically tallies survey responses and generates customizable reports, especially if your practice is large.
- SurveyMonkey has created a template that allows you to administer the Primary Care Health Literacy Assessment electronically.
- Emphasize that the assessment survey is confidential to encourage candid responses. If you are using hard copies of the assessment, make a drop box available in a designated area of your practice for staff members to turn in completed surveys.
- Get senior leadership in the practice to reinforce the importance of completing the assessment.

Tips for Using Assessment Results

♦ Assessment results are intended to help you set improvement aims for your practice and choose corresponding tools. Therefore, it is important to have complete results before tools are chosen.

♦ Tally and synthesize the results of the assessment, and discuss them with the health literacy team. Consider how the results could help you answer the following questions:
  - What interesting things did you notice in the results?
  - In which areas did you find agreement, and in which areas is there disagreement?
  - Which are areas of strength, and which areas need improvement in your practice?
  - Which areas for improvement are most important for the practice?

♦ It's common for individuals to have divergent views of what is happening in the practice. If you see different opinions for a specific item, you may find that some parts of your practice have adopted health literate practices, whereas others have not. Such results could point you to important areas for improvement.

♦ In order to build and maintain buy-in for your QI work, the health literacy team should collaboratively make choices about tool implementation, as opposed to having one or two people making this decision for the practice.

♦ Sharing assessment results and aims with the whole practice staff can build enthusiasm and buy-in for your work. You may want to share this information during an all-staff meeting or a lunch and learn session.

♦ Consider whether opinion leaders and staff members who will be responsible for implementation activities are supportive of the needed changes. If they are not, understand their specific concerns, and work with your team to find ways to address them.

Tips for Developing a Health Literacy Improvement Plan

♦ Develop a clear, **written implementation plan** for each tool your practice chooses to implement in order to ensure:
  - that all Health Literacy Team members have a clear understanding of the activities and expectations during tool implementation.
  - the Health Literacy Team develops a realistic timeline that takes into account future eventualities such as team member absences, busy periods, etc.

♦ [1]You can use the Model for Improvement's Plan-Do-Study-Act (PDSA) cycles to create and execute your implementation plan. Learn how to conduct PDSA cycles by using the following resources:
  - PDSA Directions and Examples
  - PDSA Worksheet
  - How to Improve: Institute for Healthcare Improvement Web site

♦ Your implementation plan should contain specific and detailed information for how your team will go about making and sustaining each change in your practice. Your plan should clearly specify the change you are making, the starting date of implementation, the tasks associated with making the change, team members responsible for each task, and a target completion date.

♦ Regularly update your implementation plan as changes and associated tasks are completed and new ones added. Update the plan with information about new iterations of your changes or tasks as a result of what you learn from previous PDSA cycles. Make sure to update your implementation plan after health literacy team meetings.

♦ Your implementation plan should address the following questions:

  1. What are we trying to accomplish? → Identify your aims and priorities and use them to establish SMART goals (Specific, Measurable, Attainable, Relevant, and Time bound).

  2. How will we know that a change is an improvement? → Establish clear measures specifying when and how you will collect data using each measure. Each tool in the toolkit recommends measures you can use. However, you can also develop measures that are specific to your practice.

  3. What changes can we make that will result in improvement? → Select the tools you want to implement and describe how you will implement them.

♦ Use Module 14: Creating Quality Improvement Teams and QI Plans from the AHRQ Practice Facilitation Handbook for further guidance on how to develop goals, create a QI plan, and monitor your plan's progress.

---
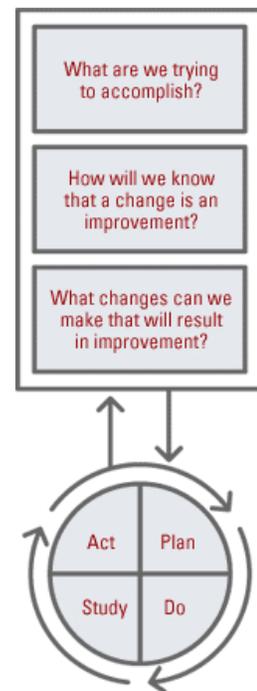
[1] Langley G.J., Nolan K.M., Nolan T.W., Norman C.L., Provost L.P. (2009). *The Improvement Guide : A Practical Approach to Enhancing Organizational Performance*. 2nd edition San Francisco, CA: Jossey-Bass Publishers, Inc.

Tool 3: Raise Awareness

The goal of this tool is to plan and conduct educational activities to help the members of your practice become more aware about health literacy, why it is important, how it affects your patients, and how you can work together to make health-literacy improvements.

Tips for Conducting Educational Sessions

♦ Lunch and learn sessions or all-staff trainings can be very effective for introducing your practice to the basic concepts of health literacy and for building early buy-in. They can also serve as an opportunity to introduce the members of your health literacy team, present results from the Primary Care Health Literacy Assessment, and garner support for additional tools your practice may be implementing in the near future. These sessions can be 1-2 hours long, depending on staff availability.
   - Make sure that as many practice staff as possible attend these sessions. This may mean that you have to conduct multiple sessions to reach all practice staff.
   - Remember to involve both non-clinical staff and those who provide patient care. Members of your non-clinical staff can also benefit from health literacy awareness. Seeing how their work can enhance patient experience can be a morale booster.
   - In order to better engage your learners, include a variety of teaching approaches and materials during the session, such as videos, slide presentations, interactive discussion, role playing, and fun games (e.g., teach me what a colonoscopy is without using the words colon, stool, or rectum). Many of these resources are provided in the Toolkit.
   - Conduct informational sessions every 1-2 months in order to provide updates on the status of your tool implementation activities and to maintain buy-in and enthusiasm from your practice.
   - Don't forget to use sign-in sheets to track the number and type of practice staff (clinicians, front desk staff, administrators, etc.) attending these sessions. Each attendee should complete a short evaluation to help you asses the session's effectiveness in raising awareness, and identify areas for improvement.

♦ It's easy and time efficient to combine the implementation of Tool 3 with that of other tools. Educational sessions that go beyond introductory information about health literacy can instruct staff on specific strategies you want them to implement, such as Tool 5: Use the Teach-Back Method.

♦ Training residents can be challenging, as they may rotate in/out of your practice every few weeks. Use these strategies to raise residents' awareness about health literacy:
   - Conduct 1-hour weekly sessions with cohorts of 6-9 residents and repeat the same training long enough to train all residents.

- Schedule sessions on days when residents typically work on required QI projects.
- Encourage residents to "try out" some of the concepts they learned from the training (e.g., use of plain language) with a few of their patients that same day.
- Emphasize to residents that they are learning communication skills that will be valuable regardless of their chosen specialty.
- Inform residency faculty of the training plan and ask for their help in reinforcing good resident behaviors.
- Incorporate communication strategies taught during your training sessions into the resident-evaluation process and related evaluation forms.

Other Strategies for Raising Awareness

♦ Use quick reminders in the form of emails or printed "quick guides" to help your practice develop knowledge and skills in a particular area of health literacy. The content of these reminders should be short (3 - 5 sentences) and include actionable steps staff members can take to improve their skills. You can draw from the information provided in the Toolkit
  - **Example:** You can help ensure that your patients understand what they need to do when they get home by encouraging them to ask questions. Ask all your patients "What questions do you have?" during every visit.

♦ Use medical team meetings, huddles, and other opportunities to teach and reinforce health literacy strategies.

♦ Take advantage of "teachable moments." For example, if a clinician expresses surprise that a patient didn't take her medicine because it costs too much, you can remind her to ask patients directly if they have trouble affording their medicine and point her to medicine assistance resources (Tool 19).

♦ Make information and resources readily available and visible to keep practice staff members engaged in health literacy work. For example, hang posters, such as Key Communication Strategies (Tool 4), and keep a copy of the Plain Language Thesaurus for Health Communication (Tool 11) in the front and back of the practice.

Spoken Communication

Tool 4: Communicate Clearly

The goal of this tool is to introduce your practice to effective oral communication strategies as they interact with patients.

Tips for Administering Communication Assessments

- Lay the groundwork for the self-assessment by explaining that the intention is to help clinicians and non-clinicians honestly evaluate their oral communication with patients, and identify areas for improvement.

- Administer the Communication Self-Assessment to <u>all members</u> of your practice staff, including clinicians, medical assistants, and front and back office staff. Consider enlisting the help of a practice leader (e.g., medical director, lead physician) to endorse the completion of the assessment, particularly with other clinicians.

- Ask a respected individual in your practice to conduct observations of provider/staff interactions with patients before and after tool implementation. Use the Communication Observation Form to provide feedback to practice staff, including clinicians, medical assistants, and front and back office staff about the quality of their communication with patients. As you observe an interaction, complete the form and write notes that can help the provider or staff member improve his or her communication in the future.

- The Patient Feedback Form can be used by patients to provide honest feedback about the communication skills of practice members.

- These assessments can be administered in hard copy. The self-assessment can also be administered by email as an MS Word document. Consider what modality will be easiest for your practice members to use and how you plan to receive the assessments and use the information to determine if your staff is making improvements.

- If you anticipate needing help in tallying up and making sense of the assessment results, consider constructing an online survey.

Tips for Using the Assessment Results

- Assessment results are intended to help your practice members set goals to improve their communication skills with patients. As such, these assessments can be repeated as often as necessary until personal goals have been reached.

- The health literacy team should collect completed assessments after 1 or 2 weeks—long enough to have about 5 assessments per individual.

- Create a brief personal report that summarizes the most important observations from the completed assessments (e.g., areas of strength and areas for improvement, differences in skills observed over the duration of the week).
- Distribute each report to individual staff members.
- Invite practice staff to meet with a member of the health literacy team to discuss their results and feedback generated from the assessments. This is a great opportunity to provide individualized suggestions for improving communication skills.

Other Strategies for Implementing Tool 4

◆ Use educational sessions and training opportunities to increase staff awareness about key communication strategies. (See Tool 3: Raise Awareness). You can use team huddles to reinforce information about key communication strategies and to encourage completion of the Communication Self-Assessment.

◆ Place the Key Communication Strategies Poster in areas where front and back office staff members are likely to see it and be reminded of the communication strategies they should be using.

◆ Tool 4 lends itself well to role playing. Practice members can role play with each other how they would communicate with a patient while performing an ordinary task (e.g., explain a blood test, give directions to a referral location). Invite a patient or family representative to participate in the role playing exercise and provide feedback.

◆ Offer communication coaching services. Staff can request that a coach observe their communication with patients and give them feedback. Make sure the communication coach knows how to give tactful and constructive feedback that includes singling out praiseworthy communication practices.

◆ Refer practice members to the Plain Language Thesaurus for Health Communications for tips on avoiding use of medical jargon when communicating with patients.

Tool 5: Use the Teach-Back Method

The goal of this tool is to provide your practice with examples and helpful advice on performing the Teach-Back Method. Teach-back is a way to confirm that you have explained to your patients what they need to know in a manner that they understand by asking the patient to explain the information back to you.

Tips for Training Staff on Teach-Back

◆ Use educational sessions and training opportunities to teach staff how to use the teach-back method. (See Tool 3: Raise Awareness) You can draw from the materials provided in the Toolkit.

◆ For staff or residents who cannot attend training sessions or who need additional reinforcement, use the [Interactive Teach-Back Learning Module](#) provided in the Toolkit.

◆ Use role-playing by having one practice member play a provider giving medical instructions, and another play the role of a patient being asked to teach this information back.

◆ Designate one person from each area of your practice (look to your health literacy team members) to provide additional teach-back training to their colleagues and to actively encourage their use of this communication method.

◆ Brainstorm specific ways to apply teach-back to staff member interactions with patients. Record these examples and present them at future staff meetings. This can be especially helpful with non-clinical staff members, for whom it may not be as obvious how teach-back can be used (e.g., what to bring to the first appointment, review of payment arrangements).

◆ Directly address practice members' concerns about not having time to do teach-back.
   - Explain that teach-back is not something you add onto a visit when you've done everything else. Experienced users of teach-back report that they integrate teach-back into the visit in a way that doesn't take extra time.
   - When a patient has difficulty understanding, teach-back can take a couple of extra minutes, but underscore that teach-back is a good investment. For example, if teach-back had not been used, the patient might not have taken medicine correctly, followed up on a referral, or followed through on self-management tasks.
   - Find practice staff members that can augment teach-back conducted during the clinician's visit. For example, could a medical assistant or nurse conduct teach-back after the clinician has left the exam room?

Practice Experiences

One of our residents decided to do her QI project on using teach-back. Since people were worried that teach-back would take more time, she collected data that showed her average visit length decreased as she practiced teach-back, and was shorter than other residents who were not using teach-back. She also gathered data showing that patients who got teach-back were more satisfied than patients who did not. Then she spread teach-back to her colleagues.

- Pediatric residency practice

Tips for Using and Tracking the Use of Teach-Back

♦ Use the teach-back question on the Communication Observation Tool in the Toolkit to track your progress.

♦ Designate one day of the week to emphasize teach-back, such as "Teach-Back Tuesdays." This reminds staff that on this day they should practice their skills with every single patient and track their progress. It helps build awareness as teach-back becomes part of your practice's culture.

♦ The key is to keep practicing. The goal is to make teach-back a routine and consistent method used by all members of your practice.

Tool 6: Follow Up With Patients

The goal of this tool is to outline options for following up with patients.

Tips for Implementing this Tool

♦ Consider implementing Tool 6 with other tools from the Toolkit. For example, followup is critical to the implementation of these tools:

- Tool 15: Make Action Plans instructs practices to follow up with patients to see if Action Plan steps have been completed or need to be adjusted or augmented

- Tool 18: Link Patients to Non-Medical Support, Tool 20: Use Literacy Resources in the Community, and Tool 21: Make Referrals Easy all include followup to make sure patients connect with resources outside the practice

♦ In addition, other tools, such as Tool 4: Communicate Clearly and Tool 5: Use the Teach-Back Method, should be used when performing followup.

♦ The challenge for your practice will be coordinating these various efforts. When implementing this tool, the health literacy team may want to consider:

- Asking patients how they prefer to be contacted and receive messages. Record the information in the patient's medical record.

- How to minimize the number of contacts with the patient. For example, if someone in the practice is calling to check in on an action plan, could they also confirm that the patient is taking medicine correctly? This is efficient for both the practice and the patient.

- Use Module 5: Mapping and Redesigning Workflow in AHRQ's Practice Facilitation Handbook for further guidance on aligning followup activities in your practice.

◆ Develop scripts and model emails and texts for staff to use when following up with patients.

◆ Investigate the functionality of your electronic health record and patient portal to see if some aspects of followup can be automated.

Tool 7: Improve Telephone Access

The goal of this tool is to help practices manage their telephone systems and develop procedures for telephone contact.

Tips for Implementing this Tool

This tool is a great one for front and back office staff to take on while clinicians are working on other tools.

◆ Create a work group of front and back office staff and the patient on your health literacy team to work on this tool. If you want to consider installing a new phone system, include staff who have the authority to make that decision.

◆ Hold training sessions on Tool 4: Communicate Clearly and Tool 5: Use Teach-Back specifically for front and back office staff. Trainings for these tools often focus on clinical examples that don't feel relevant to these staff members.

◆ Make sure supervisors are on board and reinforce changes.

◆ Develop a protocol for when speakers of languages other than English call. For example, staff could have a cue card with the phrase "Please wait a moment" in commonly spoken languages and the extensions of bilingual staff and the phone number to call for telephone interpreters.

◆ Document changes that result for improving the telephone system, such as less time transferring calls, fewer missed appointments, greater job satisfaction of staff who cover phones.

Tool 8: Conduct Brown Bag Medicine Reviews

The goal of this tool is to develop a process for your practice to improve communication about medicines between patients and clinical staff by asking your patients to bring their medicines to appointments and reviewing their medicine with them. Implementation of this tool resulted in some important improvements in the medicine reconciliation process. Patients who are struggling to understand how to take the right dose of medicine at the right time may have limited math skills. You may want to consider implementing this tool with Tool 20: Connect Patients with Literacy and Math Resources, which gives guidance on connecting patients with

math resources in the community.

Tips for Getting Your Practice Ready

♦ Use educational sessions and training opportunities to raise awareness about health literacy and introduce the importance of conducting medicine reviews (See Tool 3: Raise Awareness). Use these sessions to garner staff support, seek feedback on your implementation plan, and provide regular updates about your progress.

♦ Order medicine bags, and encourage patients to use them to bring in their medicines. When ordering bags, think about getting grocery-size bags with your practice name/logo on them. The bags may also serve as a reminder to staff and reinforce the importance of medicine review.

♦ Order appointment cards that have printed reminders about bringing medicines to every visit. Alternatively, you can attach reminder labels to existing appointment cards. Remember that patients should also be asked to bring medicines as part of reminder phone calls.

> **Practice Experiences**
>
> After implementing Tool 8, practices saw marked increases in:
>
> ♦ Patients who brought all their medicines to visits from 20% to 67% for prescription meds, and 9% to 20% for non-prescription meds.
>
> ♦ Number of medicines brought to the office visit from 1 to 6 medicines, on average.
>
> ♦ Patients whose medicine regimen required modification from 18% to 42%.

♦ Involve as many practice areas as possible in implementation activities. This will facilitate changes in workflow and send a message that everyone in the practice has an important role to play. Different staff members can play a role in medicine review:

- Schedulers remind patients to bring their medicines to each appointment and hand out medicine bags and appointment cards with a printed reminder.
- Receptionists praise patients upon arrival when they bring their medicines.
- Rooming nurses thank the patient for bringing in their medicines and place all medicines on the counter in the exam room to remind the clinician to perform a medicine review.
- Clinicians conduct medicine reviews, check medicine lists in the electronic health records (EHRs) and reconcile the lists at each appointment, print out current medicine lists for patients, and document review and reconciliation activities in the EHR.
- Clinicians conducting the review praise patients for bringing their medicines and emphasize the importance of doing this at each appointment.

- Have a fallback position if clinicians tell you they don't have time to conduct brown bag medicine reviews for every patient at every visit.
  - Prioritize patients that are at highest risk for medicine errors. For example, patients who take multiple medicines or medicines that are dangerous if taken incorrectly, have cognitive impairment, report significant medicine side effects, or have known financial difficulties or health literacy limitations.
  - Establish appropriate intervals (e.g., annual) for medicine reviews for other (lower priority) patients.
  - Limit the frequency of medicine reviews to times when something has changed. For example, a new medicine is added, a medicine is discontinued, a change in dosage occurred, or the patient is seeing a new specialist.

Tips for Documenting Medicine Review

- If necessary, make changes to your EHR that allow you to document and later run a query to see when medicine review and reconciliation has occurred. Encourage staff to not only document if the activity took place, but also any problems that were identified during the review.
  - Often, serious medicine errors are caught during medicine reviews; by identifying and sharing these stories with staff you can help reinforce the importance of this tool and garner greater buy-in.
- Having friendly team competitions to see which practice team conducted and documented the most medicine reviews can help build awareness and increase the number of reviews being done and documented.
- Run regular queries of your EHR to determine how many patients have undergone medicine review and reconciliation. Report these data back (at least monthly) to all practice staff to encourage their continued reviews.

Tool 9: Address Language Differences

The goal of this tool is to help practices meet the language needs of all patients. Speakers of languages other than English, including speakers of American Sign Language, often do not get the health information they need.

Tips for Training

- Teach front desk staff how to ask about language preferences and language assistance needs, and to standardize documentation in the health record. Questions can include:
  - How well do you speak English? Very well, well, not well, not at all? (Anything other than "very well" requires language assistance.)

- What language do you feel most comfortable speaking with your doctor or nurse?
- Would you like an interpreter?
- In which language would you feel most comfortable reading medical or health care information?

♦ Instruct front desk staff to always check the health record for communication needs when making appointments. If needed, arrange for interpreter services at the same time as the appointment is scheduled.

♦ Teach staff that if there's any doubt about English proficiency, they should call for interpreters.
  - Staff often think they are being understood if the patient speaks some English, or speaks English very well when speaking short sentences.
  - Even when patients are normally proficient in English, they may have difficulty speaking and understanding English when sick or stressed.
  - Use teach-back to determine whether patients understand. (See Tool 5: Use the Teach-Back Method.)
  - Embarrassment may prevent patients from admitting that they don't understand, so staff may need to call for an interpreter even if the patient has said they don't need one.

♦ Ensure staff understand that untrained interpreters are more likely to make clinically significant mistakes than trained interpreters. Similarly, use of their own foreign language skills, if they are not proficient, can put patients at risk.

♦ Suggest ways staff can respond when patients want to bring or have brought their own interpreter. For example:
  - When making an appointment: "Our policy is to have a medically trained interpreter at your appointment. It won't cost you anything. The interpreter is for the providers and office staff. You and your provider can decide how best to use the interpreter when you come in for your appointment."
  - When friend or family wants to interpret: "Thank you very much for offering to interpret. However, our policy is to use our medically trained interpreters, which we provide for free. I'm sure your (relative/friend) appreciates your help, and today you can relax and be a supportive (daughter/son/husband/wife/friend) instead of being an interpreter."
  - When patients insist on their own interpreters: "Of course you can choose to have your (relative/friend) interpret for you. However, it's our policy to also have a medically trained interpreter with us. It won't cost you anything."

♦ Train staff how to obtain interpreters, including bilingual staff who have been trained as interpreters, qualified in-person interpreters, or telephone interpreters.

♦ Staff will work more efficiently and effectively with interpreters if they know practices that ensure good communication and safety. These include:
  - Briefing the interpreter ahead of time. Ask interpreters to let you know if they think there is not mutual understanding and to clarify terms with you (See 30-second video clips of an interpreter briefing and establishing "psychological safety" at http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/lep/videos/index.html) .
  - Speaking directly to the patient, not the interpreter, at a normal speed.
  - Pausing after every full thought for interpretation.
  - Not saying anything you don't want the patient to hear.

Tips for Planning

♦ Conduct an organizational self-assessment.
  - Identify all the areas of the practice in which the patient might interact with staff.
  - Prioritize important written materials for translation (e.g., intake forms, consent forms, medicine instructions, advance directives, billing information).
  - Review signage around the office and building, and consider whether bilingual or multilingual signage will help patients find their way. Test signs before making changes, as multilingual signs can be confusing for patients with limited literacy.
  - Look not only at your data on language assistance needs, but also at community data on languages spoken and English proficiency. Nearby residents who speak other languages may not be seeking care at your practice if there is no language assistance.
  - Assess your practice's capacity to provide services in other languages. Verify proficiency of bilingual staff to deliver services. Make sure that staff who will serve as interpreters for others are trained and certified as interpreters. Being an interpreter involves more than language skills.

♦ Develop a plan for meeting those needs. Don't forget to monitor and update the plan periodically.

♦ Prepare back-up plans, in case bilingual staff or on-site interpreters are unexpectedly absent. Also prepare for unanticipated language assistance needs (e.g., a patient arrives that speaks a rare language, patient prefers a woman clinician and the only bilingual clinician is a man).

♦ Schedule sufficient time for appointments when interpreters will be used. Using interpreters does not necessarily take more time than trying to get by without using interpreters, but is likely to take longer than patients who are proficient in English.

♦ If you are using bilingual staff who have been trained as medical interpreters, be clear about how the interpreter will be freed from other job duties while interpreting. Make sure that supervisors are on board with the plan.

Tool 10: Consider Culture, Customs, and Beliefs

The goal of this tool is to help practices work effectively with an increasingly diverse population of patients.

Tips for Implementing Tools in a Culturally Competent Manner

♦ Tool 3: Raise Awareness
- Become aware of the cultural assumptions that we all make. Facilitate a discussion on how cultural biases affect our behavior and decisionmaking.
- Bring in examples of how other cultures think about health and wellness (e.g., Asian and Latin beliefs about balancing hot and cold) as a reminder of the diversity of views.
- Recognize that Western medicine has its own culture. We try to isolate the source of the problem and fix it. Learn about other cultures' approach to health and healing (e.g., holistic treatment of body, mind, and spirit).
- Generate sensitivity to the fact that some groups are mistrustful of doctors. Communication of cultural understanding and respect can help you establish trust.
- Promote an office culture that has zero tolerance for disrespect.
- Learn which racial, ethnic, cultural, and religious groups reside in your community. If there is a concentration of a particular group, learn about the customs and beliefs of that group.

♦ Tool 4: Communicate Clearly
- Remember that culture is an important part of everyone's identity. Even a patient who looks and sounds just like you may be coming from a very different place. Treat every visit as a cross-cultural encounter.
- Be aware that verbal and non-verbal communication styles vary. Take your cues from your patient as to whether establishing eye contact or reassuring touching is comfortable.

♦ Tool 11: Assess, Select, and Create Easy-to-Understand Materials
- Consider whether there are cultural assumptions inherent in your educational materials.

- Check whether the pictures in your materials represent the diversity of your patients.
- Ensure that you select diverse patients when soliciting feedback on your materials. Ask them specifically about any conflict with cultural norms or health beliefs.

♦ Tool 13: Welcome Patients
- Choose diverse patients to shadow.
- Assess whether people in posters displayed in the waiting and exam rooms look like your patients.

♦ Tool 15: Make Action Plans
- Recognize the importance of the patient's cultural background and environment when negotiating goals and action steps.
- Discuss whether customs or beliefs in the family or community could present barriers to completing action steps.
- Be willing to collaborate with traditional healers. Patients are less likely to follow through on action plans if they perceive them to be in conflict with other advice they're being given.

♦ Tool 17: Get Patient Feedback
- Connect with leaders of cultural and religious organizations that serve your community. Learn what respect looks like to them, what their primary health concerns are, and how your practice could better address their concerns. Engage organizations even when they represent few of your patients to learn why your practice doesn't attract more patients from that group.

Written Communication

Tool 11: Assess, Select, and Create Easy-to-Understand Materials

The goal of this tool is to make sure that patients can easily complete forms and easily understand the written materials that your practice uses.

Tips for Assessing Written Materials

♦ To ensure that your practice's written documents are easy to read and understand, you should assess both materials that your practice or health system has developed, as well as materials that you have received from outside organizations (e.g., professional associations, pharmaceutical companies, etc.)

♦ Ask your staff for recommendations of materials to assess. It may be best to start with items that are widely used or those that often prompt patient questions.

♦ Find out what materials are not being used by patients. Check garbage cans around your office building and parking lot to see if there are specific materials that are being thrown out. Target these materials for assessment and revision (Tool 11).

♦ Implementation of this tool presents an excellent opportunity to engage your patients. After all, the gold standard for assessing written materials is testing them with users. Remember to obtain feedback on your practice's written materials from a representative group of your practice's patients (e.g., gender, age, race, ethnicity).

Tips for Reducing Redundancy in Forms

♦ When revising forms, check that each item requested from patients is actively used. Sometimes questions remain on forms when they have outlived their usefulness.

♦ Often times the same questions are asked on multiple forms. This may give patients the impression that no one is looking at the forms they have previously completed. If this happens in your practice, ask yourself:
   - Is it necessary to collect the same information on different forms?
   - Can redundancy be eliminated?
   - Could electronic forms be used by patients so that information is entered only once and can go directly into the EHR into multiple fields?

Tips for Practices Affiliated With Large Health Systems

♦ Practices affiliated with large health systems may need to obtain permission from their system's administration to revise practice forms and materials. If this is your case, consider including on your health literacy team representatives from departments that bring additional resources and knowledge to the team to help you in your efforts (e.g., marketing and communications, patient education, interpreter services, and health information technology) .

♦ Enlarging your circle can also build awareness about health literacy and foster buy-in at a system-wide level. You can play an important role in advocating for easy-to-understand patient materials by getting involved in system-wide committees and voicing the importance of health literacy.

♦ Be realistic in your timeline. Even with engagement and help from invited departments, getting formal permissions to revise forms and materials may still be a slow and time-consuming process.

Tips for Educating Your Practice About Using Materials That are Easy to Read and Understand

◆ Don't forget to educate practice members about health literacy and why it is important, and about the steps you are taking to develop or revise materials so they are easy to read and understand for patients (see Tool 3). Content for these trainings may include:

- General introduction to health literacy and its importance.
- Dispelling misconceptions that using written materials that are easy to understand = "dumbing down" of information.
- Evidence from studies that have repeatedly shown that patients prefer simplified materials.
- Materials you have created or revised, or plan to create or revise.
- Why you have chosen these materials and why practice members should use them.
- Where these materials will be located, including where in your EHR system, for easy access by practice members.
- How to use the materials to promote better patient understanding.

Making the Case for Easy-to-Understand Written Material

Studies have shown that patients forget 40-80% of the medical information they are told during office visits and that nearly half of the information they retain is incorrect. So, providing easy-to-understand written materials that reiterate your key points is important.

Colon Cancer Screening: This study shows how easy-to-read brochures can increase participation in colon cancer

◆ Many patients have difficulty understanding numbers describing medical risks versus treatment benefits. The article Numeracy and Health: Helping Americans Do the Math provides insights for health care professionals on the numeracy challenges that patients face.

Tips for Tracking Assessment of Written Materials

◆ Use a spreadsheet to track written materials that have been assessed and revised:
- Date when materials were last assessed
- Assessment scores (e.g., reading level, understandability)
- Date when materials were last reviewed by patients
- Date when materials were last revised

Tool 12: Use Health Education Material Effectively

The goal of this tool is to offer strategies for using educational materials and explain information effectively to support better patient understanding.

Tips for Preparing your Practice

◆ Consider working on parallel strategies to improve spoken communication skills in your practice (see Tools 4, 5, and 8) at the same time that you implement Tool 12.

◆ Map your practice's workflow for use of health education materials. If workflow inefficiencies exist, redesign your practice's workflow to optimize use of these materials.
- Use Module 5: Mapping and Redesigning Workflow in AHRQ's Practice Facilitation Handbook for further guidance about workflows.

◆ Keep supplies of highlighters and pens in offices and exam rooms.

Tips for Training Patients to Use Patient Portals

◆ Many people learn by doing, so making a presentation about your patient portal or giving patients a written guide may not be sufficient. Collaborate with a senior center, community colleges, or other community partner that can provide space and volunteers to conduct hands-on training for your patients. Other patients or adult educators may also be sources of volunteer instructors.

◆ Ask patients what features of your portal they are most interested in and gear your training to spend the greatest amount of time on these features.

◆ Let patients know where they can get further help to access and use the portal.

Tool 13: Welcome Patients

The goal of this tool is to offer your practice suggestions for creating a welcoming atmosphere by addressing your front desk, waiting room, and signage.

Tips for Implementing this Tool

♦ It may appear obvious that your practice members should always be welcoming to patients. However, implementation of this tool requires that you learn to look past the familiar to understand what patients see and experience when they come to your practice.

♦ Many of the recommendations made in this tool are aimed at members of your front desk staff. Create work group of these staff members to engage them in the planning and implementation of this tool. The health literacy team should work to support and empower these front desk champions to make changes to the practice.

♦ Cultivate a customer service orientation. Use role playing to train staff to be:
  - Attentive, observant listeners
  - Open, friendly, and compassionate
  - Skilled at communicating clearly and confirming patients' understanding
  - Patient and calm
  - Non-judgmental
  - Problem solvers
  - Knowledgeable about office procedures and resources
  - Willing to go the extra mile

♦ Practices planning to implement this tool should know that some Toolkit recommendations may not fully apply to them.
  - Extensive use and placement of signs to help direct patients from place to place may not be necessary in a practice that's small and easy to navigate. Small practices should use this tool flexibly to meet their specific needs.
  - Practices that are part of a larger health system (e.g., integrated delivery systems, or Federally Qualified Health Centers) may be limited in their ability to make changes to the signage, layout, or aesthetics of their practices.
  - These practices may also require permission from their administration to use materials developed outside of the practice, such as signs, videos, brochures, or posters.
  - Patient education materials developed by your marketing department may be visually appealing but may not conform to health literacy recommendations. You may be able to help improve these materials' understandability to patients. Look at Tool 11: Assess, Select, and Create Easy-to-Understand Materials for suggestions.

Patient Self-Management & Empowerment

Tool 14: Encourage Questions

The goal of this tool is to provide your practice with strategies for eliciting questions from patients. These approaches, when used over time, can teach patients to become more involved in their care.

Tips for Launching a Campaign to Encourage Questions

♦ While encouraging questions is something individual staff members can do, an organized, practice-wide campaign is more likely to succeed.

♦ Use educational sessions and training opportunities (e.g., all-staff training) to raise awareness about health literacy and its importance, and to introduce strategies for encouraging questions from your patients (See Tool 3).

♦ Different members of your staff can play a role in eliciting questions from patients. For example:
  - Schedulers and front desk staff members can remind patients to write down the questions they want to ask their doctor before the visit. They can also suggest bringing along a family member or friend to help patients remember their questions.
  - Include a place for patients to write down their questions as part of an existing form patients complete when they come to your practice. See the Adult Return Visit Update Form as an example.
  - Rooming nurses can ask patients, "What questions do you want to discuss with your [doctor/nurse practitioner/physicians' assistant] at this visit?" and document this information.
  - Clinicians' use of the Teach-Back Method can prompt questions from patients if they don't understanding what they have been told.

♦ Use campaign materials to bolster your efforts. Order or create print materials that will help you implement your chosen strategies. These may include:
  - Ask Me 3 patient brochures, notepads, or posters. If materials are not available from the Ask Me 3 Web site, try creating your own.
  - Place these materials in visible locations in your practice to encourage patients to think of their questions while waiting to see their provider.
  - Wear "Ask me—I can help" buttons. These buttons come with the AMA health literacy kit, or can be made to order.
  - Refer patients to "Quick Tips – When Talking to Your Doctor" or "Questions to Ask During Your Appointment" from AHRQ's Questions Are the Answer campaign.

Tool 15: Make Action Plans

The goal of this tool is to help patients make changes to improve their health by creating action plans.

Tips for Implementing this Tool

♦ Try this tool in conjunction with other relevant tools.
  - Tool 8: Conduct Brown Bag Medicine Reviews can help you begin discussions about taking medicines accurately.
  - Tool 5: Use the Teach-Back Method can help you to ensure that patients understand how to take their medicines.

♦ Evidence that action plans make a difference can motivate a practice to start using them. This abstract describes a randomized controlled trial that showed action planning can significantly improve diabetics' HbA1c levels and maintain improvements for 1 year.

♦ Show the American College of Physicians video at lunch time and discuss. Discussion questions could include:
  - Do we have any patients who have difficulty with self-management that could benefit from action planning?
  - Are there particular conditions that we might want to target or would action planning be useful to all our patients?
  - Do we want a couple of clinicians to try out action planning and report back to the rest of us?
  - What might make it difficult for our practice to help patients make action plans? How could we address those challenges?

♦ Practice conducting action planning discussions. This can be done in groups of three with one person playing the clinician, another playing the patient, and a third as an observer to give feedback. After everyone has a turn at each role, have them repeat the exercise, this time instructing the "patient" to be unenthusiastic or indecisive. Talk as a group about what's hard about these discussion and share strategies on how to engage patients without telling them what to do.

♦ Place action planning forms in patients' charts or in the exam room before the appointment. This will serve as a reminder to complete the plan during the visit. If your practice is paperless, explore adding action planning functionality to your EHR.

♦ Plan out the workflow involved in using action plans. For example, who will copy or print the plan for the patient before he or she leaves?

♦ Explore which staff members can develop, follow up, and update action plans. For example, the primary care clinician may be the one to first talk about goals and the action planning process, but nurses or educators may be the ones to work with patients to develop, follow up, and update plans.

Tips for Working with Patients

♦ It can be tempting to make suggestions, but action plans need to come from the patients. Try having a menu of options (e.g., lists of exercises, foods to cut down on) that can give patients ideas for specific steps they can take. Healthfinder.gov has lots of suggestions for making healthy changes.

♦ Ask patients when they want to start. Having a concrete date sets patients in motion.

♦ Ask patients whose help they can enlist in completing their action plan. Support at home is an important determinant of success.

Tool 16: Help Patients Remember How and When to Take Their Medicine

The goal of this tool is to outline some approaches your practice can use to help patients manage their medicines, reduce medicine errors, and improve medicine adherence.

Tips for Implementing this Tool

♦ Building new EHR capacities can greatly ease the implementation of Tool 16. If possible, make changes to your EHR that allow you to:
  - Prompt your clinicians to ask one or more of the recommended questions:
    "Do you have a way to remember to take your medicines?"
    "Everyone forgets to take their medicine from time to time. When was the last time you forgot to take any of your medicine?"

  - Document your patient's responses to these questions and the methods used to educate and help them manage their medicines.
  - Automatically generate a medicine list that is easily read and understood by your patients. Unfortunately, EHR-generated lists are often not easy to understand.
  - If possible, try one of the following.
    - Work with your IT department to build an EHR application that can create personalized medicine charts for your patients.

- Engage an EHR expert to extract needed information out of your system in the format you want. A practice facilitator may be able to help you locate an EHR expert.
- Show your EHR vendor an example of what you'd like medicine lists to look like and discuss the options. Your request is more likely to receive attention if many practices ask for the same modification.

◆ Given the time and effort that it would require to use personalized medicine management strategies with all your patients, practices might consider which of their patients would most benefit from this service.

- Your practice may target patients who take multiple medicines or medicines that are dangerous if taken incorrectly, have cognitive impairment, report significant medicine side effects, or have known financial difficulties or health literacy limitations.

- If your practice is already conducting medicine reviews, you can use this process to systematically identify the most appropriate patients to target for personalized medicine management strategies.

◆ If you are considering purchasing a Web-based reminder system for your patients, involve patients in the decision to make sure the system will meet their needs.

Tool 17: Get Patient Feedback

The goal of this tool is to provide your practice with guidance on how to obtain and use patient feedback about health literacy issues. This tool introduces you to four strategies: shadowing patients, doing a patient walk through, getting patient feedback on written material, and surveying patients.

Tips for Conducting Patient Shadowing and Walk Through

◆ Ideally, you will obtain feedback using more than one method. When deciding where to start, think about starting with patient shadowing or patient walk through. They can be accomplished quickly and cheaply, and are often an eye-opening experience.

◆ Consider establishing a Patient Advisory Council. This council can serve as an ongoing mechanism to obtaining feedback from patients. This Institute of Patient- and Family-Centered Care provides further guidance about Creating Patient and Family Advisory Councils.

Tips for Surveying Patients

♦ Be clear about your purpose in surveying patients.

- If your goal is to get a quick read from a large group of patients, consider using the brief Patient Feedback Form. This survey can be used repeatedly with a convenience sample of patients.

- If you are trying to establish an evidence base to defend investments, or justify further investment in health literacy improvement, you may want to choose a validated survey instrument, such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Clinician & Group Survey—Item Set for Addressing Health Literacy. You will also need to use more rigorous sampling and administration methods.

♦ If your practice plans to administer the survey without the assistance of a vendor, there may be other individuals who could help you with these activities.

- Practices affiliated with large health systems may consider partnering with departments that bring additional resources and knowledge to your team (e.g., research, patient satisfaction, quality improvement).
  - Be realistic in your timeline and goals. Even if you have engagement and help from invited departments, you may still need to get formal permissions to administer the survey.

- Residency practices may also look to residents and residency faculty working on QI projects for expertise and help with fielding and analyzing surveys.

♦ Getting a high response rate (e.g., completed surveys from a large percentage of patients sampled) is notoriously difficult. Have the health literacy team come up with ideas to encourage patients to complete surveys. For example:

- Hand out a pedometer for completed surveys.
- Have check-out staff members remind patients to complete surveys.
- Hang posters.
- Reinforce how important it is to get feedback from patients.

Tips for Using Survey Feedback

♦ Don't set your practice up for failure by obtaining feedback before the changes you are making have become established. Obtaining feedback too early may discourage staff members from continuing with health literacy work.

♦ Staff members may say, "That's not me they're talking about," when patient reports are negative. Try to emphasize that everyone has room for improvement.

- If some staff members are particularly resistant to accepting global feedback, consider obtaining staff-specific feedback (e.g., shadow a patient who interacts with that staff member).

♦ When you ask patients to give feedback, let them know how their feedback was used. Let them know about changes that have been made as a result of their feedback.

- Post announcements regarding how patients have helped improve the practice on bulletin boards.

♦ Don't forget to keep all practice members continually informed about your progress. Use all-staff meetings to report the feedback that you have received (both good and bad).

Supportive Systems for Patients

Tool 18: Link Patients to Non-Medical Support

The goal of this tool is to suggest approaches to assess patients' need for additional services and how to identify community services.

Tips for Implementing This Tool

♦ Consider implementing Tools 18 and 20 together. Tool 20: Connect Patients with Literacy and Math Resources focuses on identifying educational resources. As the two tools involve similar action steps, it may be highly efficient to implement them together.

♦ Consider adjusting responsibilities among practice staff so a staff person can take on the role of helping patients with non-medial support.

♦ Develop relationships with frequently used social service agencies, case management agencies, and social workers, and include them in patients' care planning.

♦ Create a supportive atmosphere. Showing patients that you care and the practice wants to help with their most pressing problems so they can pay attention to their health will earn their trust.

♦ Explain to staff who feel, "This isn't our job," that patients will not be successful in achieving their health goals if they are confronting other major life issues, such as hunger or housing instability.

Tool 19: Direct Patients to Medicine Resources

The goal of this tool is to give practices ideas for helping patients afford their medicine.

Tips for Lowering Costs of Medicines

♦ Set up a system to check whether prescribed medicine is covered by your patient's health plan. If you e-prescribe, your EHR may tell you whether a medicine is covered by the patient's plan. Sometimes a small change (e.g., from a cream to a gel) can make the difference between a medicine that is covered and one that is not.

♦ Encourage clinicians to consider whether a generic is a suitable substitute for a name brand or newer version of the drug. Whether your patient has insurance or is paying for medicines out of pocket, generics almost always save money. Explore setting e-prescribing system's default to generics, and make sure prescribing pads include a checkbox for generics.

♦ Discuss with patients whether the price differential for two similar medicines is worth it. For example, a new extended release version of a medicine may be considerably more expensive and the additional cost may outweigh the convenience to some patients.

Tool 20: Connect Patients With Literacy and Math Resources

The goal of this tool is to offer your practice a method for identifying patients in need of literacy and math assistance and for connecting them with these resources.

Tips for Getting Your Practice Ready

♦ Consider implementing Tools 18 and 20 together. Tool 18: Link Patients to Non-Medical Support focuses on identifying key resources to address patient needs that may influence health (e.g., housing, transportation). As the two tools involve similar action steps, it may be highly efficient to implement them together.

♦ Use educational sessions and training opportunities (e.g., all-staff training) to discuss a practice-wide strategy to connect patients to community resources.

♦ Do your research about the resources that exist in your community. Online searches are an efficient way to start. Just type "literacy classes," "adult education classes," or "ESOL [English for speakers of other languages] classes" and the name of your city, for a place to begin. Web sites suggested in the Toolkit and Web sites for your city and county departments of human services are good places to start.

- ♦ Building new EHR capacities can greatly ease the implementation of Tool 20. If possible, make changes to your EHR that allow you to:
  - Flag patients who can benefit from a referral to literacy or math resources.
  - Prompt staff to discuss resources with patients and make appropriate referrals.
  - Document that a referral was made, such that you can run a query to help you track and follow up with patients to confirm that they have completed the referral.
  - Generate a referral form that includes the–
    - Name of the program.
    - Phone number.
    - Location and directions for how to get there.
    - Information to help the patient know what to expect from the service.

Tool 21: Make Referrals Easy

The goal of this tool is to relieve patients of the burdens involved in being referred for care elsewhere and assure continuous care.

Tips for Implementing This Tool

- ♦ Convenience will be a key factor as to whether or not a patient completes a referral. Your patients may want referrals near where they live or where they work, so be prepared to offer a selection of locations.

- ♦ Many practices are hiring referral coordinators to manage referrals. The Improving Chronic Illness Site has a referral coordinator job description, curriculum, as well as a patient referral checklist to make sure patients are prepared.

- ♦ The Safety Net Medical Home Initiative's Care Coordination Implementation Guide provides resources for improving referrals and other care coordination processes.

- ♦ Behavioral health referrals may require extra attention.
  - Patients may be less likely to complete behavioral health referrals because of stigma, resistance, lack of insurance coverage, or lack of support.
  - Shortages of behavioral health providers exist in some communities. Establishing referral arrangements in advance can make it easier for your patients to gain access.
  - Behavioral health professions are extremely protective of their patients' confidentiality, often exceeding standards of the Health Insurance Portability and Accountability Act. Develop procedures to support collaboration (e.g., routinely

requesting patients to sign a consent form for exchange of information at the time of a referral).

- Establish a plan for patients experiencing emergencies.

♦ Explore alternatives to conventional referrals to specialists. Telemedicine is becoming an increasingly popular method for obtain consultations, especially in rural and underserved communities. For example Project ECHO uses multi-point videoconferencing to link primary care providers with specialists at academic medical centers.