CPCPracticeSpotlight33

Comprehensive Primary Care is an initiative of the Center for Medicare & Medicaid Innovation

Check for Literacy When Evaluating Patient Self-Management Skills

Warren Clinic – Jenks office, Jenks, Oklahoma; system affiliation; 3 physicians, 1 RN; 4,500 patients

Dec. 19, 2014

This strategy addresses **CPC Change Driver 1: Comprehensive Primary Care Functions**

- 1.2: Planned Care for Chronic Conditions and Preventive Care
- 1.4: Patient and Care Giver Engagement

For more information about the CPC initiative, visit http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/.

FYI: *The Colorado region hosted an event focused on health literacy on Dec. 18. Check the Collaboration site for recording and materials to be posted in early January 2015.*

Situation: In April 2014, a Jenks physician asked Patient Care Manager **Sherry Fisher**, **BSN, RN,** to help "Sam" (patient name changed to protect privacy) with his diabetes self-management skills. "Fired" by his previous physician, Sam struggled with proper insulin dosing and, consequently, his HgbA1c was hovering around 10. During Sam's office visit, the physician observed Sam was reluctant to answer questions, did not bring in his insulin logs and would not engage with the physician. Frustrated by Sam's behavior and out of concern for the patient's health, the physician reached out to Sherry for assistance.

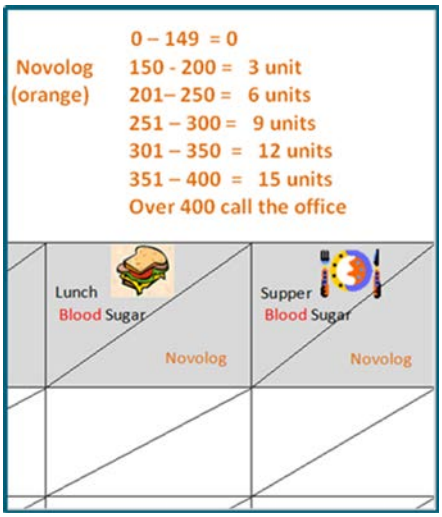
When Sherry met with Sam, she began by asking him how he measured his Novolog (insulin) units. Sam shrugged off the question with a vague "whatever I need" type of response. Then she picked up a Novolog pen to set the number of units, which prompted him to remark, "Oh, the *orange* one. Do you mean the number of *clicks*?"

Sam's remark reminded Sherry of her experiences when she had worked as a school nurse with elementary-age children. This prompted her realization that Sam could not read.

Strategy: Sherry altered a Novolog chart with icons and color-coding for Sam. She delivered the new charts to his house, where she sat down with him to explain how he would track his insulin use.

Not only could he "teach back" the color coding to her, he did so with an enthusiastic grin. "I understand now," he told her. "I take the green one at night and the orange one with meals."

Sam was due for a follow-up in 30 days, but he showed up at the Jenks office two weeks later. Proudly, he handed over completed insulin logs, and more importantly, he had questions about how to take care of himself. Between his monthly appointments, Sam would call the office weekly to check-in with Sherry. Three months later, not only had Sam's A1c improved to 7.3, but he joined the practice's Patient and Family Advisory Council.



This thumbnail image shows how Sherry Fisher modified this patient tool to improve Sam's management of his insulin. She color-coded the categories and added simple icons to indicate time of day. Within three months of using this tool, her patient's A1c dropped from 10.5 to 7.3. This tool is posted on the Collaboration website here.

Looking back, Sherry could identify several earlier cues that showed Sam needed help with written materials. When Sam first came to the practice, he always brought his wife, who completed his paperwork. When she fell ill and could not attend his visits, he would tell the staff that he had forgotten his glasses and asked them to fill out any forms. Sam would not bring in his insulin logs, and he did not ask questions or engage with providers, often deflecting with humor or changing the subject.

To help identify and better engage patients with low literacy, the Jenks clinic cross-trained staff to recognize signs that patients may need assistance. Asking to take home their paperwork, having difficulty following directions for taking medications, or like Sam, consistently "forgetting" their glasses may be signs of possible low literacy. Now trained to recognize low literacy, the staff volunteer to help these patients with their paperwork and they flag the patient's record so other staff knows to alter their teaching styles accordingly.

When teaching self-management to patients, Sherry will ask, "What is the best way for you to learn new things? Watching TV? Reading about it on the internet?" Patients who learn from watching may need more help with written materials. If your office is producing new materials, Sherry suggests asking a third or fourth grader to read and explain the content so that you can be sure the content is understandable at that reading level.

Lastly, Sherry emphasizes that her goal is always to provide every patient the "utmost care with the utmost dignity." It is important to remember that patients frequently hide their struggles with understanding materials and directions because they are ashamed. Reaching out to patients in a way that respects their dignity and contributions opens opportunities for effective and collaborative engagement.

TMF Health Quality Institute

This material was prepared by TMF Health Quality Institute under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Any statements expressed by the individual and resources cited in this publication are not an opinion of, nor endorsement by, TMF or CMS.