

Improving Health Literacy in Communities Prototype Collaborative – Core Set of Measures © 2009

This document describes outcome, process, and balancing measures that are useful for tracking health literacy improvements over time. We call them core measures because we think they will do a good enough job of capturing improvement without teams having to conduct ongoing measurement for every single change they make.

Outcome measures are used to indicate whether changes lead to improvement that would be important to the customer (patient or literacy student). Outcome measures are usually capable of showing improvement from many different key changes. A combination of changes would be the best way to have the strongest measurable impact, which reinforces our belief that many things must be done well to improve health literacy. For example, research shows that “Medication Taking” is highly related to health literacy, is important to the customer because of safety and effectiveness, and can be improved by making many changes for better relationships, communication, and understanding. Another example is the patient perspective outcome measure called “Information Sharing”. Patients can make better health decisions if information explained in a way that is easy for them to understand, and many different changes could impact this measure.

Process measures help us keep track of “how much” we have made specific key process changes (doing something differently). Improvements in new processes can help lead to improvement in outcome measures. Process measures have the potential to show improvement quickly, which can be a very powerful motivator for the improvement team. When a team finds a process change “core” to their improvement effort they should consider tracking a measure for that change. The “comments” box lists the key change areas that could improve the process measure. For example a team may wish to document literacy or learning preferences for each patient so they can better communicate with each individual in a more patient-centered way.

Balancing measures are used to make sure that changes to improve one part of the system do not create new problems in other parts of the system. For example, a satisfaction question about time spent waiting in a visit could help a practice know if they are implementing a new health literacy process in an efficient way.

Measures below are listed for physician office practice and for the literacy or community organization. Some measures data is obtained from provider or staff documentation and other data are from surveys that give the patient or learner perspective. Office practice measures can be summarized and graphed in “**Office Practice Data Summary Tool**” and Literacy group measures can be summarized and graphed in “**Literacy Community Confidence Survey Data Summary Tool**”.

Each team should think carefully about their aim, the key changes they wish to implement, and their ability to collect data each month as **they select no more than 6 measures** for the collaborative. Process and balancing measures are optional. Each team should have at least one outcome measure. Collecting some initial data (at least 30 people) on measures of interest may help you decide which measures have most opportunity for improvement and can help you decide your improvement measures.

When we refer to “patients” or “population of focus”, it is up to each physician practice to decide if they wish to measure across all their patients or a subset of patients (patients who speak Cantonese as a primary language or patients with diabetes or high blood pressure) where they know that care for these patients could be substantially improved. If physician practice wishes to measure across the subset instead of all patients, there should be at least 20 such patients a month who are seen in the office (does not have to be the same patients – just matching the subset description.)

Measurement gives feedback about improvement efforts, so remember to always collect data at the site (or from people) where changes will or are being tried. If sampling is necessary in the office practice, establish an objective, consistent, defined sampling plan, such as each month give survey to every patient until 20 are completed. Literacy programs will not have an opportunity for monthly data collection, so they should collect as much data as they can before changes are made, and then again after changes are made.

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Measures Physician Office Practice Could Track	Definition	Source of Data	Sampling Plan	Comments
Up-to-Date Care (Outcome Measure)	<p>% of patients who are “up-to-date” with recommended health care</p> <p>Numerator = # of patients who are up-to-date with all recommended care (labs or tests, for example) per their condition, sex, age. (Could be from Diabetes registry - # of people who have had at least one LDL and HbA1c test within last 12 months)</p> <p>Denominator = # patients in registry or sample</p>	<p>Best: Registry/ data base</p> <p>Other: chart audit</p>	<p>If chart audit, randomly select at least 20 charts each month from population of focus that was seen that month</p>	<p>“People with lower literacy had greater odds of never having had a Pap smear, mammogram¹, influenza shots or pneumococcal immunizations.”¹</p> <p>Changes in all 3 strategies (Relationships, Understanding, and Partnering) could generate improvement.</p>
Medication Communication (Outcome Measure)	<p>% of patients who describe medications and doses that match the doctor’s record.</p> <p>Numerator = # of patients who describe medications as prescribed</p> <p>Denominator = # patients interviewed about medication communication</p>	<p>Physician log completed at <u>beginning</u> of visit</p> <p>See Medication Communication and Taking Data Collection Tool and Instructions</p>	<p>Each month, at least 20</p>	<p>“Low literacy is associated with inappropriate medication use”...and one study demonstrated that even 38% of people with adequate literacy were not able to understand medication instructions - “labels are seemingly simple but not necessarily clear.”²</p> <p>Changes in all 3 strategies (Relationships, Understanding, and Partnering) could generate improvement.</p>
Medication Taking (Outcome Measure)	<p>% of patients who are able to take medications as prescribed</p> <p>Numerator = # of patients who can accurately describe medications and doses that are currently prescribed, who have not missed more than 1 dose of any prescribed medication in the last week, who are not taking medications or over the counter remedies that they should not be taking, and who have not started or stopped any medications on their own w/out consulting doctor or nurse.</p> <p>Denominator = # patients interviewed about medication taking.</p>	<p>Physician log completed at <u>beginning</u> of visit.</p> <p>See Medication Communication and Medication Taking Data Collection Tool and Instructions</p>	<p>Each month, at least 20</p>	<p>Studies show that many people are not able to take medications as prescribed which leads to poor health outcomes.</p> <p>Changes in all 3 strategies (Relationships, Understanding, and Partnering) could generate improvement</p>
Chronic Disease Outcomes	<p>Examples: Blood Pressure Control, LDL Control, HbA1c Control (see in chronic disease measurement strategies).</p> <p>Teams who are already tracking chronic disease registry measures should see accelerated improvement in chronic disease outcome measures as they improve Health Literacy.</p>	<p>Registry</p>		<p>Changes in all 3 strategies (Relationships, Understanding, and Partnering) could generate improvement in chronic care outcome measure.</p>

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Measures Physician Office Practice Could Track (cont.)	Definition	Source of Data	Sampling Plan	Comments
Values and Preferences (Patient Perspective Outcome Measure)	% of patients who strongly agree that providers took their values and preferences into account as care is planned. Numerator = # of patients who “Strongly Agree” with Values and Preferences statement Denominator = # of patients who respond to Values and Preferences statement	Patient Survey “My doctor (or nurse) <u>asked about my beliefs, my ideas, and what I wanted</u> when we planned my care.”	Each month, obtain at least 20 completed patient surveys from patients in pilot population.	Changes in the Relationships Strategy could generate improvement. “Ultimate” Goal = 90%
Information Sharing (Patient Perspective Outcome Measure)	% of patients who report excellent information sharing from doctor Numerator = # of patients who “Strongly Agree” with Information Sharing statement Denominator = # of patients who respond to Information Sharing statement	Patient Survey “My doctor <u>explained things</u> to me in a way that was easy to understand.”	Each month, obtain at least 20 completed patient surveys from patients in pilot population.	Changes in both Relationships and Understanding Strategies could generate improvement. “Ultimate” Goal = 90%
Patient Experience/ Satisfaction Question (Patient Perspective Outcome or Balancing Measure)	% of patients who strongly agree or satisfied with some other patient experience question... Numerator = # of patients who “Strongly Agree” with Patient Satisfaction question Denominator = # of patients who respond to Patient Satisfaction statement	Patient Survey Use a specific question that is of interest to your team	Each month, obtain at least 20 completed patient surveys from patients in pilot population	Changes in all 3 strategies (Relationships, Understanding, and Partnering) could generate improvement. “Ultimate” Goal = 95%

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Measures Physician Office Practice Could Track (cont.)	Definition	Source of Data	Sampling Plan	Comments
Bring Medications (Process Measure)	% of patients who bring their medications to appointment with doctor or nurse for a medication review. Numerator = Each month, # of patients who bring medications with them to visit for a medication review Denominator = Each month, # of patients asked to bring medications to visit for a medication review	Provider documentation at time of visit (Could look at schedule each month to determine which patients were asked to bring medications)		This process measure may be especially helpful for practices that wish to review medication communication and taking with the patient, and having the medications on hand may ensure better understanding between patient and doctor's office. Patient may also be asked to bring in any homeopathic or over-the-counter medications as well.
Language and Preferences Documented (Process Measure)	% of patients who have language and preferences (including any learning preferences) documented in the record or chart. Numerator = # of patients who have language and learning preference documented Denominator = # of patients in registry or sample	Registry/ data base or chart audit	If chart audit, randomly select at least 20 charts each month from population of focus that was seen that month	This measure is directly related to key change #1: Understand and Consider Values and Preferences. A first step for Building Relationships (and then Ensuring Understanding) is to document a patient's preferred language and learning preferences so that providers could plan for a more meaningful visit with the patient.
Follow-Up Occurred (Process Measure)	% of follow-up that occurs Numerator = # of planned follow up visits that actually occurred Denominator = # of follow-ups that are planned to occur during that month	Registry/Data Base or Follow-Up Log created by practice to track follow-up visits per month	N/A	This Measure is directly related to change number 5: Follow-Up after a new diagnosis or medication.

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Measures Literacy/ Community Group Could Track	Definition	Source of Data	Sampling Plan	Comments
Question Confidence (Learner Perspective Outcome Measure)	% of people who feel confident that they will ask questions at their next doctor's visit. Numerator = # of people who "Agree or Strongly Agree" with "Question Confidence" statement Denominator = # of people who respond to "Question Confidence" statement	Literacy Student or Community Confidence Survey "I am sure I could ask the doctor questions."	Pre test and post test with same people – as many people as you can	Many different changes in Understanding and Partnering could generate improvement.
Understanding Confidence (Learner Perspective Outcome Measure)	% of people who feel confident that they will tell their doctor when there is something they do not understand at their next doctor's visit. Numerator = # of people who "Agree or Strongly Agree" with "Understanding Confidence" statement Denominator = # of people who respond to "Understanding Confidence" statement	Literacy Student or Community Confidence Survey "I am sure I could tell the doctor if there was something I did not understand."	Pre test and post test with same people – as many people as you can	Many different changes in Understanding and Partnering could generate improvement.

Note: Other measures considered but not deemed measurable by 2009 teams: ER usage or Hospitalizations "Adults with low health literacy average 6 percent more hospital visits - and remain in the hospital nearly two days longer - than adults with higher health literacy." Source: Ask Me 3 website

¹ "Lessons in Learning #2, 2007/08, Working Group #10 Developing Capacity in Communities, Systems, Professions, Agencies", Health & Learning Centre, BC Academic Health Council, March, 2008.

² "Lessons in Learning #2, 2007/08, Working Group #10 Developing Capacity in Communities, Systems, Professions, Agencies", Health & Learning Centre, BC Academic Health Council, March, 2008.