

MANAGED CARE

OUTLOOK

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At Presstime

HHS Project Promotes Use of EHRs

Department of Health and Human Services Secretary Mike Leavitt recently announced a five-year demonstration project that will encourage small to medium-sized physician practices to adopt electronic health records (EHRs).

Conducted by the Centers for Medicare & Medicaid Services (CMS), the demonstration would be open to participation by up to 1,200 physician practices beginning in the spring. Over a five-year period, the program will provide financial incentives to physician groups using certified EHRs to meet certain clinical quality measures. A bonus will be provided each year based on a physician group's score on a standardized survey that assesses the specific EHR functions a group employs to support the delivery of care.

During the five-year project, it is estimated that 3.6 million consumers will be directly affected as their primary care physicians adopt certified EHRs in their practices.

For additional information, go to www.hhs.gov. ■

Keys to Achieving Optimal Desired and Sustained Behavior Change for Disease Management and Wellness Programs

By Robin F. Foust

What is it that drives behavior change? Is there a proven formula that works for all organizations, or is it a trial and error process that varies from employer to employer?

The answer, perhaps, is both. While each organization is different and unique and requires its own distinct approach to behavior change, there are proven steps that can be taken to improve the likelihood of behavioral change.

First, there must be an infrastructure in place to achieve the main goals of wellness and disease management programs. Those goals include:

(See Keys to Achieving ... 3)

Growing Number of Employers Offer Incentives for Healthy Behavior

As the need to control health care costs continues to rise, so does the number of companies that plan to offer financial incentives to reward workers who adopt healthy lifestyles, according to a new survey by Watson Wyatt and the National Business Group on Health. In short, the survey finds that employers who do the best job of controlling costs and increasing productivity are integrating a broad array of health management programs into their organizations.

Forty-six percent of employers surveyed in the 2007/2008 Staying@Work survey currently offer financial incentives to encourage workers to monitor and improve their health or plan to offer incentives in 2008. By 2009, that number is expected to surpass 70 percent.

(See Growing Number of Employers... page 8)

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National Briefs

Survey Offers Insight on Baby Boomers and Long-Term Coverage: One in four Baby Boomers erroneously believe they have coverage for long-term care expenses, according to new survey data released by America's Health Insurance Plans (AHIP). The survey found that many Baby Boomers have misconceptions about who pays for long-term care services and have not thought about long-term care insurance. The data are preliminary findings from ongoing survey and focus group research examining Baby Boomers' awareness of long-term care insurance, conducted for AHIP by StrategyOne.

HealthPartners Announces Bonuses: HealthPartners has announced that 38 primary and specialty care groups earned \$860,000 for meeting quality measures on care and patient satisfaction. The awards are part of HealthPartners pay-for-performance program, which will payout a total of \$21 million for meeting goals in 2006. The Partners in Excellence bonuses recognize excellent and superior care for areas including diabetes, coronary artery disease, asthma, depression, measuring BMI, evidence-based cervical cancer screening, and generic drug use.

Humana Offers Zero-Dollar Copayments for Preferred Generics: Humana will offer zero-dollar copayments for eligible Humana Medicare members ordering Tier 1 (preferred generic) drugs from RightSourceSM starting in January 2008. Humana's zero-dollar copayment benefit, which includes over 2,200 generic prescriptions in a variety of dosages and solid or in liquid forms, will be available for members in Humana's enhanced and complete standalone Medicare prescription drug plans as well as most members in the company's Medicare Advantage plans.

Health Care Organizations Collaborate: The National Association of Children's Hospitals and Related Institutions (NACHRI) and HIMSS AnalyticsTM LLC have aligned to jointly impact the use of health information technology (IT) in the treatment of children. NACHRI will encourage its 215 members to participate in the current Web-based annual IT study process developed and in use by HIMSS Analytics. Organizations completing the IT study will receive their EMR Adoption ModelSM score, which HIMSS Analytics developed two years ago to measure the penetration of electronic medical records in acute care facilities across the United States.

CIGNA Expands Retiree Benefit Solutions for Employers: CIGNA Senior and Retiree Services has announced a new agreement with Extend Health, Inc. to offer more choice and ease of administration to employers who provide health benefits to their retirees. Extend Health chose CIGNA as a plan offering to its clients based on a set of criteria, which included brand recognition, depth and type of product offerings, competitive pricing models, customer satisfaction rates, and the long-term potential for collaboration. ■

Keys to Achieving ...

(from p. 1)

- Reaching the majority of the population identified as needing intervention;
- Migrating participants from high risk to moderate risk, high risk to low risk, and moderate risk to low risk or maintaining low risk or healthy risk status;
- Sustaining desired behavior change for optimal health status for the individual participants; and
- Documenting improvement in population health status and productivity and reduction in trend.

To support these goals the following items are needed:

- A well-designed and supported plan that results in a well-designed program and assesses the needs of the target population;
- Incentives that ensure the hard-to-get individuals participate in the health risk assessment process;
- Claims analysis that can identify individuals for intervention who may not have participated in the health risk assessment and biometric screening;
- A communication campaign designed to get the word out and effectively reach the target population. Ensure your promotion campaign is well funded in order to get the word out. If the target population does not know about the program benefits or incentives, then all planning is for naught. Stress that the program is provided at no charge to the participants and is confidential. Build trust. Use the same techniques for changing behavior in your interventions to promote the programs. Convince them they should participate and give them confidence in the program — emphasize that it will benefit them if they participate;
- Easy access to programs/interventions; a program that appeals to diverse populations including different learning styles, formats, cultural beliefs, and so forth;
- Interventionists that skillfully help participants commit to change — convince

them they should change and give them the confidence that they can succeed at achieving desired change; and

- An information system or data warehouse that supports seamless program assignments, tracking participation, data for interpretation, evaluation, and reporting.

In order to achieve these goals, synchronization of interventions is critical — whether through one of the super vendors that provide all services or through the best of vendors approach.

To support synchronization you need a data information system that supports the ability to assign individuals to the appropriate intervention. Otherwise you have disparate vendors/ programs identifying and therefore trying to enroll the same participants, creating confusion and inefficiency. Some organizations have brought logic and hierarchy for assignment to the process, bringing gains in efficiency and outcomes.

Our industry is guilty of developing silo-based programs just like health care has created silos of care and data. Some are already bringing the silos down for truly integrated care, which supports desired and sustained behavior change, not to mention health care and financial outcomes.

Employers, like G&P Trucking Company, are using such a system and know at any point in time what participation rates are for all program elements and interventions. G&P's program administrator (who is not with G&P) helps ensure vendor and program performance. G&P sees only summary data and follows trends related to things like participation rates by program type, PMPM rates of persons at high risk or with certain clinical conditions compared to average PMPM for the total population, and so forth. They are able to project cost savings based on estimated migration of risks and also through disease and complex case management and, more importantly, to evaluate actual outcomes by studying cohorts over time.

(Continued on ... page 5)

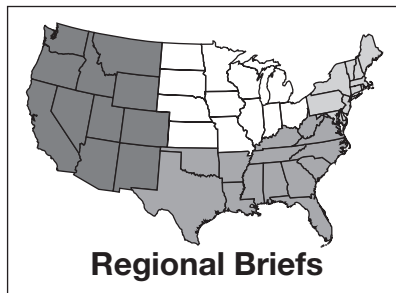
Northeast

Horizon BCBSNJ Releases Podcast: Horizon Blue Cross Blue Shield of New Jersey has released its latest podcast in its “Making Healthcare Work” series. The podcast focuses on My Health Manager, a new technological innovation designed to help Horizon members take better control of their health. Available online through Horizon’s Web site, My Health Manager allows users to maintain a personal health record; compare hospitals in terms of cost, quality of care, and expertise in treating specific conditions or illnesses; access a symptom checker; examine information on the effectiveness and side effects of commonly prescribed medications; receive a complete exercise regimen from a “virtual trainer;” and receive newsletters and advice about healthy eating, proper nutrition, diet, and exercise.

Anthem Introduces New Insurance Options for Small Businesses: Anthem Blue Cross and Blue Shield in Maine has announced a new portfolio of 11 insurance plans for small businesses (50 or fewer employees) under the name *EmployeeElect*. The 11 plans are grouped into three categories: classic HMO protection, flexible PPO plans, and innovative Lumenos HSA and HRA offerings. *EmployeeElect* allows a business with 10 employees to pick 10 different options that best suit the individual employee. The plans vary in price based on the type of plan, the level of benefits, and the deductibles chosen.

Midwest

Minnesota Curves® Join Fit ChoicesSM by Medica Network: Effective December 1, 2007, Medica members throughout Minnesota will have additional facilities at which to improve their health and save money. Curves health clubs in Minnesota have joined Medica’s Fit Choices by Medica network. All franchises in the state — 185 in total — now are available



to Fit Choices by Medica participants. Medica members who participate in Fit Choices get a \$20 monthly membership credit just for exercising at a Curves location eight or more days per month. Curves health clubs offer 30-minute fitness and commonsense weight loss with the support of a community of women.

Health Alliance Announces New Plans: Health Alliance Plan (HAP) has announced new statewide Medicare supplements (or Medigap plans) and prescription drug plans (PDPs) for Medicare-eligible beneficiaries who reside in Michigan. Alliance Medicare Rx is a standalone PDP that provides Medicare Part D prescription drug coverage, with benefits that offer more coverage than the standard Medicare Part D benefit. Alliance Medicare supplements are Medigap plans that offer protection against the gaps that exist in Original Medicare, including protection in the case of catastrophic illness. The Medicare annual enrollment period for Alliance Medicare Rx runs from November 15 through December 31, 2007. Coverage for individuals who enroll during this period begins January 1, 2008. Beneficiaries may enroll in Alliance Medicare supplements throughout the year.

South

INSPIRIS partners with Humana: INSPIRIS, the Brentwood, Tenn.-based provider of care management for the frail elderly, has a new contract with Humana Inc. to provide care for eligible enrollees in the Daytona/Ormond Beach metropolitan area. Beginning November 1, INSPIRIS will bring its nurse-practitioner led teams to serve some 17,000 Humana Medicare Advantage members in that area. Under the long-term care program, signs and symptoms of declining health status in frail, elderly patients are recognized early, and appropriate adjustments to therapy are made on a timely basis. Under the contract, INSPIRIS will also coordinate care

for enrollees in the post-acute care setting for short-term rehabilitation.

AMERIGROUP Completes Acquisition of Memphis Health Plan: AMERIGROUP has announced that its Tennessee subsidiary has completed the acquisition of the assets of Memphis Managed Care Corporation, including TLC Family Care Health Plan, and received the necessary regulatory approvals. The acquisition is effective November 1, 2007. With the completion of this transaction, AMERIGROUP Community Care of Tennessee now serves an additional 167,000 Tennessee residents who are enrolled in the State's TennCare program and who live in Memphis and the surrounding West Tennessee region.

West

Kaiser Re-launches kp.org, Introduces My Health Manager: Kaiser Permanente has unveiled My health manager, a personal health record that provides critical time-saving features, including online appointment scheduling and prescription refills. In addition, users have 24/7 online access to lab test results, eligibility and benefits information, and even their children's immunization records. With secure email messaging, members also can communicate with their doctors at anytime, from anywhere. My health manager is a free service available to all Kaiser Permanente members. Members can visit kp.org/register to activate and access their personal health records. ■

Keys to Achieving...

(from p. 3)

Other organizations like WellNow, Diversity Wellness, Case Management Specialists, The Loomis Company, and Zoe Consulting, Inc. with employer clients use such a system to help them achieve optimal participation, track that participation, and document the value of wellness and disease management.

Research indicates that, for the most part, the greater the participation in health and disease management programs the greater the return on outcomes and investment. The higher the participation rate, the more you ensure participation by those who are at high risk and high cost or soon to be high cost.

Current trends show that more and more employers and health plans are recognizing the need to provide incentives to get participation rates above 50 percent for health and disease management programs. A study reported in the *American Journal of Health Promotion* showed that annual net savings increases in participation range from 3 to 12 percent of overall health care spend with a minimum of 60 percent engagement to produce savings.¹

Research, as well as our own client experience, generally realizes an increase in participation by 30 to 50 percent with an incentive compared to participation without an incentive (from 30 percent participation to greater than 80 percent with an incentive).

As reported from the ERIC-NAM evaluation and report on the percent of programs with incentives by type for disease or wellness programs, we see the majority of our clients implementing premium reductions or wellness rates with excellent results; however, some clients only use soft incentives with a 50 percent participation rate by year two.² One aspect to remember is that as the program brand gains recognition and trust, participation will improve. Also, we find that if you can integrate health risk assessment into the new hire process, participation jumps dramatically.

For wellness programs there tends to be two levels of incentives; one to get individuals to take some form of health risk assessment through a questionnaire and/or biometric screening to identify indicators of risk and the other to ensure enrollment in appropriate interventions.

We recommend that clients take the time to find out what incentive is more likely to work to get the participants and the participation rates they want. Nominal groups are gaining momentum as a cost-effective format for getting helpful data to drive what incentives are used. Surveys are another format many use. Nominal groups are thought to generate more quality ideas than typical focus groups and are based on the following fundamental research-based principles:

- Brain-writing/brain-storming;
- Several people prepared to resolve a problem;
- Round Robin format; cost effective in getting ideas from individuals while identifying priorities for the overall population; and
- Require that the recipient's understanding of the message be checked by the sender.

To help demonstrate the differences, Figure 1 represents four different employer populations and how the nominal groups helped them understand what types of incentives would work.

Soft incentives generally include gifts that participants receive, such as water bottles, duffle bags, t-shirts, and so forth. Sometimes big ticket items, such as airline tickets or fitness equipment, can fall into this category.

Benefits-based incentives include anything from premium discounts for taking a health risk assessment to participating in and complying with an intervention when invited to do so, or being within healthy ranges. Other benefits-based incentives include contributions to spending accounts, additional flex credits to spend on benefits, waiver of copayments or

RANK	GROUP A	GROUP B	GROUP C	GROUP D
1	Reduce health insurance premiums or eliminate deductibles if participating	Increased convenience and access	Cash/Gifts/Prizes (e.g., food coupons, cruises, sports tickets)	Free or low-cost programs and services
2	Paid time off during work to participate/work out	Program participation allowed during work hours with pay	Earn Vacation/Sick/Well Time Off for participating	Paid time off during work to participate/work out
3	Free or low-cost programs and services	Free or low-cost programs	Time Off During the Day to Participate	Ability to earn (accrue) time off (i.e., "well leave")
4	Ability to earn (accrue) additional leave above and beyond sick and vacation time (i.e., "well leave")	Change organization climate to support wellness	Better Promotion of Current Programs/Services; Simplify Current Point System	Increased convenience and access to programs (e.g., earlier and later classes, located within the department, better/safer parking, et cetera)
5	Increased access to and availability of programs and facilities; more onsite facilities and programs	Reduced health insurance premiums	Discount or Free Rates/Memberships (e.g., gyms, golf course, et cetera)	Cash incentives

Figure 1

deductibles, coverage for certain condition-related or risk-related prescriptions, or added coverage for needed durable medical equipment.

Cash can take the form of gift cards, savings bonds, or wellness bonuses in paychecks. With a points-based system, participants earn points for various activities and can redeem those points for soft incentives, cash, or large prizes or qualify for reduced premiums, wellness rates, credits, and so forth.

Competitions include contests such as walking challenges. Weight loss competitions between individuals, regions, and/or departments can also be effective; however, these need to be designed so that the competition does not usurp the optimal health goal. For example, you do not want people losing weight the wrong way just to ensure winning but rather base it on percent weight, body fat, or inches lost.

Pay for outcomes is one or a combination of paying additional case management fees or bonuses paid to physicians and providers in compliance with federal and state privacy and Stark laws for achieving defined outcomes targets.

Some refer to the carrot (positive) compared to the stick (negative) approach for getting people to participate. This consultant prefers the carrot approach and generally sees participation rates ranging from 52 percent to 96 percent using positive incentives.

Do not forget to consider organizational incentives. This includes incenting supervisors or departmental and location leadership based on achieving participation rates or the highest percentage or building it into the fabric of their performance guarantees.

Some organizations have seen participation rates in the 90th percentile — especially when the health risk assessment and invitations take place for new hires. The key is getting who you identify to participate.

A solid communication campaign that is culturally sensitive along with a proactive outreach approach and an incentive to participate in the assessment phase supports getting them involved. Once they are participating, the next critical step is being able to achieve compliance with participation, desired change, and sustained change.

Let's face it, however; external incentives may get initial participation, but unless your intervention successfully motivates participants internally to sustain desired changes, the participant will lapse or worse yet relapse if he or she is not prepared to handle the lapse or have the internal motivation to keep trying and get back on track. Some organizations will allow participants who have lost their incentive because they are not defined as compliant with participation in an intervention the opportunity to earn back their incentive.

To ensure your intervention is designed with success in mind for achieving what these programs are all about — optimal health, human, and organizational financial performance — be sure they include the following essential elements:

- Synchronized and seamless intervention/vendor assignment;
- A primary coach/nurse manager model;
- Data for participant profiling;
- Program engagement specialists to get them to agree to participate; especially if a compliance incentive is not in place;
- Coaches/nurses skilled in culturally effective patient/participant behavior change communication. Most interventionists support the transtheroretical stages of change model (www.uri.edu/research/cprc/TTM/detailedoverview.htm) or the conviction confidence model (www.healthcarecomm.org).

The conviction confidence model was originally designed for clinicians to use during the traditional office visit or during an intervention with limited time. This has transferred well into the health and disease management interventions as coaches work to convince

participants they should change and give them the confidence that they can.

Other critical elements include short- and long-term goal setting with participation and monitoring progress toward that goal, support for informed decision-making, ensuring gaps in care are taken care of, and graduation or seamless referral/transfer to other programs, if needed. For example, a participant is well-controlled but still needs lifestyle management and/or the participant develops a complex care issue and needs to transfer to case management.

Another element is culturally sensitive materials and communication that have been literacy tested — not just for reading level but to ensure the message is comprehended by the user.

Ethnography is another science that has driven successful product development in other fields for decades that has now been applied to health care. Look for materials that have been

tested from the users' perspective to ensure ease and efficiency in their use with participants. Communication Science, Inc. is a pioneer in this field related to applying the science of ethnography to health care, as is Humana Healthcare.

In conclusion, these two aspects — appropriate and desired incentives to increase participation, enrollment, and intervention compliance along with interventions that include key elements for success — will ensure optimal return on outcomes and investment are achieved. ■

Robin F. Foust, PAHM, is the owner and president of Zoe Consulting (www.zoeconsulting.com). She can be reached at robinzoe@comporium.net.

Endnotes:

1. Yen, et al (2001) *American Journal of Health Promotion*. For the most part, without an incentive less than 25 percent of employees participate in wellness programs.
2. ERIC-NAM 2007: Employee Health & Productivity Management Programs: *Use of Incentives* survey.

Growing Number of Employers ...

(from p. 1)

The survey reveals that companies with effective health and productivity programs demonstrate superior performance. They achieve 20 percent more revenue per employee, have 16.1 percent higher market value, and deliver 57 percent higher shareholder returns. Additionally, companies with highly effective health and productivity programs have cost increases that are five times lower for sick leave; four and one-half times lower for long-term disability; four times lower for short-term disability; and three and one-half times lower for general health coverage.

“Companies with highly effective health and productivity programs do a better job of

executing best practice activities in the three pillars of engagement, programs, and measurement,” explains Darryl Landis, MD, MBA, senior health and productivity consultant for Watson Wyatt. “This drives key health and productivity outcomes for employees: improved healthy behaviors, enhanced functional effectiveness at home, work and play, and lower benefit costs. This translates into a higher stock price with greater returns to shareholders because healthier employees with enhanced functional effectiveness are more productive at work, enabling their employer to generate more revenue per employee.”

The survey also shows that more companies are planning to connect employee health to company goals. Almost one-third of employers (29 percent) currently link health and productivity programs to their broader initiatives, or plan to in 2008. Another 26 percent plan to do so in 2009. Employers are

Figure 1: Companies Aim to Encourage Healthy Behaviors

	Offer Now or in 2008	Plan to Implement in 2009
Provide tools that encourage safety and wellness	85%	7%
Promote emotional health	82%	7%
Educate employees on safety at work	63%	9%
Involve senior management in promoting health and productivity	52%	16%
Offer economic incentives	46%	26%
Educate medical providers on work environment and health initiatives	33%	7%
Connect wellness programs to broader initiatives	29%	26%
Integrate health programs with paid leave	26%	12%

Source: 2007/2008 Watson Wyatt/National Business Group on Health Staying@Work report.

also implementing various programs to engage employees in managing their own health. (See Figure 1)

“Some of the barriers experienced by companies in developing highly effective health and productivity programs include lack of actionable data, lack of senior management support, and lack of a clear business case,” says Dr. Landis. “These barriers must be addressed to successfully connect employee health to company goals, which requires appropriate data analysis to determine health needs and cost drivers of chronic disease in the company’s population, design, and delivery of best practice programs targeted on these opportunities, and strategies to engage employees in managing their health. Offering incentives, providing decision support tools, and involving senior leaders in communicating the importance of health and visibly demonstrating their commitment to health as a priority of the company are all ways in which companies link employee health to business goals.”

Additional findings from the survey include:

- Employers spend a median 21.2 percent of payroll on direct and indirect costs of programs for wellness, sick leave, and disability, slightly less than the 22 percent they spent in 2005.
- Preventable factors lead the list of health-related items affecting business performance, followed by adverse physical conditions, such as back pain. The leading health issues are lifestyle risks (42 percent), physical conditions (34 percent), chronic conditions (31 percent), unscheduled absences (30 percent), and mental health conditions (23 percent).
- The two most commonly cited barriers to effectively managing health and productivity are lack of data (45 percent) and organizational structure (41 percent).

A total of 355 large employers participated in the survey. Additional information is available at www.watsonwyatt.com. ■

Health Care Company Pioneers New Breed of Communications Targeted at Consumers

Changing behaviors, improving health, and reducing expenditures are all noble goals in the health care industry, but they aren't always easy to achieve. One company, however, aims to attain all three by employing a communications strategy that not only includes consumers but intentionally targets them in the company's outreach efforts.

Resolution Health, Inc., a data analytics-driven health care communications company based in Columbia, Maryland, is built on the belief that health care can be improved by transforming health care claims and other member-centric data into clinically meaningful, member-specific information. Through its technology, Resolution Health monitors the care of individual health plan members to identify actionable opportunities to improve quality and reduce costs. These opportunities are then communicated to members and physicians in the form of personalized messages.

Over the last six months, Resolution Health has expanded — and will continue to expand — its efforts to effectively connect with members and physicians in several ways. The first step was hiring a new chief marketing officer with a background in consumer product marketing. The next step was acquiring The NewSof Group and its intellectual property related to behavior change, communications, and learning theory.

As part of its effort to expand communication with members and physicians, Resolution Health is taking a closer look at some of the products it already offers and looking for ways to further enhance those offerings, starting with its personal care note — a personalized health care statement that contains a recent history of medical and pharmacy claims as well as suggestions for a health plan member to improve his or her health, reduce out-of-pocket expenses, and take better advantage of health care benefits.

“This intervention is very data-analytically driven,” explains Earl P. Steinberg, MD, MPP,

president and chief executive officer of Resolution Health. “We select people on a highly targeted basis, identify actionable opportunities to intervene on their behalf, and then send them personalized messages to help improve their health outcomes.”

The Resolution Health personal care note currently goes out to only about 15 percent of a health plan's members — something the company is planning to change. The goal is to develop something that delivers not only an economic return on investment but also demonstrably increases people's loyalty to their health plan in terms of membership retention.

“We've gotten to the point where we are very precisely identifying situations in which someone needs to change a health behavior or needs to contact their doctor; or can save money by switching to another drug,” explains Paul Argay, chief marketing officer for Resolution Health. “Our challenge is to make people aware of those opportunities and get them to take action — and to do so cost effectively.

“We are in the personal health behavior change business,” says Argay. “For each opportunity, we need to build awareness of the issue, get people to understand the information and the benefit of taking action, and help them move forward.

“Our personal outreach efforts have been very successful to date, and now we want to take this to the next level. We need to know what it takes to get each person to stop, absorb the information in the personal care note, and react,” says Argay. “There are a lot of tools to work with, including the message itself, how it's worded, how it's delivered. And there are some people who are just not going to respond to a mail piece; maybe they need a phone call.”

The company is continually looking to further enhance the success rate of its existing intervention portfolio by getting reactions

directly from consumers. It is stepping up its research efforts, using in-depth one-on-one interviews to learn how to most effectively approach individuals with suggestions to improve their health, interact more productively with their doctor, or get more value from their health benefit plan.

“We can’t make the assumption that every message we send is completely understood by every person,” says Argay. “We are striving to communicate in a way that is impossible to be misinterpreted. One-on-one research helps us identify what each individual takes away from our message and how to achieve that goal.”

“Our primary objective is to improve the extent to which people get appropriate care,” adds Steinberg. “Certainly, all quality improvement does not come at reduced cost, but we believe it is possible to improve the quality and safety of health care at the same time that we reduce the cost of care. We believe we can accomplish both.”

Resolution Health serves health plans, self-insured employers, unions, third-party administrators, disease management firms, and pharmacy benefits managers. For additional information, go to www.resolutionhealth.com ■.

New Tools Seek to Improve Services for Customers with Limited Health Literacy

Pharmacies have two new resources to turn to when it comes to providing better quality services to people with limited health literacy, the U.S. Department of Health and Human Services (HHS) Agency for Healthcare Research and Quality (AHRQ) has announced.

The tools, *Is Our Pharmacy Meeting Patients’ Needs? A Pharmacy Health Literacy Assessment Tool User’s Guide* and *Strategies to Improve Communication between Pharmacy Staff and Patients: A Training Program for Pharmacy Staff*, resulted from a study that was co-funded by AHRQ and the Robert Wood Johnson Foundation (RWJF) and were developed under contract by Emory University.

“In terms of these tools, we know that many people don’t adhere to their medication regimens, often because they don’t understand how they’re supposed to take their medicine,” explains Cindy Brach, senior health policy researcher for the Center for Delivery, Organization, and Markets at AHRQ. “We also know that people, especially those with limited health literacy, often don’t understand the instructions on prescription bottle labels. And finally, we know there is a high incident of ambulatory medication errors.”

Studies have found that people with limited health literacy are 12 to 18 times more likely to be unable to identify their own medications and distinguish them from one another than people who are more health literate. They also have difficulty understanding simple instructions, such as taking a medication every six hours, or how their medications work. People with limited health literacy also are less likely to understand potential side effects and more likely to misinterpret drug warning labels.

AHRQ’s 2004 evidence report *Literacy and Health Outcomes* documented a clear association between low literacy and poorer health outcomes. People with limited literacy are less likely to receive preventive screenings and more likely to be hospitalized. Limited health literacy is also associated with poor self-reported health.

AHRQ and RWJF collaborated on funding the Pharmacy Intervention for Limited Literacy (PILL) project in which a three-prong intervention is being tested. The three interventions include:

- Training pharmacists to improve their counseling skills;
- Distributing a pill card to patients that graphically depicts all their medications,

what they are for, and when they are supposed to take them; and

- A voice-interactive prescription reminder/refill system.

The Pharmacy Health Literacy Assessment Tool, which was developed to help refine these three interventions, is designed to raise pharmacy staff awareness of health literacy issues, detect barriers that may prevent individuals with limited literacy skills from using and understanding health information provided by a pharmacy, and help identify opportunities for improving services. This tool includes a pharmacy assessment tour to be completed by trained, objective auditors; a survey to be completed by pharmacy staff; and a guide for focus groups with pharmacy patients. The three parts are complementary and are designed to form a comprehensive assessment.

The training program for pharmacy staff includes the use of explanatory slides and small group breakout discussions. Participants will role play

using handouts before concluding with a question-and-answer session.

“We are reaching out to pharmacy associations, pharmacy schools, hospitals (with outpatient pharmacies), and many other groups that might make use of or promote the tools,” notes Brach. “For example, the Association of Health System Pharmacists not only has posted a link to the tool on their Web site, but they’re also exploring ways of promoting use of the assessment tool by pharmacy students and residents, having a workshop on the tools at their clinical meeting next year, and publishing stories in their newsletter.”

For more information about AHRQ’s health literacy activities, go to www.ahrq.gov. *Is Our Pharmacy Meeting Patients’ Needs? A Pharmacy Health Literacy Assessment Tool User’s Guide* can be found online at www.ahrq.gov/qual/pharmlit. *Strategies to Improve Communication between Pharmacy Staff and Patients: A Training Program for Pharmacy Staff* can be found at www.ahrq.gov/qual/pharmlit/pharmtrain.htm. ■



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