

Health Literacy Universal Precautions Toolkit for Cardiology



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This toolkit is adapted from the Health Literacy Universal Precautions Toolkit developed for primary care practices. Revisions were made and tested with cardiology clinics.

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About this Toolkit

The [Health Literacy Universal Precautions Toolkit for Cardiology](#) is adapted from [Health Literacy Universal Precautions Toolkit](#) created for primary care practices.

It provides step-by-step guidance and tools for assessing your cardiology practice and making changes so you connect with patients of all literacy levels.

Toolkit Key

Throughout the toolkit we have used a number of icons and symbols to help you quickly identify different tools, documents and resources:

 Tools within this toolkit

 Resources on the Internet

 Document created for this toolkit

 Videos from the Internet

[All blue underlined words](#) are links to other toolkit documents or Internet resources (e.g., Web sites, videos, publications, articles). Click on the words to connect to the link. Many of the graphics are also links to toolkit documents or Internet resources. Click on the graphic to connect to the link.

Toolkit Design and Contents

This toolkit is designed to be used by all levels of staff in a practice providing cardiology care for adults and/or pediatric patients. (Please note that references to patients also include caregivers and parents.) This toolkit is organized so that its implementation can fit into the busy schedule of a practice. It contains:

- [Overview](#) This section provides information about health literacy universal precautions and the tools you can use to promote change and improve patient care.
- [Path to Improvement](#) This document outlines the steps to follow to implement health literacy universal precautions in your practice and contains tools you can use to raise awareness, assess your practice and plan your changes..
- [Tools](#) The toolkit contains 22 tools to help you address areas that need improvement.

Quick Start Guides

If you want to try a few proven techniques to improve health literacy, we have developed two brief quick start guides to get you started.

1. **Patient Encounter**—The guide to [Promote Health Literacy in Your Patient Encounters](#) presents 3 key strategies that may improve your clinical visits with patients.
2. **Practice Encounter**—The guide to [Promote Health Literacy Throughout your Practice](#) presents 3 key strategies that may improve a patient’s overall experience with your practice .

Health Literacy Universal Precautions for Rheumatology

Quick Start Guide
Promoting Health Literacy
in your Patient Encounters

Three Things You Can do Right Now:

1. Encourage Questions
2. Confirm Understanding
3. Confirm Medication Accuracy

Why does it matter?

Low health literacy is associated with:

- Worse health outcomes.
- More hospitalizations.
- Greater use of emergency care.
- Poor medication adherence.¹

Health Literacy Universal Precautions for Rheumatology

Quick Start Guide
Promoting Health Literacy
Throughout Your Practice

Three Things You Can Do Right Now:

1. Welcome Your Patients
2. Walk Through Your Practice
3. Listen to Your Phone System

Why does it matter?

Low health literacy is associated with:

- Poor use of health care services.
- Worse health outcomes.
- Medication errors.
- More hospitalizations and use of emergency care.¹

3. **Patient Encounter (Alternate)** —Another [Quick Start Guide](#) that presents 3 key strategies that may improve your clinical visit with diabetes patients.

Internet Resources and Toolkit Documents

This is a list of all the [Internet resources](#) referenced in the toolkit as well as any documents created for the toolkit, such as forms, PowerPoint presentations, and posters.

Overview of Health Literacy Universal Precautions

This toolkit is designed to help cardiology practices take a systematic approach to reducing the complexity of medical care and to ensure that patients can succeed in the health care environment.

Medical care is complicated, and many people struggle with understanding medications, self care, instructions, and followup plans. The way we organize our practice and communicate with patients can help to minimize confusion and lead to better health outcomes.



*Doctor: "Then it says 'discontinue,' what does that mean?"
Patient: "I don't know."
-Excerpt from ACP Health Literacy video¹*

“Before reviewing this toolkit, we had never heard the term ‘health literacy.’ As we assessed our practice and reviewed the tools, we realized that the concerns addressed in this toolkit are things we see and struggle with every day. **This toolkit made us more aware of the challenges that our patients face and guided us to make meaningful changes throughout our practice.**”

-Practice manager

What is health literacy?

Health literacy is the ability to obtain, process, and understand health information to make informed decisions about health care.

Seeking medical care, taking medications correctly, and following prescribed treatments requires that people understand how to access and apply health information. Health literacy involves using literacy as well as other skills (e.g., listening) to perform health-related tasks. According to a national survey, over one-third of the adult population has limited health literacy.²

Limited health literacy is associated with:

- Medication errors.
- Increased health care costs.
- Inadequate knowledge and care for chronic health conditions.³

What are universal precautions?

Universal precautions refer to taking specific actions that minimize risk for everyone when it is unclear which patients may be affected.

This toolkit offers practices a means to structure their services and their patient interactions to minimize the risk that any one of their patients will not understand the health information they are given, thus allowing patients to make informed decisions about their health care.

Why take universal precautions when it comes to health literacy?

Experts recommend assuming that everyone may have difficulty understanding and creating an environment where patients of all literacy levels can thrive. In the case of health literacy universal precautions, cardiology practices should ensure that systems are in place to promote better understanding for all patients, not just those you think need extra assistance.

*Toni Cordell-Seiple –
Patient
Advocate*



“I am married to an engineer. This man has some health problems and we are in the doctor’s office from time to time. We will walk out of the doctor’s office and my husband, with all his left-brain intellect, will say to me ‘What did the doctor say? What am I supposed to do? I don’t understand.’”
-Excerpt from AMA health literacy video⁴

How do we address health literacy?

To obtain optimal health outcomes, we have identified four key areas of change that are important for promoting health literacy in your practice:

- 1. Improve spoken communication.**
- 2. Improve written communication.**
- 3. Improve self-management and empowerment.**
- 4. Improve supportive systems.**

Does paying attention to health literacy work?

A number of studies have shown that health literacy practices improve health outcomes.³ The following research and case studies illustrate how health literacy practices can improve specific health behaviors and outcomes.

Research Studies

- **Heart Failure Management:**  These studies show that when provided with self-management education that incorporate good health literacy practices, patients can successfully control their heart failure^{5,6,7} and improve self-care behaviors and heart failure quality of life.⁸
- **Blood Pressure Control:**  This research shows how combined home blood pressure monitoring and tailored telephone intervention improved blood pressure control relative to usual care.⁹

Case Studies

- **Medication Adherence:** During our toolkit testing, cardiology practices recognized that medication errors occur more often with therapies not on a typical dosing schedule such as coumadin. By confirming patient understanding using [Tool 6: The Teach-Back Method](#)  practice staff found that a majority of patients (11 of 15) did not understand dosing instructions, and subsequently asked more questions during the visit. But consequently, by confirming patient understanding they received fewer followup phone calls.
- **Patient Letter:**  When a cardiology practice simplified the letter to new patients using [Tool 12: Design Easy to Read Form and Practice Materials](#),  they noticed an increase in the number of patients bringing the required information to the visit and fewer re-scheduled visits and followup calls.

Mrs. Tinsley -
College Office
Assistant
(7th grade
reading level)



“I was sick a lot. I probably missed doses and didn’t know it. When they gave me medicine, I didn’t take it right. I just didn’t understand them, and I didn’t have the nerve to ask them, the right way of doing it. I didn’t want them to know I couldn’t read.”

-Excerpt from AMA health literacy video ⁴

Key Change 1: Improve Spoken Communication

Studies indicate patients understand and retain about fifty percent of the information discussed by their physician^{10,11} and often leave the visit misunderstanding what they are supposed to do to manage their condition.¹² This can have an enormous impact on patient safety and adherence.

Tools to Improve Spoken Communication

[Tool 5: Tips for Communicating Clearly](#) ↗

[Tool 6: The Teach-Back Method](#) ↗

[Tool 7: Followup with Patients](#) ↗

[Tool 8: Telephone Considerations](#) ↗

[Tool 9: Brown Bag Medication Review](#) ↗

[Tool 10: How to Address Language Differences](#) ↗

[Tool 11: Culture and Other Considerations](#) ↗

Key Change 2: Improve Written Communication

Health care providers rely heavily on print materials to communicate with patients. A number of studies have shown that those with limited literacy skills have difficulty understanding written information, including medication dosage instructions and warning labels,^{13,14} discharge instructions,¹⁵ consent forms for treatment and participation in research studies,¹⁶ and basic health information about diseases, nutrition, prevention, and health services.¹⁷ These factors contribute to patient outcomes and practice liability.

Mr. Bowman
Production
Inspector (4th
grade
reading level)



“I had an abscess in my ear. I had to fill out forms that I couldn’t fill out, so I came back home. I ended up having to go to the emergency room that night because it burst.”

-Excerpt from AMA health literacy video⁴

Tools to Improve Written Communication

[Tool 12: Design Easy-to-Read Forms and Practice Materials](#) ↗

[Tool 13: Assess and Use Health Education Material Effectively](#) ↗

[Tool 14: Welcome Patients: Helpful Attitudes, Signs and More](#) ↗

Key Change 3: Improve Self-Management and Empowerment

An important part of patient-centered medical care is enabling patients to share responsibility for their health and health care.

Limited literacy has been associated with poor adherence to medications and self-care instructions and with poorer understanding of health information. It is, therefore, not surprising that in a study of Medicare patients, those with low health literacy had worse physical and mental health and significantly higher rates of hypertension, diabetes, heart failure and arthritis.¹⁸

Mrs. Walker-
working
mother
(3rd grade
reading level)



“...So what you do, you come out of that exam room with this intelligent woman or man thinking, ‘God I hope I don’t make a mistake with my medicines because I did not understand anything he or she said to me.’ “

-Excerpt from AMA health literacy video⁴

Tools to Improve Self-Management and Empowerment

[Tool 15: Encourage Questions](#) ↗

[Tool 16: Make Action Plans](#) ↗

[Tool 17: Improve Medication Adherence and Accuracy](#) ↗

[Tool 18: Get Patient Feedback](#) ↗

Key Change 4: Improve Supportive Systems

All patients need support outside the cardiology setting to make healthy choices and to adhere to treatment plans, and patients with limited literacy often need more assistance. Cardiologists and other clinicians and practice staff can connect patients with services offered by community organizations and government agencies to support them in achieving better health.

Tools to Improve Supportive Systems

[Tool 19: Link Patients to Non-Medical Support](#) ↗

[Tool 20: Medication Resources](#) ↗

[Tool 21: Use Health and Literacy Resources in the Community](#) ↗

[Tool 22: Communicating Care with Other Physicians](#) ↗

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Path to Improvement

Follow these steps to mobilize your practice and prepare to change the way you relate to patients.

Step ① Watch a Health Literacy Video.

[ACP Health Literacy Video](#) ▶



Step ② Form Your Team.

[Tool 1: Form a Team](#) ↖



Step ③ Raise Staff Awareness.

[Tool 2: Raise Awareness](#) ↖

Step ④ Assess Your Practice.

[Tool 3: Assess Your Practice](#) 📄

Health Literacy Assessment Questions							
Have several staff members complete the questions on their own and then come together for a group discussion to go over the results. Please refer to Tool 2: Assess Your Practice for more information.							
Please select one answer that best describes your practice:							
Doing Well	Our practice is doing this well						
Needs Improvement	Our practice is doing this but could do it better						
Not Doing	I don't know the answer to this question						
Not Sure	This is not applicable to our practice						
N/A							
Importance: *Beneficial ** More Beneficial *** Most Beneficial							
1. Improve Spoken Communication							
	Doing Well	Needs Improvement	Not Doing	Not Sure	N/A	Importance	
Tool to Use							
1. Staff members have received awareness and competency training about health literacy issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	***	1.2 Improve Staff Awareness
2. All levels of practice staff have agreed to support changes to improve a patient's understanding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	***	1.4 Assess Staff Awareness
3. Staff offers everyone help no matter what the patient looks like (e.g., filling out forms, giving directions).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	***	1.5 Assess Awareness on Staff Behavior
4. Staff members who have patient contact are recognizing things that patients may do that mean they have trouble with things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	1.6 Assess Awareness
5. Staff uses clear oral communication techniques (e.g., slow plain, everyday words, limits to 3-7 main points when talking to a patient; uses information that is specific and concise).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	***	1.8 Assess Awareness of Content (Staff)
6. Staff does not use medical jargon when talking with patients (e.g., not using words like USA, open-heart, inflammation, biopsy).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	***	1.8 Assess Awareness of Content (Staff)

Step ⑤ Choose a Tool.

[List of Tools](#) ↖

Step ⑥ Plan Your Changes.

[Tool 4: Plan your Changes](#) ↖

Form a Team

Overview

Initiating and sustaining health literacy universal precautions in a practice requires strong, effective leadership and a clear strategy. To start this process, a diverse and dedicated team should be formed to lead the practice through these changes. The most effective teams include at least three categories of members: senior leadership, clinical and administrative staff, patients and caregivers. The goal of this team will be to use the tools from the toolkit while working with all facets of the practice to plan, implement and monitor changes that address health literacy in your practice.

Actions

Identify members.

- **Chair or Champion**
- **Employees from each department:**
 - ◇ Clinicians
 - ◇ Nurses
 - ◇ Practice manager
 - ◇ Front desk/receptionist
 - ◇ Lab technicians
- **Senior leadership** (full or ad hoc)
- **Patient and/or caregiver of a patient** as a full fledged or ad hoc member.

When addressing health literacy in your practice, it is extremely valuable to include patients in the process. Feedback from one or more patients may bring valuable insights to your efforts.

Establish your team.

- **Size of team** should be no more than 8 members.
- **Meetings** should be scheduled regularly, monthly if possible.

Bring members together.

- Introduce them to health literacy by watching the [ACP health literacy video](#) (6 minutes).
- Introduce them to this toolkit.



Extra Resources about forming a team are available at:
[The Institute for Healthcare Improvement](#) 📄.

Raise Awareness

Overview

Limited health literacy is a big concern and affects 77 million Americans.¹ Thus, it likely affects your patients and your practice. Implementing changes to promote health literacy universal precautions in your practice requires that all of your staff are aware of the problem, know how it affects your patients and your practice, and are consistently working to improve communication. This tool contains resources that will increase understanding and awareness, help to engage and motivate your staff to move forward and make changes to improve care.

Our testing has shown that the ACP Health Literacy video is an effective way to show how health literacy relates to your practice.

Actions

Resources for raising awareness.

- **Video:**
 - ◇ [ACP Health Literacy Video](#) (6 minutes).
- **PowerPoint presentation:**
 - ◇ [Health Literacy: Barriers and Strategies](#): This presentation includes 26 slides with speaker's notes that can be delivered in 30-40 minutes to a group or as a self-study program.



Strategies for raising awareness.

- **Session size:** Groups sessions are optimal but individual self-study sessions are also effective.
- **Group session strategies:**
 - ◇ Use this [Questions for Discussion](#) and [Moderator's Guide](#).
- **Include health literacy on the agenda:**
 - ◇ **Staff meetings:** Work on or revisit a tool in the toolkit each month.
 - ◇ **Orientation:** Have a plan to train new employees about health literacy skills; show each new employee the 6 minute video.

For **Extra Resources** such as self-study programs for CME credits, other videos, manuals and other tools, click [here](#).

1. America's Health Literacy: Why We Need Accessible Health Information. US Department of Health and Human Services <http://www.health.gov/communication/literacy/issuebrief/>

Assess Your Practice

Overview

The [Health Literacy Assessment Questions](#)  will help you assess how your practice is performing in several key areas that affect patient understanding and satisfaction. Completing this assessment process may help to identify opportunities to improve patient care by raising awareness and pointing you to a tool in the toolkit that will help address the issues.

Actions

[Print Copies of the Health Literacy Assessment Questions](#)

Hand out to several staff.

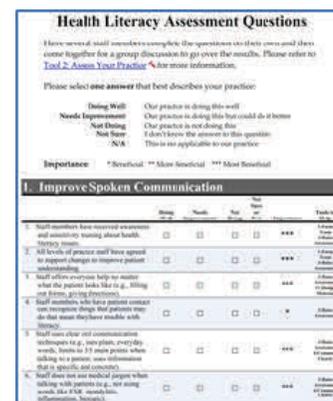
- Ask them to complete the survey (10-15 minutes to complete).
- Aim to include at least one person from each area of your practice.
- Have one or more people do a “practice walk-through” whereby a team member acts like a patient and experiences the practice from the patient’s perspective while answering the questions.

Collect, tally and discuss the results.

- If you have several surveys you may want to use this [tally sheet](#)  to help you compile the results.
- Sit down with your team and talk about the results.

Choose a tool.

- Choose a [tool](#)  you would like to work on. The choice may be based on the results from your assessment, specific aims you have, or it may be one that you think you can do and get an ‘easy win’ to start this process.



“The assessment increased our attention to areas not previously identified as concerns, like the signs in our practice. We just don’t think of those things every day.”

-Nurse, rural clinic

Plan Your Changes

Overview

After choosing a tool to implement, you will need a plan to get started for creating the change. The [Institute for Healthcare Improvement](#) offers a model to help guide practice change. Start with a very small step. For example, when implementing teach-back, start with one nurse or doctor and have them try it on the first patient of the day who is prescribed Coumadin and then evaluate. The team can then study the results and quickly make changes to refine the implementation. Once the implementation process has been refined and success has been reached on a small scale, the implementation can be slowly expanded to the entire practice.

When planning and testing change, remember that changes should initially involve:

- **A single step** of the entire tool implementation.
- **A small segment of the practice** (e.g., 1 or 2 staff).
- **A short duration** (e.g., 1-2 hours or maybe 1 day).

Actions

Use the Plan-Do-Study-Act (PDSA) worksheets.

- **Plan:** State the tasks in your small, short test and predict what you think will happen and what measures you are going to use to determine if it happened.
- **Do:** Do the tasks and observe and record what happened.
- **Study:** Study the results against what you predicted would happen.
- **Act:** Refine the process to improve your results for the next PDSA.
- To better understand this process, look at these [examples](#).

Expand implementation.

- Once a plan has been tested and refined, start to spread the change to the rest of the practice.
- A big part of success will be having those involved in the initial steps of change to talk about their experience and its benefit.

Tips for Communicating Clearly

Overview

Clear oral communication strategies help patients feel more involved in their health care and increase their likelihood of accepting recommendations. When speaking with patients it helps to keep these strategies in mind and practice them routinely.

Actions

Take note of what words patients use to describe their illness and use them in your conversation.

Key communication strategies.

- **Have a warm greeting.**
- **Make eye contact.**
- **Speak slowly and clearly.**
- **Limit the content to 3-5 key points.**
- **Repeat key points.**
- **Use plain, non-medical language.**
[Plain language guides](#) may help.
- **Use graphics such as skeletons and pictures.**
- **Encourage patient participation** by asking “What questions do you have?”
[Tool 15: Encourage Questions](#) offers more ideas.
- **Confirm understanding.** Ask patients to explain back a concept or instruction in their own words. [Tool 6: The Teach-Back Method](#) explains how.



Remembering and practicing these strategies.

- To help staff assess their communication skills, ask them to fill out the [Communication Self-assessment form](#)  after a few patient encounters.
- Review these strategies with staff and hang this [poster](#)  in a non-patient area (i.e., kitchen) as a reminder.

Key Communication Strategies

- . Warm Greeting
- . Eye Contact
- . Slow Down
- . Limit Content
- . Teach-Back
- . Repeat Key Points
- . Patient Participation
- . Plain, Non-medical Language
- . Use Graphics When Explaining

We had a patient who was starting on Coumadin, and after providing verbal instructions about daily dosing, the patient was confused and not able to state the correct dosing information. At that point I wrote down the dosing instructions and reviewed them with him. Then when I asked him to tell me how he was planning to take his Coumadin, he used the written instructions to confirm he understood how much to take each day. What a great reminder to me about the importance of clear communication!

-Nurse, cardiology clinic

The Teach-Back Method

Overview

Teach-back is an extremely valuable skill for all staff in a medical practice. **Teach-back is asking the patient to state in their own words what they need to know or do in a non-shaming way.**

Studies have shown that 40-80 percent of the medical information patients receive is forgotten immediately¹ and nearly half of the information retained is incorrect.²

Using teach-back may help you:

1. Improve patient understanding and compliance.
2. Decrease call backs and cancelled appointments.
3. Improve patient satisfaction and outcomes.

Actions

How do you do teach-back?

- **After a plan or a concept is discussed, teach-back is done by asking the patient to explain the information back to you in their own words.**

Suggested approaches to solicit teach-back:

“I have noticed that many people have trouble remembering how to take their Coumadin. Can you tell me how you are going to take it?”

“Tell me what you going to do when you get home?”

“What are you going to tell your family when you get home about what we discussed today?”

Tips for using teach-back.

- **It is not a test of the patient.** They are supposed to feel consulted, not insulted.
- **Clarify if patients cannot remember.** Explain it using a different method and ask them to teach it back again.
- **Watch a [video](#)**  to demonstrate the use of teach-back.



- **As with all change, start small.** Try teach-back on only a few patients until you are comfortable with your approach.
- **Use this [self-evaluation tracking log](#)** after each encounter where teach-back was used to help you reflect on the process and the outcome.
- **Use it consistently.** Don't assume that somebody understands until you confirm it!

Use handouts with teach-back.

- **Write down instructions** so patients don't have to remember them. This [Medication Dosing Form](#) is easy to fill out and easy for patients to understand, especially when prescribing Coumadin.

Example Medication Instruction Form

March/April 2012

Sun	Mon	Tues	Wed	Thu	Fri	Sat
1 Pill	2 pills	1 Pill	2 pills	1 Pill	2 Pills	1 Pill
1 Pill	2 pills	1 Pill	2 pills	1 Pill	2 Pills	1 Pill

How to Take Your Medication

Practice Name: First Cardiology Practice
 Physician Name: Dr. Jones
 Medication Name: Coumadin

Follow these directions when taking this medication:

You should stop taking this medication and call the office at 123-4567 if you notice bleeding or bruising around the number 123-4567.

Your next visit with the Coumadin Clinic is: _____
 Ask Patient to write down their next appointment.

[Extra resources](#) are available such as a teach-back PowerPoint presentation and other teach-back videos.

Teach-Back Testing Results:

- 50% of patients could not correctly teach-back dosing information after initial Coumadin education. (5 out of 10 patients)
- Patients were more likely to ask questions when we used teach back.
- Using teach-back identified specific areas that needed review and reduced the number of followup phone calls.

-Cardiology practice

References

1. Kessels RP. Patients' memory for medical information. *JR Soc Med.* May 2003;96(5):219-22.
2. Anderson JL, Dodman S, Kopelman M, Fleming A. Patient information recall in a rheumatology clinic. *Rheumatology.* 1979;18(1):18-22.

Followup with Patients

Overview

Followup is the act of making contact with a patient or caregiver at a later, specified date to check on their progress since their last appointment. Appropriate followup can identify misunderstandings, answer questions, or provide further opportunity to make an assessment and adjust treatment. In addition, it helps to promote a good working relationship between you and the patient.

Actions

Ask patients to record information.

- **Followup tracking forms**  like this one for a patient with Heart Failure, are something a patient can use to record their weight on a daily basis.

Ways followup can be done.

- **Phone:** Talk with the patient on the phone.
- **Email, text or mail** can be used by the office or the patient.
- **An automated calling system** can transmit information.
- **A visit** can be scheduled.

Initiating and tracking followup.

- Systems for tracking followup can be established through the electronic medical record or by using a computer based calendar (MS Outlook).

Extra resources regarding email considerations and automated calling systems can be found [here](#) .

“I did a small test of change regarding followup. For one week my nurse called patients who had just received a new diagnosis at their recent visit. She followed up about their medication administration and/or exercise regimen. She found some patients who needed clarification on their medicines, but perhaps the biggest impact was the relationship that was formed during those phone calls. Patients really appreciated the extra contact.”

-Physician, urban practice

Telephone Considerations



Overview

Telephone contact plays an important role in health care, and the efficiency of a telephone system and telephone contact will shape a patient's impression of your practice. Efficient and courteous call management will benefit your patients and may save your practice time and money. It is important to consider health literacy when assessing your telephone communications.

Note that some patients with limited literacy may hang up if the telephone system is confusing to them.

Actions

How is your telephone system?

- **Call your practice** as if you were a patient (during business hours and after hours).
- **Ask your patients** about your system.
 - ◊ **Is the menu** is easy to understand? (see [example menu](#) ).
 - No more than 5 menu choices, such as: (1) speak to a person directly; (2) repeat the menu; (3) hear a menu in a specific language; (4) direction for medical emergencies; (5) dial "0" for operator.
- **Is the tone a friendly**, conversational voice that uses plain language?
- **A toll-free number** so patients can call you without a charge.

How is your telephone etiquette?

- **Encourage questions** by asking, "What questions do you have?"
- **Teach-back.** For example, "I know some people have trouble remembering. So that I know that I explained it right, tell me what you are going to bring to your next appointment?"
- **Scripts** for frequently asked questions, such as directions to your office and hours of operation.



Educate your patients.

- **Talk with patients** during their visit or at check-out. Tell patients exactly how to get to services they need (e.g., “Dial our main number and press 3 to leave a message for my nurse”).
- **Brochures:** Create a brochure that explains the practice and its phone system.
- **Posters:** Put up posters in the waiting room.
- **After hours answering systems** are sometimes different than business hours and can require an explanation.

The Internal Medicine
Clinic has a new
phone system



Call **966-1459**
or toll free **1-800-862-4938**
for all your requests.

Press one of these options:

Option 1 to cancel appointments. Leave the patient name, medical record number, and phone number. Messages will be checked every hour, and someone will call you back.

Option 2 will prompt you to have your pharmacy fax refill requests to 843-9355.

Option 3 will transfer you to a patient assistant who will help you with your appointments and contact a nurse or a doctor when necessary.

Option 4 will transfer you directly to a patient assistant.

Other options will be available to you and may change with the season.

Please call us.
We are here to help.

ICF 1709 0207

For additional information refer to [“How Does Your Practice Sound on the Phone?”](#) 

Brown Bag Medication Review

Overview

The “Brown Bag Review” of medications is a common practice that encourages patients to bring all of their medicines and supplements to their visit for review and assessment. Performing a medication review with the patient and their pill bottles provides the opportunity to discuss not only WHAT medications they are taking, but also HOW they are taking them. This process can help to identify medication errors and misunderstandings that otherwise might have been overlooked. It also provides an opportunity to educate the patient and answer questions regarding their medicines. Medication reviews can be especially helpful in a cardiology practice that often prescribes medicines that are not taken on a typical dosing schedule.

Testimonials from Practices:

- “Out of 10-15 brown bag reviews, only 2 were accurate.”
- “Out of 5 brown bag reviews, we found 3 that had duplicate medicine bottles resulting in double dosing and 1 where discontinued medicine was still being taken.”

Actions

Review Medicines

- **Review** with the patient each medicine they are taking by:
 - ◇ **Set out all medicine bottles:** Patients need to bring all of their medicine bottles to the appointment (prescription pills and creams, over-the-counter medicines, herbal medicines, vitamins and supplements).
 - ◇ **Ask** the patient with each medicine in hand:
 - ◆ “When do you take this medicine?”
 - ◆ “How do you take this medicine?”
 - ◆ “What do you take this medicine for?”
 - ◇ **Reviewing all vs. some of the medicines:** It may be necessary for a sub-specialty to review only the medicines they prescribe unless the patient rarely sees their primary care physician.



Tips for successful brown bag reviews.

- **Set out medicines:** Have the nurse set out the medications at the beginning of the visit.
- **Offer praise** to the patient for bringing medications.
 - ◊ Note: If a patient brings in their medicines and they are not reviewed, the patient may not bother to bring them in again.
- **Helpful questions to ask:**
 - ◊ “Are you taking any new medicine since our last visit?”
 - ◊ “Have you stopped taking any medicines since our last visit?”
- **Provide a medicine schedule** by using mymedschedule.com .
- **Schedule refills** at the same time.

Research currently supports that patients with limited literacy have poorer skills when managing their medications.¹ Therefore, it can be very productive to ask patients how they are taking each of their medicines.

1. Berkman ND, Sheridan SL, et al. Low health literacy and health outcomes: an updated systematic review. *Ann Intern Med.* 2011;155:97-107.

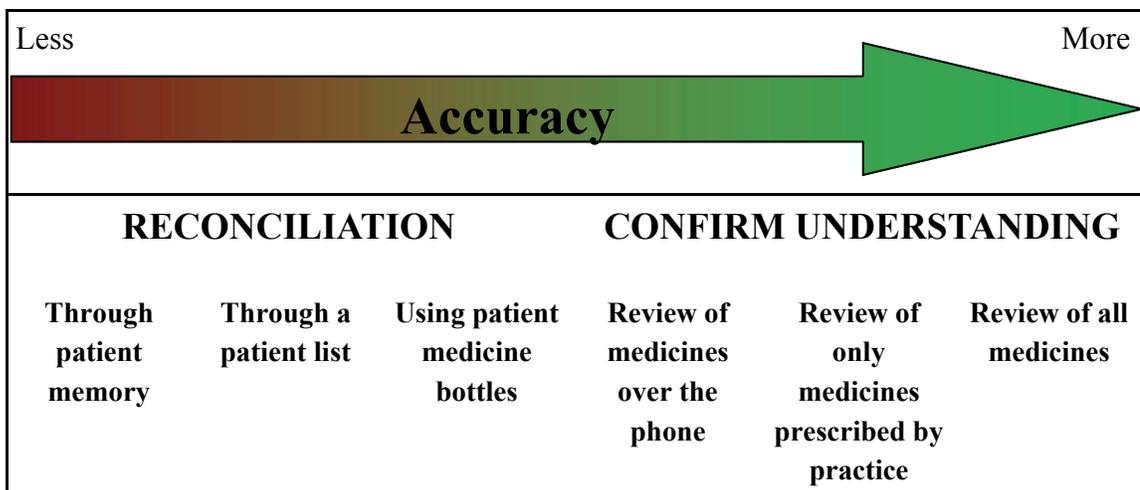
Remind patients to bring in their medicines.

- The most successful strategy for getting patients to bring their medications to each appointment is to conduct a full-scale campaign whereby everyone in the practice is stressing its importance and many different tactics are employed, such as reminding patients:
 - ◊ **On the appointment card.**
 - ◊ **During the appointment reminder call.**
 - ◊ **On a personal call from the physician or the practice staff.**
 - ◊ **During the visit.**
 - ◊ **On [posters](#)  throughout the practice.**
 - ◊ **On a bulletin board:** Display a bulletin board with anonymous case studies and persuasive reasons for bringing in their medicines.
 - ◊ **By providing a carrier** such as a bag with the practice name on it.
 - ◊ **By emphasizing the benefits** (reduced medicines, review refills).

What do most practices do?

- **Reconcile:** Many practices will attempt to reconcile the medicines a patient is taking with what is listed in the medical record. This is sometimes done by relying on:
 - ◊ Patient’s memory.
 - ◊ Patient’s list of medicines.
 - ◊ Patient’s pill bottles.

Unfortunately these methods are not as accurate as a brown bag review (see below):



Resources

- The American Medical Association manual “[Health Literacy and Patient Safety: Help Patients Understand](#)” offers information on medication reviews.
- [Brown Bag Toolkit](#) is a toolkit from the Ohio Patient Safety Institute that contains information for practices with pharmacies to plan a brown bag event.

How to Address Language Differences

Overview

Patients who speak English as a second language or who are deaf or hard of hearing often do not get the health information they need. Addressing language differences is an important part of addressing health literacy universal precautions and is also a requirement by law. As part of the Civil Rights Act of 1964 and subsequent Federal and State laws and policies, a practice participating in Medicare or Medicaid is legally required to provide equal access to services for patients who do not speak or understand English well.

Actions

Welcome and assess language preference.

- **Display** [“I Speak” cards](#) and [Interpreter Services Poster](#) in the lobby to convey your willingness to accommodate other languages.
- **Hand** the [“I Speak” cards](#) to non-English speaking patients to determine their language.
- **Ask** patients what language they prefer to speak in and if they would like an interpreter.



Acceptable language assistance services.

- **On-site trained interpreters** (see [extra resources](#) for interpreter companies).
- **Telephone or video medical interpreter services.**
- **Bilingual clinicians and staff trained as interpreters.**

Unacceptable language assistance services.

- **Untrained staff:** Using untrained staff to interpret may lead to clinically significant medical errors.
- **Family and friends:** Using family or friends poses a problem with patient privacy. In addition, family may impose their view of the patient and their health.

Minor children should never be used as interpreters. Using minor children to interpret puts the child in a very vulnerable position and puts the practice at risk for liability if something were to go wrong. Patients may be less likely to discuss more personal health topics when using children as interpreters.

Translating written material.

- **What to translate:**
 - ◇ Practice forms, letters, and signage.
 - ◇ Health education material (see [extra resources](#)  for websites containing cardiology health education material in other languages).
- **How to translate:**
 - ◇ Direct, word-for-word translations do not always work because nuances of culture are thereby ignored.
 - ◇ Apply plain language guidelines.

Other things to think about.

- **Work with family interpreters.**
 - ◇ Patients may insist that staff communicate with bilingual family or friends and that request should be respected, but a trained interpreter should be in the room to assure that the information is accurately relayed.
- **Organize language services.**
 - ◇ For small populations of diverse patients, consider scheduling appointments and having call-in hours on specific days when appropriate interpretation services are available (e.g., Latino clinic, Thursdays 1-5PM).
- **How to pay for language assistance services.**
 - ◇ Investigate whether Medicaid and other insurance plans will pay for interpreters or have negotiated discounts (e.g., Medicaid reimbursement is available in 13 states).
 - ◇ Coordinate with other practices to develop contracts with language assistance vendors.
 - ◇ Contact community organizations for possible volunteer trained interpreters.
 - ◇ Consider separate flexible funding sources such as grants or fundraisers to help subsidize these services.
 - ◇ Consider partnering with local hospitals and sharing language services.

Not appropriately addressing language differences can result in medical errors and violations of health privacy, and can put the practice at increased risk for lawsuits.

Culture and Other Considerations

Overview

Religion, culture, and ethnic customs can impact the health of patients and how they take care of themselves. But without proper training, a clinician may deliver medical advice without fully understanding how health beliefs and cultural practices may influence how that advice is received. Learning about patients' ethnic backgrounds, cultures and religions should not lead to stereotyping or assumptions, but will help clinicians thoughtfully deliver patient-centered care.

Things that can effect the healthcare of patients:

- **Health beliefs and customs:** e.g., Some patients treat empacho (indigestion) by pinching the skin.
- **Ethnic customs:** e.g., the roles of women and men in society.
- **Religious beliefs:** e.g., contraception or blood transfusions.
- **Dietary customs:** e.g., fasting or ethnic foods and cooking.
- **Interpersonal customs:** e.g., eye contact or physical touch.

Actions

Learn from patients.

- **Ask patients** about their health beliefs and customs.
 - ◇ “I am not familiar with your culture and beliefs. Can you teach me what I might need to know so I can better treat you?”
 - ◇ “What do you call your illness? What do you think caused your illness? How do you think it should be treated?”
 - ◇ “Do any traditional healers advise you about your health?”
- **Avoid stereotyping.** Understand that each person is an individual and may or may not take on certain cultural beliefs or practices.

Cross-cultural education courses and websites.

- **Continuing education:** The DHHS offers an on-line course to educate staff. See [extra resources](#)  for more information.
- **Websites and videos:** See [extra resources](#)  for some websites that offer information on specific ethnic and cultural groups.

Design Easy-to-Read Forms and Practice Materials

Overview

Patients are often asked to fill out forms or read written material. But, are practices sure that patients can read this information? Practices that are conscientious about developing written material that is easier to read may increase the chance that patients will use it correctly, thereby saving staff time and possibly improving patient outcomes.

When a practice tested a revised new patient letter they found a 30% increase in completed registration forms and an increase in customer satisfaction.

**“When information is simplified,
compliance improves.”**

Actions

Considerations for developing material.

- **Organization:**
 - ◇ Use bullets and headings to group related information.
 - ◇ Limit information included so essential items are stressed.
- **Writing Style:**
 - ◇ Include little or no technical jargon.
- **Appearance:**
 - ◇ Page is uncluttered and includes ample white space.
 - ◇ Font size 12 point or larger.
- **Appeal:**
 - ◇ Have patients read material and give you feedback.

Sample new patient letter

Large font size
used

Limits the amount
of information
included

Text is organized
and includes
numbered items

Dear _____

Thank you for choosing Midtown Cardiology.

Your appointment is scheduled for

Date: _____

Time: _____

With: _____

Please bring the following things to this appointment:

1. **The enclosed paperwork.** Please fill it out as best you can.
2. **All of your medicines** including herbs, over-the-counter medicines, vitamins.
3. **Records from your doctor**, or arrange to have them sent to us before your appointment date.
4. **Insurance card** – you must present this at every visit upon checking in with the receptionist. If you do not have insurance you will be responsible for payment at the time of your appointment.

Thank you in advance for your cooperation in obtaining all of the above information. Your satisfaction is very important to us.

Patient Services Representative
Midtown Cardiology

Key items bolded

When designing forms.

- Use **check boxes** as much as possible.
- Include **‘don’t know’** or **‘not sure’** options to give patients a choice when they are unsure.
- **Bold key words.**
- Use **medical words first** with a common word explanation in parentheses, for example: ‘heart attack (chest pain)’.

See [extra resources](#)  for forms that practices can adapt and use.

Train staff to evaluate and create written material.

Have one person take responsibility for learning how to design simple, easy-to read written materials that will be appropriate for everyone, including people with limited health literacy.

Help patients with forms and written material.

- The best designed form still might not be enough, so have a system in place to offer ALL patients help with forms.

References:

Considerations for developing materials based on information from Doak C, Doak L, Root J. Teaching Patients with Low Literacy Skills (2nd ed). Philadelphia: JB Lippincott, 1996.

Assess and Use Health Education Material Effectively

Overview

The effective use of well-designed educational material can help your patients manage their health. If the material you use contains too much information or medical words that are difficult to understand, it will likely be thrown out. In addition, simply handing your patient a pamphlet is not enough to promote understanding or behavior change. The goal is to select appropriate well-designed material that you review with the patient and follow up on at subsequent visits.

Actions

How to use health education handouts.

- **Review/read the handout with the patient at the visit.**
 - ◊ **Circle or highlight** important points as you talk about them.
 - ◊ **Personalize the materials** by adding the patient’s name, medications, or specific care instructions.
- **Use teach-back to confirm understanding and draw the patient's attention to the handout:** Refer to [Tool 6: The Teach-Back Method](#) ↗.
- **Repeat:** Refer to the material again in followup phone calls and appointments.



Review the handouts as part of your discussion!

Choose appropriate material for your patient.

- A newly-diagnosed patient may prefer more general, brief information.
- A patient who has adjusted to their diagnosis may then desire more comprehensive, disease management information.

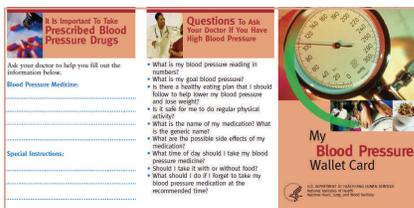
Considerations for choosing material.

- **Organization:**
 - ◊ Use bullets and headings to group related information.
 - ◊ Limit information included so essential items are stressed.
- **Writing Style:**
 - ◊ Include little or no technical jargon.
- **Appearance:**
 - ◊ Page is uncluttered, and includes ample white space.
 - ◊ Font size 12 point or larger.
 - ◊ Graphics are simple and reinforce text.
- **Appeal:**
 - ◊ Have patients read material and give you feedback.

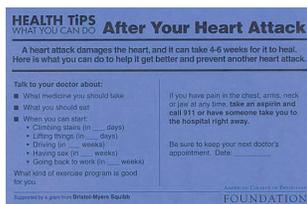
Features of Well-Designed Material

The diagram illustrates a sample health education material titled "High Blood Pressure" with the subtitle "You can do something about it." The material includes a photograph of a doctor's hands holding a patient's arm while measuring blood pressure. Below the photo is a form for "PATIENT'S NAME" and "Your blood pressure is ____ / ____". A text box below the form reads: "You may feel fine, but you are still at a risk for serious health problems. Learn more about high blood pressure and what you can do to take charge." Three callout boxes point to features: "Headings organize text" points to the title and subtitle; "Text is large" points to the main body text; "Graphics emphasize text" points to the photograph.

Examples of easy-to-read, brief, education materials.



My Blood Pressure Wallet Card 📄



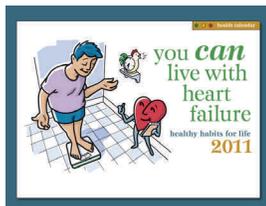
Health Tips: After Your Heart Attack 📄

Also available in Spanish.

Examples of easy-to-read, comprehensive disease management materials.



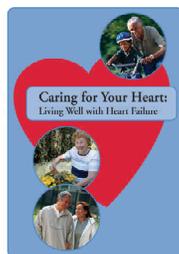
[Help for Smokers and Other Tobacco Users](#) 📄
Also available in Spanish.



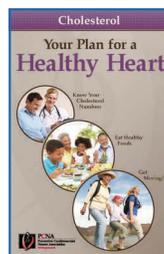
[Heart Failure Calendar](#) 📅
Also available in Spanish.



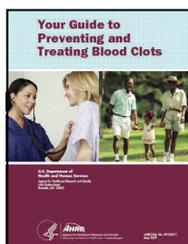
[Blood Pressure and Your Health](#) 📄
Also available in Spanish.



[Caring for Your Heart: Living Well with Heart Failure](#) 📄
Also available in Spanish.



[Cholesterol: Your Plan for a Healthy Heart](#) 📄



[Your Guide to Preventing and Treating Blood Clots](#) 📄

- **Other forms of health education material.**

- ◇ **Videos**

- With information in simple terms, as in [this Healthy Roads Media video](#)  about heart attacks. Videos can be played in the exam room if it has a computer with Internet access. The information in the video can then be discussed during the visit.



- ◇ **Internet Websites.**

Patients of all kinds are turning to the Internet for health information.

When referring patients to a Website, make sure it has:

- **Simple, plain language.**
 - **An A-Z search function.**
 - **A limited amount of information on each page.**
 - **Large print size.**
 - **Information in groups** with simple stand-alone headings and in three lines or less.
 - **Simple navigation tools** such as a “Previous” and “Next” button.
- An example of a well-designed Website is healthfinder.gov/prevention .

- **Educate patients** about seeking health information on the Internet. Here is a [video](#)  you can show patients in the waiting room or exam room about finding health information on the Internet.



Welcome Patients: Helpful Attitude, Signs, and More

Overview

While some patients may feel anxious or intimidated when locating and entering a health care practice, this may be more problematic for patients who are new to your practice and for those with limited literacy. Creating a friendly environment that is easy to navigate may help your patients feel a sense of welcome and encourage their participation in the health care experience.

Actions

Evaluate your practice.

- **Perform a walk-through:** Have someone unfamiliar with your practice walk through as if they were a patient and offer feedback. See [extra resources](#)  for more information.

Front desk.

- **Create a welcome atmosphere:** Front desk staff should be helpful and cheerful.
- **Offer assistance with forms.**
- **Assess language preference** by displaying [“I Speak”](#)  cards.
- **Offer a practice brochure** that highlights elements of your practice such as:
 - ◇ Contact information, including after-hours and emergency.
 - ◇ Services provided.
 - ◇ Address and directions to your office.
 - ◇ What to bring to appointments.



Waiting room.

- **Design bulletin boards** that are easy-to-read, informative and updated regularly.
- **Display photos of staff:** use current pictures with their title or role.
- **Television** that plays easy-to-understand health-related information.

Confirm that signs throughout your practice:

- **Are easy to read and visible.**
- **Identify locations including:**
 - ◇ From the front of the building to your practice entrance.
 - ◇ Waiting room/check-in/check-out.
 - ◇ Billing department.
 - ◇ Laboratory.
 - ◇ Nursing area or station.
 - ◇ Exam rooms.
 - ◇ Exits.
 - ◇ Restrooms.
 - ◇ Pharmacy
- **Identify processes or procedures.** (e.g., Echocardiogram,)
- **Use simple, common words.**
- **Use graphics when appropriate.** [Hablamos Juntos](#) 🗣️ (“We speak Together”) is an initiative that has created graphic symbols for common medical services, some which may be applicable in the practice setting.
- **Use color coding, lines, or symbols.**
- **Are effective based on patient feedback.**
- **Are in the language(s) that most of your patients understand.**



Please review these [extra resources](#) 📖 for more information about actions you can take at the front desk.

Encourage Questions

Overview

An essential part of promoting patient safety and achieving good health outcomes is helping patients to be an active member of their health care team. However, patients can sometimes be embarrassed to ask questions, fearing that they will appear foolish. Creating a shame-free environment that encourages patients to ask questions and gives them the confidence to take ownership of their health is crucial in this effort.

Actions

Encourage patients to ask questions.

- Close your encounter with, **“What questions do you have?”** instead of, “Do you have any questions?”
 - ◊ This creates the expectation that they should ask questions.
 - ◊ Patients may pause after hearing this to consider things they may want to ask.
- Other ways to elicit questions:
 - ◊ “We discussed a lot of information. What can we review again?”
 - ◊ “Heart failure may be new to you, and I expect that you have some questions. What would you like to know more about?”

Case Example

To promote patient questions, one practice chose to ask staff to focus on asking the question, “What questions do you have?” during clinic visits. Practice management sent an email to staff discussing this approach and asking them to try it for one week. Email reminders were sent daily and a few notices were posted in staff areas around the office.

At the next staff meeting people started talking about ‘the new question.’ Everyone was very surprised at how well the patients responded. When asked the question, it seemed like they would pause and actually think about what they did not understand or wanted to know, and then ask something. Staff were very pleased at how such a small change in one question could substantially change their patient interaction.

Promote patient participation.

- **Ask Me 3:** This program, designed by the National Patient Safety Foundation, encourages patients to know three things before leaving the encounter:
 1. What is my main problem?
 2. What do I need to do?
 3. Why is it important for me to do this?
- **Questions Are the Answer:** This campaign, created by AHRQ, encourages patients to get more involved in their health care. It contains [videos](#), [handouts](#), and an [online question builder](#).
- **Discussion Guide** Prepare for your Doctor Visit.

TO HELP YOU PREPARE FOR YOUR DOCTORS VISIT

Appointment Date: _____ Time: _____ American Heart Association
 Doctor: _____ Location/Address: _____ Learn and Live

1. Bring a list of all your medicines, including vitamins, herbs and over-the-counter medicines.
2. Ask for a copy of test results or reports about procedures (such as ECG).
3. When filling out this form and at your appointment, remember the PACE method for communicating with your healthcare professionals.

- **P** = Provide information about how you feel
- **A** = Ask questions if you don't have enough information
- **C** = Clarify what you hear
- **E** = Express any concerns you may have

Other considerations.

- Start your encounter by asking **“What is your goal for this visit?”**
- **Your body language** can help patients feel comfortable to ask questions.
 - ◇ **Be attentive:** Be conscious about presenting yourself as having time and wanting to listen to their questions. Try not to interrupt.
 - ◇ **Sit vs. stand:** Sit at the same level as your patient.
 - ◇ **Look and listen:** Look at patients when talking and listening, rather than looking at the chart or computer.
- **Instruct and encourage all staff** to invite questions.
- **Encourage patients to ask questions of other physicians, pharmacists, etc.**
- **Encourage patients to bring a relative or friend** to the next visit to help them remember information, and include these people in the conversation.
- **Managing questions:** If patients have many questions, prioritize them and defer some to a future visit.

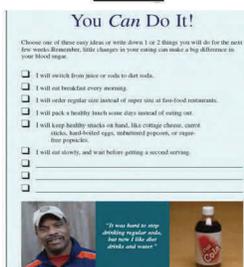
Make Action Plans

Overview

An action plan outlines small steps a patient can take to attain a larger health goal such as quitting smoking or losing weight. An action plan is created by the patient and the provider, and identifies one or more small steps or changes that the patient believes are attainable. Followup on an action plan may show the patient their progress toward their larger goal and motivate them to continue making changes and setting goals.

Focus Is On Doing

- 'You Can Do It' checklist at end of each chapter
- Concrete examples of successful action plans
- Emphasis on small steps and patient choice



Actions

Watch a video to learn how to set up an action plan.

- This 6-minute [American College of Physicians Foundation Video](#)  shows examples of patients and providers creating an action plan. To view, scroll to the bottom of the Web page, and click on the blue box “Ready, Set, Action Plans.”



Steps to an action plan.

- **Patient created:** The patient must determine the goal with the provider’s guidance.
- **Small and realistic steps** should be set that can be re-evaluated over a short time period (e.g., 1 week).
- **One step at a time:** Ask the patient to pick one specific step that they are likely to implement.
- **Fill out the form:** Outline what, how much, when, and how often they will do the step.
- **Assess confidence:** Assess the patient’s confidence by asking:
 - ◊ “How sure or confident are you that you can follow this action plan?”
 - ◊ A patient should feel confident, stating a 7 or higher on a scale of 0-10.
 - ◊ If they are not, revise the goal so the patient feels confident they can succeed.
 - ◊ Ask the patient, “What might stop you from following this action plan?”
 - ◊ Help the patient problem solve about how to overcome barriers.
- **Make a copy of the action plan** for the patient and file it in the patient’s chart.

Action plan forms

Action Plan Form

My visit with _____
Date _____

Things we talked about/Things I need to do:

Action Plan

One goal I want to achieve that will improve my health:

One specific step I can take to achieve this goal:

What: _____

How Much: _____

When: _____

How Often: _____

How sure am I that I can do this?

1 2 3 4 5 6 7 8 9 10
Not sure Very sure

Developed by authors of this toolkit.

MY ACTION PLAN

I, _____ (NAME) and _____ (NAME OF CLINICIAN)

Have agreed that to improve my health I will:

1. Choose one of the activities below:

Work on something that's bothering me:

- Stay more physically active!
- Take my medications.
- Improve my food choices.
- Reduce my stress.
- Get them on counseling.

2. Choose your confidence level: This is how sure I am that I will be able to do my action plan.

NOT SURE AT ALL

3. Complete this box for the chosen activity:

What: _____

How much: _____

When: _____

How often: _____

(Signature)

(Signature of clinician)

Developed by UCSF Family Medicine (Spanish, English and Chinese).

My Action Plan

1. Goal: Something I want to do: _____

2. Describe How: _____

Where: _____

What: _____

When/How Often: _____

3. Barrier(s): _____

Plan to overcome barrier(s): _____

4. Am I convinced that I can do this? Indicate on the ruler:

Truly Unconvinced Unsure Somewhat Convinced Very Convinced Extremely Convinced

5. Am I confident that I can do this? Indicate on the ruler:

Truly Unconfident A Little Confident Somewhat Confident Very Confident Extremely Confident

6. Follow-Up: _____

HHQI

Developed by Home Health Quality Improvement.

Followup with patients.

- **By phone or at an upcoming visit:** It lets the patient know that you are interested in them and their goals.
- **Redefine the goal** if the goal was not met.
- **Set another goal** if this one was met.
- **Track progress over time.**



Encourage providers to use action plans in their visits.

- **Make action plan forms accessible.**
- **Talk about action plans** in your staff meetings.

Improve Medication Adherence and Accuracy

Overview

Taking medication correctly is often an important part of managing illness and symptoms. One specific challenge for cardiology patients is medications with an atypical dosing schedule such as Coumadin. Therefore, understanding how your patients are managing their medications and offering help to set up a system may reduce errors, while increasing patient satisfaction, compliance and improving health outcomes.

Research shows that low health literacy is associated with **less ability to identify medications and take them appropriately**.^{1,2}

Actions

Ask patients how they remember to take their medicines.

- “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?”

Tools to help patients manage their medications.

- MyMedSchedule.com and MedActionPlan.com are free services available online that provide an easy method to offer patients:

- ◇ **A pill list** with pictures of the pill and times they take them (wallet size and large print).
- ◇ **A hand out** of a list of their medicines and a simple explanation of what each pill is for.
- ◇ **A health recording form** for patients to document things like daily blood pressure, weight, blood sugars, etc.

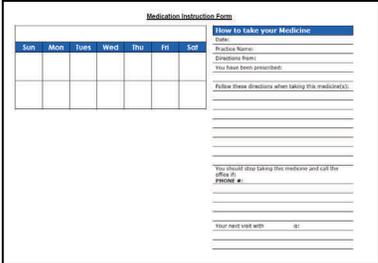
MyMedSchedule.com Revised: 8/9/2011 at 3:56 PM

Name: _____

Take These Medications	At These Times			Purpose
	8am	2pm	8pm	
 Lasix [®] (Furosemide) 80 mg Tablet(s)	1 TABLET(S)	1 TABLET(S)		Water pill
 Albuterol 0.09 mg/actuation Puff(s)		1 PUFF(S)		Treats asthma, shortness of breath and other pulmonary disease
 Celexa [®] (Citalopram) 20 mg Tablet(s)	1 TABLET(S)			Treats mood disorders/depression
 Colace [®] (Docusate) 100 mg Capsule(s)	1 CAPSULE(S)		1 CAPSULE(S)	Stool softener
GENERIC Magnesium 400 mg Tablet(s)	1 TABLET(S)			Nutritional supplement
 Ecotrin [®] (Aspirin) 81 mg Tablet(s)	1 TABLET(S)			Treats pain, inflammation and fever. Prevents stroke and heart attack.
 Vasotec [®] (Enalapril) 5 mg Tablet(s)	1 TABLET(S)			Controls blood pressure; Heart medicine
 Apresoline [®] (Hydralazine) 25 mg Tablet(s)		1 TABLET(S)		Controls blood pressure
GENERIC Isordil [®] (Isosorbide Dinitrate) 10 mg Tablet(s)		1 TABLET(S)		Treats angina
 Ativan [®] (Lorazepam) 0.5 mg Tablet(s)			1 TABLET(S)	Relieves anxiety
GENERIC Hydralazine 10 mg Tablet(s)	1 TABLET(S)			Controls blood pressure

- ◇ A health recording form for patients to document things like daily blood pressure, weight, blood sugars, etc.
- ◇ Email or text reminders to:
 - ‘Take your medicine.’
 - ‘Refill your prescriptions.’
- ◇ This program is HIPPA compliant.

- **Medication dosing form**  . You can print this form right now and use it to help patients understand when they are to take their medicines, especially medicines on an atypical dosing schedule like Coumadin.
- **Pill boxes:** Offer to provide and fill a pill box to help patients manage their medicines, or consult with your local home health agency for the service.
- **Family members:** Solicit help from family members to help remind patients or to set up and fill pill boxes.



The form is titled "Medication Instruction Form" and "How to Take your Medicine". It includes a date field, a section for "Patient Name" and "Prescription Name", and a table for recording medication intake. The table has columns for Sun, Mon, Tues, Wed, Thu, Fri, and Sat, and rows for each day of the week. Below the table, there are sections for "Follow these directions when taking this medication(s)", "You should stop taking this medicine and call the office if:", "PHONE #:", and "Your next visit with:".

Advertise the service.

- Display this **Medication Aid Poster**  and discuss it with your patients.



The poster is titled "Do you have trouble remembering to take your medicines?". It asks for help in setting up a system and lists three options:

- 1 Medicine schedule:** A list of medicines with pictures and instructions on how to take them.
- 2 Text or email reminders:** A text or email can be sent to remind you to take your pills or to refill your medicines.
- 3 Pill box:** A pill box can be set up that separates the pills you take in the morning, noon, evening and bedtime for a whole week.

Other considerations.

- **When you write a prescription,** write precise instructions for taking the medicine. For example, “Take 1 pill in the morning and 1 pill at bedtime.”
- **Consider organizing patient refills** so they occur at the same time of the month.
- **When switching from a brand name to a generic medicine,** tell your patients that the color, shape, and size of the pill may change and provide a new medicine schedule.

.....
References

1. Berkman, ND, Sheridan, SL, et al. Low Health Literacy and Health Outcomes: An Updated Systematic Review. Ann Intern Med. 2011; 155:97-107.
2. Kripalini S, Henderson LE, et al. Predictors of medication self-management skill in low-literacy population. J Gen Intern Med. 2006 Aug; 21(8):852-6.

Get Patient Feedback

Overview

Patients are in the best position to judge if a medical office poses health literacy challenges. Frequently, practices are unaware of the level of difficulty patients encounter in completing routine forms and navigating the health care system. Obtaining patient feedback can provide very valuable information about your systems and areas in need of improvement.

Actions

Select patients to provide feedback.

- Obtain feedback from a group of patients that is representative of your practice.

Using a survey.

- [CAHPS[®] Clinician & Group Survey—Item Set for Addressing Health Literacy](#)  consists of 29 items that aim to assess the performance of practices regarding health literacy issues (see pages 19-24). These items are a supplement to the CAHPS[®] Clinician & Group Survey.
- [About the CAHPS[®] Item Set for Addressing Health Literacy](#)  gives you an overview of the questions.
- **Methods of administration:** Because patients with limited literacy are unlikely to respond to a mail survey, we suggest that you administer a survey by phone or in person. You may consider including a phone followup to a mail survey.
- We have also included a [Sample Cover Letter](#)  that can be mailed with the survey.

CAHPS[®] Clinician & Group Survey and Reporting Kit 2008

Appendix A. Items in the Item Set for Addressing Health Literacy

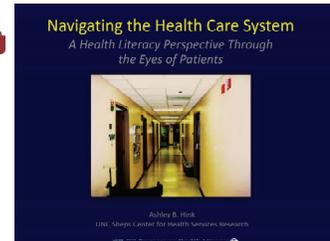
The formatted items, complete with instructions on how to integrate them into the full CAHPS Clinician & Group Survey, are available in the Adult Primary Care Questionnaire in the Survey and Reporting Kit at <https://www.cahps.ahrq.gov/cahpskit/CG/CGChooseOX.asp>.

HL1.	In the last 12 months, how often were the explanations this doctor gave you hard to understand because of an accent or the way the doctor spoke English?
HL2.	In the last 12 months, how often did this doctor use medical words you did not understand?
HL3.	In the last 12 months, how often did this doctor talk too fast when talking with you?
HL4.	In the last 12 months, how often did this doctor use pictures, drawings, or models to explain things to you?
HL5.	In the last 12 months, how often did this doctor ignore what you told him or her?
HL6.	In the last 12 months, how often did this doctor interrupt you when you were talking?
HL7.	In the last 12 months, how often did this doctor show interest in your questions and concerns?
HL8.	In the last 12 months, how often did this doctor answer all your questions to your satisfaction?
HL9.	In the last 12 months, how often did this doctor give you all the information you wanted about your health?

Patient shadowing.

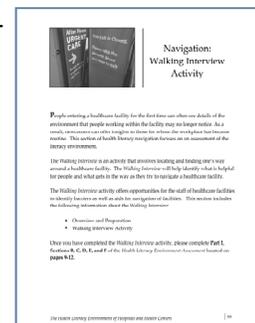
- Shadow several patients over the course of a week.

- ◇ Stay with the patient throughout the entire time they are in your clinic.
- ◇ Discuss their visit when they are done. Ask about communication, friendliness, navigation, etc.
- ◇ [Navigating the Health Care System: A Health Literacy Perspective Through the Eyes of Patients](#) is a PowerPoint presentation on a shadowing and the walkthrough experience.



Patient walkthrough.

- Have a person who is unfamiliar with your practice walk through it and give you feedback on the feel and navigation.
- For more information, see pages 99-115 of [The Health Literacy Environment of Hospitals and Health Care Centers](#).



Patient feedback of written material.

- Ask a variety of patients at the end of their visit or while they are waiting to evaluate one or two of your forms or other written material (also evaluate material that you did not develop). Think about asking them the following questions:
 - ◇ Is the information clear and easy to understand?
 - ◇ Is it confusing in any way?
 - ◇ Are any parts/words hard to read or understand?
 - ◇ Is there anything offensive?
 - ◇ What is helpful and what isn't?
 - ◇ [In Other Words...Can They Understand? Testing Patient Education Materials With Intended Readers](#) has some great tips on using patients to test material.

Link Patients to Non-Medical Support

Overview

Limited literacy not only affects the patient’s health care but all aspects of their life. When practices offer help with things like understanding health benefits, transportation to appointments, obtaining medicines and housing, patients may have more time, energy and ability to attend to their health. This process not only requires knowledge of the available resources, but also following through with any referral to ensure that the connection was actually made.

Actions

Assess each patient’s needs and support system.

- **Ask patients** about things in their life that may be affecting their ability to take care of their health. Offer practical support to help them overcome these challenges.
- **Ask about and involve the patient’s current support systems** such as family and friends.

Know your community resources.

- **Information and Referral (I &R):** There are several ways to identify community resources:

◇ **2-1-1– Information & Referral Search** : In many parts of the country, The United Way and AIRS (Alliance of Information and Referral Systems) can provide you with a phone number to call for information about the social services in your area. You can press



Press 2-1-1 on your phone to contact your local information and referral agency.



2-1-1 on your phone or access it on the Internet.

2-1-1– Information & Referral Search .

- ◇ **The Chamber of Commerce** in your area can provide a list of services.
- ◇ Ask specific agencies to send pamphlets or to give a presentation to your practice. This provides staff with an opportunity to meet a contact person as well as learn more about their services and the referral process.

Connect patients with resources.

- **Have a system for organizing resources.** Have one person take on the role of organizing the resources and helping patients get connected.
- **Create a supportive atmosphere.** Make it an obvious priority to support patients in many ways to promote good health.
- Use a [Community Referral Form](#) to provide essential information about the service.
- **Followup:** Find out if the referral was completed by contacting the patient and the service provider.
- **Notary Public:** Certify one person in the practice as a Notary Public. This can help expedite certain forms and eliminate an additional step for patients.
- Locate a [Notary Public training course](#).

[Practice Name]
Community Referral Form

Reason for Referral: _____

Name of Program: _____

Name of Contact Person: _____

Phone: _____

Location: _____

Details: _____

Recognize that patients can sometimes interfere with success. But clearly demonstrating that the practice is willing to support your patients in a variety of ways may create an atmosphere where patients start to trust in at least one system—your practice.

Medication Resources

Overview

Medicine is often a vital ingredient to maintain health. Unfortunately, some patients may try to save money by going without their medicines or reducing the amount they take. Some larger pharmacies have recently helped the low-income consumer by offering many generic medicines at a lower price. But these programs do not always cover every medicine, and sometimes generic prescriptions are not appropriate for the situation.

Actions

Assess patients' ability to pay for all of their medicines.

- “It is sometimes hard to afford all the things we need. Are you having any trouble paying for your medicines?”

Review and advise patients on their insurance coverage.

- If they are uninsured, make a referral to an agency that can help them apply for Medicaid or other subsidized insurance.
- For Medicare recipients, make sure they have Part D.
- Explore mail order options as a way to save money.

Connect patients with medication assistance programs.

- Below are assistance programs that connect patients with each pharmaceutical company for each medicine. Separate applications will be required for each medicine requested.

- ◇ [NeedyMeds.com](http://www.needymeds.com) provides patient assistance programs, drug discount cards, and a list of disease-based assistance programs.



- ◇ [Partnership for Prescription Assistance](http://www.partnershipforprescriptionassistance.org) Offers a single point of access to more than 475 public and private programs, including nearly 200 offered by pharmaceutical companies.



- ◇ [RXAssist](http://www.rxassist.org) offers a comprehensive database of patient assistance programs, as well as practical tools, news and articles so that health care professionals and patients can find the information they need.



- **Programs that includes cardiology specific medicines:**

- ◊ <http://www.merck.com/merckhelps/patientassistance/home.html>
- ◊ <http://www.pap.novartis.com>



- **Fee-based programs:** Among other services, these sites may actually help patients fill out the application, but they may charge patients.

- ◊ [RxHope](#) assists patients with applying for free or low cost medicines and also allows physicians to set up accounts and manage that process as well.
- ◊ [Together RxAccess](#) claims to save 25%-40% on brand-name prescription products.
- ◊ [Select Care Benefits Network](#) is a patient advocate agency working with low income patients to help them receive their medicines from pharmaceutical companies.



- **Local programs:** [State Pharmacy Assistance Programs](#) do exist in some states, and there may be some local agencies that will give financial assistance for medicines.

Use Health and Literacy Resources in the Community

Overview

Your patients' health outcomes may be improved through their participation in a variety of health and literacy programs. Since it is unlikely that your practice is able to offer all of the resources and services that your patients need, your ability to help them connect to the appropriate organizations in your community is an important part of your practice.

Examples of health resources

- Group Exercise Classes
- Smoking Cessation Programs
- Diabetes Support Groups
- Weight Management Programs

Actions

Identify health resources.

- [Medline Plus Directories](#) is a nationwide service that helps you find health professionals, services and facilities in your area. Clicking on the service allows you to search for resources in your community.
- [NC Health Info](#) Use the 'Go Local' feature to find a variety of services such as exercise classes or weight loss programs (specific to North Carolina). Look for a similar site in your state.
- **Internet Browser** services such as [Google Maps](#) ('Search Nearby' feature) and [Yahoo Local](#) offer a way to search by typing in the name of your community and searching different services.



Identify literacy resources.

- [LINCS Literacy Information and Communication System](#) is a site that identifies local resources to provide help with reading, math, GED, and English for speakers of other languages (ESOL).



Call and obtain the following.

- Information about their program(s).
- How to make referrals.
- How to contact them and where they are located.

Approach patients about using literacy resources.

- When asking people about their reading skills let them know that it is a common problem, **“Half of Americans have some difficulty with reading.”**
- **“Have you ever had a problem with reading?”**
- **“Would you be interested in a program to help you improve your reading?”**
- For more guidance on approaching patients about improving their reading skills see the D-I-R-E-C-T approach outlined in the [AMA health literacy manual](#) .

Table 16. DIRECT
D—Ask about difficulty reading : “Have you ever had a problem with reading?”
I— Ask if they have an interest in improving : “Would you be interested in a program to help you improve your reading?”
R—Have referral information for adults and family literacy programs ready to give to patients identified with reading difficulty.
E—Ask everyone about their literacy skills. Let patients know it is your policy to ask everyone.
C—Emphasize that low literacy is a common problem and they are not alone: “Half of Americans have some difficulty with reading!”
T— Take down barriers to joining literacy classes (e.g., help with the initial phone call, have informational sessions at the clinic, make follow-up contact with patients to see if they were able to find the right class, etc.).

Connect patients with resources.

- **Obtain or develop an easy-to-read handout** such as this [Community Referral Form](#), .
- **Make it routine.** During visits, think about community resources that the patient may benefit from.
- **Review the handout with your patient**, including the name of the person to contact.
- **Help with the referral.** Ask staff to help the patient by making the initial phone call.

[Practice Name]
Community Referral Form

Reason for Referral: _____

Name of Program: _____

Name of Contact Person: _____

Phone: _____

Location: _____

Details: _____

Followup.

- By following up with a patient regarding a referral, a practice can:
 - ◊ **Confirm** that the patient actually successfully connected with the resource.
 - ◊ **Check the quality** of the resource as a helpful service.
 - ◊ **Reaffirm** that you feel the patient could benefit from the resource and that you care enough about the patient to see it through.

Communicating Care with Other Physicians

Overview

Because many patients have one or more specialists that they see on a regular basis, it is important to establish a direct method of communication between the cardiologist and the primary care provider. When this type of teamwork occurs in a seamless way, fewer mistakes are made, and it gives the patient a sense of confidence about their health care and providers. But when this communication falters, it can be very disheartening and frustrating for the patient, often leading to more health care expense, requiring more provider and patient time, and causing sub-standard care overall.

Actions

Develop networks.

- **Develop relationships with some of the referring practices.**
 - ◇ **Invite a representative** from that practice to meet with your practice to develop guidelines for sharing information about referred patients.
 - ◇ **Develop a service agreement** that outlines how referrals will be made and how information will be reported back.
 - ◇ **Offer to hold a mini clinic** with another practice once a week or once a month, whereby you go to that clinic and see scheduled patients. This can really improve communication.

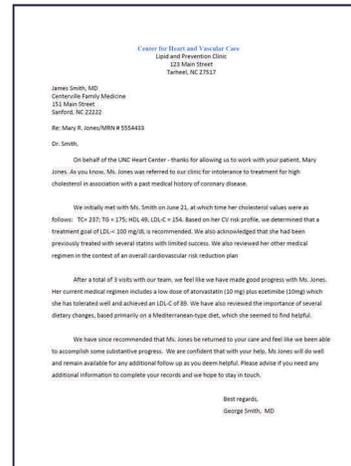
Define roles.

- **Determine who will be responsible** for such things as routine lab work or changing medicines.

Define reporting requirements.

- **Develop a standard referral form for other practices** that includes:
 - ◇ Reason for referral.
 - ◇ Relevant history, problem list and list of medicines.
 - ◇ Relevant labs or tests that have been done.
 - ◇ What information they want you to consult on.
 - ◇ One-time consult or ongoing.

- ◆ **Letter of acknowledgment and/or followup.**
 - ◇ This [Consult Letter Template](#)  provides a model for reporting back to the referring practice and can be adapted to meet the needs of your practice.



Establish plan for communication.

- **What information** will be transmitted: Does the physician need to know everything in your note or can the visit be summarized? Do they have time to read the entire note? Make sure that the primary care provider has all the information they need and don't expect the patient to be the primary source of communication.
- **How will it be transmitted:**
 - ◇ **Electronic medical record system.**
 - ◇ **Faxed.**
 - ◇ **E-mailed.**
 - ◇ **Phone call or phone message:** It may be advantageous to confer in real time about this patient; determine the best way to do that.
 - ◇ **Note copied and sent through mail system.**
- **When:** Within what time period does the other physician expect the communication?
- **Who:** Are there key people involved, such as a nurse in the primary care physician's office, who can help to relay this information? Who in your office will carry out this communication and allot time for this?