

Communicating with patients: improving health literacy and outcomes

It has been shown that patients immediately forget 40-80% of medical information provided to them by health care providersⁱ. In particular, patients with low health literacy have more difficulty recalling health informationⁱⁱ.

An individual's health literacy refers to their ability to access, understand and apply information to make effective decisions about their health and healthcare. Health literacy is influenced by individual factors such as education level or cultural background, as well as the health care environment – from policies and processes, to communication with health care providers.

Low health literacy is a common problem in Australiaⁱⁱⁱ; the Australian Institute of Health and Welfare reports that 59% of Australians aged 15-74 do not have the adequate health literacy skills needed to effectively access health services and manage their health^{iv}.

The impact of low health literacy

Low health literacy is associated with:

- higher hospitalisation rates v,vi,vii,viii
- more frequent emergency department visits^v
- increases in overall health service use^{vi,vii,viii}
- higher mortality rates and worse health outcomes amongst elderly people^{v,vii,ix} (including poorer diabetes control^{vii})
- lower participation rates in preventative health including: influenza immunisation, mammography^{vii}, cervical and colon cancer screening^x, and
- increases in government health expenditure^{vi,xi}.

Patients with low health literacy:

- have a higher risk of adverse health events^{xii}
- have less knowledge about their own health^{vii}
- have lower adherence to medication^{vii, ix} and lifestyle advice^x
- have less knowledge about the importance of preventative health^{vii}
- are less able to participate in chronic disease self management^{vii}
- have higher rates of depression^x, and
- spend more on health care and medicines vi, viii.

Patients immediately forget 40-80% of medical information

Communicating effectively improves patients' health literacy

Improving health literacy improves health outcomes

Improve communication, improve outcomes

Effective communication between health care providers and patients can improve health outcomes in both patients with low and high health literacy^{vii,xiii}.

Communication breakdowns in the chain of care are a leading factor in preventable disability and death^{xiv}, and are a frequent cause of complaints against health providers. Nearly 13% of all complaints against Victorian health care providers received by the Health Service Commission in 2014-2015^{xv} were solely communication-related.

Research has shown differences in communication styles between primary care providers who have and have not received formal complaints or insurance claims made against them^{xvi,xvii}. Health care providers without formal complaints or claims were more likely to:

- listen actively
- ask their patients their opinions
- · check their patients' understanding
- encourage their patients to talk.

Strategies to improve communication with your patients

Certain evidence-based communication strategies can be used to improve health outcomes in patients with all levels of health literacy vii,xiii. Effective communication can save time, with better adherence and follow-upiii.

The Teach-back method can be used during consultations to improve patient recall and understanding. Using Teach-back has been shown to improve patients' health outcomes including HbA1c control^{vii} and inhaler technique^{xiii}. Other simple evidence-based approaches to improving recall and understanding include:

- encouraging patients to repeat instructions out loud to a listener^{xviii}
- expressing directions specificity, "you must take one week off work" as opposed to "you need to rest"
- using plain language rather than medical jargon
- sitting face-to-face with patients
- · using simple diagrams and pictures, and
- repeating directions multiple times^{ix}.

Research shows that consultations that include checking patients' recall and understanding (including using Teach-back) do not take any longer in, and prevent future unnecessary health service use in.

For more information on effective communication strategies and health literacy, including practical tools and other resources, visit www.mpcn.org.au/HL





ⁱ Kessels, R 2003, 'Patients' memory for medical information', Journal of the Royal Society of Medicine, vol. 96, pp.219-222.

- Warnecke E, 2014, 'The art of communication', *Australian Family Physician*, vol. 43, no. 3, retrieved 9 February 2016, available from: http://www.racgp.org.au/afp/2014/march/art-of-communication/
- ^{iv} Australian Institute of Health and Welfare 2012. Australia's health 2012. Australia's health no. 13. Cat. no. AUS 156. Canberra: Australian Institute of Health and Welfare.
- ^v Berkman, N Sheridan, S Donahue, K Halpern, D Crotty, K 2011, "Low health literacy and communication techniques', Annals of Internal Medicine, vol. 155, pp. 97-107.
- vi Eichler, K Wieser, S Brugger, U 2009, 'The costs of limited health literacy: a systematic review', International Journal of Public Health, vol. 54, p313-324.
- vii Schillinger, D Piette, J Grumback, K Wang, F Wilson, C Daher, C Leong-Grotz, K Castro, C Bindman, A 2003, 'Closing the loop: physician communication with diabetic patients who have low health literacy', Archives of Internal Medicine, vol. 163, pp.83-90.
- viii Haun, J Patel, N French, D Campbell, R Bradham, D Lapcevic, W 2015, 'Association between health literacy and medical care costs in an integrated healthcare system: a regional population based study', BMC Health Service Research, vol. 15, pp.249-260.
- ^{ix} Adams R, Stocks N, Wilson D, Hill C, 2009, 'Health literacy a new concept for general practice', *Australian Family Physician*, vol. 38, no.3, pp.144-7.
- ^x Hersh L, Salzman B, Snyderman D, 2015, 'Health literacy in primary care practice', *American Family Physician*, vol. 92, no. 2, pp.118-124.
- ^{xi} Argarwal N, Shah K, Stone J, Ricks C, Friedlander R, 2015, 'Over the head of neurosurgical patients: the economic impact of inadequate health' *World Neurosurgery*, vol. 84, no. 5, pp.1223-6.
- xii Australian Commission on Safety and Quality in Health Care, 2016, 'Health Literacy', retrieved 11 February 2016, available from: http://www.safetyandguality.gov.au/our-work/patient-and-consumer-centred-care/health-literacy/
- Dantic, D 2014, 'A critical review of the effectiveness of 'teach back' technique in teaching COPD patients self-management using respiratory inhaler', Health Education Journal, vol. 73, no. 1, pp.41-50.
- xiv MDA National, 2015, 'Medico-legal tips' retrieved 10 February 2016, available from: http://www.mdanational.com.au/Junior-Doctors/Medico-Legal-Tips
- xv Department of Health and Human Services, 2015, Office of the Health Service Commissioner 2015 Annual Report, State Government of Victoria, retrieved 10 February 2016, available from: https://www2.health.vic.gov.au/about/publications/annualreports/health-services-commissioner-annual-report-2015
- xvi Levinson, W Roter, D Mullooly, J Dull, V Frankel, R 1997, 'Physician-patient communication: the relationship with malpractice claims among primary care physicians and surgeons' Journal of the American Medical Association, vol. 277, no. 7, pp.553-559.
- xvii Tamblyn, R Abrahamowicz, M Dauphinee, D Wenghofer, E Jacques, A Klass, D Smee, S Blackmore, D Winslade, N Girard, N DuBerger, R Bartman, I Buckeridge, D Hanley, J 2007, 'Physician scores on a national clinical skills examination as predictors of complaints to medical regulatory authorities' Journal of the American Medical Association, vol. 298, no. 9, pp.993-1001.
- Lafluer, A Boucher, V 2015, 'The ecology of self-monitoring effects on memory of verbal productions: Does speaking to someone make a difference?', Consciousness and Cognition, vol. 36, pp.139-146.
- xix Mikesell L, 2013 "Medicinal Relationships: caring conversations', Medical Education, vol. 47, pp.443–52.

ⁱⁱ Federman A, Sono M, Wolf M, Siu A, Halm E, 2009, 'Health literacy and cognitive performance in older adults', *Journal of The American Geriatrics Society*, vol. 57, n. 8, pp.1475-80.