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Health Literacy & A1C Testing

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MARTIN'S POINT
HEALTH CARE

Health Literacy

- 9/10 people have low health literacy inhibiting them from managing their health & preventing disease (CDC, 2021).
- Limited health literacy contributes to poor diabetic health outcomes & compliance (Watts et al., 2017).
- Limited health literacy is estimated to cost the U.S. economy up to \$236 billion every year (ARQH, 2015).

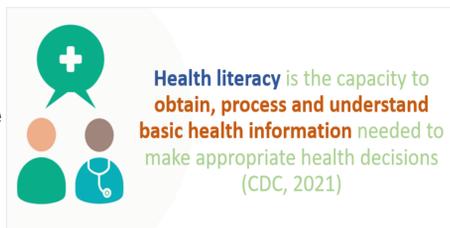


Figure 1. Definition of Health Literacy. Explains the skills needed to have a proficient health literacy level. Definition retrieved from CDC website.

Evidence Synthesis

- It is estimated that 40% of people with diabetes have a low health literacy level leading to higher mortality and morbidity rates (Dang et al., 2020). Limited health literacy among diabetics adds an additional 3-5% in total healthcare costs in the U.S. annually (Dang et al., 2020).
- Several accredited medical associations endorse the use of the Universal Health Literacy Toolkit as a best practice method in addressing health literacy in the practice setting and greatly improving patient health outcomes and safety (ARQH, 2016).
- An intervention called the teach-back method was found to improve diabetic outcomes for those with low health literacy and is highlighted in the toolkit and throughout scholarly articles completed during a literature review.

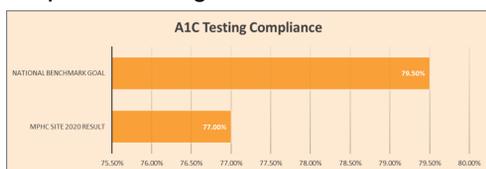


Figure 2. A1C Testing Compliance Rates. MPHC's yearly site result vs. National Benchmark rate.

Objectives

- The aim of the Health Literacy Quality Improvement Project (HLQIP) is to improve the A1C testing compliance rating among a cohort of Medicare patients by implementing the ARQH Universal Health Literacy Toolkit as a best practice method.
- The goal of the project will be to implement a single tool in the toolkit, the teach-back method to improve the A1C testing compliance rate by 3% at one of the MPHC site locations which has a current rate of 77% to meet the national A1C compliance testing benchmark rating of 79.5% (ARQH, 2016).

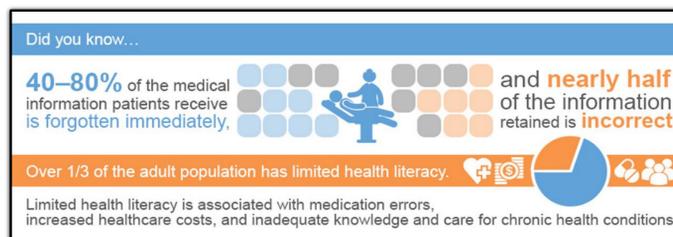


Figure 3. Impact of limited health literacy. Statistics referencing the need for teach-back method. Retrieved April 15, 2021, from <https://www.hsag.com/teach-back>

Teach-Back Method

- HLQIP team will implement the teach-back method from the Universal Toolkit as an evidence-based Health Literacy Intervention to improve A1C testing compliance ratings among the Medicare diabetic population during a 6-month period to improve the statistics shown in figure 3.
- HLQIP will be implemented at one MPHC Primary Care site and the teach-back method tool will be used during comprehensive care visits targeted for the project's cohort of diabetic Medicare patients.
- HLQIP team will be trained prior to the teach-back method implementation using suggested educational tools, videos, and surveys related to the teach-back method taken from the toolkit.
- During HLQIP implementation, The Teach-Back Observation Tool and The Health Literacy Patient Survey provided by the AQRH toolkit will be used to evaluate the success and utilization of the teach-back method in improving patients' comprehension of diabetic information and testing.
- Additional specific guidelines and approaches will be discussed during bi-weekly and monthly HLQIP meetings to ensure proper utilization of the teach-back method.

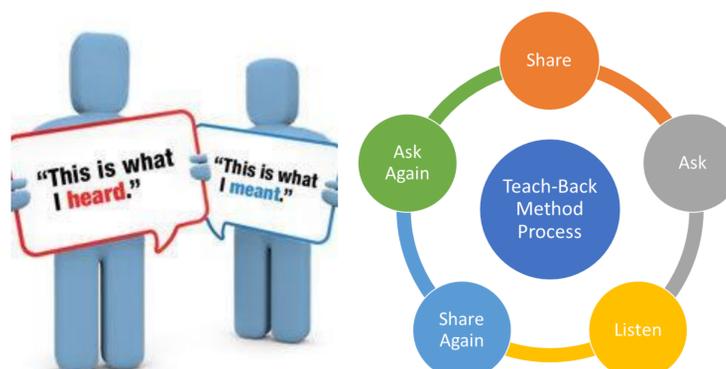


Figure 4. Using the teach-back method. How to use the teach-back method.



Figure 5. Teach Back Method Process. The figure shows the steps of implementing the teach-back method. The process was adopted on April 15, 2021, from <https://www.ahrq.gov/patient-safety/reports/engage/interventions/teachback-slides.html>

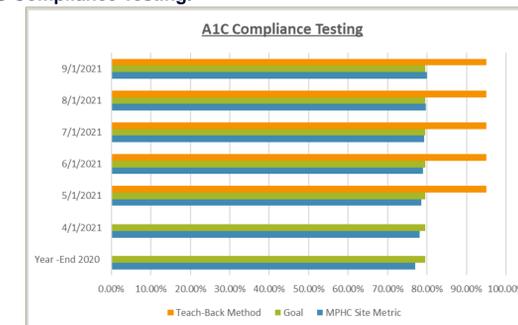
Results

If the HLQIP were to be implemented expected findings would be improvements in A1C compliance testing by 3% or greater to meet the National Benchmark rating of 79.5% by the implementation of the teach-back method in 95% of the targeted diabetic visit types.

Conclusion

- HLQIP would play a substantial role in providing tools to help patients self-manage their chronic diseases and in ensuring that they understand the health information provided when making informed healthcare decisions that will ultimately improve their healthcare outcomes.
- The toolkit's teach-back method can help practices reduce the complexity of healthcare, increase patients' understanding of health information, and enhance support for patients of all literacy levels (ARQH, 2016).

Table 1
A1C Compliance Testing.



Note: The table shows the significance of implementing the teach-back method to improve A1C testing compliance.

Significance to Practice

- Low health literacy is linked to a higher risk of death, increased emergency room utilization and hospitalization, and increased medical costs (National Institute of Health, 2021).
- Utilizing the Universal Health Literacy Precautions Toolkit as a standardized practice tool at MPHC practice settings will bridge the gap of communication between providers and patients to empower patients to make informed health decisions that will improve health outcomes and decrease healthcare costs.

References

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