

# HSR&D Cyberseminar Presentation: Patient Education and Health Literacy FAE results

April 27, 2023



**VA**



U.S. Department  
of Veterans Affairs

# Patient Centered Learning (PCL) Program Overview & Current State

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# Legislative Requirement for PCL

## MISSION Act Requirement 1

- The Secretary of Veterans Affairs shall **develop and administer an education program** that teaches Veterans about their health care options through the Department of Veterans Affairs

## MISSION Act Requirement 2

- Materials developed should be **accessible** to:
  - 1) Veterans who may not have internet access and
  - 2) in compliance with the *Americans with Disabilities Act of 1990*

## MISSION Act Requirement 3

- The Secretary shall develop a **method to evaluate the effectiveness of the education program** annually and **submit a report to Congress** (CMR) with respect to the most recent evaluation

# Data Call & Stakeholder Input Results-April 2021

- A data call was conducted in April 2021 to obtain information from program offices that provide patient education and/or relate to VA MISSION Act requirements.
- There were 55 total responses from different program offices to 15 different questions about patient education evaluation.
- **60% of respondents said they don't report on Veteran patient education programming or outcomes, indicating a gap.**
- **Of those 40% who do report on Veteran patient education programming or outcomes:**
  - 50% don't frequently evaluate the effectiveness of patient education materials & programming.
  - 51% evaluate patient education by measuring utilization (e.g. hits on a website, # of Veterans enrolled in programming).
  - **A small percentage assess clinical outcomes and assessment of educational outcomes (knowledge, skills, and confidence).**

# Initial Program Vision

## VHA Vision

VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence-based.

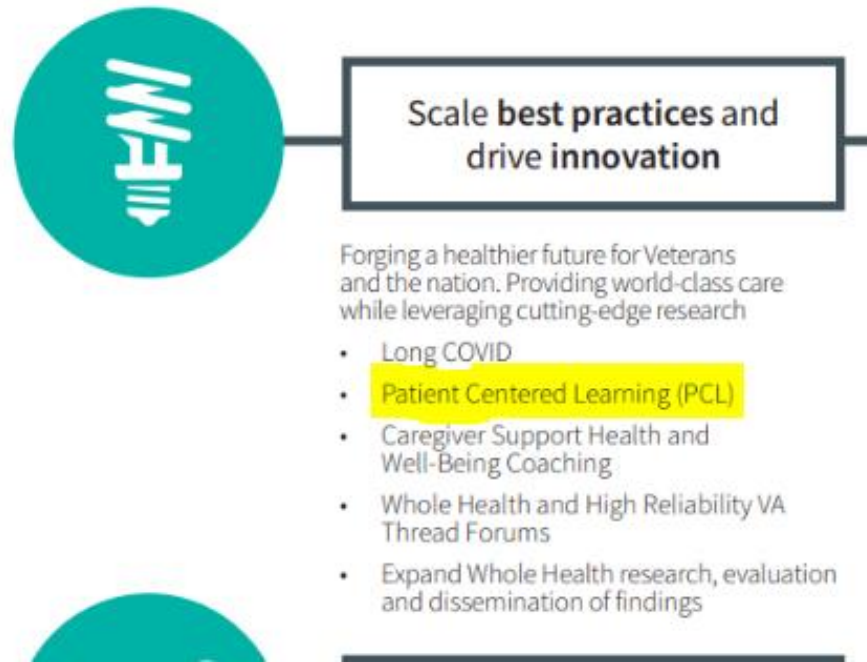


## Proposed PCL Vision

PCL will drive VHA's transformation to become a health literate organization that employs evidence-based health literacy strategies and promotes productive patient-centered interactions that result in health literate, activated and empowered Veterans and Caregivers.

# PCL and Priorities 2 Action Plan

- Patient Centered Learning is identified as a “Strategic Enabler” under “Scale best practices and drive innovation” to address the VHA Priority, **Support Veterans’ Whole Health, Their Caregivers and Survivors** in the [VHA Priorities 2 Action Plan](#).

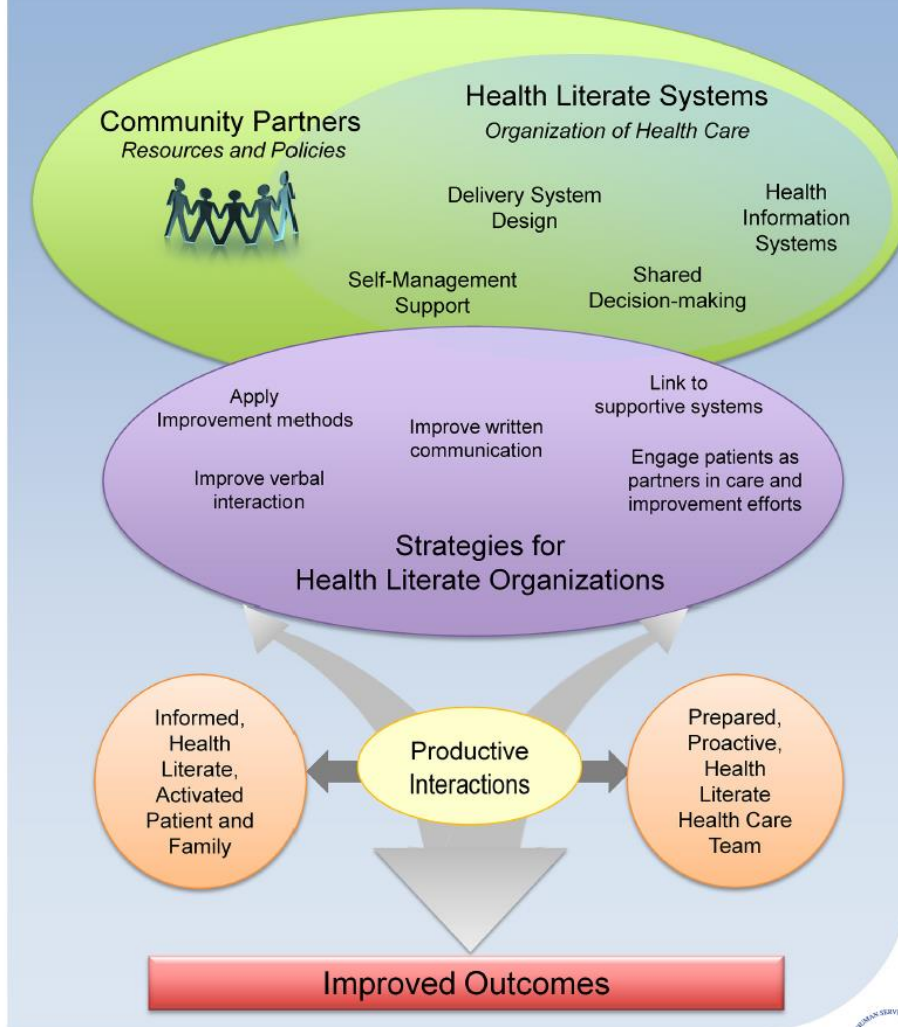


- Opportunity for Patient Centered Learning to drive best practices and innovation for patient education strategies and effective evaluation of patient education across VHA as an organization to support Veterans’ Whole Health Care.



# Health Literate Care Model

*A Universal Precautions Approach*



See: Koh, H.; Brach, C.; Harris, L.M.; and Parchman, M.L. (2013) "A Proposed 'Health Literate Care Model' Would Constitute A Systems Approach to Improving Patients' Engagement in Care." *Health Affairs*. No. 2 (357-367).



## Health Literate Care Organizations employ:

- Delivery System Design
- Self-Management Support
- Shared Decision-Making
- Health Information Systems



## Community Partnerships

- Resource and policies

## Strategies for Organizations to Employ:

- Apply improvement methods
- Improve verbal interaction
- Improve written communication
- Link to supportive systems
- Engage patients as partners in care & improvement efforts

## Productive Interactions lead to:

- Informed, health literate, activated patient and family members
- A prepared, proactive, health literate health care team
- Improved Outcomes (Health, Pt Experience)



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# Healthy People 2030: Health Literacy Definitions

## Personal Health Literacy

*The degree to which **individuals have the ability to** find, understand and use information and services to inform health-related decisions and actions for themselves and others.*

## Organizational Health Literacy

*The degree to which **organizations equitably enable** individuals to find, understand and use information and services to inform health-related decisions and actions for themselves and others.*

Healthy People 2030's two complementary health literacy definitions when combined constitute **health literacy**



[Health Literacy in Healthy People 2030 | health.gov](https://health.gov)



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# Personal Health Planning

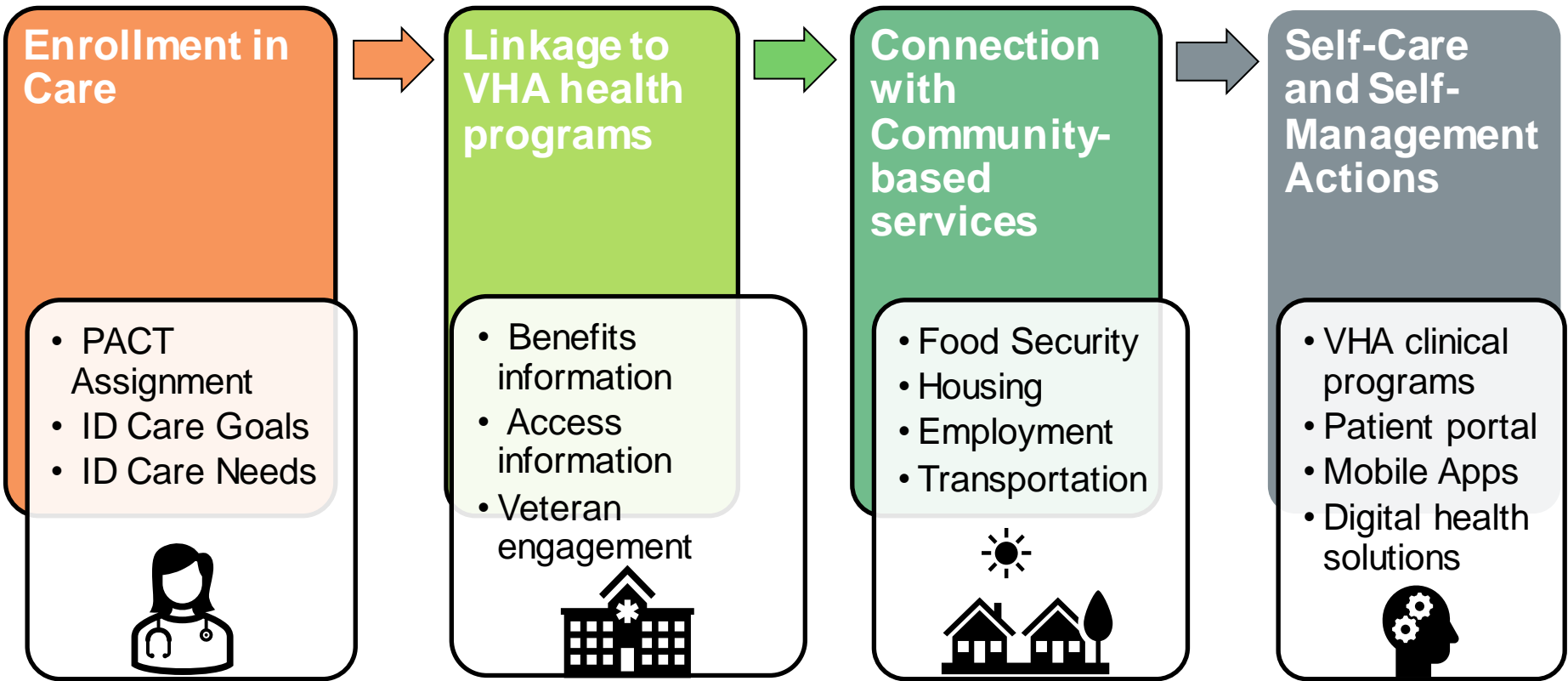
***Personal Health Planning is an iterative interactive health education process*** that includes helping people to obtain and understand health information needed to inform decisions and take actions that protect and promote health and well-being.



PHP engages and activates people to **take actions that promote improved care, self-care, self-management, and ultimately, health care outcome**



# What might this look like for Veterans?

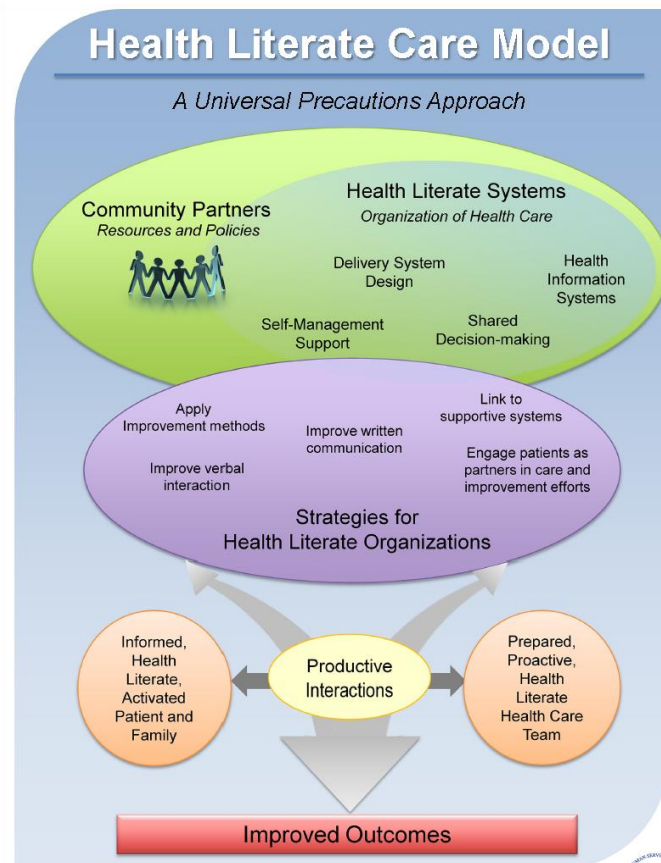
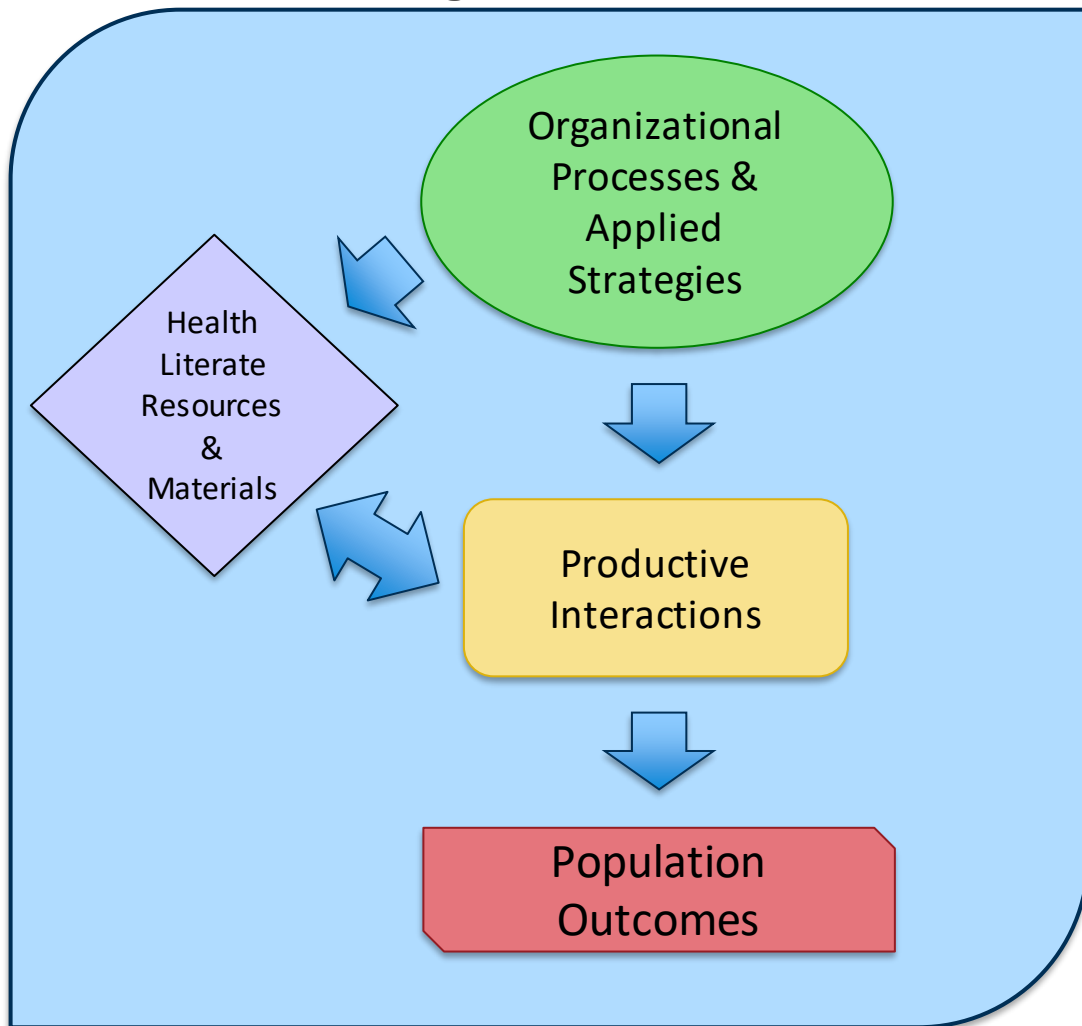


**Veterans choose VA and experience VA as a coordinated system that meets their health care needs, where they can access, understand and act on the information, resources and programs they need to take charge of their health and live their life to the fullest.**



# Patient Centered Learning Evaluation Logic Model

## PCL Logic Model Framework

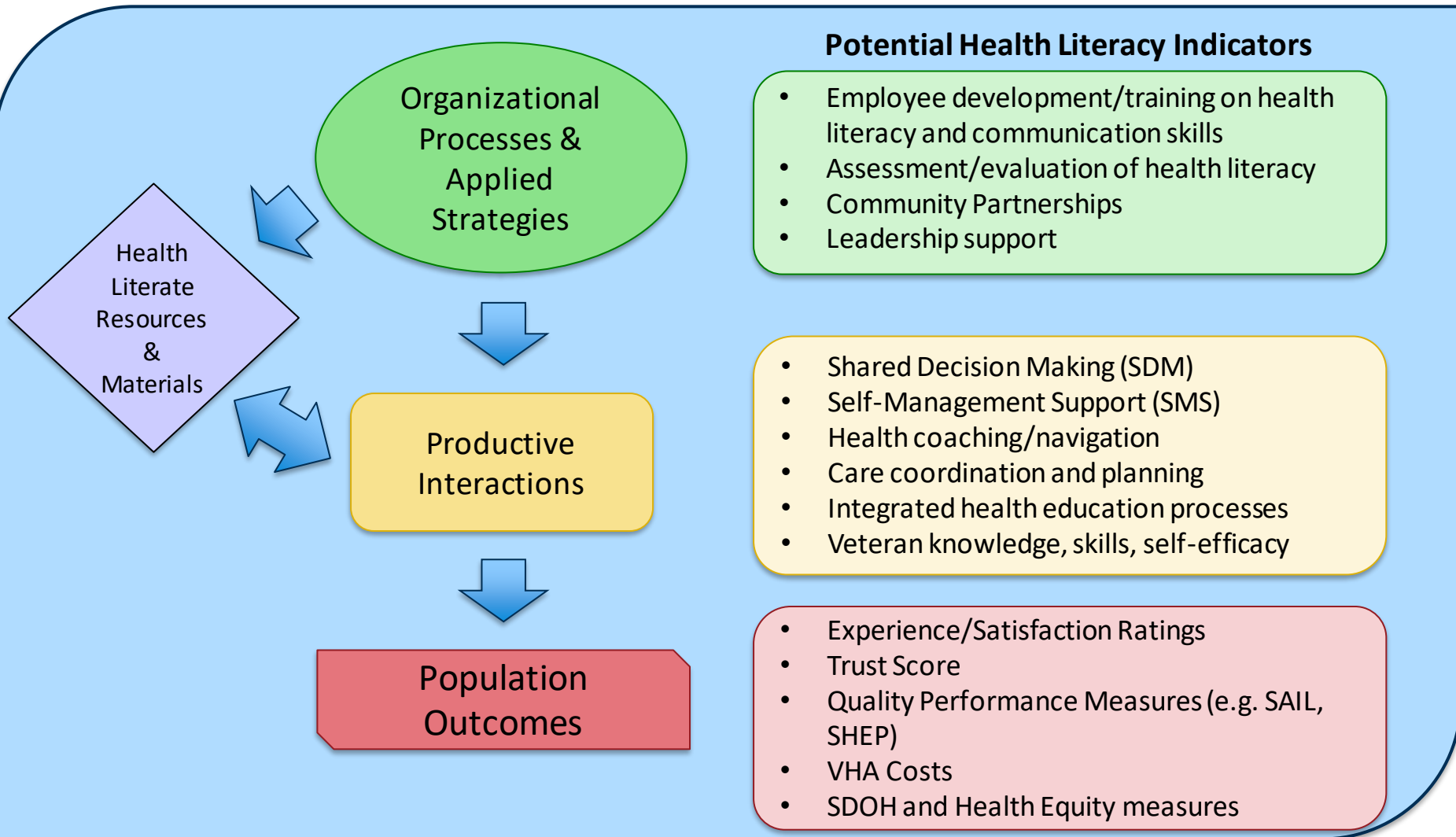


See: Koh, H.; Brach, C.; Harris, L.M.; and Parchman, M.L. (2013). "A Proposed 'Health Literate Care Model' Would Constitute A Systems Approach to Improving Patients' Engagement in Care." *Health Affairs*, No. 2 (357-367).



## HLCM Framework

# Patient Centered Learning Evaluation Logic Model



# NCP & HSR&D Field-Based Advisory Event

## Objectives from the November 15 and 16 Field Advisory Event:

1. Identify gaps between existing VHA measures and the Health Literate Care Model (HLCM)
2. Generate recommendations to close gap(s) between existing and desired measures to help design VHA's evaluation methods for organizational health literacy and patient education
3. Identify opportunities for further research in VHA on health literacy strategies

Links to materials from the FAE are available here: [NCP & HSR&D Field-Based Advisory Event: Evaluation of Patient Education and Health Literacy](#)

# NCP & HSR&D Field Advisory Event

## Group 1 Focus: Organizational Processes

- Evaluating how VHA supports health literacy and health education in VHA.
  - *Led By: Mandy Kumpula (OMHSP/MIRECC) & Angela Sankarkumar (NCP) & Amanda Midboe (HSR&D)*

## Group 2 Focus: Productive Interactions




- Focuses on the impacts of teams/clinicians' efforts to deliver health education interventions
  - *Led by: Marla Clayman (HSR&D) & Daniel Greenwood (NCP)*

## Group 3 Focus: Population Outcomes

- Those outcomes that are “downstream” that reflect an increase in health literacy and health literacy's impact on health outcomes
  - *Led by: Jim Schaefer & Team (Patient Experience/SHEP) & Sarah Bowman (NCP) & Rachel Kimerling (HSR&D)*



# Putting it all Together

- **Group 1 Focus:** Evaluation of **organizational processes & applied strategies** that support and enable a health literate care model across the organization.  This refers to organizational strategies and processes within VHA that **enable** productive interactions between patient/caregivers and VHA health care teams.
- **Group 2 Focus:** Evaluation of **interactions** between patients/caregivers with health care teams, health educators, other VHA staff, and digital resources. Measures of interactions that might include BOTH processes and outcomes of the interaction or program  This measurement most likely occurs **at the time** of the interaction or soon after the encounter.
- **Group 3 Focus:** Evaluation of potential **population outcomes** that result from implementation of a health literate care model in VHA. This may include broad measures of patient experience (e.g. SHEP) that reflect the impact of all productive interactions experienced by specific Veteran populations and/or in specific settings.  Population measures or metrics are usually measured **at intervals of months to years.**



# **Breakout Group Overview & Results**



# Breakout Group 1: Organizational Processes

## Primary Question:

- What are the 3 most important attributes for improving organizational health literacy in VA?



# Attributes of a Health Literate Organization

## Health Literate Care Organization

Leadership Involvement & Support

Integrates HL Strategy into planning, evaluation, improvement

Prepares the workforce

Includes Populations Served in Development & Design

Meets Needs of Populations without Stigmatizing

Confirms Understanding at all points of contact

Streamlined Access to information, services and navigation

Designs easy to understand content that's actionable

Addresses health literacy @ high-risk situations

Clearly communicates health plan & benefit information



# Breakout Group 1: Organizational Processes

## Probing Questions:

Which attributes are most consistent with VHA priorities?

Which best reflect the degree to which VHA enables individuals to find, understand, and use information and services to make health-related decisions for themselves and others?

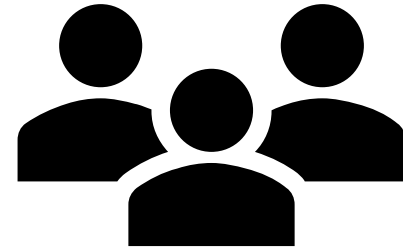
What are the available strategies for addressing these attributes?

Are there existing measures for these attributes?



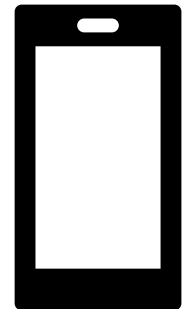
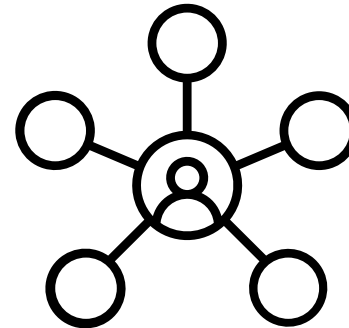
# Recommendations-Top 5 attributes

**1. Leadership Involvement and Support**



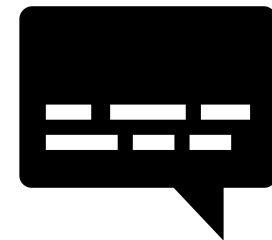
**2. Prepares the Workforce**

**3. Streamlined access to information, services and navigation**



**4. Includes populations in development and design of patient education**

**5. Clearly communicates health plan & benefit information**



# Leadership Involvement & Support

## 1. Leadership Involvement and Support

- Obtain VISN and facility leadership input about improving organizational health literacy
- Awareness campaign around organizational health literacy
  - Provide summary report to the Healthcare Operations Council (HOC) and additional feedback on clinical stakeholders
- **Potential metric:** HL-10-HO assessment for VISN and facility leaders to assess how VHA is currently doing in the 10 attributes of organizational health literacy
- **Potential metric:** Element on Network Directors performance plan around organizational health literacy

# Workforce Development

## 2. Workforce Development

- Develop nursing/clinician competencies around health literacy
- Environmental scan to determine current staff use and awareness around patient education and patient engagement tools to promote health literate, productive interactions
  - Standardized plan and written framework for the development of patient education materials
- CPRS template on patient education to include Teach-Back and Joint Commission Requirements to gather greater documentation on use of Teach-Back
- **Potential metric:** % completion or use of health literacy/patient education competencies, health factors data of using Teach-Back in CPRS

# Streamlined Access

## 3. Streamlined Access to Information, Services, and Navigation

- Enhance and raise awareness of existing tools and resources that help provide Veterans with information on navigating different resources within VA (example: [Print Out Your VA Welcome Kit | Veterans Affairs](#))
  - Review of functionalities with Patient Portal (My HealtheVet and Cerner My VA Health) and other digital technologies that support patient engagement and how Veterans and staff are aware of those different functionalities (e.g., Secure Messaging, After Visit Summary, Mobile apps)
  - Lessons learned from redesign of va.gov website and how we continue to align resources along FAQs from Veterans around health care services and information
- **Potential metric:** Understanding of patient use of digital-facing patient technologies and staff understanding of these technologies to drive patient engagement

# Includes Populations in Development and Design

## 4. Includes Populations in Development and Design of Patient Education

- Engage additional stakeholders from ILEAD (e.g., Designated Learning Officers) for input on this
  - Develop a recruitment plan or strategy to increase the diversity of Veteran feedback
  - Veteran journey map on patient education-identifying moments that matter where Veterans may need more education/information and ensuring health literate, productive interactions at that point in time
- **Potential metric:** Develop specific measurements to track Veteran recruitment strategies against



# Clearly communicates health plan & benefit information

## 5. Clearly communications health plan & benefit information

- Opportunity with the PACT Act to think about how we can more clearly communicate health plan & benefit information.
  - How can we increase engagement with VBA as that is often the first interaction with VA Veterans have as they are determining their eligibility and services?
  - This is challenging to do in both the private sector and VA as it is hard to clearly communicate the cost of care, but we do have opportunities for this in VA!
  - Important to get Veteran feedback on this element, which aligns with attribute #4
- **Potential metric:** Consider evaluation plan elements within Section 121 of the VA Mission Act of 2018

# Breakout Group 2: Productive Interactions

Patient education requires a prepared learning system that meets all patients, caregivers, and family members at their current state of health literacy.

## Primary Question:

Assuming patient education has occurred, what could be measured that assesses the impact of health literacy that is **cross cutting** across multiple VHA programs?



# Breakout Group 2: Productive Interactions

What suggests patients/Veterans **know** what is needed to take action? (e.g., "I have the tools & confidence I need to...")

What would best reflect a person's perceived knowledge of resources and support for self-management?

What indicates a person's overall comfort and knowledge with VA health services and treatment options?

What is the ideal timeframe to capture this measure? (e.g., during the interaction, following the interaction)

# Key Takeaways

## *What should we implement for measures?*

- Include mix of survey, interviewing/observation, and documentation.
- Crosswalk of processes and outcomes for Veteran/patient/family AND clinician/clinical team.
- Utilize existing measures.
- Equity in the design and deployment of measurement.

# Key Takeaways

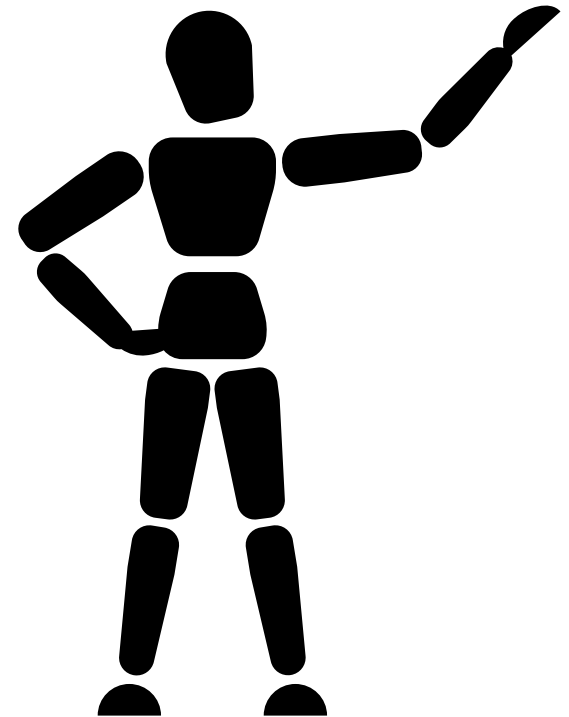
## *What supports are needed for implementation?*

- Leverage virtual and digital technologies:
  - Make pre & after-visit summaries easy to understand and actionable.
  - Dedicated resources for virtual care access and navigation.
- Create training opportunities for clinicians/clinical teams.

# Breakout Group 3: Population Outcomes

## Primary Question:

- What are **three** cross-cutting, measurable population-level outcomes that best demonstrate an individual took action or planned to take action based on their engagement in health education processes?



# Breakout Group 3: Population Outcomes



What indicates that an action was taken (or was enabled) as a result of health literacy/health education processes?



Can these outcomes be feasibly measured?



Can these measures be applied across multiple programs/populations/contexts?



# Key Takeaways

- SHEP metrics for communication, self-management support, and shared decision-making were significant existing strengths
- There is a need for metrics that focus on interactions, not solely on what providers do or say
- Evaluation should ensure population equity by stratifying metrics on key factors, such as gender identify, race/ethnicity, disability, and social determinants
- There is a need for research that links health literacy metrics to key health outcomes (e.g., rehospitalizations)



# Initial Recommendations

## What should we continue doing?

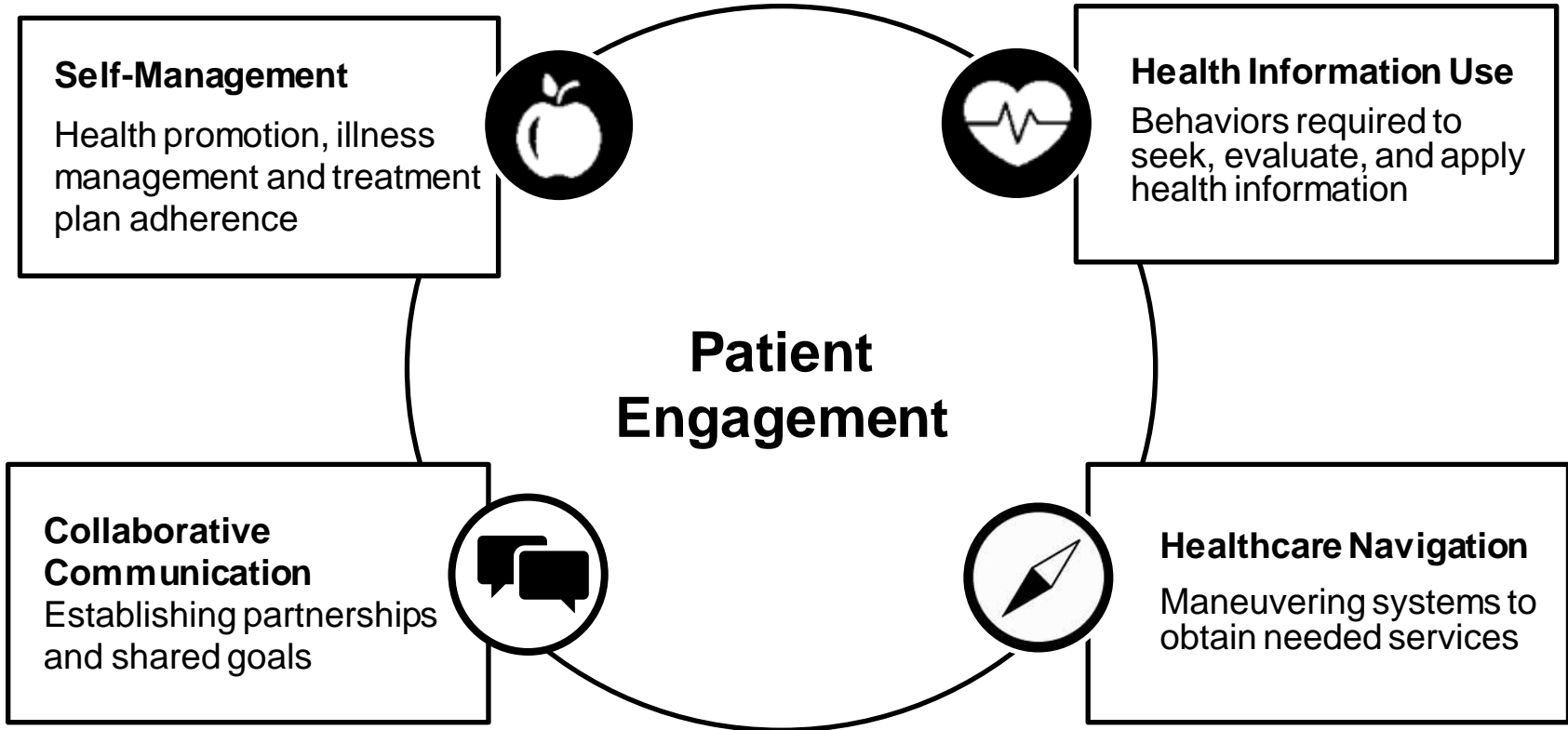
1. Build on existing SHEP Communication items to ensure that we can **more broadly** address communication across the care team and allied health professions
  - In the last 6 months, how often did this provider explain things in a way that was easy to understand?
2. Build on existing SHEP Inpatient Survey items to achieve **cross-cutting** metrics of patient-centered self-management
  - During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.
  - When I left the hospital, I had a good understanding of the things I was responsible for managing my health.

## What should we implement?

3. Measure patient engagement with care: PROMIS Healthcare Engagement
  - (see next slide)

# PROMIS Healthcare Engagement Measure

Patient engagement is the self-efficacy for the behaviors required to benefit from healthcare



The PROMIS Healthcare Engagement measure was developed with VHA users and with Veteran engagement

# PROMIS Healthcare Engagement Measure Items

## PROMIS Healthcare Engagement Short Forms

How true is each statement for you?

<i>4-item</i>	<i>8-item</i>		not at all true	a little bit true	somewhat true	mostly true	very true	
	PHE12	1	I know I can get a provider to deal with my main health concerns.					
x	PHE13	2	I can make sure my concerns are fully addressed before I leave appointments.					
	PHE02	3	When I need more information, I ask, even when my provider is in a rush.					
x	PHE03	4	I make sure I understand all of my test results.					
x	PHE17	5	I can get the care I need without getting discouraged.					
x	PHE08	6	I know I can get the information I need about the pros and cons of treatments.					
	PHE04	7	I know I can express my doubts, even when my provider might disagree.					
	PHE05	8	If I didn't think a treatment was working, I would tell my provider.					

<https://www.healthmeasures.net>

Kimerling, R., Zulman, D. M., Lewis, E. T., Schalet, B. D., Reise, S. P., & Tamayo, G. T. (in press). Clinical Validity of the PROMIS Healthcare Engagement 8-item Short Form. *Journal of General Internal Medicine*.



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# Longer-Term Recommendations

- Create caregiver/family member-specific survey questions on patient engagement
- Develop survey questions regarding effectiveness of self-management
  - Demonstrate that an individual took action based on patient education
- Conduct a baseline assessment to measure personal health literacy in the VHA population
- Create a “menu of services” for health literacy
  - Potential to implement within the Patient Centered Learning program office



# Future Items to Consider

- AES questions for clinical/direct patient care employees on health literacy
- Adaptation of other vetted measures available from government partners (e.g., CAHPS Health Literacy Supplemental items, AHRQ measures)
- Measurements of well-being that may impact or are associated with health literacy
- Measurements of Social Determinants of Health
- Ways to measure use of visual aids to increase health literacy



## Next Steps and Future Research



# What did we hope to accomplish from this event?

- **Identify key priorities and recommendations to inform an evaluation framework for health education/patient education across VA**
  - During our data call in April 2021, one of the biggest gaps identified in patient education is *consistent evaluation strategies* across VA.
  - There is also limited information on how the private sector and other organizations are addressing evaluation of health education/patient education.
  - This is an opportunity for VA to be a leader in developing an organizational health education/patient education framework.
- **What might result from these key priorities and recommendations?**
  - Priorities and recommendations will be reviewed by the national Patient Centered Learning Program to determine next steps and potential implementation strategies, in collaboration with HSR&D and other VACO program offices.
  - These implementation strategies will help move VA forward in developing effective health education/patient education evaluation strategies, and ultimately an evaluation framework for health education/patient education that accelerates VA's efforts to adopt attributes of a *health literate care organization*.
  - Drive future research opportunities for HSR&D around health education/patient education, such as development of research priorities and plans for partnered evaluation.

# NCP & HSR&D Field-Based Advisory Event

## What have we learned?

- It's exciting and productive to bring together clinicians, researchers, Veterans, advocates, staff and a variety of other stakeholders who share a passion for engaging patients/Veterans/Caregivers.
- We also need to involve Veterans in the development of the evaluation plan.
- It's challenging to identify specific metrics when evaluating complex processes, such as organizational and personal health literacy and health education.
- Considering both importance and feasibility is a valuable strategy for prioritizing evaluation approaches.
- We can begin by building on existing VHA measures and approaches (e.g. SHEP, VSignals), adding other vetted measures available from government partners (e.g., CAHPS, AHRQ measures)
- Patient Centered Learning will benefit from continued collaboration between FAE participants, particularly HSR&D research teams.
- We will focus on short-term big wins to start, while also developing long-term plans.



# Summary and Next Steps

- **It is a long journey to become a health literate care organization.**
  - More work is needed to familiarize leaders, as well as staff, with the health literate care model framework, the concepts of organizational and personal health literacy, and the attributes of a health literate organization.
  - We also need to think about what implementation of those concepts looks like across all VHA national program offices and systems of care.
- **There are many opportunities to drive best practices and future research in effective evaluation of patient education, especially in an organization as large as VHA.**
  - This work can align with existing VHA strategic initiatives, including HRO and Whole Health, in potential alignment with next steps from [Whole Person SOTA Conference](#).

# Future Opportunities

- We are looking for HSR&D researchers interested in future research and evaluation opportunities around patient education and health literacy.
- We hope to build momentum through some of the following potential opportunities:
  - Patient Education and Health Literacy Research Interest Group
  - MOU with a Center of Innovation (COIN)
  - Partnered Evaluation for the Patient Centered Learning Program
  - Other ideas?
- Indicate your interest through the following [Qualtrics Form](#)

# Questions?

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