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Health Literacy Improves Health Care Quality

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Health Literacy Improves Health Care Quality

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Abstract

A lack of knowledge about health literacy is a cause for quality healthcare concern as the world advances in health information technology. Many patients struggle to understand and navigate their health and well-being as a result of lack of understanding of the treatment plan due to low literacy skills. Several federal policy initiatives promote health literacy as the responsibility of the healthcare organization. Improving health outcomes through health literacy should be a commitment of healthcare organization through providing clear communication, simplified forms, assistance, and even follow-up calls. Three major initiatives will combat health literacy to include the Affordable Care Act; the National Action Plan to Improve Health Literacy of the Department of Health and Human Services; and the Plain Writing Act of 2010. These initiatives place strategic efforts on health literacy, health technology, and health disparities through patient-centered care in an effort to improve the quality of healthcare.

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Healthcare Quality through Health Literacy

Chapter 1

Introduction

Patients of all ages, cultures, and socioeconomic status face many barriers when making decisions about their health. The decision making is complicated with various forms, treatment plans, prescriptions, and health plans. Health literacy involves more than reading skills. Improving communication between provider and patient will empower the patient to navigate and make appropriate health decisions. Health literacy is not discriminatory as many patients struggle with understanding basic and chronic illness, medications, and treatment plan due to the limited literacy skills. In 2006, the U.S. Department of Education provided data that 36 percent of adults have basic or limited health literate skills (Boodman, 2011). President Obama signed the Plain Writing Act in October 2010 directing providers to use plain language to improve health outcome.

Healthy People 2020 defines health literacy as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” With this in mind, patients must make a choice to start a conversation with a physician to gain control of their health and become actively involved in their care. According to Uhrig, Harris-Kojetin, Bann and Kuo (2011), “Informed decision making requires that consumers have accessible information on which to base health-related decisions” (p. 715). As a healthcare industry moves towards value based consumer care, patients must become active in their health decisions and providers must be follow suit with understanding and awareness of the federal initiatives to advance healthcare.

Improving healthcare can be advanced through health literacy as federal and private organizations follow federal policy initiatives. Health literacy can address health care access,

quality, and cost as healthcare organizations improve communication between provider and patient. The federal policy includes three major initiatives to combat health literacy. These initiatives are the Affordable Care Act; the National Action Plan to Improve Health Literacy of the Department of Health and Human Services; and the Plain Writing Act of 2010, which requires new publications, forms, and publicly distributed meaningful documents. Physicians and healthcare organizations as a whole often function with limited understanding of health literacy.

Background

Many providers assume that patients are advocates in their healthcare due to the advances in healthcare. However, health disparities are alarming due to age, culture, and socioeconomic status. Berkman, Sheridan, Donahue, Halpem, and Crotty (2011) indicate in their findings that poor health outcomes as well as the use of health care services and rising health care costs are contributed to low health literacy. Improving healthcare literacy among Americans is no longer the responsibility of educators as new federal initiatives require private and public healthcare organizations to provide value based care through providing clear and concise communication and information.

A physician may lack the time needed to encourage patients to ask questions thus this leads to patients not recalling important information during the encounter. . This may complicate the care of the patient thus reflecting poor quality. The lack of understanding or confusion may be due to limited time in with the physician, lack of understanding of medical terminology, and lack of clear explanations. Schillinger (2011) suggests that to assist a patient in understanding and adherence, physicians must create new concepts to communicate and engage patients especially with patients who have low functional health literacy. Through physician-patient engagement, a physician may simply ask a patient to recall or repeat the instructions to ensure

understanding of illness or treatment. Closing the communication loop through patient engagement of recall and repeat may be a simple new and effective concept in patient quality care.

Healthcare organizations can address the national agenda of health literacy focusing on patient-centered care through the use of free online resources through the Department of Health and Human Services. Effective communication, engaging the patient and family, and coordinating care is part of patient-centered care. Focusing on patient centered care, physicians can empower patients to manage their own care through health literacy.

Purpose of the Study

The purpose of this study is to evaluate health literacy among the elderly population. By analyzing data from a survey of physician offices, this study aims to address health literacy from patient-centered care through the types of resources used within the organization.

Significance of Study

This study seeks to add to the evidence of lack of health literacy resources used in physician offices. It is a wide spread assumption that as healthcare evolves, health literacy increases. Healthcare professionals will benefit from this research by having a clearer picture of the actual resources available for use with patients to encourage patient-centered care. This research will provide valuable information that will enable healthcare professionals to develop health literacy tools for their staff. Specifically, this information can be used for developing training to enhance health literacy with patients.

Chapter 2

Review of Literature

Research of relevant literature was performed using the University of Tennessee online library. Database searches include CINAHL, Pub Med, Centers for Disease Control and Prevention, Institute of Medicine, and Department of Health and Human Services as well as Google Scholar. Search guidelines were followed for each database using keywords that reflected Literacy, Health, and Quality. The keywords and combinations of keywords used in the searches include health Literacy, quality patient care, elderly population, and lack of understanding of medical treatment plan. This literature review sought to include articles that were published from 2010-2015 written in English and addressed the impact of health literacy and quality care.

Articles found in the literature search contained information on health literacy and poor quality care. Through this search, articles found from Department of Health and Human Services were surrounding federal initiatives to address health literacy to improve patient quality of care. Healthcare organizations have opportunities to address health literacy through the implementation and use of the Accountable Care Act, National Action Plan to Improve Health Literacy, and the Plain Writing Act of 2010. Other articles prove that a healthcare organization does not need to reinvent the wheel and can become a better driver of improving patient care.

Findings

Health Literacy and Healthcare Quality. Healthcare organization provides patient instructions to improve health. Understanding health literacy of adults in healthcare can be challenging as poor communication between patients and providers suggest poor health outcomes (Kutner, Greenburg, Jin, Paulsen, 2006). Critical components of assessing health literacy include health information seeking, communication, navigation, decision making, and

cognitive skills. Even people with good literacy skills may struggle with understanding health care information. Anxiety may also limit a patient's ability to listen and remember the instructions of the treatment plan.

Filling out registration forms and consent forms can be overwhelming. Simple forms with clear and concise language will benefit all patients. Additionally, help should be offered to patients in completing forms. Written instructions should be simple and easy to read and understand (Cornett, 2009). Clinical staff should review the instructions with patients to ensure the patient understands the information. Asking patients to repeat to you in their own words is also appropriate to ensure understanding.

Using varied materials such as videotapes, audiotapes, pictograms, and demonstrations can benefit patients in understanding their treatment plan. According to Cornett (2009), "Knowing whether your patient has low literacy skills is very important. This knowledge enables you to match your verbal instructions and the readability level of materials to the health literacy skills of your patients." Assessing literacy should become part of the assessment during an exam. For example, Cornett (2009) recommends using a free resource from Pfizer Clear Health Communication Initiative website. The assessment is ice cream container nutrition label to assess literacy. The provider will ask the patient six questions as the patient reads the label.

Chapter 3

Methodology

Research Questions

This study seeks to improve care from a value perspective addressing health literacy through available federal initiatives. Specific research questions include the following:

1. What is the primary age of the health population you serve?

- Under 25 _____
- 26-45 _____
- 45-64 _____
- Over 65 _____

2. What is Humana Medicare Advantage membership you serve? _____ What is the traditional Medicare plan membership you serve? _____ What is your total organization membership you serve? _____

3. Are you familiar with Affordable Care Act? _____

4. Are you familiar with the National Action Plan to Improve Health Literacy of the Department of Health and Human Services? _____

5. Are you familiar with the Plain Writing Act of 2010? _____

6. Check all that apply for the types of literacy resources you use to educate your patients?

_____ Video

_____ Typed Treatment Plan

_____ Verbal Treatment Plan

_____ FU phone call

_____ Patient Portal

_____ Treatment/Condition Data Sheet

7. Check all that apply that your staff completes to know the patient understands the treatment plan.

_____ Ask patient to repeat treatment plan

_____ Provide Typed Treatment Plan

_____ FU phone call to ensure patient understands plan

8. Have you ever asked the patient to read the prescription or treatment plan to you?

___yes ___no

9. How much time do you spend on average with each patient?

___5-10 minutes ___11-15 minutes ___16-20 minutes ___More than 20 minutes

10. What is the population or demographics you serve?

___low income ___middle class ___combination of all income levels

The analysis of the survey data will focus on the size healthcare organization, age of health population, and other health literacy variables. Survey data will be analyzed by compiling statistics from response rates and frequencies of variables.

Research Design

A survey questionnaire (Figure 1) was developed to collect information to examine the impact that adoption and implementation of health literacy is having on patient health outcomes.

The final data collection tool contained variables:

1. Population Served
2. Age of population
3. Medicare Advantage patients versus traditional Medicare plan versus total organization membership
4. Health Literacy Tools used for education the patient
5. How do you know a patient understands the treatment plan
6. Are you familiar with Affordable Care Act?
7. National Action Plan to Improve Health Literacy of the Department of Health and Human Services
8. Are you familiar with the Plain Writing Act of 2010?
9. Time spent with patient
10. Have you asked the patient to read part or all of the treatment plan?

Variables and Rationale

Population Served: Survey choices were (a) low income, (b) middle class, (c) combination of all income levels.

Rationale: The low income population often has an increase in low literacy skills and poor quality healthcare.

Age of population. Survey choices were (a) Under 25, (b) 26-45, (c) 45-64, (d) Over 65

Rationale: The age may be a factor in health literacy. Elderly patients typically lack understanding of his or her treatment plan due to physician or appropriate staff not taking time to fully explain the treatment plan and seek feedback.

Medicare Advantage Patients versus traditional Medicare Plan: Survey choices were to provide the total for each membership.

Rationale: Understanding the number of patients who selected a MA insurance plan with more benefits than a traditional Medicare plan promotes an understanding of improved health literacy as well as the overall population served.

Types of literacy resources used to educate patients. Survey choices were (a) Video, (b) Typed Treatment Plan, (c) Verbal Treatment Plan, (d) FU phone call, (e) Patient Portal, (f) Treatment/Condition Data Sheet.

Rationale. It is important to gain a clear understanding of the processes used to improve health outcomes through types of education provided.

How do you know the patient understands the treatment plan? Survey choices were (a) Ask patient to repeat treatment plan, (b) Provide Typed Treatment Plan, (c) FU phone call to ensure patient understands plan.

Rationale. Often a patient may leave the office communicating understanding, but will forget what has been told to them or lack the ability to read the treatment plan provided.

Are you familiar with Affordable Care Act? Survey choices were (a) yes, (b) no

Rationale. Affordable Care Act was created to improve the quality of health care and promotes that all people of all ages and demographics have access to insurance.

Are you familiar with the National Action Plan to Improve Health Literacy of the Department of Health and Human Services? Survey choices were (a) yes, (b) no

Rationale. Many organizations lack understanding of various methods to improve health outcomes of patients thus not recognizing patients lack health literacy. It is important that healthcare organizations understand do not need to reinvent the wheel to promote understanding of treatment plan and improve quality of care. A federal initiative has been created to improve health literacy skills and improve the quality of care.

Are you familiar with the Plain Writing Act of 2010? Survey choices were (a) yes, (b) no

Rationale: Many organizations lack understanding of various methods to improve health outcomes of patients thus failing to recognize health literacy struggles. A federal initiative has been created to improve health literacy skills to improve quality of care.

Have you ever asked the patient to read part or all of the treatment plan to you? Survey choices were (a) yes, (b) no

Rationale. Often the clinical staff assesses the patient's health from a subjective and objective perspective. An additional step for assessment to gain knowledge of the patient's level of literacy can be a starting point of how to best to provide the treatment plan education to the patient.

Approval

A draft of the survey questionnaire was submitted to Sajeesh Kumar KR, PhD, associate professor in the Health Informatics and Information Management Department. Approval was given.

Database Selection

After approval of the survey tool, selection of a database utilizing the survey data began. Upon review of the databases, it was found Survey Monkey and a pivot table in Excel would meet the needs of the study. Excel has many features to support the collection and analyzing survey data.

Data collection instrument

A data collection instrument was developed in Survey Monkey incorporating the variables discussed above. The survey was administered through Survey Monkey utilizing a web line that provided direct and quick access to the survey tool. This data collection method was found to be short, simple, and user friendly.

Population and Sample Design

Providers from Humana Medicare Advantage plans in the Tampa and Gulf Coast Florida area were chosen to receive the invitations to participate in the survey. Tampa and Gulf Coast were chosen because of the increase in Medicare Advantage membership. The Medicare Risk Adjustment coders were contacted to aid in establishing a list of the providers to receive the survey. The sample size was based upon the total membership for Humana Medicare Advantage members in this geographical region (figure 4 and figure 5).

Data Collection Procedures

A cover letter (figure 2) with a quick link to the survey tool in Survey Monkey was dispersed to the contact person based upon grouper number (figure 4) on October 15, 2015 (figure 2). No provider completed the survey. As a result, on November 4, 2015, the MRA coders provided a copy to the contact person at the organization in which he or she completed a hard copy of the survey. 22 surveys were completed of the 95 centers emailed. A manual completion of the data was entered into Survey Monkey for appropriate statistical analysis.

Data Analysis

Survey Monkey data was used to complete a comparative analysis. Creation of frequency tables (Tables 1-13) were tested using the data analysis tool in Survey Monkey from the survey questions.

Chapter 4

Results

Response Rate of population

For the Tampa_Gulf Coast region, a total of 22 manual responses were received via the MRA coders for a response rate of 23%. The first request for participation yielded a 0% response rate. Upon seeking clarification, the MRA coders identified the issue as many of the small healthcare organizations do not use email and the large healthcare organizations did not take the time to complete.

Frequency Tables

Summaries of the counts and percentages of the responses to each of the 13 survey questions are show in Tables 1-13. The first two tables provide information about the demographics and age of the members. Tables 3-8 provide information about the federal health initiatives. Tables 9-12 provide information about education and time with the member. Table 13 provides optional center information.

Chapter 5

Analysis and Discussion

All of the respondents are from family health and internal medicine healthcare organizations.

Limitations

There are important limitations to this study to be considered.

- The literature review revealed a limited number of peer review articles addressing the research topic, “Health Literacy”. As a result, the scarcity of the information does not allow for a broad comparison of the Tampa and Gulf Coast survey data with other studies.
- The survey conducted for this study was confined to Tampa and Gulf Coast family medicine and internal medicine Humana Medicare Advantage providers. The survey was not conducted nationwide. A nationwide survey may have yielded different results specifically to understanding the federal initiatives related to health literacy.
- The increase or decrease of healthcare organization staff may not have a direct result of the lack of knowledge of health literacy.
- Questions specific to staffing and education of the healthcare organizations were not included.
- Slow response rate for the survey yielded accurate results.

Chapter 6

Conclusion and Recommendation

Summary of Findings

Of the 22 surveys completed, the findings are as follows:

- **Question 1 (Table 1).** Yielded findings that 27.27% for ages 46-64 and 72.73% for ages over 72.3%
- This indicates that the majority of patients served are elderly population in the Tampa_Gulf Coast Region.
- **Question 2 (Table 2).** Yielded varied membership for 22 centers
- **Question 3 (Table 3).** Yielded varied membership for 22 centers
- **Question 4 (Table 4).** Yielded varied membership for 22 centers
- **Question 5 (Table 5).** Yielded findings of 99.91% are familiar with the Affordable Care Act and 9.09% are not familiar with the Affordable Care Act
- **Question 6 (Table 6).** Yielded findings of 54.55% are familiar with the National Plan to improve Health Literacy of the Department of Health and Human Services and 45.45% are not familiar with this National Plan.
- **Question 7 (Table 7).** Yielded findings of 59.09% are familiar with the Plain Writing Act of 2010 and 40.91% are not familiar with this Act.
- **Question 8 (Table 8).** Yielded findings of 0% do not use video to educate patients; 68.18% use typed treatment plan to educate patients; 90.91% use verbal orders when educating patients; 0% do not complete a FU to educate patients; 31.82% use a patient portal to educate patients; and 68.18% use a treatment/condition data sheet when educating patients.

- **Question 9 (Table 9).** Yielded findings that 18.18% ask patient to repeat treatment plan, 90.91% provide typed treatment plan; and 18.18% makes a FU phone call to ensure patient understands.
- This is contradictory to Question 8 that 0% do not complete FU calls to patients.
- **Question 10 (Table 10).** Yielded findings that 27.27% ask the patients to read the plan and 72.73% do not.
- **Question 11 (Table 11).** Yielded findings that 50% spend 5-10 minutes with patients; 9.09% spend 11-15 minutes; 27.27% spend 15-20 minutes with patient, and 13.64% spend more than 20 minutes with patients.
- This indicates that patients do not have to ask, read, repeat, or understand instructions provided to them.
- **Question 12 (Table 12).** Yielded findings that 40.91% serve low income population; 4.55% serve middle class population; and 54.55% server a combination of all income levels.
- **Question 13 (Table 13).** Yielded findings of 21 of the 22 provided the center number. This will me to provide specific data to the organization regarding health literacy to improve healthcare quality.

Conclusion

Health literacy must be addressed to ensure quality healthcare as the world advances in health information technology. Numerous federal policy initiatives promote health literacy as the responsibility of the healthcare organization as patients struggle to understand and navigate health and well-being. Improving health outcomes through health literacy must be a commitment of healthcare organization through providing clear communication, simplified forms, assistance,

and even follow-up calls. As discussed, the three major initiatives to combat health literacy include the Affordable Care Act; the National Action Plan to Improve Health Literacy of the Department of Health and Human Services; and the Plain Writing Act of 2010. These initiatives place strategic efforts on health literacy, health technology, and health disparities through patient-centered care in an effort to improve the quality of healthcare.

Implication of the Study

Healthcare professionals will benefit from this study by having a better picture of the federal initiatives and the resources available to assist with education of patients to improve health outcomes. The study results provide valuable information that enable healthcare professionals to develop valid strategic plans for their organizations to improve health outcomes by understanding health literacy. Specifically the resources available through the federal initiatives can be used to develop education modules to enhance health outcomes and health literacy.

Recommendations

The survey conducted in Tampa and Gulf Coast, Florida gathered data on the Medicare Advantage membership of Humana family medicine and internal medicine healthcare organizations. However, the data does not reflect the level of literacy among the members or patients seen as a whole. For example, of the 153 members, this data does not reflect or indicate the number of members who may lack health literacy. A subsequent survey could revise asking members to ask answer specific questions about health literacy. The most important recommendation to be drawn from the Tampa and Gulf Coast survey is to consider it a baseline from which to measure progress through additional surveys as well as adopt and implement the federal initiatives within the healthcare organizations to improve health outcomes.

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Figure 1**Health Literacy Survey Tool**

1. What is the primary age of the health population you serve?

- Under 25 _____
- 26-45 _____
- 45-64 _____
- Over 65 _____

2. What is Humana Medicare Advantage membership you serve? _____

3. What is the traditional Medicare plan membership you serve? _____

4. What is your total organization membership you serve? _____

5. Are you familiar with Affordable Care Act? _____

6. Are you familiar with the National Action Plan to Improve Health Literacy of the Department of Health and Human Services? _____

7. Are you familiar with the Plain Writing Act of 2010? _____

8. Check all that apply for the types of literacy resources you use to educate your patients?

_____ Video

_____ Typed Treatment Plan

_____ Verbal Treatment Plan

_____ FU phone call

_____ Patient Portal

_____ Treatment/Condition Data Sheet

9. Check all that apply that your staff completes to know the patient understands the treatment plan.

_____ Ask patient to repeat treatment plan

_____ Provide Typed Treatment Plan

_____ FU phone call to ensure patient understands plan

10. Have you ever asked the patient to read the prescription or treatment plan to you?

_____ yes _____ no

11. How much time do you spend on average with each patient?

_____5-10 minutes _____11-15 minutes _____16-20 minutes _____More than 20 minutes

12. What is the population or demographics you serve?

_____low income _____middle class _____combination of all income levels

13. What is your center number (optional)?

Figure 2**Letter emailed to Tampa and Gulf Coast HealthCare organizations**

October 15, 2015

To Whom It May Concern,

I am conducting a health literacy healthcare quality survey as part of my thesis to complete my Master of Health Informatics and Information Management. My goal is to bring awareness to health literacy and improve health outcomes through federal initiatives resources available by gaining and analyzing data from your healthcare organization.

The coder assigned to your center may assist you should you have questions. You may also contact me at the number below. The survey can be taken anonymous and will take approximately 5 minutes to complete. Please go to Survey Monkey link to complete the survey.

<https://www.surveymonkey.com/r/healthliteracyquality>

Rebecca Cook
MRA Frontline Leader
UTHSC MHIIM graduate student
321-697-6539

Figure 3

Tampa Gulf Coast Region Membership

2015 MEMBERSHIP												
JAN	FEB	MAR	APR	May	JUN	JUL	AUG	SEP	OCT	2015 Monthly AVG	2014 Monthly AVG	
5817	6795	6954	7078	7144	7221	7292	7368	7466	7605	7860	4536	
5817	6795	6954	7078	7144	7221	7292	7368	7466	7605	7860	4536	

2015 MEMBERSHIP by County												
COUNTY	JAN	FEB	MA R	APR	Ma y	JU N	JUL	AU G	SEP	OC T	Memb er Month s	2014 Month ly AVG
CHARLOTTE	944	150 4	151 0	153 5	155 4	155 6	157 9	157 7	1610	163 5	15004	874
COLLIER	574	587	583	586	585	602	604	617	634	651	6023	427
HILLSBORO UGH	250	248	251	249	247	249	250	254	253	227	2478	249
LEE	300 4	329 3	339 3	345 6	347 4	348 6	350 6	352 2	3533	357 3	34240	2421
MANATEE				1	1	1	1	1			5	
PINELLAS	155	174	210	232	262	285	307	335	358	375	2693	26
SARASOTA	890	989	100 7	101 9	102 1	104 2	104 5	106 2	1078	114 4	10297	539
Grand Total	5817	6795	6954	7078	7144	7221	7292	7368	7466	7605	70740	4536

Figure 4

Tampa Gulf Coast Region Healthcare Organizations

GROUPE	REGION	MARKET	COUNTY	PROV_CTRCT
96958020	GULF_TAMPA	GULF COAST	LEE	000120366
96958020	GULF_TAMPA	GULF COAST	CHARLOTTE	000124279
96958023	GULF_TAMPA	GULF COAST	LEE	000125884
96958023	GULF_TAMPA	GULF COAST	CHARLOTTE	000125887
96958023	GULF_TAMPA	GULF COAST	CHARLOTTE	000125888
96958020	GULF_TAMPA	GULF COAST	LEE	000162010
96958020	GULF_TAMPA	GULF COAST	LEE	000162015
96958020	GULF_TAMPA	GULF COAST	COLLIER	000162107
96958020	GULF_TAMPA	GULF COAST	LEE	000162143
96958020	GULF_TAMPA	GULF COAST	CHARLOTTE	000162182
96958020	GULF_TAMPA	GULF COAST	CHARLOTTE	000162197
96958020	GULF_TAMPA	GULF COAST	CHARLOTTE	000162455
96958020	GULF_TAMPA	GULF COAST	LEE	000162503
96958020	GULF_TAMPA	GULF COAST	CHARLOTTE	000162534
96958020	GULF_TAMPA	GULF COAST	LEE	000163295
96958023	GULF_TAMPA	GULF COAST	LEE	000163411
96958023	GULF_TAMPA	GULF COAST	CHARLOTTE	000172000
96958023	GULF_TAMPA	GULF COAST	LEE	000172103
96958023	GULF_TAMPA	GULF COAST	CHARLOTTE	000172105
96958023	GULF_TAMPA	GULF COAST	LEE	000172107
96958023	GULF_TAMPA	GULF COAST	LEE	000172117
96958023	GULF_TAMPA	GULF COAST	LEE	000172127
96958023	GULF_TAMPA	GULF COAST	LEE	000172128
96958023	GULF_TAMPA	GULF COAST	CHARLOTTE	000172141
96958023	GULF_TAMPA	GULF COAST	CHARLOTTE	000172143
96958023	GULF_TAMPA	GULF COAST	CHARLOTTE	000172145
96958023	GULF_TAMPA	GULF COAST	LEE	000172158
96958023	GULF_TAMPA	GULF COAST	LEE	000172160
96958023	GULF_TAMPA	GULF COAST	LEE	000172161
90906078	GULF_TAMPA	TAMPA	SARASOTA	000102678
90906077	GULF_TAMPA	TAMPA	SARASOTA	000123328
90906077	GULF_TAMPA	TAMPA	SARASOTA	000124030
90906078	GULF_TAMPA	TAMPA	SARASOTA	000125812
90906077	GULF_TAMPA	TAMPA	SARASOTA	000125862
90906078	GULF_TAMPA	TAMPA	SARASOTA	000162009

90906078	GULF_TAMPA	TAMPA	SARASOTA	000162116
90906078	GULF_TAMPA	TAMPA	SARASOTA	000162688
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86958008	GULF_TAMPA	GULF COAST	CHARLOTTE	000125888
86958008	GULF_TAMPA	GULF COAST	LEE	000125889
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86958009	GULF_TAMPA	GULF COAST	CHARLOTTE	000126059
86958009	GULF_TAMPA	GULF COAST	CHARLOTTE	000126060
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86958010	GULF_TAMPA	GULF COAST	LEE	000170950C
86958010	GULF_TAMPA	GULF COAST	LEE	000170950D
86958010	GULF_TAMPA	GULF COAST	LEE	000170950E
86958010	GULF_TAMPA	GULF COAST	LEE	000170950F
86958010	GULF_TAMPA	GULF COAST	LEE	000170950I
86958010	GULF_TAMPA	GULF COAST	LEE	000170950J
86958010	GULF_TAMPA	GULF COAST	LEE	000170950K
86958010	GULF_TAMPA	GULF COAST	LEE	000170950L
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86958010	GULF_TAMPA	GULF COAST	LEE	000170952D
86958010	GULF_TAMPA	GULF COAST	LEE	000170952E
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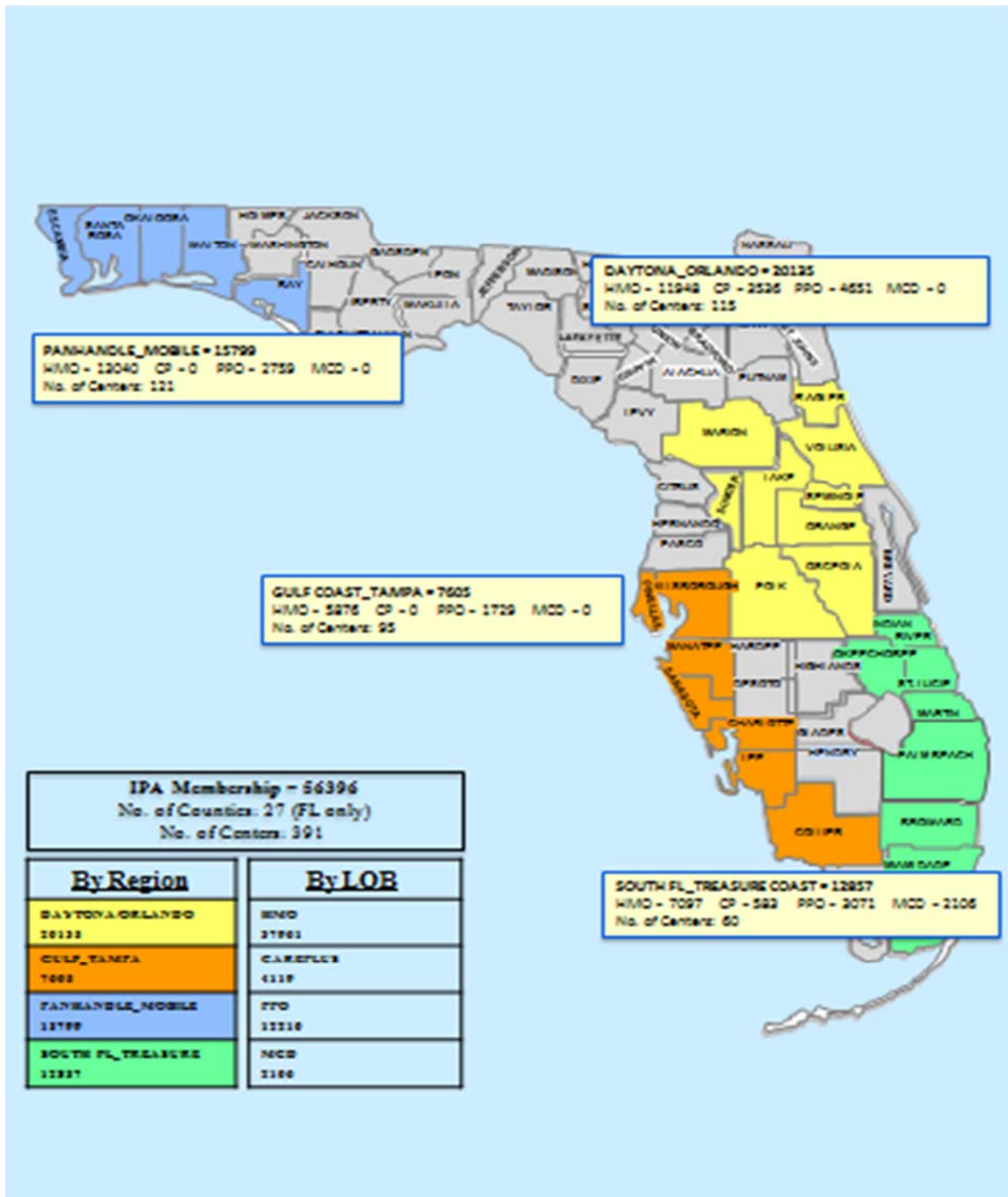
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86958010	GULF_TAMPA	GULF COAST	LEE	000170957C
86958010	GULF_TAMPA	GULF COAST	LEE	000170957G
86958010	GULF_TAMPA	GULF COAST	LEE	000170957I
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86958010	GULF_TAMPA	GULF COAST	LEE	000171152I
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86958010	GULF_TAMPA	GULF COAST	LEE	000171152K
86958010	GULF_TAMPA	GULF COAST	LEE	000171152L
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86958008	GULF_TAMPA	GULF COAST	COLLIER	000171195
86958008	GULF_TAMPA	GULF COAST	CHARLOTTE	000172000
86958010	GULF_TAMPA	GULF COAST	LEE	000172064A
86958010	GULF_TAMPA	GULF COAST	LEE	000172064B
86958010	GULF_TAMPA	GULF COAST	LEE	000172064D
86958010	GULF_TAMPA	GULF COAST	LEE	000172064E
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86958010	GULF_TAMPA	GULF COAST	LEE	000172067A
86958010	GULF_TAMPA	GULF COAST	LEE	000172068A
86958010	GULF_TAMPA	GULF COAST	LEE	000172069A
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86958008	GULF_TAMPA	GULF COAST	LEE	000172103
86958008	GULF_TAMPA	GULF COAST	CHARLOTTE	000172105
86958008	GULF_TAMPA	GULF COAST	LEE	000172107
86958008	GULF_TAMPA	GULF COAST	COLLIER	000172109

86958008	GULF_TAMPA	GULF COAST	COLLIER	000172110
86958008	GULF_TAMPA	GULF COAST	LEE	000172117
86958008	GULF_TAMPA	GULF COAST	LEE	000172118
86958008	GULF_TAMPA	GULF COAST	COLLIER	000172120
86958008	GULF_TAMPA	GULF COAST	COLLIER	000172121
86958008	GULF_TAMPA	GULF COAST	LEE	000172122
86958008	GULF_TAMPA	GULF COAST	LEE	000172127
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86958008	GULF_TAMPA	GULF COAST	CHARLOTTE	000172141
86958008	GULF_TAMPA	GULF COAST	CHARLOTTE	000172143
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86958008	GULF_TAMPA	GULF COAST	LEE	000172147
86958008	GULF_TAMPA	GULF COAST	LEE	000172153
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86958008	GULF_TAMPA	GULF COAST	COLLIER	000172171
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86958008	GULF_TAMPA	GULF COAST	LEE	000172173
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80906441	GULF_TAMPA	TAMPA	HILLSBOROUGH	000125741
80906441	GULF_TAMPA	TAMPA	HILLSBOROUGH	000125742
80906439	GULF_TAMPA	TAMPA	SARASOTA	000125835
80906443	GULF_TAMPA	TAMPA	SARASOTA	000125860
80906439	GULF_TAMPA	TAMPA	SARASOTA	000125862
80906439	GULF_TAMPA	TAMPA	SARASOTA	000125867
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80906443	GULF_TAMPA	TAMPA	PINELLAS	000126075
80906444	GULF_TAMPA	TAMPA	PINELLAS	000126108
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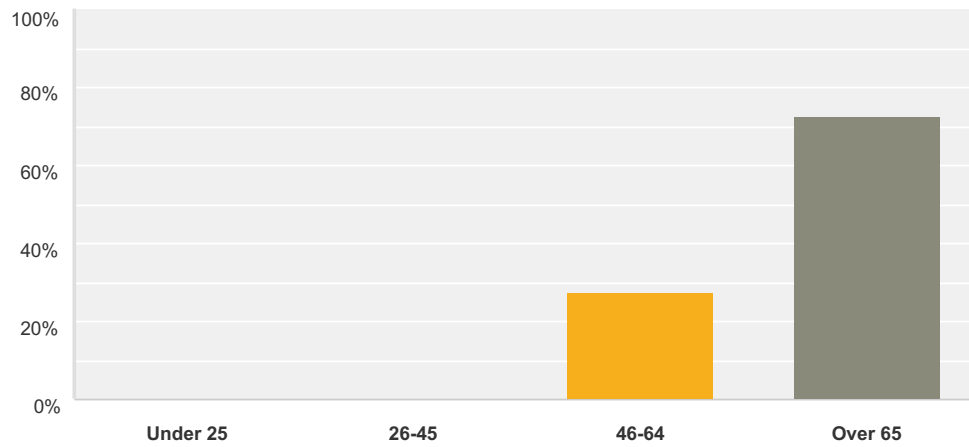
Figure 5

Map of Tampa Gulf Coast region



Q1 What is the primary age of the health population you serve?

Answered: 22 Skipped: 0



Answer Choices	Responses	
Under 25	0.00%	0
26-45	0.00%	0
46-64	27.27%	6
Over 65	72.73%	16
Total		22

Q2 What is the total number of Humana Medicare Advantage membership you serve?

Answered: 22 Skipped: 0

Q3 What is the total number of traditional Medicare plan membership you serve?

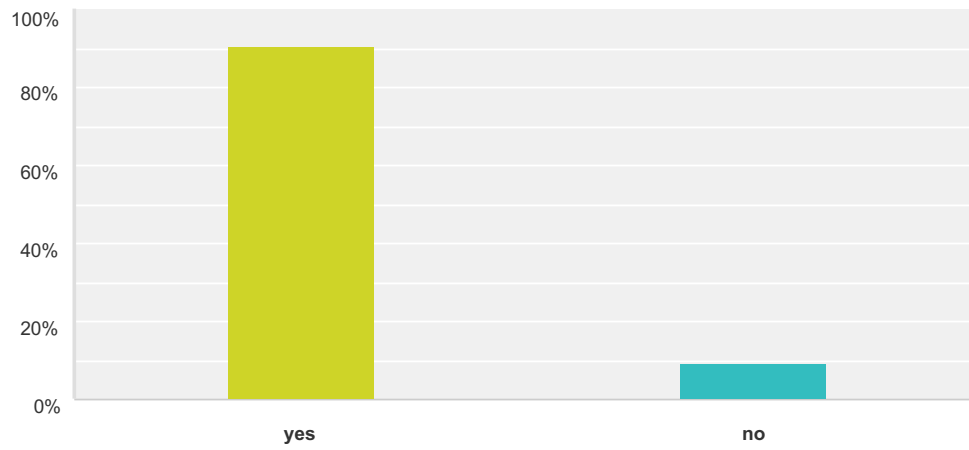
Answered: 22 Skipped: 0

Q4 What is the total number of patients you serve?

Answered: 22 Skipped: 0

Q5 Are you familiar with Affordable Care Act?

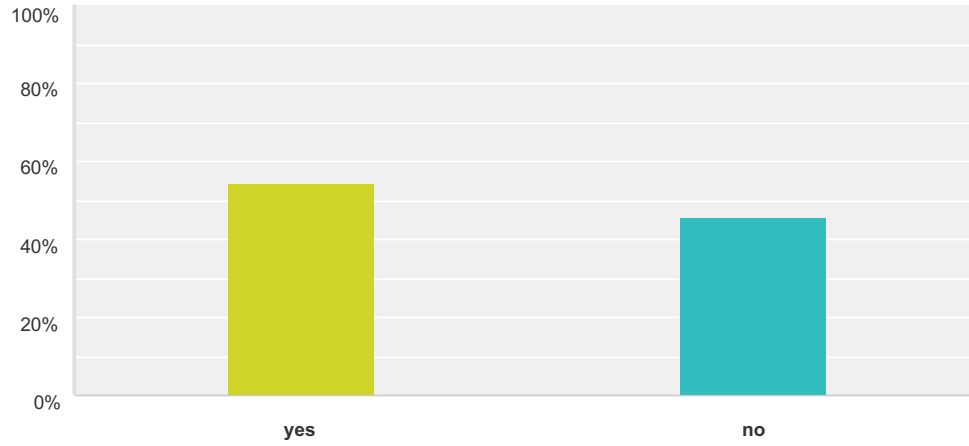
Answered: 22 Skipped: 0



Answer Choices	Responses	
yes	90.91%	20
no	9.09%	2
Total		22

Q6 Are you familiar with the National Action Plan to improve Health Literacy of the Department of Health and Human Services?

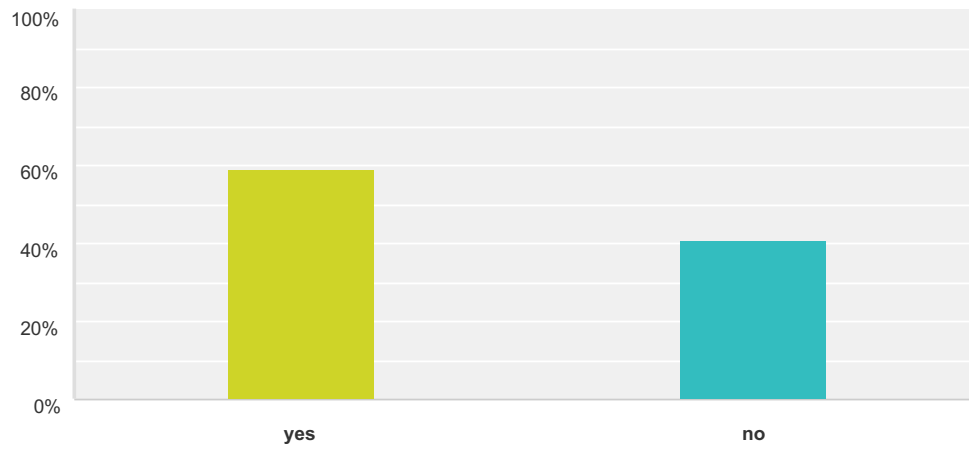
Answered: 22 Skipped: 0



Answer Choices	Responses
yes	54.55% 12
no	45.45% 10
Total	22

Q7 Are you familiar with the Plain Writing Act of 2010?

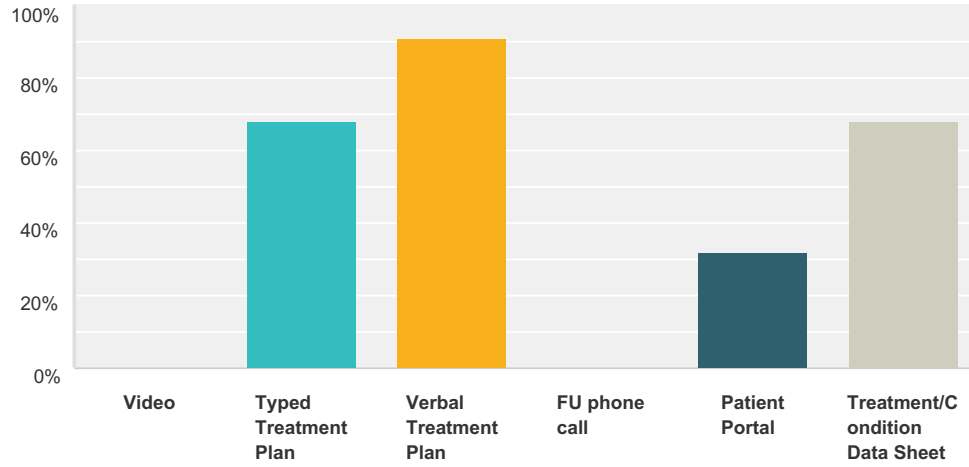
Answered: 22 Skipped: 0



Answer Choices	Responses	
yes	59.09%	13
no	40.91%	9
Total		22

Q8 Check all that apply for the types of literacy resources you use to educate your patients?

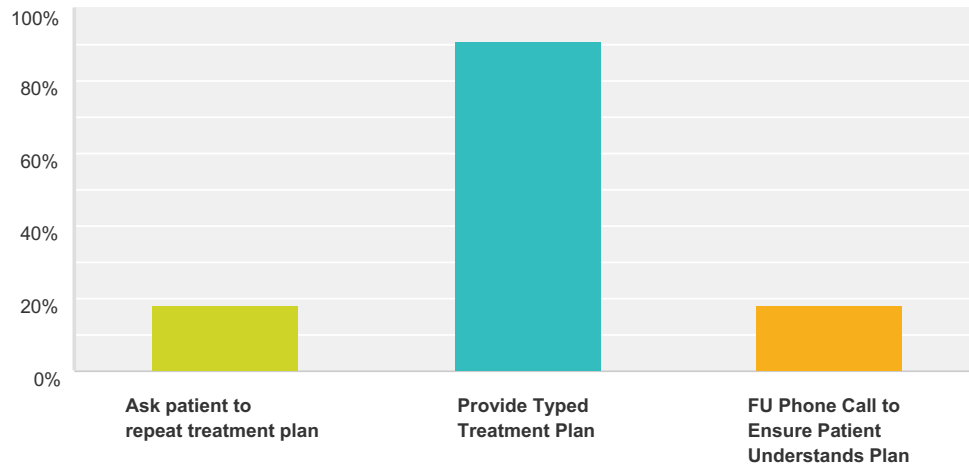
Answered: 22 Skipped: 0



Answer Choices	Responses
Video	0.00% 0
Typed Treatment Plan	68.18% 15
Verbal Treatment Plan	90.91% 20
FU phone call	0.00% 0
Patient Portal	31.82% 7
Treatment/Condition Data Sheet	68.18% 15
Total Respondents: 22	

Q9 Check all that apply that your staff completes to know the patient understands the treatment plan.

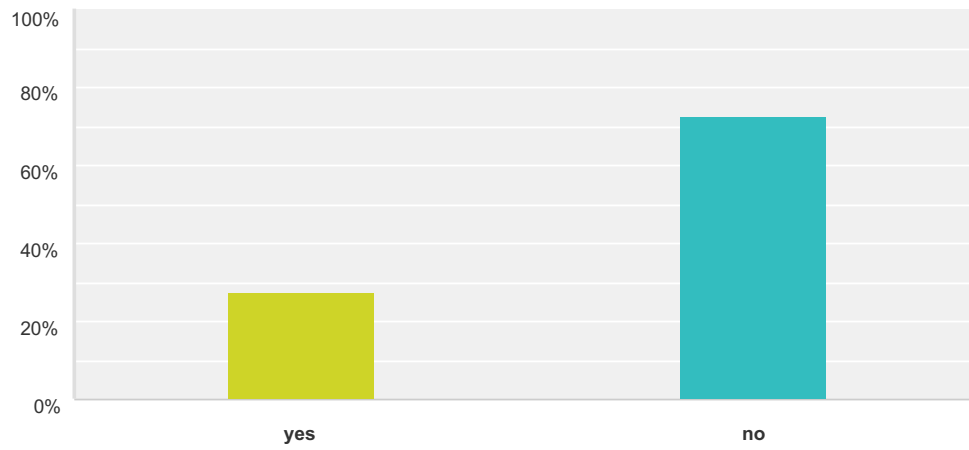
Answered: 22 Skipped: 0



Answer Choices	Responses
Ask patient to repeat treatment plan	18.18% 4
Provide Typed Treatment Plan	90.91% 20
FU Phone Call to Ensure Patient Understands Plan	18.18% 4
Total Respondents: 22	

Q10 Have you ever asked the patient to read the prescription or treatment plan to you?

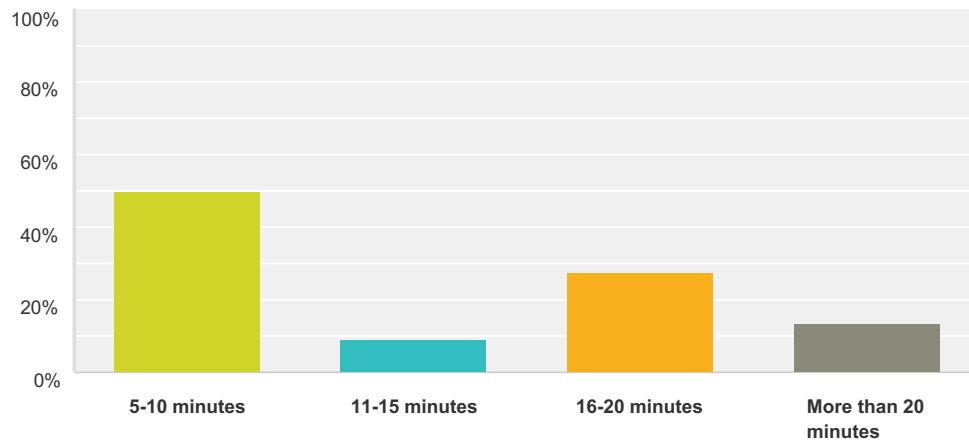
Answered: 22 Skipped: 0



Answer Choices	Responses	
yes	27.27%	6
no	72.73%	16
Total		22

Q11 How much time do you spend on average with the patient?

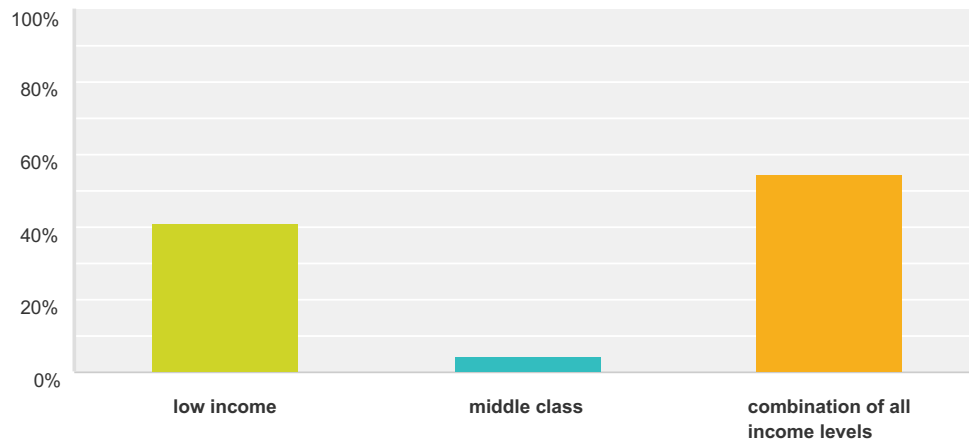
Answered: 22 Skipped: 0



Answer Choices	Responses	
5-10 minutes	50.00%	11
11-15 minutes	9.09%	2
16-20 minutes	27.27%	6
More than 20 minutes	13.64%	3
Total		22

Q12 What is the population or demographics you serve?

Answered: 22 Skipped: 0



Answer Choices	Responses	
low income	40.91%	9
middle class	4.55%	1
combination of all income levels	54.55%	12
Total		22

Q13 What is your center number? (optional)

Answered: 21 Skipped: 1

Q2 What is the total number of Humana Medicare Advantage membership you serve?

Answered: 22 Skipped: 0

#	Responses	Date
1	22	11/11/2015 11:48 AM
2	267	11/11/2015 11:47 AM
3	657	11/11/2015 11:45 AM
4	58	11/11/2015 11:45 AM
5	209	11/11/2015 11:44 AM
6	75	11/11/2015 11:43 AM
7	16	11/11/2015 11:43 AM
8	56	11/11/2015 11:42 AM
9	344	11/11/2015 11:37 AM
10	83	11/11/2015 11:37 AM
11	21	11/11/2015 11:36 AM
12	30	11/11/2015 11:35 AM
13	88	11/11/2015 11:33 AM
14	50	11/11/2015 11:33 AM
15	209	11/11/2015 11:32 AM
16	111	11/11/2015 11:31 AM
17	250	11/11/2015 11:30 AM
18	33	11/11/2015 11:30 AM
19	119	11/11/2015 11:29 AM
20	66	11/11/2015 11:28 AM
21	174	11/11/2015 11:15 AM
22	65	11/11/2015 11:15 AM

Q3 What is the total number of traditional Medicare plan membership you serve?

Answered: 22 Skipped: 0

#	Responses	Date
1	85	11/11/2015 11:48 AM
2	75	11/11/2015 11:47 AM
3	2200	11/11/2015 11:45 AM
4	98	11/11/2015 11:45 AM
5	75	11/11/2015 11:44 AM
6	200	11/11/2015 11:43 AM
7	77	11/11/2015 11:43 AM
8	60	11/11/2015 11:42 AM
9	102	11/11/2015 11:38 AM
10	700	11/11/2015 11:37 AM
11	150	11/11/2015 11:36 AM
12	100	11/11/2015 11:35 AM
13	75	11/11/2015 11:34 AM
14	150	11/11/2015 11:33 AM
15	250	11/11/2015 11:32 AM
16	75	11/11/2015 11:32 AM
17	500	11/11/2015 11:30 AM
18	125	11/11/2015 11:30 AM
19	75	11/11/2015 11:29 AM
20	200	11/11/2015 11:28 AM
21	120	11/11/2015 11:16 AM
22	100	11/11/2015 11:15 AM

Q4 What is the total number of patients you serve?

Answered: 22 Skipped: 0

#	Responses	Date
1	200	11/11/2015 11:48 AM
2	410	11/11/2015 11:47 AM
3	175	11/11/2015 11:46 AM
4	5000	11/11/2015 11:45 AM
5	400	11/11/2015 11:44 AM
6	1000	11/11/2015 11:43 AM
7	310	11/11/2015 11:43 AM
8	225	11/11/2015 11:42 AM
9	200	11/11/2015 11:38 AM
10	1500	11/11/2015 11:37 AM
11	175	11/11/2015 11:36 AM
12	700	11/11/2015 11:35 AM
13	190	11/11/2015 11:34 AM
14	500	11/11/2015 11:33 AM
15	900	11/11/2015 11:32 AM
16	300	11/11/2015 11:32 AM
17	209	11/11/2015 11:31 AM
18	900	11/11/2015 11:30 AM
19	225	11/11/2015 11:29 AM
20	600	11/11/2015 11:28 AM
21	300	11/11/2015 11:16 AM
22	274	11/11/2015 11:15 AM