



Proposal

Provide a certification as a “Health Literate Healthcare Organization” after the organization meets predetermined criteria.

Preamble

“Health literate healthcare organizations make it easier for people to navigate, understand, and use information and services to take care of their health” (AHRQ).

Background/Problem

Healthcare complexity

The complexity of healthcare can challenge even those with higher literacy levels to obtain, understand, and use health information. According to the U.S. Department of Health and Human Services (HHS), “nearly 9 out of 10 adults have difficulty using the everyday health information that is routinely available in our health care facilities, retail outlets, media, and communities.”¹

Organizational lack of awareness

While resources exist to guide organizations in health literacy efforts, many organizations lack awareness of these tools. Tools include “National Action Plan to Improve Health Literacy,” “Ten Attributes of Health Literate Health Care Organizations,” and “Health Literacy Universal Precautions Toolkit.”³

Competing priorities

Healthcare systems are faced with many competing priorities. These include regulatory changes, decreased reimbursement, evolving financial incentives, and increased competition. Organizations do not often link health literacy to current, measurable patient safety outcomes and patient satisfaction.

Increased cost

Low health literacy is estimated to cost the healthcare system \$438 billion to \$987 billion. That’s according to 2018 direct medical cost and census population data* that was updated using the same assumptions and methods as the cost analysis done by Vernon et al. in 2007.⁴

Insufficient recognition

Organizations that incorporate health literacy best practices into their culture/mission are not nationally recognized. In addition, there is no incentive for organizations to implement standard health literacy practices.

Proposal

Solution/Proposal

Create a Health Literacy Certification

Create a certification that will recognize organizations that meet criteria** for a health literate organization. Identification of these criteria can be guided by documents such as HHS's "National Action Plan to Improve Health Literacy," the Institute of Medicine's (IOM's) "Ten Attributes of Health Literate Health Care Organizations," and the Agency for Healthcare Research and Quality's (AHRQ's) "Health Literacy Universal Precautions Toolkit."

The Council envisions this certification to be similar to the Integration of Care Certification, which is not disease-specific.

Benefits of a Health Literacy Certification

Recognition of organizational health literacy will benefit both patients and organizations. Health literacy is foundational to other core priorities: patient safety, patient engagement, shared decision making, patient outcomes, and patient-centered care. Clear communication between providers/patients has been shown to improve patient satisfaction scores, which in turn can be linked to loyalty and Centers for Medicare & Medicaid Services (CMS) compensation rates.

Benefits to Patients

- **Increased safety:** Health literacy best practices, such as patient-centered inter-professional communication, will help enhance patient safety as the ultimate outcome.
- **Improved outcomes:** Patients will demonstrate an understanding of what they need to know or do at discharge to improve health outcomes and decrease medical errors.
- **Improved access:** Patients will be able to better access and navigate the healthcare system to effectively manage their care.
- **Increased engagement:** Consistent patient-centered communication is essential to shared decision making, informed consent, and achieving personal health goals.
- **Optimized self-care:** When patients receive clear communications about their care, care plans, and treatment options, they will be able to better manage their health and chronic health conditions.

Proposal

Solution/Proposal

Benefits to Organizations

- **Quality alignment:** Health literacy improves four of the IOM's six Healthcare Quality aims⁵ – to provide care that is safe, effective, person-centered, and equitable. Health literacy is also essential to achieve the Institute for Healthcare Improvement's (IHI's) Triple Aim⁶ – to improve the health of populations, enhance the experience of care for individuals, and reduce the cost of healthcare.
- **Incentive:** Organizations will be motivated to allocate resources to attain all 10 attributes of a health literate organization.
- **Recognition:** Certification will recognize organizations that have identified health literacy as an organizational priority and have implemented policies and practices that meet all predetermined requirements.
- **Legal protection:** Clear patient-centered communication will be a preventive measure against patient grievances and litigation.⁷
- **Financial viability:** Organizations will increase market share and patient loyalty. In addition, organizations may avoid quality and readmission penalties.

Please see Appendix 1 for an example of one organization's health literacy assessment, which highlights implementation of multiple health literacy strategies.

* Methodology: Annual updated estimates are based on the methodology developed by Vernon et al. (2007, pp 13-18)⁴ that “defines the ratio of average direct medical expenditures for adults with low health literacy to the average direct medical expenditures for the entire adult population.” 2018 direct medical cost (\$1172 per capita) and US Census population of 327.2 million were used.

**The National Council health literacy experts will be available to support TJC in determining criteria.

Proposal

Endnotes⁶

1. US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010) National Action Plan to Improve Health Literacy. <https://health.gov/communication/initiatives/health-literacy-action-plan.asp>. Accessed July 7, 2020.
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4. Vernon JA, Trujillo A, Rosenbaum S, DeBuono B. Low Health Literacy: Implications for National Health Policy. George Washington University. October 4, 2007. https://publichealth.gwu.edu/departments/healthpolicy/CHPR/downloads/LowHealthLiteracyReport10_4_07.pdf. Accessed July 17, 2020.
5. Hudson S, Rikard RV, Staiculescu I, et al. Improving Health and the Bottom Line: The Case for Health Literacy. In: National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Roundtable on Health Literacy. Building the Case for Health Literacy: Proceedings of a Workshop. Washington (DC): National Academies Press (US); 2018 Jul 26. Appendix C. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK518850/>. Accessed July 7, 2020.
6. Institute for Healthcare Improvement. IHI Triple Aim Initiative. <http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx>. Accessed July 7, 2020.
7. Killian L, Coletti M. The Role of Universal Health Literacy Precautions in Minimizing “Medspeak” and Promoting Shared Decision Making. *AMA J Ethics*. 2017;19(3):296–303. doi:10.1001/journalofethics.2017.19.3.pfor1-1703. Accessed July 7, 2020.