

A Report from the **Minnesota Health Literacy Partnership**, a program of
the Minnesota Literacy Council

Prescription Literacy



**A Review of the Problem
And Recommendations
April, 2007**

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PRESCRIPTION LITERACY

A Brief Review of the Problem and Some Recommendations for Health Care from the Minnesota Health Literacy Partnership

April 2007

This is a briefing issued by the members of the Minnesota Health Literacy Partnership, a collaborative group working to promote health by addressing the problem of health literacy. The Partnership meets monthly and produces quarterly briefing papers. Partnership meetings are free and open to the public. For more information, visit the Partnership website at <http://healthlit.themlc.org>.

Prescription “illiteracy”: Poor communication leads to prescription problems.

The problem of low health literacy affects all aspects of health care, but it is particularly thorny when it comes to prescription drugs. Too few patients truly understand what their medications are for and how to take them, how they may interact in combination and what their side effects may be. The research literature abounds with sobering examples of gap between what patients *should* know and the knowledge they demonstrate when it comes to taking their medicine.

This problem is rooted in poor communication between providers and patients, especially elderly patients and those with limited English. According to a survey published in the *Journal of General Internal Medicine* (1), “an alarmingly high number of elderly Americans are not talking to their physicians about problems they are having with prescription medications, including unwelcome side effects, affordability, or perceived efficacy.” A recent study in Minneapolis found that problems related to adherence were significantly more prevalent in non-English-speaking patients than English-speaking patients. (2)

The problem does not just affect these “high-risk” groups, however. Faulty communication leads to medication problems across the spectrum of patients, regardless of age, race, or language. The national Institutes of Medicine reports that “...communication failure was the underlying cause

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of fully 10 percent of adverse drug events.” (3)

Concerned about the impact of this problem on Minnesota health care consumers and institutions, members of the Minnesota Health Literacy Partnership undertook a three-month review of the issue. They heard from guest expert and pharmacist Steven Meisel, MD, Director of Patient Safety at Fairview Health Services (4). They also reviewed current literature and devoted a full meeting to exploring solutions undertaken by member organizations. The remainder of this paper summarizes their findings and recommendations, and lists principal resources and references.

Why is communicating effectively about medications so tough?

Changes in health care delivery mean less time for talk.

Changes in the way health care is delivered have curtailed patient-provider communication. These changes have meant, in effect, that patients have less time to learn about more medications. For example:

- In the 1970s, pharmacists dispensed approximately 750 basic medications. Today, over 10,000 drugs are available.
- A patient with a heart attack in 1970 would be hospitalized for over 6 weeks; today he or she is released after 2 or 3 days in the hospital.
- Diseases which formerly were treated in a hospital, such as new onset diabetes, are now dealt with on an outpatient basis, during which the patient may get only a few hours, at best, of disease management instruction.

Providers are in a hurry.

Doctors and even nurses must rush through most encounters with patients.

- The average physician listens to a patient for fewer than 22 seconds before interrupting.
- Providers use unfamiliar or overly complicated jargon when talking to patients.
- Providers sometimes don't reconcile their prescriptions with other medications a patient may be taking.
- Providers seldom explicitly check for comprehension by asking a patient to repeat or summarize medical instructions.

Patients “don't ask, don't tell.”

For their part, patients often keep silent when they should speak up.

- Those who have trouble understanding their medication instructions may not say so, faced with shame about illiteracy.

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- Patients may ignore a doctor's instructions because they have alternate ways of explaining what's wrong with them.
- Many elderly or chronically ill patients simply take so many different drugs per day that they can't recall all of them, even if asked.
- Few patients can recall all that is conveyed during a medical appointment.

Poor package design leads to confusion.

Perhaps the largest and most visible problem with prescription medications is their packaging. Few consumer products are packaged as confusingly as prescription drugs. Packaging problems include:

- Poorly printed, small, hard-to-decipher warning labels and warning symbols
- Unclear, non-standardized instructions
- Identical packaging for several medicines a patient may take
- Language that can be misunderstood by a patient with limited English

For a fuller description of these factors, see (4).

What have Partnership members done?

Minnesota Health Literacy Partnership members are committed to working together to improve low health literacy in the state. Member organizations have tackled the issue in a variety of ways.

Institutional changes to address low health literacy

Several reforms that address the general problem of health literacy also help patients and providers communicate about prescriptions. For example:

- HealthEast has developed a simplified consent form that can be understood by patients with a fourth grade reading level. As more forms are simplified, communication is enabled across the board.
- Way To Grow has home visitors who review with clients how to talk with doctors.
- Fairview is reviewing all patient communication documents to simplify them.
- Stratis Health offers provider training on health literacy issue to clinics and hospitals across the state.

Changes in the way drugs are dispensed

- Regions Hospital uses translated pharmacy labels and hires bilingual pharmacy staff to communicate with patients whose English is limited. Pharmacists who are not bilingual use interpreters.
- Hennepin County Medical Center hires Somali-speaking pharmacy technicians who can help dispense medications to Somali patients.

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- Gillette Hospital is developing a sheet titled “3 Good Questions About My Medicine.” Modeled on the Ask Me 3 national program, the sheet lists three questions for patients to ask: What is the medicine? What’s it for? And how should I take it?
- Several organizations encourage patients to request “medication therapy management”, in which a trained pharmacist reviews all of their prescriptions for possible problems.

Large-scale changes

- Blue Cross and Blue Shield of Minnesota is collaborating with its pharmacy benefit manager to provide updated versions of education material sent with mail order prescriptions. Updated materials will be simpler to read and will encourage the use of an on-call pharmacist.
- HealthPartners is redesigning the organization’s pharmacy label. For example, the patient’s name, rather than the organization’s logo, will be foremost on the new label.

Simple, inexpensive changes

- Olmsted Medical Group uses a simple medication instruction sheet that allows a patient to tape a sample pill next to its instructions.
- Staff at HealthStart, a clinic for teens, found that “teach-back” techniques were more effective when patients were alerted ahead of time that they would be asked to repeat providers’ instructions.

What can your organization do?

Minnesota Health Literacy Partnership members recognize that there is a long way to go before prescription literacy problems are solved. Recommendations from members include:

- Recognize the prevalence of low health literacy among all patients.
- Offer “patient navigators” to help patients understand the health care system.
- Provide one-on-one education for all patients, not just those designated in special risk groups.
- Offer patients ways to remember their prescriptions, such as a simple list with spaces for the drug name, dose, directions and special note.
- Train pharmacists to recognize patients who may have trouble understanding their prescriptions.
- Offer opportunities for feedback from patients, such as “are you comfortable with what you’ve just heard?”
- Hire bilingual pharmacy staff.
- Ask national pharmacy benefit managers to simplify drug information sheets.
- Offer health education about meds somewhere other than the busy, public pharmacy counter.
- Develop a “teach back” script for providers, for example “Can you please review how you will be taking these new pills?”

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For more recommended strategies to address prescription literacy, consult the references and resources listed below.

References

1. Institute of Medicine (2004) *Health Literacy: A Prescription to End Confusion* National Academy of Sciences Washington DC
2. Westberg SM. Sorensen TD. (2005) Pharmacy-related health disparities experienced by non-English-speaking patients: Impact of pharmaceutical care. *Journal of the American Pharmacists Association*. Vol. 45(1)(pp 48-54),
3. *Annals of Internal Medicine* (2006) Volume 145 Issue 12 | Pages 887-89
4. Meisel S. Lecture to Minnesota Health Literacy Partnership, December 11, 2006. Powerpoint slides available online at <http://healthlit.themlc.org>

Selected Resources

Online

Minnesota Health Literacy Partnership <http://healthlit.themlc.org> Information about Minnesota's health literacy efforts

Ask Me 3 <http://www.askme3.org> Comprehensive national information, free materials for providers and patients and downloadable fact sheets.

Clear and to the Point: Guidelines for Using Plain Language
http://www.hsph.harvard.edu/healthliteracy/how_to/clear

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