Applying the AHRQ Health Literacy Assessment Tool to Evaluate Written and Verbal Communication in Community Pharmacy Practice

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BACKGROUND & SIGNIFICANCE

Patients:
- Health literacy skills are essential for successful self-management of care[1]
- Inadequate health literacy is associated with suboptimal health outcomes including lower medication and monitoring adherence[2-3]

Pharmacists:
- Are ideally positioned to improve health literacy and make an impact on patients' health[4]
- Report using basic techniques such as printed materials, simple language, and speaking slowly, but **not** recommended health literacy sensitive techniques such as teach-back method[5-6]

Pharmacy Environment:
- Should be literacy sensitive and invite patient-provider communication

AHRQ Validated Health Literacy Audit Tool:
- AHRQ Is Our Pharmacy Meeting Patients' Needs? A Pharmacy Health Literacy Assessment Tool used to assess patient and pharmacists' perceptions of health literacy preparedness of pharmacies as well as their environment[7]
- Developed for use in an outpatient pharmacy located within a hospital
- No published literature on the dissemination and translation of the tool in the community pharmacy environment

OBJECTIVE

To pilot, revise, and deploy the AHRQ Health Literacy Assessment Tool to evaluate independent auditors', patients' and staff perceptions of literacy preparedness within a community pharmacy environment with specific emphasis on written and verbal communication

METHODS

Samples:
- Community chain pharmacy patrons 18-100 years of age with at least 1 prescription filled at selected pharmacy in the previous 6 months
- Current employee of selected pharmacy

Study Design:
- Prospective, post-test, control group design
- 3 community pharmacies randomly chosen within prescription volume strata with 3 stores case matched by prescription volume to serve as controls

Pilot Study
- Audit of 2 randomly selected pharmacies, Nov 2009, revealed limited applicability of the tool for use within a chain community pharmacy
- Revisions were made to the content and implementation strategy

Parent Study
- Health literacy CE training for 3 intervention pharmacies - Aug 2009
- 18 total investigator environmental audits for 3 control and 3 intervention pharmacies – May to June 2010
- 31 pharmacy staff surveys – May to June 2010
- 60 patient phone interviews – May to July 2010

Analysis:
- Triangulate environmental health literacy preparedness with staff and patient perceptions of their pharmacy's health literacy preparedness; emphasis placed on verbal and written communications

RESULTS

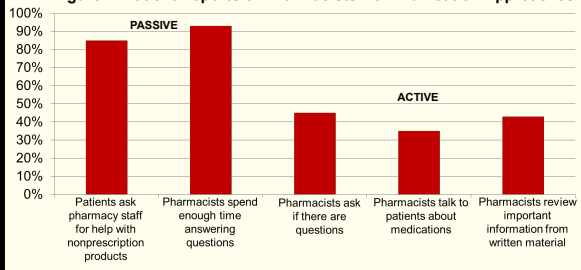
Written Communication:

Printed Materials
- Majority of patients and staff were in agreement that written materials were easy to read and understand; pharmacy environmental auditors did not report equally high agreement

Verbal Communication:

Passive vs. Active Communication
- Patients more likely to report use of passive communication techniques by pharmacy staff (Figure 1)
- Auditors did not observe the pharmacy staff actively offer patients opportunities to speak with the pharmacist
- Almost all patients interviewed reported comfort with asking pharmacy staff for assistance (97%)

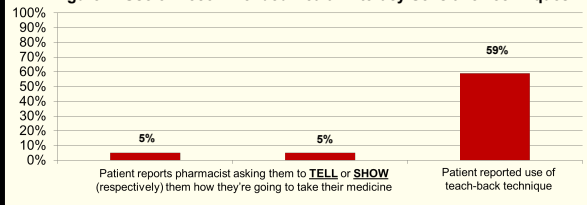
Figure 1: Patient Reports of Pharmacists Communication Approaches



Plain Language Principles
- Majority of staff reported confidence with communicating using plain language principles (>72%)
- Auditors reported the use of plain language principles when pharmacy staff communicated with patients in 81% of the observed instances

Use of Literacy Sensitive Communication Strategies
- Majority of staff reported using literacy friendly techniques such as Ask Me 3 and avoiding medical jargon (>87%)
- Patients report pharmacists use words they don't understand 5% of the time
- Pharmacists more likely to report using teach-back compared to patient perceptions (Figure 2)

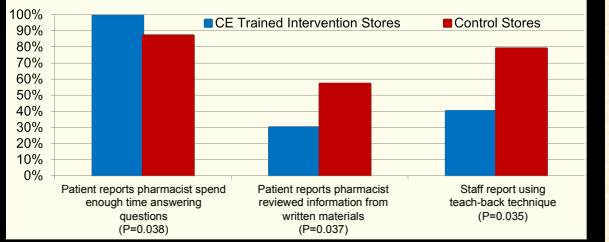
Figure 2: Use of Recommended Health Literacy Sensitive Techniques



HEALTH LITERACY TRAINING

Health Literacy Training:
- CE training may have raised awareness of health literacy sensitive strategies providing for more informed self-assessments regarding use of the strategies from staff at the intervention stores compared to the control stores

Figure 3: Intervention vs. Control Pharmacies



LIMITATIONS

- Limited sample of patients, staff and pharmacies
- Environmental auditors visited pharmacies at different times of the day and week, but there may be other factors influencing staff behaviors when not being observed
- One-time CE training was not sufficient to provide adequate training in health literacy sensitive techniques
- Potential patient response bias with only patients having a positive experience in the pharmacy electing to participate in the study
- Patients are subject to recall bias during phone interviews

CONCLUSION

- An adapted health literacy assessment tool for the community pharmacy environment provides opportunities to self-assess, make changes, and better serve patients' needs
- There is a disconnect between pharmacists and patient perceptions about verbal communication strategies
- This project identified several areas within community pharmacies that would benefit from targeted training to facilitate active patient engagement and promote a health literacy sensitive environment

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