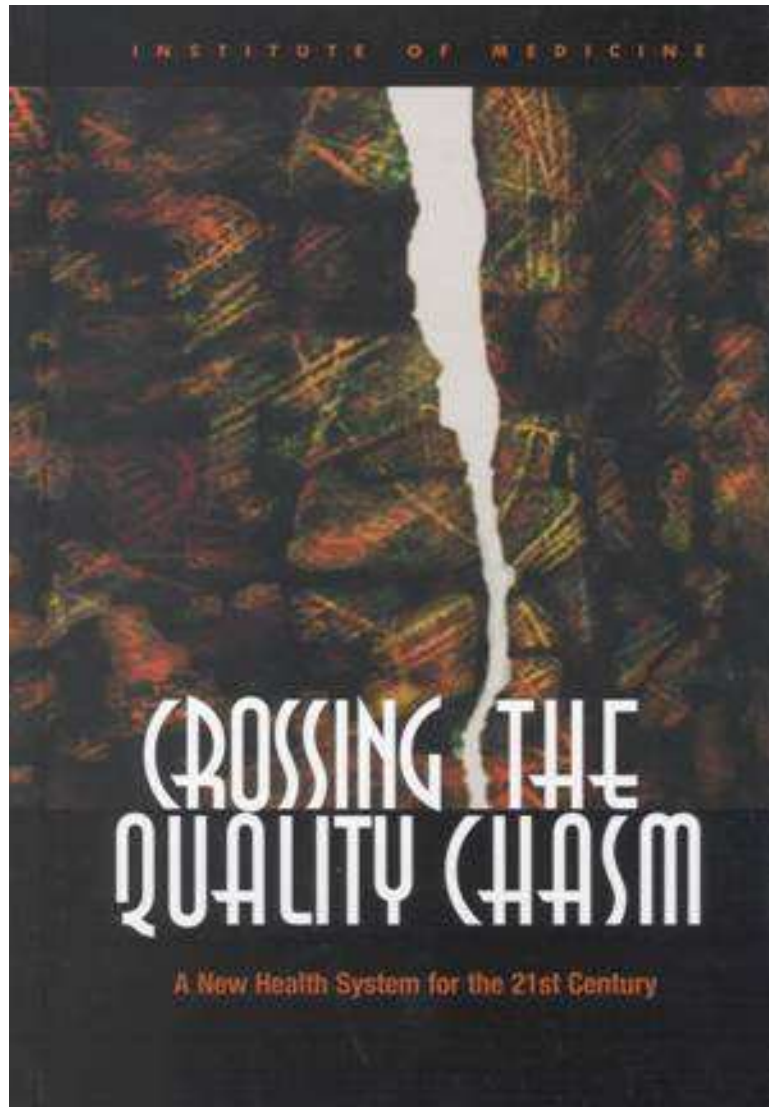


Priorities for National Action and Health Literacy

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In 2001, the IOM Report, *Crossing the Quality Chasm*, concluded that:



- § “The American health care delivery system is in need of fundamental change. The current care systems cannot do the job. Trying harder will not work. Changing systems of care will. “

Four Levels of Change Required

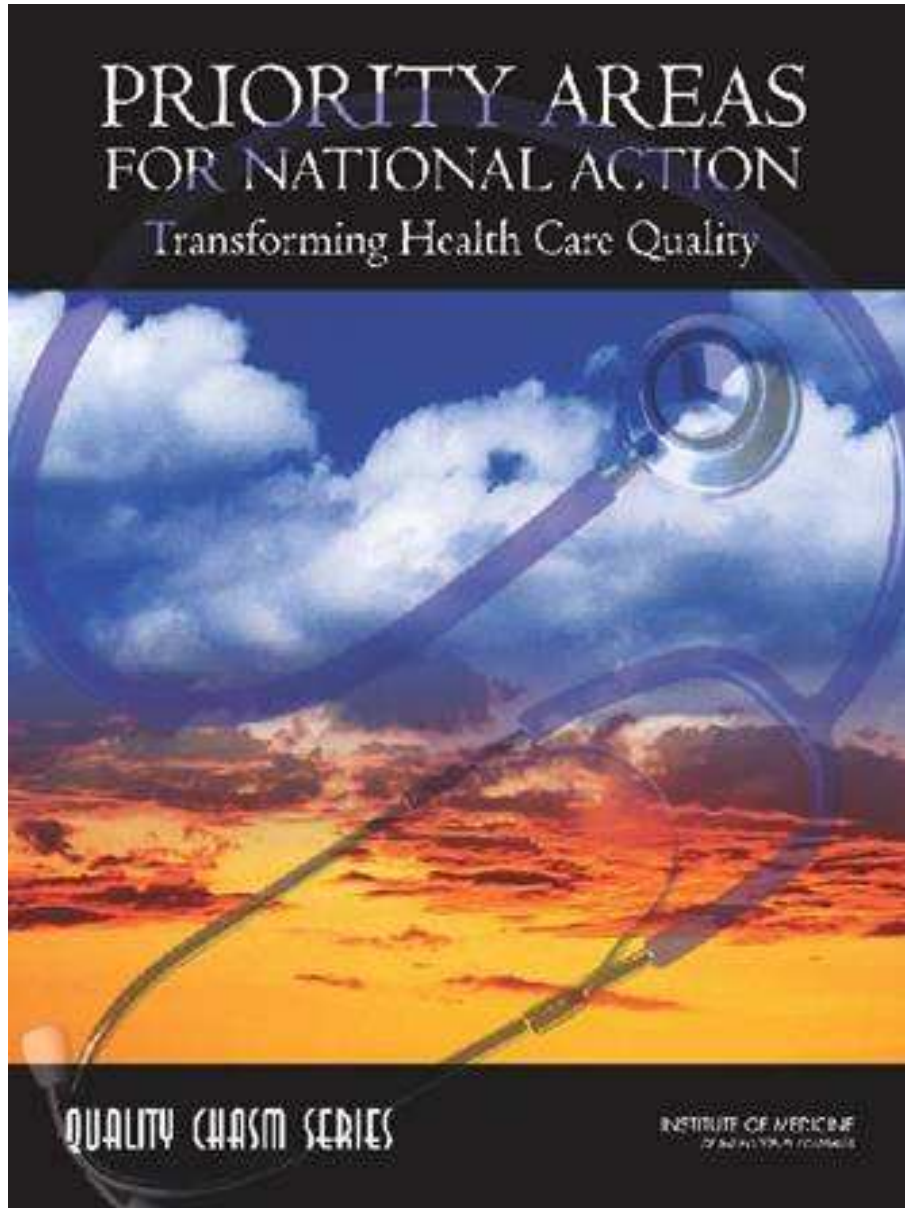
- § Clarifying national aims for improvement
- § Changing the care, itself
- § Changing the organizations that deliver care
- § Changing the environment that affects organizational and professional behavior

Six Aims

- § Safe
- § Timely
- § Effective
- § Efficient
- § Equitable
- § Patient Centered Care

Crossing the Quality Chasm

- § *The Agency for Healthcare Research & Quality should identify no fewer than 15 priority conditions and should convene stakeholders to develop strategies, goals & action plans for achieving substantial improvements in quality in the next 5 years for each of the priority conditions*



Charge:

- § Define a Process,
- § Develop Criteria,
- § Select Priorities

“A Short Study”

Released January
2003

Committee Conclusions

- § If a transformative effect is desired for the whole of health care, then the priority conditions recommended in “Crossing the Quality Chasm” should be priority areas
- § Viewed quality as a system property and offer the priority areas as a starting point for transforming the delivery system
- § The priority areas should collectively represent the US population’s health care needs across the lifespan, in multiple health care settings, involving many types of health care professionals.

Criteria - Impact

- § Extent of burden - disability, mortality & economic costs - imposed by a condition
- § Includes the effects on patients, families, communities, and societies.

Criteria - Inclusiveness

- § Equity - relevance to a broad range of individuals related to race/ethnicity, age, gender, socioeconomic status, and geography.
- § Representative – across the full spectrum of health care (preventive, acute, chronic and palliative)
- § Reach – across a wide range of health care settings and engages many types of health care providers

Criteria - Improvability

- § The existence of performance gap between optimal and current performance for the 6 aims identified in the “Quality Chasm” report (safe, effective, efficient, timely, patient-centered, and equitable)
- § The availability of transformative tools (e.g. evidence based guidelines and performance metrics)
- § Successful early efforts

Recommended Priority Areas: Cross-Cutting

- § Care coordination
- § Self-management & health literacy

Recommended Priority Areas

- § Asthma: appropriate treatment for persons with mild/moderate persistent asthma
- § Cancer screening that is evidence-based: focus on colorectal and cervical cancer
- § Children with special healthcare needs
- § Diabetes: focus on appropriate management of early disease

Recommended Priority Areas

- § End of life with advanced organ system failure: focus on CHF/COPD
- § Frailty associated with old age: preventing falls and pressure ulcers, maximizing function and developing advanced care plans
- § Hypertension: focus on appropriate management of early disease
- § Immunization: children and adults

Recommended Priority Areas

- § Ischemic Heart Disease: prevention, reduction in reoccurring events, and optimization of functional capacity
- § Major depression: screening and treatment
- § Medication management: preventing medication errors and overuse of antibiotics
- § Nosocomial infections: prevention and surveillance

Recommended Priority Areas

- § Pain control in advanced cancer
- § Pregnancy and childbirth: appropriate prenatal and intrapartum care
- § Severe and persistent mental illness: focus in the public sector
- § Stroke: early intervention and rehabilitation
- § Tobacco dependence treatment in adults

Emerging Priority Area

§ Obesity

Self-Management/Health Literacy

Aim: To ensure that the sharing of knowledge between clinicians and patients and their families is maximized, that the patient is recognized as the source of control, and that the tools and system supports that make self-management tenable are available.

Definitions

- § Self-management support is defined as the systematic provision of education and supportive interventions to increase patients' skills and confidence in managing their health problems, including regular assessment of progress and problems, goal setting, and problem-solving support.
- § Health literacy is defined as the ability to read, understand, and act on health care information.

Improvement in this area encompasses four features of successful programs:

1. Providers communicate and reinforce patients' active and central role in managing their illness;
2. Practice teams make regular use of standardized patient assessments;
3. Evidence-based programs are used to provide ongoing support; and
4. Collaborative care planning and patient-centered problem solving result in an individualized care plan for each patient and support from the team when problems are encountered

(Glasgow et al., 2002).

Impact

- § According to the National Adult Literacy Survey, 40–44 million of the 191 million adults (21 percent) in the United States are functionally illiterate:
- § Another 50 million adults (25 percent of adult Americans) are marginally literate
- § The estimated additional health care expenditures due to low health literacy skills total about \$73 billion. Employers may be financing as much as 17 percent of these additional expenditures

(American Medical Association, 2002).

Improvability

- § There is strong evidence that support for self-management is a critical success factor for chronic disease programs
- § With regard to health literacy, use of both written and verbal communication has been shown to be the most effective way of increasing patient understanding and compliance.

Inclusiveness

§ Poor health literacy is a widespread problem that affects people of all social classes and from all ethnic groups. Functional health literacy is worst among the elderly and low-income populations, impacting more than 66 percent of U.S. adults aged 60 and over and approximately 45 percent of all adults who live in poverty. Thus, the populations most in need of health care are least able to read and understand information needed to function as a patient

(American Medical Association, 2002; United States Department of Health and Human Services, 2000).