# Make it Simple



### The role of a hospital pharmacist in addressing health literacy

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# Disclosures

#### Grants, Contracts (to Northwestern University)

Consultation	
Amgen	Pfizer
RRF Foundation on Aging	Merck, Sharpe & [
Gordon & Betty Moore Foundation	Lundbeck
National Institutes of Health (NIA, NINDS, NINR, NIDDK, NHLBI)	Eli Lilly

#### Consultation

Luto (UK) GlaxoSmithKline Merck, Sharpe & Dohme Dohme

Pfizer Sanofi

### Questions – True or False?

1. An individual's cognitive abilities are a major determinant of health literacy skills.

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2. Effective health literacy interventions seek to improve patients' cognitive function.

F F

3. Most patient barriers to treatment adherence can be 'phenotyped' as either cognitive, psychological, medical, regimen-related, social or economic.

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- 1. Making it Simple: A Health Literacy Research Agenda
- 2. ...But Significant: A Healthcare Activation Research Agenda
- 3. Next Steps: Advancing Public Health & Patient-Centered Healthcare





### **Confluence of 2 Age-related Problems**

Body 80% of adults over 65 live with  $\geq 2$  chronic conditions (vs. 18%; 18-44 years) increased age.



'Fluid' cognitive abilities necessary for self-care are known to decline with



**Self-care Skills** 



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# Assumptions

- 1. A person's cognitive skills are a major determinant of health literacy skills
- 2. The requisite heath literacy skills needed to successfully manage health is determined by the design, accessibility of a healthcare system
- 3. Reducing the 'cognitive burden' of healthcare means...
  - ✓ better communication
  - $\checkmark\,$  simplified patient roles
  - ✓ proactive, learning healthcare systems





Confusing People Less

## Making it Simple.

# Health Literacy Interventions

### A Case Example



# **Universal Medication Schedule (UMS)**

Take	1 pill in the morning (bed	time)	
Take	1 pill in the morning 1 pill in the evening	•	
Take	1 pill in the morning 1 pill at noon 1 pill in the evening	Morning:	6-8 am 11-1 pm
Take	1 pill in the morning 1 pill at noon 1 pill in the evening 1 pill at bedtime	Evening:	4-6 pm 9-11 pm





# **Universal Medication Schedule (UMS)**

Take	1 pill in the morning (bec	ltime)	
Take	1 pill in the morning 1 pill in the evening		
Take	1 will in the meaning	Morning:	6-8 am
Таке	1 pill in the morning 1 pill at noon		
	1 pill in the evening	Noon:	11-1 pm
	i più il the evening		
Take	1 pill in the merning	U Evening:	4-6 pm
Таке	1 pill in the morning 1 pill at noon		
	1 pill in the evening	Bedtime:	9-11 pm
	1 pill at bedtime		
	i pin de bedenne		

- Provides more explicit guidance as to when to take prescribed medicine
- Reduces variable prescribing, dispensing practices that lead to regimen complexity
- Aligns with a 'pill box' schema
- Evidence-based: multiple studies have found the UMS
  - reduces dosing errors
  - improves regimen efficiency
  - improves adherence (14% increase)
- Yet only 1 in 8 prescriptions written using UMS
- NCPDP, USP, NAM identify it as a best practice

		SOME IMPORTANT THINGS TO KNOW ABOUT YOUR MEDICINE	4	
	Brand Name	Tradjenta	41	
	Also Known As		41	
	Purpose	This medicine helps control blood sugar in adults with type 2 diabetes.	41	
MEDICATION SHEET FOR KIDNEY TRANSPLANT PATIENTS	Benefit	This medicine treats high blood sugar. It can help prevent damage to your eyes, kidneys, nerves, and heart.		
Myfortic "Prograf	How to Take	<ul> <li>Take by mouth as directed by your doctor.</li> <li>Try to take your medicine at the same time each day.</li> <li>Take with or without food.</li> </ul>		
	(Famo 20mg Warnings	<ul> <li>While you are taking this medicine:</li> <li>Call your doctor if you have low or high blood sugar.</li> <li>Limit how much alcohol you drink.</li> <li>Do not take aspirin or St. John's Wort.</li> </ul>		
Margan Stalls	Ask Before Use	<ul> <li>Ask your doctor if it is safe for you to take this medicine if you:</li> <li>are pregnant, trying to become pregnant, or breastfeeding.</li> <li>have allergies to any medicines or foods.</li> <li>take other medicines, vitamins, herbal products or supplements.</li> </ul>		
Nonday 8-6-12         MetFORMIN HCI 500 M           Tues         8-7-12           Wedn         8-8-12           Sig:         1           Thurs         8-9-12           Thurs         8-9-12	Common Side	<ul> <li>Sore throat</li> <li>Runny nose</li> <li>Cough</li> <li>Diarrhea</li> <li>Headache</li> <li>Stomach pain</li> </ul> These are common side effects for this medicine. Tell your doctor about any side effect that does not go away or gets worse.	BE	nstructions
Fn         S 10-0         Dispense:         9           Sat         S-11-4         I         I           Swn         S-12-12         I         I           Mon         S-13-12         Start Date:         5           Tugs         S-14-12         Class:         E	Di 26/. PR Di Serious Side Effects	side effect that does not go away or gets worse. This medicine could cause low blood sugar (hypoglycemia). Some signs of low blood sugar are: Nausea and vomiting Dry mouth Tingling lips Tremor Blurry vision Feeling more hungry than usual Feeling more hungry than usual Feeling anxious or unable to sit still Very bad headache Confusion Sweating more than usual Feeling unusually drowsy or weak Unusually fast or uneven heartbeat Fainting or losing consciousness Check your blood sugar if you have any of these symptoms. If your blood sugar is below 70, drink a glass of juice or eat hard candies or glucose tablets. Check your blood sugar again in 15 minutes and repeat if necessary. You could be allergic to this medicine. Some signs of an allergy are: Swelling of face, lips, tongue or throat Hard time breathing or swallowing Very bad rash or itching These side effects might be signs of a serious problem. If you have any, call your doctor right away. It is important to read all the information about your medicine you get from your pharmacy. If you have questions, ask your doctor or pharmacist. You can find more		
+hemado Advide	Information	information at www.nlm.nih.gov/medlineplus		



### staying engaged with patients

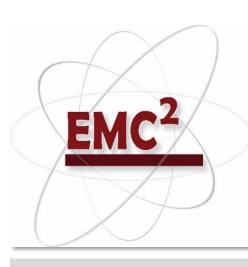


#### beyond the point of care

#### Activated Healthcare System, Activated Patient/Family

# **Some Current Projects**





NIH/NIDDK AHRQ Eli Lilly



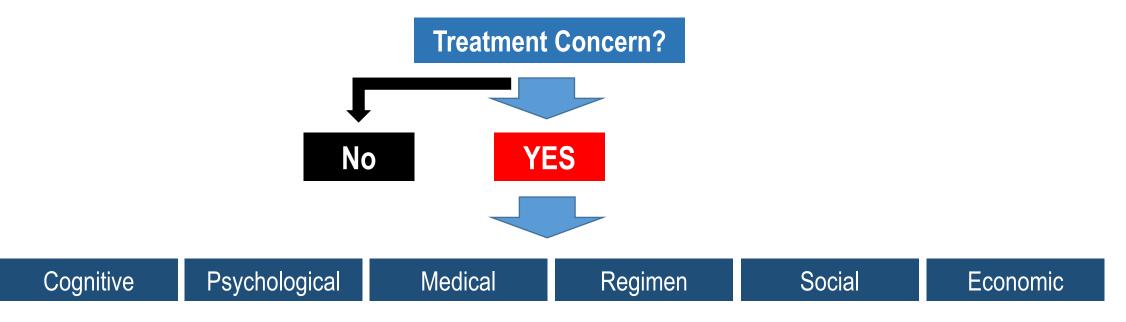
Gordon & Betty Moore Foundation





# **TAKE IT** Treatment Adherence among Kidney Recipients by Engaging Information Technologies

- Routinely monitor regimen use, adherence & persistence via EHR portal
- Provide 'adherence alerts' to transplant center with specific patient concerns
- Mobilize appropriate resources to map specific problems to tailored solutions





1

Mobile Med App (Transplant Hero)





1

Mobile Med App (Transplant Hero)











Mobile Med App (Transplant Hero)





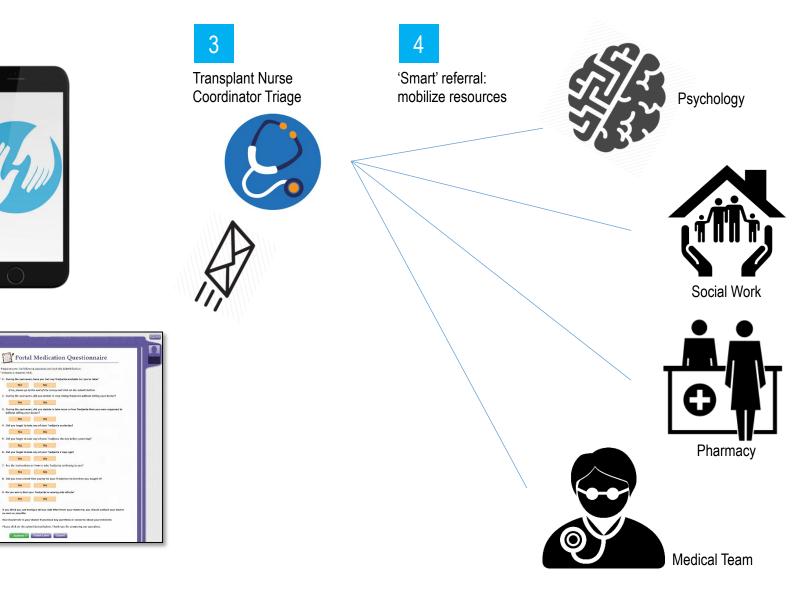
Transplant Nurse Coordinator Triage





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20411	required lists.		
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	Ven	No	
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-	YES	No	
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0.0 40	Ves Ves	No.	
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	Ves	Na	
Are th	instructions on	how to take Tradjenta confusing to you?	
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ам уз	a hase a hand the	e paying for your Tradjents the last time you brught 87	
-	Ves	No.	
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an in		Tradjunta is causing side affects?	
	Ves	No	





Mobile Med App (Transplant Hero)



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. Did you forget to belie any of your Tradjente Vies No. Are the instantions as how to take Tradiental Yes No time paying for your Ves No Ves No

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2 Monthly Assessment (Patient Portal)



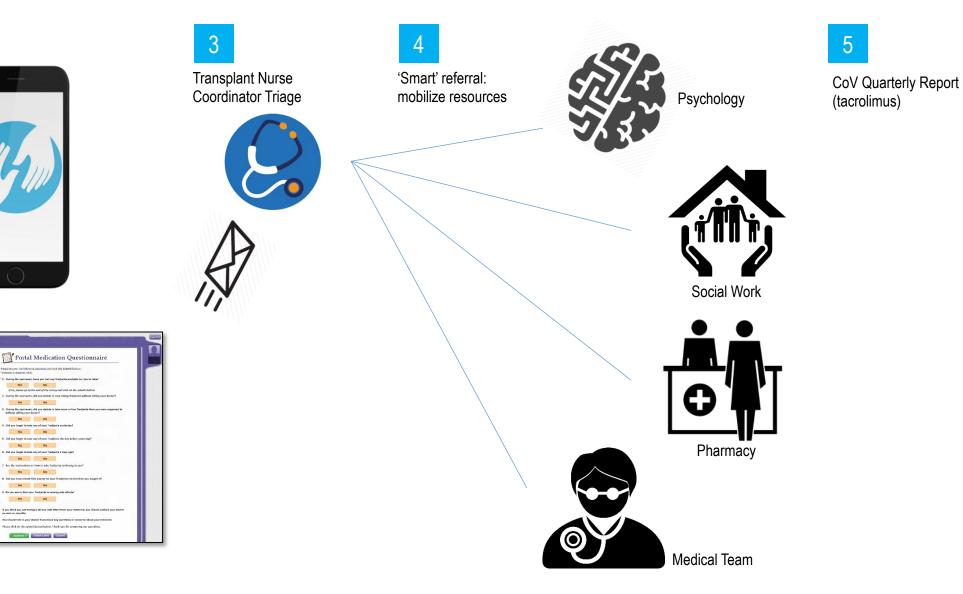
Mobile Med App

2

Monthly Assessment

(Patient Portal)

(Transplant Hero)





## TAKE IT: Preliminary Fidelity Data

**449** participants enrolled in TAKE IT

224 randomized to intervention arm

- Median age = 53 years (range 21 76)
- 58.4% male
- 19.2% African American
- Median time since transplant = 202 days (range 23 - 1,091)



449 participants enrolled in TAKE IT

224 randomized to intervention arm

**162** completed initial adherence assessment

72.3% of recipients completed the initial online adherence assessment

Comparing participants who <u>DID NOT</u> complete vs. <u>DID</u> completed initial assessment:

- No significant differences in age, gender, race, or time since transplant
- But had lower health activation (p = 0.056), health literacy (p = 0.090), education (p = 0.018), and household income (p = 0.006)



**449** participants enrolled in TAKE IT

**224** randomized to intervention arm

162 completed initial adherence assessment 56 at risk for inadequate adherence Among those who completed the initial assessment, **34.6% were at risk** for inadequate adherence.

Common barriers to adherence:

- Regimen (44.6%)
- Cognitive (26.8%)
- Medical (19.6%)
- Psychological (16.1%)

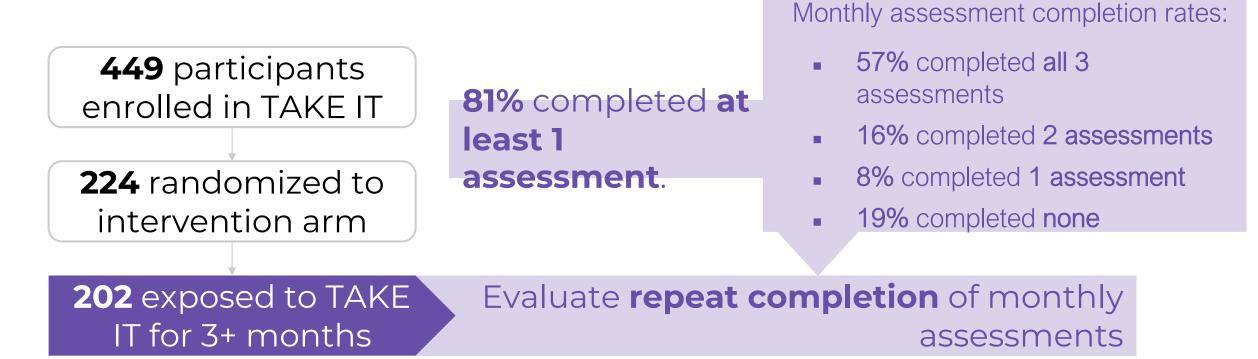


participants enrolled in TAKE IT

randomized to intervention arm

exposed to TAKE IT for 3+ months







	Total	
Participant Characteristics	n=164	%
Any Adherence Concern		
No	82	50.0%
Yes	82	50.0%
Average # of Concerns	1.13	]
Flagged for 2+ concerns	26	31.7%
Total Adherence Concerns	n=93	%
Adherence Concern Type		
Cognitive	42	45.2%
Regimen	26	28.0%
Medical	25	26.9%
Psych	16	17.2%
Economic	5	5.4%
Social	4	4.3%

**50%** of intervention participants were **at risk for inadequate adherence** at some point over the three-month assessment period.

- Average of 1.13 adherence concerns (range 1 5)
- 26 (31.7%) of participants flagged for 2+ adherence concerns

Most commonly reported barriers:

- **Cognitive** (45.2%)
- **Regimen** (28.0%)
- Medical (26.9%)



Technology-Enabled Alliance for Medication Therapy Management

Meaningful sharing of EHR with pharmacies to:



Reconcile medication regimens Perform medication reviews

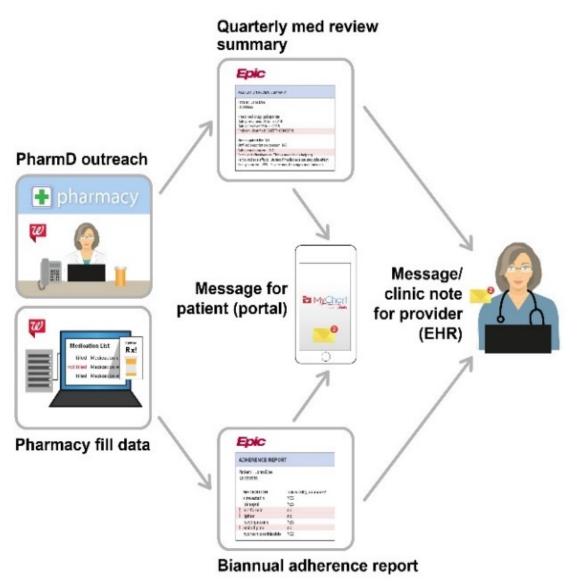


Provide adherence alerts, updates



Offer clinical decision support





# Take Home Messages

- Direct more attention to the 'user interface' of healthcare
  - Strong evidence base of health literacy best practices
- Create opportunities to keep patients engaged
  - leverage technologies, offer multiple modalities
- Identify/classify individuals at risk
  - screen for low health literacy, low 'activation'?
  - allocate more resources to those most in need





# **Thank You!**



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