Health Literacy and Patient Education Handouts

RESIDENT PHYSICIANS: CHYAH AVERICK, MD; KHYLLIAN LOWRY, MD
FACULTY: MATT STACK, DHA; VANESSA A. LAROCHE, MD, DIPABLM
MSU/MY MICHIGAN MEDICAL CENTER ALMA FAMILY MEDICINE RESIDENCY
Background

- Patients often leave visits with education materials.
- Materials often try to explain illnesses and recommendations for treatment.
- Current patient education recommendations are to be written for 5th-6th grade reading levels and use visual aids to help understanding.
- Rural area medical access is often limited increasing importance of patient self-management.
Objectives

- Evaluate community to obtain an average reading level of the adult patient population
- Assess three commonly used education handouts for current grade level (Hypertension, Diabetes Mellitus and smoking cessation)
- Rewrite the education handouts to appropriate level determined by our population sampling
Methods

- Cross sectional study using convenience sampling of adult patients in rural Michigan family medicine residency clinic
- Exclusion criteria: first language something other than English, diagnosed developmental disabilities or dementia, age under 18
- REALM-SF to assess average reading level and lowest reading level of population
- SPSS software was used to analyze collected data
- “The Basics” UpToDate material for patient handouts were analyzed using online Flesch-Kincaid Calculator
<table>
<thead>
<tr>
<th>Score</th>
<th>Grade range</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Third grade and below; will not be able to read most low-literacy materials; will need repeated oral instructions, materials composed primarily of illustrations, or audio or video tapes.</td>
</tr>
<tr>
<td>1-3</td>
<td>Fourth to sixth grade; will need low-literacy materials, may not be able to read prescription labels.</td>
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<tr>
<td>4-6</td>
<td>Seventh to eighth grade; will struggle with most patient education materials; will not be offended by low-literacy materials.</td>
</tr>
<tr>
<td>7</td>
<td>High school; will be able to read most patient education materials.</td>
</tr>
</tbody>
</table>

- Menopause
- Antibiotics
- Exercise
- Jaundice
- Rectal
- Anemia
- Behavior
Results

- 38 patients sampled/surveyed
- 23.6% (9 patients) scored less than 7 points on REALM-SF, less than high school reading level
- No significant difference with REALM-SF score and age using Pearson correlation
- Low association between gender and score and age and score using Eta-squared
Graphs and Tables

<table>
<thead>
<tr>
<th>REALM-SF Total points</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 points</td>
<td>1</td>
<td>2.6%</td>
</tr>
<tr>
<td>5 points</td>
<td>4</td>
<td>10.5%</td>
</tr>
<tr>
<td>6 points</td>
<td>4</td>
<td>10.5%</td>
</tr>
<tr>
<td>7 points</td>
<td>29</td>
<td>76.3%</td>
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Frequency of Reading Grade Level by Age Group
Patient materials

- Hypertension: Estimated 7th grade reading level, just over 1 page long, small/standard font
- Diabetes Mellitus: Estimated 7th grade reading level, 2 pages long, small/standard font
- Smoking cessation: Estimated 8th-9th grade reading level, 2.5 pages long, small/standard font
Consider evaluation of comprehension of patient population

- REALM-SF was quick to gather needed information but did not have any comprehension components

- Biases effecting results: REALM-SF needed to be read aloud, mispronunciation was a “wrong” answer/missed point

- Majority of patients scored full points, however almost a quarter was less than full points, which in a clinic of approx. 1400 patients, is approx. 350 patients
Failure to Adhere to a Controlled Substance Agreement:
Reducing Harm to Rural Patients

Porter D. Beilfuss
Class of 2027
The Opioid Epidemic

- Victor et al. (2023) Synthetic opioids have emerged as the primary driver of overdose mortality at the county-level in rural Michigan.

- Lister et al. (2020) Rural and low-income counties in Michigan are more likely to lack any available methadone clinics and buprenorphine practitioners compared to urban counties.

- Ghodke et al. (2020) Controlled substance agreements benefit patients by keeping doctors from overprescribing while holding patients accountable.

but... could patient harm still result?
Meet “Joan”

➢ Middle-aged woman
➢ History of frequent visits to ER for acute pain
➢ Management of pain through opioid prescriptions
➢ Signed controlled substance agreement with primary care doctor
➢ Arrives at the clinic for a scheduled pill count… *with no pills*

Unfortunately, this is not the first time.

How many “chances” should the patient receive?

Last straw for PCP, refused controlled substances
OSF St. Francis Hospital Medical Group Controlled Substance Use Agreement
Version 9/3/2023

Please initial in each box below to indicate your acceptance of each statement.

I have a medical condition that has not been adequately managed with non-controlled substance medications and my quality of life is affected by my condition. The intent of this medication is to increase my ability to become more functional and hence improve the quality of my life.

My doctor is under no obligation to provide these medications to me, and he or she reserves the right to discontinue these medications at any time. This includes when my doctor believes the medication is no longer an appropriate or safe treatment for my condition.

The medication will be prescribed only by the physician listed below (or designee if unavailable) and only according to the agreed-upon schedule. Prescriptions will not be refilled early.

Regular appointments for follow up will be required. Refills will not be issued if I fail to keep appointments as requested by my physician.

I will participate in therapy programs or referrals as prescribed by the physician.

I will take the medication only as prescribed. I understand that these medications can be life-threatening if not taken as prescribed. I agree to bring pill bottles in at each visit, and whenever requested with 24 hr notice.

It is my responsibility to protect and secure any medications. Lost or stolen medications will not be refilled.

I will not sell, give, or share the medication with any person. I will not attempt to forge, copy, or alter a prescription. I understand that these are illegal activities and law enforcement will prosecute those breaking the law.

I will cooperate with random drug testing, which may be requested at any time (which may be at my own expense depending upon my insurance). If I refuse, I understand the medication will be stopped.

The use of alcohol and/or marijuana, while legal, can have potentially harmful interactions with medications and their use may impact your clinician’s willingness to prescribe controlled substances.

I will not use illegal drugs or legal substances for illegal purposes.

I will not seek, accept, or use any controlled substance medications other than those prescribed to me by my doctor listed below. "Controlled substance medications" includes any medication that has addiction potential such as narcotics, sedatives, or stimulants.

I will use only the pharmacy indicated on reverse. If I desire to change pharmacies, I will notify my doctor’s office. My pharmacy has the right to contact my physician with any concerns regarding my prescriptions.

My Pharmacy Name
Pharmacy Address
Pharmacy Phone

I understand that by signing this agreement, I must abide by the rules above and that failure to abide by these agreements will result in the termination of controlled substance medication prescriptions and possibly the termination of services from my doctor and his or her practice.

Printed Patient Name Date of Birth Patient Signature Date Signed

Physician Printed Name Physician Signature Date

Original: Patient Chart Copy to (circle): Patient, Patient's Pharmacy

Authorization for Release of Protected Health Information

Patient Name: please PRINT Birthdate: MDW
Residence Address (if none, PO Box): City/State/Zip Phone

I hereby authorize St. Francis Hospital Medical Group including Escanaba, Gladstone and Powers locations to disclose to:

- Peninsula Pharmacy
  2500 7th Ave S, Suite 200
  Escanaba, MI 49829

- Wal-Mart Pharmacy
  601 N. Lincoln Rd
  Escanaba, MI 49829

- Walgreen’s Pharmacy
  2301 Ludington Street
  Escanaba, MI 49829

- The Drug Store
  1112 S. Stephenson Ave
  Iron Mountain, MI 49801

- Meijer Pharmacy
  505 North 26th Street
  Escanaba, MI 49829

- Putvin’s Pharmacy
  211 S. Cedar Street
  Manistique, MI 49854

- Hannahville Pharmacy
  W 365 US 2 & 41
  Wilson, MI 49896

The following Information: Controlled Substance Agreement(s)
This disclosure is made for the purpose of: further care
- I have the right to inspect and obtain a copy of the records that are to be disclosed. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by Federal confidentiality rules.
- I understand that this authorization is voluntary. I understand that the person(s) or organization(s) authorized to make requested use and/or disclosure may not condition the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits on the provision of an authorization.
- I understand that I may revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Medical Records Department. I understand the revocation will not apply to information that has already been released in response to this authorization.
- This authorization will expire on the following date or event: ____________ If I do not specify an expiration date or event, this authorization for disclosure to Pharmacy will expire 12 months from the signature date.

Patient Signature Date

Witness Signature Date
How can primary care physicians reduce harm to their patients when they fail to adhere to a controlled substance agreement?
Data Collection

➢ What leniency do you afford to your patients who do not comply with a controlled substance agreement?
➢ Do you foresee patient harm if they choose to cease being your patient due to a broken agreement?
➢ What barriers do you recognize for primary care physicians who are not currently providing MAT to patients with OUD?
➢ How can primary care physicians screen for OUD in their patients before a broken agreement occurs?
Results

➢ What leniency do you afford to your patients who do not comply with a controlled substance agreement?

“My first reaction is to monitor the patient more closely. More frequent visits, pill counts, checking MAPS, accurate urine drug screens. I have a discussion and review goals.”

“At our pain clinic, if they fail a UDS or pill count routinely, they will be offered suboxone instead. We discuss that they have symptoms of addiction. They will also be referred to behavioral health if available.”

“I try to provide leniency and understanding, speaking directly and openly about adherence to clinic policy to keep them safe.”

“This is a sign that more intensive treatments may be needed: counseling, outpatient or inpatient treatment, more frequent visits.”

“I provide some leniency as it does allow a conversation surrounding and entry into substance use disorder treatment.”
“I believe it does harm to patients to discharge them because of very strict rules, lack of flexibility.”

“I worry about their safety and well-being if they are nonadherent to the controlled substance agreement and no longer wish to follow with me. Would they be willing to be evaluated in a MAT clinic within our own clinic? SUD is a chronic disease, and we can continue to help care and provide support to and for them.”

“I will not discharge a patient for breaking the contract, but if they choose to leave, there are very few providers in the community that take new patients.”

“If a patient does break an opioid agreement with us and no longer gets prescribed narcotics, then they are at risk of trying to obtain opioids off the street. They will want to feed their addiction.”

“There are multiple negative consequences that occur including patient feeling abandoned, going through withdrawal, having under treated or not treated pain, Increased risk of depression and suicide.”
Results ➢ What barriers do you recognize for primary care physicians who are not currently providing MAT to patients with OUD?

“Often there is a stigma and a hardline taken in caring for patients with SUD. It is crucial that all physicians be trained in caring for and treating all chronic diseases including SUD.”

“Many don’t want to deal with perceived or real concerns regarding the patient population.”

“At our hospital, orthopedics didn’t want suboxone patients waiting in the same waiting room as their patients.”

“This patient population is difficult to manage due to needing to be monitored closely with pill counts and urine drug screens. In my clinic, we don’t have the staff to call patients for random pill counts.”

“Fear and lack of education are the two biggest barriers.”

“Nobody else was doing it… it would become our job in our community. This would leave no space for other patients to establish care. To provide another service would flood us with more patients. We do not have enough bandwidth to open up another service.”
Results

- How can primary care physicians screen for OUD in their patients before a broken agreement occurs?

“Ideally there would be a discussion about opioids and reviewing the risk of OUD before a patient starts opioids. But unfortunately that doesn’t happen very often.”

“At our pain clinic, we use a screener and opioid assessment, obtain a complete history and physical exam, research old records for compliance issues, access state court records, and look at imaging and lab reports to find objective evidence for pain.”

“I stress the importance of honesty. Their answers will not preclude me from prescribing, rather will help me know how to help keep them safe and support their wellness journey.”

“I am looking for repeated patterns. I shorten their time frame between visits and conduct more frequent UDS.”

“The best way is to be proactive.”

“Look for early refill requests. Discuss with patient regarding escalating doses. Reassure patient it is not a moral failing to develop a use disorder. Partner with them to get through it.”
Opioid Risk Tool – OUD (ORT-OUD)

This tool should be administered to patients upon an initial visit prior to beginning or continuing opioid therapy for pain management. A score of 2 or lower indicates low risk for future opioid use disorder; a score of ≥3 indicates high risk for opioid use disorder. Mark each box that applies.

Family history of substance abuse
- Alcohol: 1
- Illegal drugs: 0
- Rx drugs: 0

Personal history of substance abuse
- Alcohol: 1
- Illegal drugs: 0
- Rx drugs: 1
- Age between 15-45 years: 0

Psychological disease
- ADD, OCD, bipolar, schizophrenia: 0
- Depression: 1
- Scoring totals: 0

I acknowledge the potential benefits and risks of an opioid medication as described by my provider along with the responsibility of properly managing my medication as stated above.

Signature of Prescriber (when prescribing to a minor)
Date

Signature of Patient, if a minor, patient’s parent/guardian
Date

Signature of Patient’s Representative or other authorized adult
Date

Printed Name of Parent/Guardian; Patient’s Representative or other authorized adult

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

MDHHS-5730 (Rev. 3-20) Previous edition obsolete.

1/24/24, 3:59 PM Opioid Risk Tool – OUD (ORT-OUD) | National Institute on Drug Abuse (NIDA)
Conclusions

➢ Implement patient-centered, proactive measures
  o Honest and direct communication
  o Routine urine drug screening
  o Screening and assessment tools + annual agreements
  o MAPS

➢ Medication-assisted treatment
  o Stigmatized, costly, difficult to offer in rural areas
  o Increase institutional awareness to effectively manage OUD
  o Greater access should be pursued
Back to “Joan”...

“Mackinac Bridge Sunrise” Matt Vande Bunte / June 26, 2023
mackinacisland.org
References


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