THE RIGHT PATIENT EDUCATION TOOLS: STRATEGIES TO IMPROVE HEALTH OUTCOMES AND MEET REGULATORY GOALS
**Overview**

The recent quality and patient satisfaction initiatives of government and medical agencies run parallel to providers’ goals to improve care, empower patients and reduce costs.

Today, meaningful patient education programming is an important part of the mix, but only when it offers compelling, evidence-based, and actionable health messages. The medium of video, produced by experienced health education experts, offers unique benefits to patients and providers, by engaging visual and auditory senses to help patients understand their condition and comply with a treatment plan.

Here we take a look at key market drivers pushing patient education to the forefront of healthcare delivery and how effective patient education makes a difference in meeting the significant cost, quality and care challenges health providers face every day.
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**INTRODUCTION**

Today, the quality and patient satisfaction focus of U.S. government agencies, including the Department of Health and Human Services (HHS) and Centers for Medicare and Medicaid Services (CMS) run parallel to providers’ goals to improve care, empower patients and reduce costs. The right patient education programming, offered in a way that engages patients and their loved ones, is a key piece of the solution, proven to satisfy all players — providers, patients and government agencies — in reaching these important healthcare goals. Further, advances in healthcare IT (including the electronic health record) provide effective tools to help healthcare providers connect their patients to the education they need for better health.

This white paper describes how high-quality patient education supports HHS and CMS goals, and what this can mean for patients and for healthcare providers.

**HIGH-QUALITY PATIENT EDUCATION HAS POWER**

Poor health literacy in our country contributes an estimated $58 billion annually to U.S. healthcare spending. Patients often leave the hospital or their doctor’s office with gaps in their understanding on everything from the lifestyle impact of their diagnosis, to proper use of medications they are prescribed, to their required follow up appointments. This basic lack of knowledge at the patient level impedes successful self-management, medication adherence and leads to unnecessary hospitalizations.

Conversely, engaging patients to be involved in their care, by helping them understand their conditions and treatment, has been linked to higher health success rates as well as a reduction in healthcare expenses. A Sentara Virginia Beach Hospital case study (2009), for example, linked patient dissatisfaction and setbacks to:

- An inability to understand instructions
- Being overwhelmed with information, and/or
- Being unable to remember important information

After initiating an in-hospital education program for just one condition, heart failure, the hospital saw heart failure readmission rates drop an astounding 74 percent, plus shorter hospital stays and increased patient satisfaction. High quality patient education has this kind of power.

**POWER FOR THE PATIENT, AND FOR THE PROVIDER**

Patient education can take many forms and can be delivered in many ways — from simple fact sheets to one-on-one and group instruction to engaging video — or a combination of these. It offers important benefits to patients, of course, but it also offers benefits to providers.

**For the patient,** a targeted educational program can explain proper medication usage, the reason for and importance of that medication, how to recognize warning signs and symptoms and when to call for help. In this way, it supports better adherence and helps prevent expensive and dangerous acute episodes. Going beyond disease management, high quality patient education also provides support for ongoing healthy lifestyle changes, thereby creating a better quality of life.

**For the provider,** patient education programming, if done well, can help a healthcare provider streamline staff efficiencies; provide consistency across clinicians, departments, or an entire system; meet regulations and compliance needs; engage patients and drive better provider/patient communications.

Ultimately, both provider and patient are served well through a high quality patient education program.
ALIGNING PATIENT EDUCATION STRATEGIES WITH THE MULTITUDE OF REGULATORY GOALS

The Affordable Care Act, HCAHPS scores and Meaningful Use initiatives are pushing providers in all settings to do more — often with less. The right patient education programming, however, can help a provider align their care to meet these regulatory goals.

Below are specific regulatory initiatives that high quality patient education can address.

Patient engagement is reflective of patient satisfaction in HCAHPS rankings:

Recognizing the importance of a patient’s involvement in his own care and his level of satisfaction with that care, HHS uses a tool to draw national comparisons of patients’ perspectives on hospital care. The tool is the national HCAHPS survey. (Pronounced H-caps, this is the acronym for the Hospital Consumer Assessment of Healthcare Providers and Systems). It includes patient satisfaction measurements. Read more about the details of HCAHPS on page 10.

The HCAHPS survey asks patients to rate eight key areas of their care during a hospital stay.

1. Communication with doctors
2. Communication with nurses
3. Responsiveness of hospital staff
4. Communication about medicines
5. Discharge information
6. Pain management
7. Cleanliness of the hospital environment
8. Quietness of the hospital environment

Well planned and consistent quality patient education programming can easily address the first six items. Hospitals with robust patient education programs have received higher HCAHPS rankings (Go to Hospital Compare website for Hospital rankings²), specifically:

- Better patient doctor/patient/nurse communications
- Better patient understanding of pain management options and pain management rights
- Better understanding of medications and their role in treatments
- Better understanding of discharge instructions

Engaging patient education materials delivered consistently and as part of a patient centered education effort leads to all of these itemized objectives for high quality healthcare and regulatory compliance.

MEANINGFUL USE TECHNOLOGIES PROMOTE PATIENT EDUCATION AND EARN PROVIDERS BONUSES

The Health Information Technology for Economic and Clinical Health (HITECH) Act provides HHS with the authority to establish programs to improve health care quality, safety, and efficiency through the promotion of health information technology (HIT), including electronic health records and private and secure electronic health information exchange.

Under HITECH, eligible health care professionals and hospitals can qualify for Medicare and Medicaid incentive payments when they adopt certified EHR technology and use it to achieve specified objectives.

One of those regulations involves what is termed Meaningful Use of the technology. In other words, not only do providers use HIT, but they can

Quality care plus patient education equals better patient outcomes

The JCAHO 2012 Patient Education Requirements in the Comprehensive Accreditation Manual for Hospitals outlines the patient education requirements a hospital must meet.

- **JCAHO Standard PC.02.03.01:** The hospital provides patient education based on each patient’s needs and abilities.
- **JCAHO Standard PC.04.01.05:** Before hospital discharge, it informs and educates the patient about follow-up care.
demonstrate its usefulness to meet quality, safety and efficiency goals. Using technology to promote or provide high-quality patient education fits the definition of Meaningful Use. On the near horizon with phase 2 of Meaningful Use, as soon as 2014, regulations will require that certain providers demonstrate Meaningful Use for larger and larger numbers of patients³.

Here are some examples of how HIT and EHRs can provide patients education and earn providers these federal incentives.

- **Use certified EHR technology to identify patient-specific education resources.** These resources do not have to be stored within or generated by the EHR, according to CMS guidelines. When an EHR automatically makes recommendations for patient-specific education, the provider evaluates whether the resource is indeed useful and relevant to the specific patient. See CMS guidelines⁴ for more information about this topic.

- **Integrate decision-focused, meaningful patient education with patient downloads and clinical summaries** to help patients understand what they find in their medical records.

- **Use patient-friendly information about tests and procedures** to enhance the effectiveness of patient reminders for follow-up care.

- **Use robust patient health education and interactive tools** to complement provider-to-patient messages.

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### Why is Patient Engagement a National Priority?

Too many of us move through the healthcare system as passive recipients of care. Many patients:

- “are not asked how they want to be treated”
- “do not feel adequately informed or involved in decisions about their care”
- “do not understand important information healthcare providers discuss with them”
- “do not have the knowledge or support to maintain their health”

Patients need access to appropriate tools and support that equip them with the knowledge, skills, and abilities to effectively manage their health... self-management strategies can help patients avoid exacerbations or setbacks, which can lead to burdensome and preventable treatments and hospitalizations.

*From National Quality Forum—Healthcare Priorities and Goals*

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### Goal 1: Patient and Family Engagement

Patient education content that helps a patient understand care, medications, lifestyle changes and warning signs. Delivered in a format that can be shared with family or co-caregivers, it could include demonstrations of care, teach-back questions, assessments, and/or facilitate provider communications.

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### Goal 2: Patient Safety

High quality health educational materials include information about staying safe in the hospital, infection control, recognizing signs of problems, proper use of medications, preparing the home for home recovery, pain management, and nutrition and exercise for recovery and self-management.

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### HIGH QUALITY EDUCATION MEETS NATIONAL QUALITY STRATEGY GOALS

In addition to the regulations above, Meaningful Use³ requires that all healthcare providers must select specific clinical quality measures (CQMs) from at least three of the six key health care policy domains defined below. Utilized well, the right patient education plays a role in all six of these areas.
**Goal 3: Care Coordination.**
The most effective patient education materials can be shared with all caregivers, from clinicians to family members, home nurse, or schools. It should also be part of EHR documentation.

**Goal 4: Population and Public Health.**
Community outreach goals can be met through a variety of media used to deliver patient education. Delivery methods can include online community resources, library DVD resources, awareness campaigns, targeted direct distribution to key zip codes (such as DVD mailers), email links to online content and insurance provider cost reduction programs.

**Goal 5: Efficient Use of Healthcare Resources.**
As referenced previously, the right type of health education maximizes staff efficiencies through the delivery of consistent and educational content: saving staff time, providing consistency of information delivered across units, facilitating provider/patient communications, and identifying potential problem areas. The use of educational care plan templates, and individualized education delivery systems further maximizes resources.

**Goal 6: Clinical Processes and Effectiveness.**
Patient education materials using evidence-based content consistent with national guidelines and medical peer review processes, can streamline educational programming efforts across a network of providers. From physician offices, to in-house clinical departments, to the patients’ use of secure patient portals, EHRs, and web or mobile technologies, providers can streamline efforts across a unit, a hospital, a system or community.

Video, in combination with new technology, gives patient education a powerful edge for delivery.

**Characteristics of “good” patient information**

- **Decision-focused:** Helps achieve better decisions
- **Evidence-based:** Uses a balanced review of all relevant research
- **Reviewed by experts:** Approved by clinicians
- **Referenced:** Identifies authors and sources
- **Up to date:** Revised on a regular basis to keep content up-to-date
- **Free from commercial bias:** Developed and presented objectively
- **User-friendly:** Presented in a form and language that patients can easily understand

**“HIGH QUALITY PATIENT EDUCATION” DEFINED**

Patient education is tied strongly and directly to patient satisfaction and patient outcomes. But the educational content and tools — from fact sheets to videos — must be “meaningful” in order to achieve these important patient health benefits. Adult learning theories, literacy components, and years of experience all help shape the creation of high quality education. Additional health education research, evidence-based content consistent with national guidelines, and medical peer review processes are additional elements for high quality health education.

**Information must be available at the time of need.**

This is a founding tenet of adult learning, and speaks to how and where patients want to get health information. Providing the information at the time the patient desires and needs it is key to their ability to use it in an effective way.

When do patients want the information? That depends on the patient. It might be at the time of diagnosis, during a rehabilitation period, post discharge or simply at the start of a wellness program. Often times, patients are overwhelmed with information, fear, or denial at the time of diagnosis. Stacks of brochures get lost or go unread. Contradictory and unreliable information on the web creates confusion and adds to any fear. At discharge, follow-up instructions are often lost in a haze of pain, confusion or medication.
In short, education needs to be available to patients and their loved ones throughout their health journey. Deliverable through the web, CCTV, Video on Demand systems, mobile apps, tablet devices, DVDs, patient portals or EMR systems, patient education in digital format has the ability to “stick” to a patient across the continuum of care.

Technology allows health providers to track viewing, identify questions, and create reports on prescribed content, putting the patient at the center of care.

**Information must be specific to the patient’s needs.**

The most effective patient education is *prescribed* educational content — specific to a patient’s condition and offered in the way they prefer. It’s information that they can review over and over again, share with family members, and ask questions about.

Having access to critical health information such as understanding medications’ role in disease management, post-surgical wound care and infection control, proper use of a personal medical device and other specific health information helps newly discharged patients transition home. It empowers them to better care for themselves. This “empowered” attitude helps to prevent thousands of re-admissions, medical complications, re-infections and even death by facilitating early intervention.

Patient education provided prior to a surgery helps meet informed consent guidelines. Patient education during a hospital stay might include avoiding falls, hand washing, and pain management, to provide a safe and comfortable stay while meeting compliance demands on the part of the hospital.

Chronic disease management often requires fundamental lifestyle changes. Aligning information with a desire and a need to become more informed on healthier behavior can help individuals with difficult-to-change lifestyle patterns such as smoking cessation, menu planning and daily exercise. Anyone who has tried to exercise more often or stop smoking knows just how difficult these behavior changes can be. Educating patients on the impact these basic lifestyle changes can have on their overall health is a significant part of reinforcing their disease management plan.

**Education must be both understandable and actionable.**

According to the National Patient Safety Foundation, nearly half of the adult population falls into the category of having low or basic “health literacy.” For patients, health literacy means more than understanding the information they hear, see or read. It also means understanding how to act on the information.

For example, what does “eat less salt” mean or what does “exercise every day” entail? Educating patients about the critical and often detailed nature of their care plan reinforces their doctors’ directives as well as helps them make these changes and adhere to the plan. In the same way, following demonstrations on medication use such as how to properly use an asthma inhaler or how to administer insulin injections encapsulates what a clinician may have taught and can be referred to the patient at time of need.

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**Time and Memory Limit Patient Education Efforts**

“Up to 80% of patients forget what their doctors tell them as soon as they leave the office... And nearly 50% of what they do remember is recalled incorrectly.”


*Article — Patients’ Memory for Medical Information, May 2003*
Further, and related to adult learning styles, different people learn in different ways: some prefer to see, some to do, and some to hear. So having a variety of patient education tools can help providers reach their patients with information that is actionable.

Patient education video has the ability to demonstrate self-care skills, reinforce positive lifestyle changes, and uses animations and graphics to explain complex concepts. This is particularly valuable to patients with low literacy or English as a Second Language needs.

In today’s digital world, patients expect visual modes of communication, that speak to them directly and to which they can relate.

For these reasons, video education is the preferred method of learning for many different types of patients and at many steps or stages of their health journey.

**Video provides meaningful images and real-life examples.**
Real patients telling real stories provide patients with true examples of people managing their health needs. Some of the most effective videos use real patients and real healthcare professionals from diverse backgrounds, shot in real settings. Education-by-example is an engaging method of teaching patients. With today’s focus on patient engagement, presenting real people talking about their struggles and successes and modeling behavior is a way to keep patients involved. Individuals identify with real patients like themselves.

**Video addresses varied learning styles and literacy levels.**
High quality video addresses a variety of learning styles.

**Video gives patients and providers great flexibility.**
Today’s digital video also allows patients the flexibility to consume dynamic content when they’re ready. The digital format enables the material to follow patients across multiple.

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**Is a picture really worth a thousand words?**

Recent research supports the idea that visual communication can be more powerful than verbal communication, suggesting, in many instances, that many people seem to learn and retain information that is presented to them visually much better than that which is only provided verbally.

“The psychologist Jerome Bruner of New York University has described studies that show that people only remember 10% of what they hear and 20% of what they read, but about 80% of what they see and do.”

“When patients can both see and hear information, they have an increased likelihood of paying attention to what is being taught and comprehending and retaining the information. Therefore, video education offers advantages for patients and their families.”


“Researchers have found that showing patients an educational video about their condition teaches them the facts about their disease even better than when their doctor tells them about the condition.”


*Journal of the American Academy of Dermatology, August 2005*
devices and delivery systems using whatever technologies a patient and provider prefer: web, closed circuit TV (CCTV) such as in a waiting room, video-on-demand systems, mobile apps, tablet devices, DVDs, patient portals or EMR systems. Video can be used with assessments or other tools to track a patient's understanding or identifying gaps.

**Video is repeatable, for better learning.**
Patients and their loved ones can play and replay video health education programs — when they’re ready for the information in general or to repeat key concepts. They can watch it together, or individually, and take notes about questions for their provider or reminders for next steps.

**Video is measurable, for regulatory compliance.**
As an added benefit for providers who need to measure patient education activities, using technology through a hospital system or mobile app also allows them to track viewing, identify questions, and generate reports on prescribed content across a patient’s care continuum.

quality video production, Milner-Fenwick offers more videos targeted to specific medical conditions and procedures than any other publisher in our industry. In Milner-Fenwick videos, healthcare providers share narratively driven facts and patients share stories of their success. Updates are ongoing and are prompted by changes in clinical care, prescription drugs and therapeutic options — including the newest treatment and lifestyle recommendations as supported by the American Heart Association and the American College of Cardiology, for example.

**More about HCAHPS**
While many hospitals have collected information on patient satisfaction, prior to HCAHPS there was no national standard for collecting or publicly reporting patients’ perspectives of care information that would enable valid comparisons to be made across all hospitals. The HCAHPS survey tool was therefore designed to draw national comparisons by using a standardized survey instrument and data collection methodology for measuring patients’ perspectives on hospital care. In order to make “apples to apples” comparisons to support consumer choice, it was necessary to introduce a standard measurement approach: the HCAHPS survey, which is also known as the CAHPS® Hospital Survey, or Hospital CAHPS.

HCAHPS is a core set of questions that can be combined with a broader, customized set of hospital-specific items. HCAHPS survey items complement the data hospitals currently collect to support improvements in internal customer services and quality related activities.

Three broad goals have shaped the HCAHPS survey. First, the survey is designed to produce comparable data on the patient’s perspective on care that allows objective and meaningful comparisons between hospitals on domains that are important to consumers. Second, public reporting of the survey results is designed to create incentives for hospitals to improve their quality of care. Third, public reporting will serve to enhance public accountability in health care by increasing the transparency of the quality of hospital care provided in return for the public investment.

With these goals in mind, the HCAHPS project has taken substantial steps to assure that the survey is credible, useful, and practical. This methodology and the information it generates are available to the public.
Summary

For today’s patients, for today’s providers: video education meets multiple goals.

Many studies show that people prefer to receive information in video versus print, and by a margin as great as 6:1. This is perhaps one driver for video health education becoming an important part of patient care. But it can only be effective in improving patient outcomes when it offers compelling, evidence-based and actionable health messages. In addition, in our increasingly technological and mobile world, people in our society are also accustomed to receiving information through a variety of technologies, from kiosks to smart phones and home video/DVD players. Video easily translates across all these.

That’s good news for both patients and providers. In addition to boosting comprehension and retention, video provides opportunities to show patients and their loved ones actual demonstrations of procedures that are relevant to their conditions and their lives. Related, video patient testimonials and storytelling draws viewers in and helps them relate to people like them who share the same health challenges.

When done correctly, by video and patient education experts, video is also superior to other common modalities. It reinforces what caregivers are teaching, fills in gaps caused by patient forgetfulness or stress, and provides a consistent message that is standardized across the organization.

The combination of the right video technologies and expertise of experienced health educators together allows for a broader, more effective delivery of relevant health education messages. By reaching more patients with such tools, Milner-Fenwick’s patient education video products can help drive better health outcomes, streamline care processes, meet hospital compliance needs, and drive better ROI through reduced hospital penalties, staff efficiencies, better patient engagement and long-term disease management.

Resources

1. Sentara Virginia Beach Hospital case study (2009)
2. Hospital Rankings: http://www.medicare.com/hospitalcompare
5. Margin as great as 6:1 (above).

Here are three studies that look at the impact of print versus video:

The Power of Visual Communication (Hewlett-Packard Development Company):

The Comparative Instructional Effectiveness of Print-Based and Video-Based Instructional Materials for Teaching Practical Skills at a Distance:

The findings of the study suggest that the video-based instructional materials are pedagogically superior to the print-based instructional materials as users of the former exhibited superior skills acquisition and craftsmanship.

The National Education Association: Elsevier Randomized study of the effect of video education on heart failure healthcare utilization, symptoms, and self-care behaviors
http://www.elsevier.com/locate/pateducou
About Milner-Fenwick

Education for Better Health is more than a company tag line. For 40 years, Milner-Fenwick has been fulfilling its mission to inform and guide consumers toward better health through multi-media education. That includes promoting prevention and wellness, managing the burden of chronic diseases, reducing hospital readmission rates, facilitating acute care process and enhancing patient quality of life.

With a strong commitment to the healthcare market, we offer more patient education videos than any other publisher. Our videos remain the gold standard – in use in more than one out of every two hospitals nationwide. Production values are consistently compelling with graphics and animation and real patients and professionals from diverse backgrounds. Our videos are frequently recognized by industry awards of excellence.

Expanding Product Lines and Delivery Options

Milner-Fenwick continues to expand beyond the traditional needs of healthcare providers with new products, services and delivery options. Now we can provide content across multiple delivery platforms – DVD, closed circuit TV, video on-demand systems, computers, smart devices, tablets and digital signage. Our programming is rich and varied. Choose from multiple video product lines like HealthClips®, a growing digital library of videos averaging 3 minutes or our widely adopted In-facility videos that are available in Spanish and closed captioned. Low cost and customizable home videos are also available to support patients at discharge.

Ongoing Projects with Leading Medical Associations

Milner-Fenwick has a long and successful history partnering with medical associations on a wide variety of health education projects. Organizations that we have worked with include: American Association of Diabetes Educators (AADE), American Medical Association (AMA), American Association of Heart Failure Nurses (AAHFN) and American Gastroenterological Association (AGA). Many of these organizations are still partners with Milner-Fenwick today. All videos undergo extensive peer review before release and reflect best care practices.

Proven Production Techniques to Reach Patients

Our patient-centered approach to health education is a key component in all of our programs. Featuring patients in their home, work and medical environments, our videos focus on people sharing goals, challenges and strategies. We avoid ‘news magazine’ formats and close-ups of clinicians talking to the camera. We are not advertiser supported, which ensures the lack of bias in our content and products.

A Growing Network of Dealers and Distributors

The company continues to expand its dealer network who help to install and support our videos nationwide. Current distributors include: the GetWellNetwork, Telehealth Services, Lodgenet, TVR communications and Allen Technology.

For more information about our products, partnership and new opportunities, please contact us.