Improving Health Outcomes with Teach-Back

Of the many patient education methods out there today, one cost-effective and efficient way to increase patient engagement is to use the technique called teach-back. It helps healthcare professionals communicate more effectively with patients to achieve better health outcomes and improve the quality of care.

According to the Agency for Healthcare Research and Quality (AHRQ), “Teach-back is a way to confirm that you have explained to the patient what they need to know in a manner that the patient understands.”

Teach-back has been shown to decrease readmissions, change patient behaviors, and improve communication with patients. These are all highly desirable outcomes for a tool that is both free and quick.

In a study of 189 coronary artery bypass surgery patients who received teach-back patient education… readmissions were cut in half for the group who received teach-back.

Whether it is called “show me,” “closing the loop,” “demonstration re-demonstration,” or any other name, many health educators and other healthcare professionals have used teach-back. But while teach-back has been used for decades and is endorsed by numerous medical organizations, it is not readily embraced as a standard of practice by many providers.

The goal of this white paper is to define what teach-back is, show why it is relevant to healthcare today, and offer guidelines for successfully implementing teach-back in your organization.

The Process of Teach-back

Teach-back, at its core, is asking a patient to repeat what a provider has told them in the patient’s own words. It is important to note that the onus of teach-back is not on the patient, but on the provider. It is a checks and balances approach to healthcare, an active listening technique. In addition, it can be used to assess a patient’s knowledge base and activities at home, not just their understanding of a provider’s instructions.

With teach-back, the provider asks open-ended questions — ones that cannot be answered to by “yes” or “no.”

Here are some examples:
- “I want to be sure I explained how to take this medicine clearly. Can you please explain it back to me so I can be sure I did?”
- “Your husband couldn’t come with you today. What will you tell him about the changes we made to your medicines today?”
- “We’ve gone over a lot of information about adding exercise to your day. In your own words, tell me what we talked about and how you will make it work at home.”

Although teach-back doesn’t sound difficult, it becomes easier once it becomes a habit. It is a powerful tool that can make the difference between successful and failed patient outcomes. But it is essential that educators know how to use it properly. To the right is a diagram of the basic teach-back process.

Recall is an integral part of the teach-back process. Studies show that “between 40-80% of the medical information that patients receive is forgotten immediately after a provider-patient encounter—and that nearly half of the [recalled] information is incorrect.”

If patients are alone, they might recall very little of the provider encounter. Teach-back gives them another chance to try to understand what is happening to them and to ask the provider for clarification.

Aimee Lamb, PA-C, MMSC of Sinai Grace Hospital in Detroit stresses that it’s an assessment tool for educators. “It is a rare skill to be able to teach another successfully. Teach-back allows us to objectively assess this ability in ourselves and further encourages us to focus on the most important take-away points for the patient.”

As described in an article by Dean Schillinger et al. and originally published in the Archives of Internal Medicine.
Teach-back and Health Literacy

Comprehension is just as important, if not more so, than recall.

Comprehension is an integral component of health literacy, which is defined as “the ability to obtain, process, and understand health information to make informed decisions about health care.”

One of the earliest mentions of the term “health literacy” was in a 1995 Journal of General Internal Medicine article in which the authors developed the Test of Functional Health Literacy in Adults, or TOFHLA. TOFHLA is a 50-item reading comprehension and 17-item numerical ability test that has a corresponding Spanish version. In 1995, only 52% of the English speakers completed more than 80% of the questions correctly.

Today, a similar situation exists with regard to health literacy. According to the National Assessment of Adult Literacy (NAAL), only 12% of Americans are proficient in health literacy. Using NAAL definitions, being proficient in health literacy means someone can, for example, find the information required to define a medical term by searching through a complex document or evaluate information to determine which legal document is applicable to a specific health care situation.

In contrast, someone falls below basic health literacy if they can only “identify how often a person should have a specified medical test (based on information in a clearly written pamphlet), identify what is permissible to drink before a medical test based on a set of short instructions, or circle the date of a medical appointment on a hospital appointment slip.”

Teach-back can help providers communicate with people with low health literacy, but it can also help with communicating overall—even with people with proficient health literacy. In addition, one cannot assume that people understand health communications based on dress, education, and how they present themselves. It’s entirely possible to have a high level of overall literacy but low health literacy.

“Nearly half of all American adults — 90 million people — have difficulty understanding and using health information, and there is a higher rate of hospitalization and use of emergency services among patients with limited health literacy. Limited health literacy may lead to billions of dollars in avoidable health care costs.”

The Institute of Medicine
Aside from a lack of knowledge, there are other factors to consider. Magdalyn Patyk, MS, RN, BC, Patient & Family Education Manager at Northwestern Memorial Hospital in Chicago, cautions, “Many variables at a given moment can hinder anyone’s health literacy. If a person is upset, under great stress, or experiencing pain during a consultation, their ability to discern and retain information can decrease dramatically.”

Patients with high health literacy may question what providers are saying and challenge their instructions. So teach-back can aid in improving these communications as well. In the article, Teach-Back on a Daily Basis, published in Patient Education Update, there is the example of a college professor who was resistant to his physician’s recommendation to start on yet another blood pressure medication. He wanted to be listened to and he wanted to be able to have his questions answered in a way that was understandable. When the doctor turned the patient over to a clinical pharmacist who was skilled in teach-back, she helped this patient understand why he was being put on another medicine.

Teach-back is especially important for people who are managing complicated health problems. In study after study, it has been shown to reduce readmissions for chronic complicated conditions. As the millions of baby boomers age, chronic conditions such as obesity, diabetes, and heart failure are increasing. It is imperative that people understand how to manage their conditions and that providers provide them with understandable and useful information.

Lamb thinks teach-back is a particularly useful method when educating patients about complex topics in that it allows “both the provider and the patient to focus on what is most important.” It might be that multiple visits are needed when dealing with complex disease states such as diabetes or heart failure. Focusing and educating on only one or two particular points allows for greater understanding when patients are struggling with information overload.

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The Evolution of Teach-Back

One of the earliest mentions of teach-back occurred in a 1987 book called Knowledge Acquisition for Expert Systems. Even though health literacy gained a foothold in the literature and in practice in the mid-1990s, teach-back was slower to be adopted and validated, especially considering its proven effectiveness.


AHRQ followed in 2010 with its Health Literacy Universal Precautions Toolkit and a second edition was recently released. All of these cited teach-back as a useful tool for patient education and patient safety, lending great credibility to its usefulness in patient education.

AHRQ’s toolkit is a rich resource for getting started. It walks potential users through the basic steps of conducting teach-back and provides other useful materials such as a 5-minute video that gives two examples of using teach-back with medication changes, a PowerPoint presentation, and an AMA video on teach-back, as well as a Teach-Back Self Evaluation and Tracking Log. The AHRQ materials are free and online, as is the Joint Commission report and the AMA kit. The AMA kit features videos on health literacy and makes available the updated Manual for Clinicians in PDF format.

Implementing Teach-back in Your Organization

According to literacy consultant Helen Osborne of Health Literacy Consulting, to succeed with teach-back, health professionals must “know why it’s important and why people struggle to understand.” They must know that “every one of us can make a difference.” The hardest part with teach-back, she says, “is making it a habit.”
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In a recent Health Literacy Out Loud podcast, A Conversation About the Always Use Teach-back! Toolkit, Osborne stresses that teach-back is most successfully implemented when “you get everybody in the organization to buy in.” It’s important for all of us to communicate with each other in a clear manner all of the time, but it’s especially important for people who are dealing with patients.”

Osborne interviewed Dr. Mary Ann Abrams, a physician who led the development of Health Literacy Iowa, Iowa’s statewide center for literacy, and the Iowa Health System’s Health Literacy Quality Initiative.

She asked Dr. Abrams to clarify just who should be using teach-back in an organization. Abrams responded, “Clearly, the clinical team should be using it, including doctors, nurses, respiratory therapists, and social workers who are helping with discharge planning. But also people who may be working at the front office that are helping to make sure people know how to get to a referral appointment or a follow-up lab test.”

How then do organizations implement teach-back? Healthcare organizations can use the Model for Improvement developed by Associates in Process Improvement to implement the teach-back technique organization-wide. The model is based on the Plan-Do-Study-Act cycle (PDSA), a tool that allows teams to test changes in processes and adjust accordingly.

The steps are straightforward, and the Institute for Healthcare Improvement notes that hundreds of organizations have used the method for testing organizational change. You can print out a worksheet at www.ihi.org/knowledge/Pages/Tools/PlanDoStudyActWorksheet.aspx. Or the steps from the worksheet are listed here (see sidebar). You will need to assign the people who are responsible for each step and when and where things will be done.

Most importantly, monitor, reflect, and correct. As noted earlier, sometimes people think they are using teach-back when they aren’t. The best litmus test is to ask yourself if you are asking the patient yes or no questions. If you are, chances are you are not using teach-back.

5 Steps to Implement Teach-back

**AIM** Determine what you want to change — your overall goal or aim. For example, health care providers in my organization will use teach-back.

**PLAN** List the tasks needed to set up this test of change, and predict what will happen when the test is carried out. For example, providers will use teach-back in their interactions with patients.

**DO** Describe what happened when you ran the test.

**STUDY** Describe the measured results and how they compare with the predictions.

**ACT** Describe what to change in the next attempt.
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When teaching other providers in your organization, think of it as a small circle of change radiating out into larger circles. One group will learn, and they will teach others, who will, in turn, teach others.

Historically, it has been patient educators and nurses who bring teach-back to organizations and foster its growth and acceptance. It has been up to them to convince providers of its usefulness. Once they have convinced providers of the value of teach-back, it is recommended that providers start implementing it gradually — perhaps one patient a day at the end of the day. That way, adding two or three minutes to each patient visit won’t frustrate the providers and end up making other patients wait for their visits.

Once a provider practices teach-back and sees how effective it is, it will be easier to implement in all the visits necessary. In the long run, says Fran London, MS, RN, noted patient education authority and author of *No Time to Teach*, teach-back “saves more time than it takes.” It might save, for example, a surgery needing to be rescheduled, or another medicine being prescribed simply because the patient didn’t understand how to take the first one correctly.

**GETTING IT RIGHT**

Just like patients might not understand what they need to do correctly, providers might not understand how to use teach-back correctly. There is a danger of oversimplification and of thinking that communication is taking place when it is not. In the aforementioned Health Literacy Out Loud podcast, Osborne interviewed three proponents of teach-back, Dr. Abrams, Suzanne Rita, RN, MSN, and Gail Nielson, Improvement Learning Network Manager for Iowa Health System. They discovered that teach-back was being used incorrectly by 80% of their staff.

In other words, only 20% were using teach-back effectively. Most were using yes–no questions instead of open-ended questions such as the ones mentioned earlier in this paper.

In the same interview, Osborne and her guests discuss the value of a new site — *Always Use Teach-back!* It provides healthcare professionals the tools to get teach-back right. Always Use Teach-back! is a product of the Picker Institute, which adopted an organizing principle focused on the concept of Always Events®. Always Events are defined as ‘those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the delivery system.’

**5 Tips for Getting Started**

Here are some suggestions:

1. Start small and fix it as you go along.
2. Obtain buy-in from people in the organization.
3. Use one-on-one training.
4. Be aware that teach-back seems to catch on easier with nurses than it does with doctors.
5. Recognize that it takes some time to become comfortable teaching both patients and providers.
INCENTIVES FOR USING TEACH-BACK

Teach-back, as noted earlier, is best used to help organizations decrease readmissions, especially for complicated diseases such as diabetes and heart failure. It is also well-known for its ability to increase Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) ratings. A significant portion of the HCAHPS survey is related to communication: at least 10 of the 32 questions in the English-language version deal with explanations and understanding, and higher scores on the survey lead to bigger payments from the Center for Medicare and Medicaid Services (CMS).

The Patient Protection and Affordable Care Act of 2010 (P.L. 111-148) includes HCAHPS among the measures to be used to calculate value-based incentive payments in the Hospital Value-Based Purchasing program, which began with discharges in October 2012.

Most importantly however, is teach-back’s ability to improve patient compliance and outcomes. There are numerous recent studies that demonstrate this. For example, in a study of type 2 diabetes and the effect of patient counseling on medication adherence, it was found that face-to-face counseling such as teach-back increases the probability of medication adherence.21

FACILITATING ADOPTION OF TEACH-BACK

How do we increase the adoption of teach-back? “Teach-back is universally accepted as a best practice, yet not uniformly adopted in patient interactions when it applies.”22

Some ways to implement teach-back have already been discussed in this paper. However, another way would be to get ahead of the curve and train health professionals when they are still in training.

A recent study of medical trainees in two community-based internal medicine programs in Pennsylvania and Maryland between July 2012 and January 2013 showed that fewer than 10% of the 74 participants were confident in their ability to communicate with low health literacy patients and in their ability to find the resources with which to do so.23

10 Ways to Get on Track

Here are some general guidelines, for using teach-back effectively:

1. Use a caring tone of voice and attitude.
2. Display comfortable body language and make eye contact.
3. Use plain language.
4. Ask the patient to explain back, using their own words.
5. Use non-shaming, open-ended questions.
6. Avoid asking questions that can be answered with a simple yes or no.
7. Emphasize that the responsibility to explain clearly is on you, the provider.
8. If the patient is not able to teach back correctly, explain again and re-check.

Adapted from Always Use Teach-back!
Clinical faculty can also play a vital role by modeling clear communication, including the use of lay language and patient teach-back. Trainees are more likely to adopt such skills long term if they repeatedly see them modeled by dedicated faculty.

Practitioners who come out of school knowing the value of teach-back will make it easier to implement teach-back in their organizations.

**ONE STEP FURTHER**

Teach-back is only the start of where we are going with evaluating patient education according to Fran London. She contends that there are three levels of evaluation of learning that we can apply to patient education:

1. Learning evaluation, or can they teach it back?
2. Transfer evaluation, or can they and did they apply what they’ve learned?
3. Impact evaluation, or have health outcomes improved?

In other words, to really determine if we are creating behavioral change, we will need to teach and evaluate. We’ll need to follow up on what is going on with patients—inquire how they are doing in numerous patient encounters. Determining if patients know what they need to do and if providers have communicated it effectively is only the first step in creating behavioral change and improved outcomes.

London makes an important point when she says that all levels of evaluation are interdependent. In order to have good outcomes, we have to do the first two steps well. So, for example, we can explain how to take insulin properly, but we also need to see if patients actually apply this knowledge properly in managing their diabetes. And then we have to monitor results, in this case, A1C test results. Without all three, you may not achieve healthy outcomes, the ultimate goal.

Much of our success, though, depends on the very first patient-provider encounter. It can set the tone for all subsequent patient encounters. Patients may not return to providers who are not effective communicators—whom they don’t understand.

“Many people can tell you what foods are healthy, and what they should eat, but if they don’t apply that information consistently, you have only succeeded at the first level of evaluation.”

Fran London, MS, RN
Health Education Specialist
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Check to be sure that what you think you are conveying is what the patient thinks you are saying. Engage in a meaningful dialogue and it is likely that compliance and behavioral change will result in more positive health outcomes—a good reason to always use teach-back.

IN SUMMARY

Teach-back is just one of the many tools patient educators have at their disposal. But because it is so inexpensive and effective, it would seem to be essential to make it a mandatory part of provider education. CMS has already put incentives in place for communication, and as healthcare costs continue to rise, it is likely that there will be more incentives forthcoming.

Patient educators who already understand the value of teach-back can work to implement it in their organizations, even at the rate of one patient a day, every day, until it becomes a habit throughout healthcare organizations.

With training for using teach-back increasing at a rapid pace, there is a great opportunity for teach-back to gain a foothold and enable patients and providers to better understand each other and improve outcomes for all concerned.

“It is a rare skill to be able to teach another successfully. Teach-back allows us to objectively assess this ability in ourselves and further encourages us to focus on the most important take-away points for the patient.”

Aimee Lamb, PA-C, MMSC
Health Educator
RESOURCES

10 Elements of Competence for Using Teach-back Effectively
www.teachbacktraining.org/assets/files/PDFS/Teach%20Back%20-%2010%20Elements%20of%20Competence.pdf

Always Use Teach-back!
www.teachbacktraining.org

America’s Health Literacy: Why We Need Accessible Health Information
www.health.gov/communication/literacy/issuebrief

Council of State Governments Health Literacy Toolkit
www.csg.org/knowledgecenter/docs/ToolKit03HealthLiteracy.pdf

Fran London/No Time to Teach
www.notimetoteach.com

Health Literacy Implications of the Affordable Care Act
www.iom.edu/-/media/Files/Activity%20Files/PublicHealth/HealthLiteracy/Commissioned-Papers/Health%20Literacy%20Implications%20of%20Health%20Care%20Reform.pdf

Health Literacy Resources
tracs.unc.edu/docs/research/Health_Literacy_Handout-1.pdf

Health Literacy: The Solid Facts
www.euro.who.int/__data/assets/pdf_file/0008/190655/e96854.pdf

Health Literacy: What Is Health Literacy?
www.nih.gov/clearcommunication/healthliteracy.htm

Helen Osborne/Health Literacy Consulting
www.healthliteracy.com

Institute for Healthcare Improvement
www.ihi.org/resources/Pages/Tool/AlwaysUseTeachBack!.aspx
www.ihi.org/resources/Pages/HowtoImprove/ScienceOfImprovementTestingChanges.aspx

It Takes The Same Time to Do It Right
notimetoteach.com/2014/it-takes-the-same-time-to-do-it-right

National Action Plan to Improve Health Literacy
www.health.gov/communication/hlactionplan

Our Journey in the Hospital (app)

PubMed Health
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