

**STATE COMMISSION ON PATIENT SAFETY
ROUND ONE RECOMMENDATIONS
April 28, 2005**

Category: C - Setting performance standards and expectations

Code 14 (EdC): The submitted testimony recommends the development and implementation of programs and materials to educate consumers on a variety of topics related to patient safety.

Recommendation #: C.14 (EdC).1

The State of Michigan, in collaboration with health care organizations, insurers, employers and professional associations should establish an ongoing statewide education effort on patient safety for consumers. This effort should serve broadly to increase the health literacy of consumers in Michigan, especially with respect to patient safety, and to empower consumers to assume their part in the health care encounter.^{1 2 3 4 5 6} Specifically, this effort should aim to:

- *Document consumer concerns and needs for information*
- *Educate consumers on their role in patient safety and preventing medical errors*
- *Educate patients on their role in illness, disease and medication management*
- *Help patients to be better health care consumers by*
 - *defining quality care*
 - *developing and/or disseminating information, tools, and resources for decision-making about health care and provider choices*
 - *educating patients on the use of these tools, resources and information*
- *Build community support for strategies that reward and promote quality care, such as public reporting of performance measures; pay-for-performance; and investments in technology*
- *Promote system-based approaches to patient safety*
- *Provide consumers with information about existing and forthcoming patient safety initiatives in Michigan's health care facilities and organizations*

(Compiled from 8/8 testimonies submitted under this code (EdC)).

Rationale:

Educating consumers about patient safety is recognized as a key component of the work that needs to be done in patient safety. First, as purchasers of care, consumers can send powerful signals to the marketplace about the value they place on quality care. Patients who know what they need, who are able to make their preferences known, and who play an active role in their own care can help shape care processes during individual episodes of care to meet those needs, and are more likely to experience positive results and be satisfied with the care they received.⁷

**STATE COMMISSION ON PATIENT SAFETY
ROUND ONE RECOMMENDATIONS
April 28, 2005**

Second, health literacy is a major issue in health care. The 1993 National Adult Literacy Survey reported that literacy was marginal or inadequate for nearly half the U.S. population. When patients are unable to read, understand and act on information necessary to obtain health care, they are at greater risk for poor outcomes, inappropriate hospitalizations, greater health costs and a higher incidence of medical errors.⁸ One of the important pieces of the solution is connecting patients with available information, tools and resources and – perhaps more importantly – finding ways to help them use this information.

Third, calls for *more* communication and *more open* communication between patients and providers come from the patient safety literature as well as patient safety stakeholders in Michigan. One of the most recent studies was the National Survey on Consumers' Experience with Patient Safety and Quality Information, conducted by the Kaiser Family Foundation, AHRQ and the Harvard School of Public Health, which documented disparities between providers and consumers in their perceptions and knowledge of patient safety.⁹ Closing the gap involves building greater public awareness of patient safety and also means working toward a shared vision of patient safety and the environment in which quality care can unfold, where health care is conducted as a partnership that's based on trust and open communication¹⁰. For consumers, this translates to a need for greater access to information about care processes, technologies and treatments they're receiving. For providers, which includes individual practitioners and organizations, this means working towards a greater transparency of their care processes and the measures they have in place to ensure patient safety.

Evidence and/or information on comparable initiatives being carried out in other states:

The concept of the educated consumer as an active member of the health care team is widely endorsed. It is one of IOM's five principles for creating safety systems in health care organizations.¹¹ In JCAHO's recent report on improving the medical liability system and preventing injury, the second recommendation is to "promote open communication between patients and practitioners" and more specifically, to "involve health care consumers as active members of the health care team".¹²

A number of efforts dedicated to consumer education and awareness about patient safety are underway at the national level. Of note is work by the National Patient Safety Foundation (NPSF). In 2003, the NPSF Patient and Family Advisory Council published and began promoting its National Agenda for Action:

**STATE COMMISSION ON PATIENT SAFETY
ROUND ONE RECOMMENDATIONS
April 28, 2005**

Patients and Families in Patient Safety – *Nothing About Me, Without Me*.¹³ The agenda lays out “a high-level road map for action in four areas: education, culture, research and support services.” Under education, the NPSF proposes that a central role for itself as a clearinghouse and resource center for education, training and resources on patient safety. The general public is one of the primary targets for interactive and interdisciplinary education programs. The NPSF also sponsors a National Patient Safety Week and has an extensive online bibliography on patient safety topics.

CAPS (Consumers Advancing Patient Safety) is another national organization with a clear mission to educate both consumers and providers.¹⁴ Of their six goals, two involve education. Goal #4 is “to establish a national education effort on patient safety for providers and consumers” and goal #5 is to “develop a national patient safety awareness campaign that emphasizes patient and healthcare community partnership with trust and open communication.” Work over the past year to achieve these goals includes the Public Library Awareness Building Project, an initiative drawing together Northwestern University’s library and medical school to “develop a model for fostering community partnerships to inform and educate consumers and librarians on patient safety awareness.”

Also of note are web-based resources available from a number of sites, such as the tools for comparing hospitals sponsored by the Leapfrog Group, the Hospital Compare website that offers self-reported information from most hospitals in the nation on quality measures related to the care of patients with heart attack, heart failure and pneumonia; and extensive bibliographies on a range of patient safety and health care topics through AHRQ’s new PSNet as well as the NPSF.

State activity: In Missouri, the State Commission on Patient Safety¹⁵ called for a consumer coalition made up of patients, advocacy groups, and health care purchasers. Supported by the newly defined state Patient Safety Center, the coalition would be responsible for consumer and patient education, which would involve documenting patient needs for information and concerns about safety, developing educational materials and tools, disseminating information on how to identify and change conditions that could lead to safety problems, and working to “make more information available to patients about choices in healthcare professionals, their safety records and quality of care”.

Other states with patient safety centers – Florida, Maryland, Massachusetts, New York, Oregon and Pennsylvania – all have consumer education and public awareness of patient safety issues as one of their core functions.¹⁶ Examples of

**STATE COMMISSION ON PATIENT SAFETY
ROUND ONE RECOMMENDATIONS
April 28, 2005**

how this function is carried out include an initiative in Massachusetts to provide tools for consumer use in health care decision-making based on evidence-based science; a public outreach campaign sponsored by the New York Patient Safety Center on the appropriate use of antibiotics and over-the-counter medications; and a state-level coalition of stakeholders in Maryland that is building consumer awareness about patient safety; and quarterly patient safety advisories published by the Pennsylvania Patient Safety Authority, that include information about consumer education activities.

In California, the California Healthcare Foundation has developed what they call Areas of Strategic Emphasis.¹⁷ One of these areas is consumer information, where the goal is to develop educational strategies, materials and tools to help consumers make informed decisions about health care, as well as support the public reporting of health care quality information.

Pros:

- Educated consumers are more likely to get good results and be more satisfied with their care, which can reflect well on health care providers

Barriers:

- Changing mindsets: Reluctance by providers/practitioners to share information and reluctance by consumers to take active roles in their care
- Changing mentalities about medical errors: moving from blame to shared vision
- Cultural barriers and low levels of health literacy for certain population groups
- Time barriers at the point of care
- Availability and accessibility of user-friendly tools, information and resources for all consumers, regardless of their health literacy or internet skills

Additional Comment/Concerns:

To avoid duplication and to leverage work that has already been accomplished elsewhere, it will be important to coordinate any state-level consumer education efforts in Michigan with similar activities at the national level.

Consumer education is also likely to be carried out in conjunction with provider education as well as be tied into efforts to include consumers in health care decision-making. Hence, it will be important to keep the elements of this recommendation in mind when working through forthcoming recommendations about these topics.

**STATE COMMISSION ON PATIENT SAFETY
ROUND ONE RECOMMENDATIONS
April 28, 2005**

Implementation Steps:

Little was offered in the testimonies on how Michigan could implement this recommendation. While the Flood Tide Forum Report demonstrates the trend to include consumer education under the umbrella of state-level patient safety centers, which is certainly an option in Michigan, there are nonetheless ways that each stakeholder in the health care arena can be active in consumer and patient education. Employers, for example, can include patient safety topics and modules in worksite-wellness programs. Health plans can offer information and links to tools in newsletters and other regular contacts with members. Health care facilities and provider's offices can set up on-hold phone messages with patient safety topics and make patient advocates available to help patients understand information and make decisions. Web-based information, educational tools and links for consumers can be built into organizations' websites.

In Michigan, many health plans and health care facilities already have a number of efforts and strategies in place or underway. The Michigan Health and Safety Coalition, for example, offers a yearly consumer report that compares hospitals on their treatment of patients in eight treatment areas. The Michigan Healthcare Consumer Coalition has assumed an important role in consumer and patient education with respect to patient safety.

What remains to be determined is the degree to which a state-level group or effort will need to focus on developing educational programs and materials and/or serve as a resource or clearinghouse to disseminate information and tools. It is clear, however, that any implementation plan will need to unfold in a collaborative manner and to identify specific activities and contributions from each stakeholder.

Cost: TBD

Implementation Target Date: TBD

Grade:

**STATE COMMISSION ON PATIENT SAFETY
ROUND ONE RECOMMENDATIONS
April 28, 2005**

Endnotes:

¹ Testimony 213W

² Testimony 405O

³ Testimony 606W

⁴ Testimony 501W

⁵ Testimony 819B

⁶ Testimony 827W

⁷ Joint Commission on Accreditation of Healthcare Organizations (2005). *Health care at the crossroads: Strategies for improving the medical liability system and preventing patient injury. Executive Summary*. Washington, DC: JCAHO. Retrieved 4.18.05 from http://www.jcaho.org/about+us/public+policy+initiatives/medical_liability.pdf

⁸ Flowers M and Lucas BM (2005). "Health literacy: Challenges and solutions." Presented at the 2005 Michigan Health and Safety Coalition Conference, *Strategies to save lives: Patient safety initiatives that make an impact*. Dearborn, MI: April 7-8, 2005.

⁹ Kaiser Family Foundation, Agency for Healthcare Research and Quality, Harvard School of Public Health (2004). National survey on consumers' experience with patient safety and quality information. Public Opinion and Research Program, Nov. 17.

¹⁰ Consumers Advancing Patient Safety (CAPS) (2004). *2004 Annual Report*, Retrieved 4.17.05 from <http://www.patientsafety.org/>

¹¹ Kohn LT, Corrigan JM & Donaldson M (eds). (2000). *To err is human: Building a safer health system*. Washington, DC: National Academy Press.

¹² JCAHO (2005), op.cit.

¹³ National Patient Safety Foundation, Patient and Family Advisory Council (2003). *National agenda for action: Patients and families in patient safety: Nothing about me, without me; Executive summary*. Retrieved 4.18.05 at <http://www.npsf.org/html>

¹⁴ Consumers Advancing Patient Safety (CAPS) (2004). *2004 Annual Report*, Retrieved 4.17.05 from <http://www.patientsafety.org/>

¹⁵ Missouri Commission on Patient Safety (2004). Report Presented to Governor Bob Holden, July.

¹⁶ Rosenthal J and Booth M. (2004). The Flood Tide Forum. *State patient safety centers: A new approach to promote patient safety*. Portland: National Academy for State Health Policy.

¹⁷ See the California HealthCare Foundation website: www.chcf.org/programs/consumer/