

Ask Me 3™ in Wisconsin's Community Health Centers: Summary Evaluation Report



A participant in the Robert Wood Johnson Foundation's *Aligning Forces for Quality* initiative to improve health and health care in Wisconsin.

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This report was prepared in partnership with:

Wisconsin Department of Health Services
Wisconsin Collaborative for Healthcare Quality
Wisconsin Medical Society
Wisconsin Literacy
Wisconsin Primary Health Care Association
Southwest Wisconsin Area Health Education Center
University of Wisconsin-Madison—Population Health Institute
University of Wisconsin-Madison—Department of Family Medicine
Wisconsin Research and Education Network

and the following community health centers:

Bridge Community Health Clinic

Community Health Systems, Inc.:

Beloit Area Community Health Center
Racine Community Health Center

Family Health Center of Marshfield, Inc.:

Phillips Center
Mercer Center

Milwaukee Health Services, Inc.:

Isaac Coggs Heritage Health Center
Martin Luther King Jr. Heritage Health Center

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Ask Me 3 is an educational program provided by the Partnership for Clear Health Communication at the National Patient Safety Foundation—a coalition of national organizations that are working together to promote awareness and solutions around the issue of low health literacy and its effect on safe care and health outcomes.



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Summary

The Ask Me 3 pilot project was launched in September 2008 to test the effectiveness of using a simple intervention to engage patients in their own care at six community health centers. The eight-month study compared two different approaches among racially and ethnically diverse, low-income patient populations.

A simple, low-intensity approach to implementing Ask Me 3, an educational program designed to increase patient-provider communication, did not affect patient satisfaction or engagement, nor did it appear to motivate patients to ask their health care provider questions. At two centers that implemented an enhanced version of the program, patients exposed to Ask Me 3 rated their visits less positively than those surveyed prior to the program. This may suggest that the enhanced approach led patients to have higher expectations of their provider and how they communicate; additional study is needed to confirm this impression.

Patients exposed to the enhanced model of Ask Me 3 also had higher scores on a measure of patient engagement. The 3.9 increase on a 100-point scale was statistically significant, but may not be clinically relevant.

Health care providers—doctors, physician assistants, and nurse practitioners—and other center staff reported that awareness about issues associated with health literacy increased as a result of the project with some staff using Ask Me 3 during their own medical appointments. Providers also reported that they believed their patients were usually willing to share their concerns during office visits and wanted to know about proposed treatments and procedures. At the same time, responding providers indicated their patients were not likely to take action on their own to understand, maintain, or improve their health.

Materials used during the project were well received with patients and staff reporting that they were easy to read and understand. Findings suggest that patients and providers may need additional training and encouragement to significantly improve communication and get patients more engaged in their own care.

Background

The Ask Me 3 pilot project was a collaborative effort between nine state organizations—the Wisconsin Collaborative for Healthcare Quality, Wisconsin Department of Health Services, Wisconsin Medical Society, Wisconsin Literacy, Wisconsin Primary Health Care Association, South Central Area Health Education Center, University of Wisconsin-Madison-Population Health Institute, University of Wisconsin-Madison-Department of Family Medicine, and Wisconsin Research and Education Network. The project had three key goals.

- * Increase patient engagement in their own care
- * Increase patient satisfaction with each clinical visit
- * Improve patient-provider interaction and communication

The catalysts for the pilot project were BadgerCare Plus, Wisconsin's health care reform initiative managed by the Wisconsin Department of Health Services, and the Wisconsin Collaborative for Healthcare Quality's participation in Aligning Forces for Quality, an initiative of the Robert Wood Johnson Foundation. Both nationally recognized initiatives aim to improve patients' engagement in their own care, enhance health care quality and, subsequently, improve health outcomes. These mutual goals were the foundation for a strong partnership between the two organizations and with the other partners.

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Ask Me 3 is an educational program developed by the Partnership for Clear Health Communication, a coalition of national organizations working together to increase patient-provider communication and address issues associated with low health literacy, i.e., the ability to read, understand, and use health information. The program encourages patients to be more engaged in their own care by asking and understanding the answers to three essential questions at each visit.



- 1 What is my main problem?
- 2 What do I need to do?
- 3 Why is it important for me to do this?

The Institute of Medicine, in its comprehensive 2004 study, *Health Literacy: A Prescription to End Confusion*, reported that nearly half of all adults in the United States—about 90 million people—have trouble understanding what they are told by their doctors or how to access and use information about their health.¹ Other studies have found that low health literacy affects a person's health more than any other factor, including education, income, employment, or race.² The inability to read and understand health information affects all segments of the population, but has a disproportionate impact on minorities, the elderly, and those with limited education and low incomes. In Wisconsin, these populations are often served by community health centers and were the target of the Ask Me 3 pilot project.

Research also confirms that the ability to read and understand health information, especially instructions from the doctor, is directly related to patient outcomes. For example, individuals with low health literacy: generally do not seek preventive care; are less likely to follow prescribed treatments; are at increased risk of hospitalization and longer hospital stays; have fewer self-management skills and are less able to manage chronic diseases; make more medication errors; and lack sufficient skills to successfully navigate the health care system.³

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Project Design

Research on strategies to improve patient-provider communication was used to inform the project design. The pilot was also informed by findings from separate and diverse focus groups composed of low-income families and individuals from across the state. A primary goal of the focus groups was to recommend strategies and tools to help individuals take a more active role in their health, including providing feedback on the Ask Me 3 program.

Ask Me 3 pilot sites were recruited from Wisconsin's federally qualified health centers (community health centers) that would allow exposure to rural and urban areas and racially and ethnically diverse patient populations. The following centers volunteered to participate.

- * Bridge Community Health Clinic: Wausau
- * Community Health Systems, Inc.: Beloit Area Community Health Center and Racine Community Health Center
- * Family Health Center of Marshfield, Inc.: Phillips Center and Mercer Center
- * Milwaukee Health Services, Inc.: Isaac Coggs Heritage Health Center and Martin Luther King Jr. Heritage Health Center

The pilots began in September 2008 with implementation at the first center and ended in February 2009 with implementation at the last center. Each site was an active participant for six to eight months with each self-selecting to implement one of two exposure conditions: social marketing—a simple, low-intensity approach to using Ask Me 3—or a more enhanced social marketing plus approach. Four sites implemented the social marketing approach while two served as social marketing plus sites. One center was a control site with no program exposure.

Social marketing sites placed Ask Me 3 brochures in the main waiting area and/or individual exam rooms, displayed Ask Me 3 posters throughout the center, and placed key tags with the three questions in exam rooms. An orientation session, held for all center staff prior to launching the program, highlighted issues associated with low health literacy, described the Ask Me 3 educational program, and explained the evaluation process. A four-minute DVD was played on a continuous loop in the main waiting area emphasizing the importance of patients asking their health care provider questions and demonstrating how individuals might use the questions during their visit.

The social marketing plus approach included all of the activities described for the social marketing approach. In addition, all clinical staff—doctors, physician assistants, and nurse practitioners—were trained on four simple, evidence-based approaches for communicating with their patients with a special emphasis on using “teach back.” This strategy asks patients to tell the clinician what they will tell their spouse/child/friend about their health problem and what they need to do to address it. At one of the social marketing plus sites, customer service representatives spoke individually to patients in the waiting area about the program and encouraged them to ask their clinician the three questions.

The evaluation was conducted by staff from the Department of Health Services in partnership with staff from the Wisconsin Research and Education Network. The evaluation included pre- and post-program patient surveys at each participating health center, a survey of clinicians, and a survey of center staff. Patient survey instruments were designed to collect patient demographics and measure patient satisfaction and activation levels, e.g., the degree of the patient's involvement in their own health care. The patient survey was based on the Patient Activation Measure™ developed by Dr. Judith Hibbard and colleagues at the University of Oregon to measure

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individual knowledge, skill and confidence in managing their health in various situations. The patient surveys also adapted the Health Literacy Item Set of the Consumer Assessment of Healthcare Providers and Systems® (CAHPS) developed by the Agency for Healthcare Research and Quality to primarily measure patient satisfaction with ambulatory and facility-level care. The provider survey was designed to assess clinician perceptions of their patients' engagement. The staff survey asked for suggestions for improvements to the Ask Me 3 program.

Limitations

Several points about the study design should be noted. Participating health centers self-selected into the basic social marketing or enhanced social marketing plus approach. The samples of patients surveyed at each center were convenience samples rather than probability samples. Only one center participated as a control site and only for the pre-patient survey; there were no additional comparison health centers where the Ask Me 3 program was not implemented.

The project covered an eight-month time frame which may be insufficient to have an impact on patient behavior since many patients do not have more than one medical appointment in this length of time. It is possible that post-program survey respondents had not had any visits to the center, and thus exposure to the program during the short implementation period. The evaluators did not collect data about the number of center visits survey respondents had in the prior six months. The post-program survey data therefore may not be a robust measure of the results of program exposure.

As well, resource limitations compromised the ability to assess fidelity of implementation and to maintain uniform implementation of the two exposure conditions and data collection across the sites. In practice, each site tailored or adjusted the program to fit their environment. For example, some sites reduced the regularity of the DVD play-back, which diluted the strength of the exposure. One of the social marketing plus sites strengthened the exposure by having customer service representatives speak individually to patients in the waiting area about the program and encouraged them to ask their health care provider the three questions.

Findings and Conclusions

Even with these important caveats, the pilot project did yield findings and lessons about the potential for Ask Me 3. The analysis of the data, along with qualitative observations from the participating health centers, is summarized below.

Motivating Behavior Changes. In the short project time frame, Ask Me 3, by itself, did not appear sufficient to motivate patients to ask their health care provider questions as a means of engaging in a more active role in their own health care.

Key Findings

- * Ask Me 3 is an easy to use tool, but by itself may not be sufficient to increase patient satisfaction or engagement, or to get patients to ask their health care provider questions.
- * Patient education about the importance of asking questions and understanding treatment options may increase patient expectations about their clinical encounter with their provider.
- * Center patients appear willing to share their concerns but do not engage in behaviors that would help them manage their health such as asking questions or seeking clarification.

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Patient Perception of the Clinical Visit. Ask Me 3, by itself, did not affect patient satisfaction with the visit. At the social marketing sites, there was no change in the average Clinical Visit Score, which measured patient satisfaction, following exposure to Ask Me 3 (see Table 1). At the social marketing plus sites, the average Clinical Visit Score was significantly lower (3.4 points on a 24-point scale) after implementation of the enhanced model of Ask Me 3, thus patients surveyed after exposure at these two sites viewed the visit with their health care provider less positively than respondents who were surveyed prior to the implementation of the program. This finding may suggest that patients exposed to the enhanced model of Ask Me 3 may have higher expectations of their providers and how they communicate with them. Additional study is needed to confirm this impression.

Table 1: Patient Outcomes in the Ask Me 3 Pilot Project

Outcome		Pre-test Mean (n)	Post-test Mean (n)	Significance Level (p)
Mean Clinical Visit Scores	Social marketing centers	19.6 (260)	20.1 (179)	
	Social marketing plus centers	19.4 (143)	16.0 (108)	p < .01
Mean Patient Activation ¹	Social marketing centers	64.1 (229)	64.6 (165)	
	Social marketing plus centers	61.5 (128)	65.4 (91)	p < .05

¹This analysis excludes respondents who answered Strongly Agree or Strongly Disagree to all PAM items.

Patient Activation. The Patient Activation Measure is designed to assess individuals' knowledge, skill and confidence in managing their health in a range of situations. Comparison of the pre- and post-test difference in mean activation shows that at the social marketing plus sites, the mean activation score was significantly higher following Ask Me 3 while there was no difference at the social marketing sites. Although the change at the social marketing plus sites was statistically significant, it is not clear whether this 3.9 point increase on a 100-point scale would be clinically relevant. Nonetheless, the results here may suggest that the enhanced approach—where a staff person speaks individually to patients about the program—could improve patients' engagement in their own care. Again, additional study is needed to confirm this finding.

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Provider Perceptions. Clinical staff at two sites responded to the provider survey. These respondents, in general, believe that their patients are usually willing to share their concerns during medical visits and wanted to know about proposed treatments and procedures. Conversely, clinicians indicated their patients were not likely to take action on their own to understand, maintain, or improve their health (see Table 2). Responding providers observed that few patients bring a list of questions with them and few engage in activated behaviors that would help ensure that they understand what their doctor is telling them.

Table 2: Provider Perceptions of Clinic Visits ^{1, 2}

How often do your patients do the following?	Never	Sometimes	Often	Always
a. Ask you to repeat information?	--	24 (86%)	3 (11%)	1 (4%)
b. Ask you to clarify information?	--	23 (82%)	5 (18%)	--
c. Bring a list of questions with them?	6 (21%)	20 (71%)	2 (7%)	--
d. Bring a family member or friend with them?	1 (4%)	17 (61%)	8 (29%)	2 (7%)
e. Take more time than allotted?	--	13 (46%)	14 (50%)	1 (4%)
f. Fail to follow medical advice?	--	15 (54%)	12 (43%)	1 (4%)
g. Ask a lot of questions?	--	22 (79%)	5 (18%)	1 (4%)
h. Express dissatisfaction with their care?	11(39%)	16 (57%)	1 (4%)	--

¹The respondents were clinical staff (n = 28) working at two community health centers that are located in a large urban area and serve a primarily African-American patient population.

²The percentages in each row of the table would be expected to sum to 100 percent, but in some cases they do not, due to rounding to whole numbers.

Staff Awareness about Health Literacy. Staff at several of the health centers reported that they thought the pilot increased awareness among patients and center staff about issues associated with low health literacy. Center staff reported that Ask Me 3 was a good tool that was easy to use. Several center staff stated that they used the three questions during their own medical visits. One doctor changed the flow of his office visit to provide instructions to his patients in the format of answering the three questions.

Buy-In and Support from Center Leadership. The level of involvement of center leadership varied among the sites. At those sites with the active participation of senior management, it appeared that Ask Me 3 materials were more readily available to patients. Leadership at the two social marketing plus sites exhibited limited effort to encourage clinicians to remind patients about Ask Me 3 or to use new approaches for communicating with patients.

Materials and Training. All of the materials used with the Ask Me 3 pilot were well received. Patients and staff found the brochures easy to read and understand and the key tags were picked up regularly by patients. The patient DVD, demonstrating a patient asking her doctor the three questions, received positive reviews; but the repetition of playing the DVD on a continuous loop annoyed the patients in the waiting room and the receptionists

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in the small centers. The center staff orientation DVD and special training for clinicians in the social marketing plus sites were also well received. Interviews with clinicians at these sites indicated that additional training may be needed for implementing the suggested interventions with their low-income patient populations.

Support and Technical Assistance. The Ask Me 3 pilot project was designed as a simple intervention, in part to make it easy to implement and manage and in part to minimize resource requirements. But center staffs report that it would have been helpful to have more on-site support and technical assistance throughout the pilot.

Discussion

The Ask Me 3 pilot project was carefully designed, based on guidelines from the Partnership for Clear Health Communication, findings from two focus groups, and research on strategies for improving patient-provider communication.⁴ Consistent with findings from the focus groups, individuals seeking care at community health centers appear reluctant to ask their health care provider questions for a number of reasons. Participants in the focus groups felt that asking the doctor questions was very stressful, citing fear of the doctor, being afraid to hear the answers, or fear of not understanding the answers. Several focus group participants stated that they would prefer to ask questions of the nurses rather than the doctor or physician's assistant. Comments from several patients at one of the social marketing plus sites support these opinions. For example, one patient said "my doctor does go over everything;" another patient stated that "all of my questions are answered;" while someone else said "no thanks, I know what I need to do."

Customer service representatives who spoke individually to patients at one of the social marketing plus sites reported that many patients said that Ask Me 3 was a good tool and the questions were good reminders of what they needed to know. At the same time, center staff repeatedly told the on-site evaluator that questions from patients had not increased. The feedback survey revealed that center staff perceived that one of the biggest barriers [to asking questions] is "the patient themselves. Most of them...just don't understand or are afraid to ask questions with the fear of looking stupid...most may not know how to read very well."

These comments suggest that education about the importance of asking health care providers questions by itself is not sufficient to actually get patients to do this. Consistent with other findings from the focus groups, center staff strongly suggested that use of the three questions "be supported, encouraged, and valued by the provider." The feedback survey also confirmed this statement. When asked what would make the project more successful, one customer service representative stated, it needs "more support from providers and managers regarding the value of such a program." The 2005 survey by the Association of Clinicians for the Underserved had similar findings with clinical teams suggesting that "administrative leadership is uniquely placed to make staff—the whole staff—realize the value of integrating health literacy practices into the facility's routines."⁵

The Ask Me 3 program alone is a low intensity intervention. These findings and comments suggest that simply placing brochures and other materials in patient waiting rooms and exam rooms is insufficient for patients to overcome barriers to asking their health care provider questions or to repeat information. It appears that having an advocate directly encourage patients to ask questions may, at a minimum, increase expectations for clear communication with the clinician. In addition, the pilot project also suggests that reinforcement and/or permission for patients to ask questions is needed from the health care provider.

Clinical staff—doctors, physician assistants, and nurse practitioners—stated that they thought they were doing a good job in explaining health issues to their patients. The pre-program patient surveys seemed to suggest

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that this is true. At the same time, however, the evaluators' notes reveal that none of the clinical staff who was asked at either of the social marketing plus sites reminded their patients about Ask Me 3 or asked them to repeat information that had been given to them. As with patients, it appears that education about low health literacy alone is insufficient to motivate health care providers to adopt more effective communication strategies.

Lastly, managers and staff at the majority of the centers stated that having additional on-site support would have helped maintain the early excitement and momentum generated following the initial data collection and the orientation session. Given the hectic schedules in almost all of the centers and significant turnover in the large, urban centers, additional on-site assistance may have ensured greater fidelity to the model, helped boost morale with regard to the program when it was lagging, and increased the ability to encourage all center staff to urge patients to ask questions.

Implementation Guidance

Wisconsin's Ask Me 3 pilot project incorporated numerous strategies suggested in the literature as effective for increasing patient engagement in their own care, improving patient satisfaction with medical visits, and improving patient-provider communication. It also included additional strategies with tremendous promise, e.g., using a DVD for the center staff orientation session and the use of the patient DVD in the waiting room. The pilot project adds valuable knowledge to the field about what is needed to encourage patients to be more engaged in their own care by asking questions during their visit to ensure that they understand their health problem and what they can do to address it. The collaborating partners offer the following lessons learned for organizations considering the use of Ask Me 3 in health care settings.

- 1** Engage an on-site champion early. This individual might be the medical director, a clinician in a visible leadership position, or another member of the care team with the ability to motivate colleagues to adopt improved approaches for communicating with patients.
- 2** Provide on-site support and technical assistance. Ask Me 3 is a simple tool but implementing the program appears to require more than placing brochures and posters in convenient locations throughout the center. At a minimum, organizations implementing Ask Me 3 may want to consider identifying at least one individual who will be responsible for ensuring that patients are encouraged to ask their health care provider questions.
- 3** Enhance awareness among all staff about the impact of health literacy on patient health and safety. The short DVD used for the orientation session was well received and appears to be an excellent tool for sharing basic facts about health literacy and how to use Ask Me 3 to improve patient-provider communication.

To be effective, Ask Me 3 needs to be supported, encouraged, and valued by the provider.

– Community Health Center staff

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- 4 Consider providing additional training on effective patient communication strategies for all clinical staff. Responses to the provider surveys and observations suggest that both the patient and the provider need new approaches for sharing important information with each other. This could include working with clinicians to frame instructions in the form of the Ask Me 3 questions.
- 5 Use different media formats to communicate with patients. The patient DVD was effective in demonstrating how to use Ask Me 3 during a medical appointment. It would be helpful if the DVD were also available in Spanish and Hmong. Center staff also suggested using the DVD in a small group setting as part of patient education about the importance of understanding what the doctor is saying about specific conditions and treatment plans. Center staff further suggested that if the DVD is played in a waiting room it would be helpful to have other health information on it. The key tags with the Ask Me 3 questions seemed to be popular both with patients and with center staff.
- 6 If feasible, one-on-one or group coaching for patients appear to be needed to help patients recognize the importance of understanding the clinician's instructions and how asking three essential questions might help patients understand their health problem and what they need to do.
- 7 Develop a systemic approach to addressing issues associated with low health literacy. Encouraging patients to ask questions is only one component of a robust approach to ensuring that every patient clearly understands what she needs to do to improve her health and why such actions are important. Center staff suggests that increased awareness of low health literacy throughout the organization and encouragement by all staff might help patients feel more comfortable in asking questions and acknowledging that they did not understand the clinician's instructions.

Concluding Remarks

The Ask Me 3 pilot project had ambitious goals for a simple and low-intensity intervention. The pilot partners are committed to continued exploration of effective strategies for improving communication and addressing the impacts of health literacy, which preliminary research suggests can lower health care costs and improve health outcomes. Lessons learned from the project will inform future activities and help guide new and existing initiatives to ensure that every patient has the tools and information they need to manage their health.

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