Developing a Patient Guide for Your Primary Care Practice

Maine Quality Counts Consumer Advisory Council
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This Guide is modeled on the document produced by the Center for Advancing Health’s Creating a Patient Guide for a “Medical Home” Physician Practice, 2009

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Acknowledgements:

The Center for Advancing Health (CFAH) developed a 2009 document that provided three resources for medical practices to use to create a simple guide for their patients, to provide the information that patients and families would need to effectively access the services offered by the practice. The CFAH document included a list of elements that constitute a basic guide; a sample guide to illustrate a finished product; and a ‘fill-in-the-blank’ template to design a customized guide.

The CFAH development of a guide for patients was based on their research, which lead to the development of the CFAH Engagement Behavior Framework (EBF) (http://www.cfah.org/pdfs/CFAH_Engagement_Behavior_Framework_current.pdf). The EBF is a comprehensive collection of behaviors and actions people must take to find good health care and make the most of it.

In September, 2012, the Maine Quality Counts Consumer Advisory Council reviewed the CFAH document, and offered critical updates to the list of elements that constitute a basic guide and to the language and terminology used in the CFAH document. We offer the following recommendations to Maine Primary Care Practices in developing a Patient Guide.
Introduction: Why Develop a Patient Guide for Your Primary Care Practice?

Providing your patients and families with a Guide to your Primary Care Practice communicates critical information that patients and families need to know in order to most effectively use your services and supports their own ability to actively engage with their care as an empowered, informed and engaged patient and/or caregiver. The Center for Advancing Health compares a Primary Care Patient Guide to the type of Services Guide that hotels offer:

When you check into a hotel room, what is usually sitting on the desk? A guide to the hotel. It lists what services are available and when they are available. It describes where the hotel is located relative to the highway and the airport. It contains information about the phone and TV and radio, pool and fitness center, and how to use the wireless connection. And most importantly, it tells you how to contact the people who can help you with reservations, housekeeping, room service, and wake-up calls.

The services the average hotel offers are no less complex than the services offered to patients and their families in the average physician practice, though the goal is obviously very different. Are patients and families provided with such a guide when they receive care at your practice?

This document contains recommendations developed by patients to support your Primary Care Practice in communicating essential information about your services and policies in a respectful and effective way. Providing clear information in six key areas will help your patients prepare for and receive the most benefit from your services.

How to use the recommendations provided in this document: Supporting Opportunities for Patient Engagement

1. **Create a Patient Guide that includes key areas of information that patients and families require in order to most effectively engage in your services and manage their own healthcare.** The next section of this document includes six key areas of information that patients and their family members need to understand about your Primary Care Practice.

2. **Provide patients and families access to the Patient Guide before they arrive at your primary care practice for care.** We recommend developing a process to provide the Patient Guide to patients ahead of their visit, so they can most effectively access your services. All patients, including existing patients, will benefit from the Patient Guide.

3. **Provide opportunities for dialogue around the Patient Guide.** The Patient Guide is intended to create a strong partnership between patients and your practice. We strongly recommend that you designate an individual in your practice with the responsibility to provide, and if possible, review in person, the Patient Guide to all

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1 Center for Advancing Health, Creating a Patient Guide for a “Medical Home” Physician Practice, 2009
patients. This staff member should be available to discuss the Guide with patients if they would like additional follow up. Include the specific name and contact information for this designated staff contact.

4. **Create your own customized Patient Guide using the template provided.** The template here offers the ability to create a customized guide that can be printed or provided to patients as an electronic document. We recommend making the Guide available in alternative formats to support accessibility – such as large font and audio versions. In electronic versions, icons can be incorporated to assist patients’ requesting and accessing supports they require. Clear communications and Plain Language are essential in developing patient materials. We recommend using guidelines such as the *Quick Checklist for Plain Language*, by the Center for Health Literacy, included with permission in this guide, or materials developed by the MaineHealth Learning Resource Center: [http://www.mainehealth.org/Healthliteracy](http://www.mainehealth.org/Healthliteracy)

5. **Use companion documents to encourage patients to engage in their healthcare.**

Maine Quality Counts and our partner organizations created a brochure, Better Health. Better ME!, as part of a campaign to engage patients meaningfully in their care. The brochure supports key actions that patients can take, in partnership with their health care providers, such as asking key questions, tracking self management information, and preparing for medical appointments. The brochure is available for download at: [http://mainequalitycounts.org/image_upload/BHBM_Brochure_0812_Final.pdf](http://mainequalitycounts.org/image_upload/BHBM_Brochure_0812_Final.pdf)

There are other tools that Maine Quality Counts, in collaboration with our Statewide partners, offers to support effective patient-provider partnerships, such as the Pathways brochures which are intended to assist management of chronic conditions and preventive care. There are currently 3 Pathways tools to support patient-provider partnership in the management of Diabetes, Chronic Obstructive Pulmonary Disease, and Preventive Care. These documents are available for download at: [http://www.mainequalitycounts.org/page/2-691/improving-ambulatory-care-resources](http://www.mainequalitycounts.org/page/2-691/improving-ambulatory-care-resources)

The Centers for Medicare and Medicaid Services (CMS) launched a national Partnership for Patients Initiative, with the goals of making care safer and improving care transitions. The relationship between health care professionals and their patients and families is critically important to the Partnership. It is a key part of keeping patients from getting injured or sicker in the hospital and helping patients heal without complication through improved transitions across health care settings and reduced readmissions. A variety of resources are available on the Partnership website to support effective engagement of patients and families in care safety and transitions. The Patient and Family Engagement section of the Partnership website is: [http://partnershipforpatients.cms.gov/about-the-partnership/patient-and-family-engagement/the-patient-and-family-engagement.html](http://partnershipforpatients.cms.gov/about-the-partnership/patient-and-family-engagement/the-patient-and-family-engagement.html)
Key Information that Should be Included in a Primary Care Practice Patient Guide

Following is a list of key information that Patients want included in a Patient and Family Guide:

1. Information about the Primary Care Practice:

   • **Practice contact information**: Phone, fax, email, website address, electronic patient portal access information (if available), operating hours. If an email address is provided, please be explicit about how this address can be used – is it for administrative or scheduling purposes, or is it a secure email address that can be used to communicate Protected Health Information? Who does the email address allow patients to communicate with at the practice – Administrative staff, support staff, members of the care team, or providers?

   • **Location**: Street address, parking information, access to public transportation, a map of the physical location.

   • **Provider and Practice Teams**: Information on the providers, care teams and staff members of the practice, including credentials, specialties and expectations on how patients will work with various team members, and what each team member can do for patients. Photos of providers and staff can be included in inserts that can be easily updated.

   • **Commitment to Quality and Safety**: Description of the practice commitment to safe, quality care, including measures taken to ensure safety, and contact information for the individual to be contacted if they have a safety or quality concern. Include any quality recognition programs your practice participate in, as well as links to how patients can access your scores and ratings.
• **Practice Policies and What to Expect if Policies Change**: Information on how and where patients can access the practice policies related to patient care; information on how patients will be notified on policy changes that will affect care.

2. **Information on how to Access Healthcare Services**:

• **Appointments**: How to make appointments, how to cancel appointments, ‘no-show’ policies and timelines, times to next available appointments. Include information on expectations of patient waiting times, both in the waiting and exam rooms. Include instructions on what to do if the patient is running late, and what to expect if the provider is running late.

• **After-hours and emergency care**: Instructions on how patients access after-hours care with the Primary Care Practice, and instructions for how they access urgent and emergency care.

• **Tests and Test Results**: Tests commonly done in the Primary Care Practice and external to the practice, with names and contact numbers for commonly used laboratories and radiology facilities, and practice policy about patient notification of test results. Include information on how patients will be personally notified of sensitive, abnormal or urgent results.

• **Prescriptions**: Instructions for refilling prescriptions, reporting adverse side effects, electronic prescribing options. Include information on how patients can access prescription support 24/7, for guidance on use, side effects, decisions to discontinue or change medications, adverse event reporting.

• **Information on the Cost of Care**: Information on how patients can access the estimated costs of services before they receive care; and information on how patients can access the final cost information of care provided.

• **Payment Information**: Instructions on how patients are expected to pay for care, health insurance documentation that patients are expected to bring to the visit, policies for patients who may need payment assistance,
including contact information for the individuals who will discuss payment options with patients.

- **Transfers of Care**: Information on how patients can be referred or transfer care to another Primary Care Provider or Practice if they desire.

- **What to Expect After the Visit**: Information on what will occur after the patient visit; include information on the purpose of Clinical Visit Summary Documents, follow-up expectations, after care instructions, and any other information that patients and family members will need to know in order to ensure that care is effectively coordinated and transitions are safe.

3. **Information on how to Access Supportive Services**

- **Specific Services**: instructions on how the practice will accommodate specific services that the patient requires. Contact information for the individual responsible for arranging specific supports (time considerations for elderly patients, physical navigation, hearing loss and vision loss, religious accommodations, inclusion of female advocate during exams, service animals, etc).

- **Interpretation Services**: instructions on how the practice will provide interpretation services, including the contact information for the individual responsible for arranging these services.

- **Care friend/advocate**: Statement that encourages patients to bring a care friend/advocate, or peer-support with them if they would like support for the visit. Include a name and contact of volunteer patient advocates if they are available in the community.

4. **Information on Medical Records and Key Documents**

- **Medical Records**: Instructions on how to request and transfer medical records, instructions on what patients are expected to bring in terms of their own records – medical summaries, self-management information, medication information, test results, etc. Include instructions on how
patients can review and access their medical records, and what patients should do if they need to make changes or corrections to their medical records.

- **Electronic Health Records**: Information on the use of electronic medical records and health information exchange capabilities (e.g., HealthInfoNet) in use in the Primary Care Practice, any required opt-in or opt-out forms, information on Practice’s availability and use of patient portals, secure email, and/or personal health records. If the practice uses email, be explicit about what the email can be used for (e.g, scheduling, clinical information, etc) and who in the practice will receive the emails (i.e., can patients communicate to providers through email? Care teams? etc.).

- **Clinical Visit Summaries**: Information on the post-visit summaries that are provided from electronic health records. Alert patients that they will be receiving these documents, what purpose they serve, and who is available (name and contact information) if they have questions.

- **Patient Needs and Advance Directives, including Behavioral Health Advance Directives**: Statement encouraging patients to express their needs to the practice, include physical and psychosocial advance directives, power of attorney, etc.

- **Practice Commitment to Privacy and Security**: Include a definition of Protected Health Information (PHI). Include information about the practice privacy and security protections of PHI, including electronic health records. Include contact information for the designated Privacy Officer for questions about privacy and security concerns

5. **Patient Engagement Opportunities**:

- **Providing Feedback**: Instructions on how patients can provide feedback to the practice, including routine administration of patient experience surveys, opportunities for patients to become Practice Advisors or join Patient Advisory Committees. If the practice has a Patient Advisory Committee, provide a brief introduction to the group and its purpose.
• **Options for Recommending Improvements or Discussing Problems:** Information on how patients and families can discuss problems, and suggest improvements with services they receive.

6. **Links to Community Resources:**

• **Community Resources:** Provide contact information to local resources that can support patient care, including the local Area Agency on Aging, Chronic Disease Self-Management Programs, Behavioral Health organizations, etc.
To introduce your patients to the Patient Guide for your practice, it is recommended to provide the Guide accompanied with a brief letter introducing the Guide and the process the practice will use to make sure that patients and family members understand the Guide.

We strongly recommend that you designate an individual in your practice with the responsibility to provide, and if possible, review in person, the Patient Guide to all patients. This staff member should be available to discuss the Guide with patients if they would like additional follow up. In your Introductory Letter and Patient Guide, include the specific name and contact information for this designated staff contact.

Clear communications and Plain Language are essential in developing patient materials. We recommend using guidelines such as the *Quick Checklist for Plain Language*, by the Center for Health Literacy, included with permission on the next page, or materials developed by the MaineHealth Learning Resource Center: [http://www.mainehealth.org/Healthliteracy](http://www.mainehealth.org/Healthliteracy).

This section provides three resources to help you create your Patient Guide:
1) A copy of the *Quick Checklist for Plain Language*, by the Center for Health Literacy
2) An Introductory Letter Template introducing the Guide to patients, and
3) A Guide Template to help you create your Primary Care Practice Patient Guide.

These materials are also included on the Maine Quality Counts website: [www.mainequalitycounts.org](http://www.mainequalitycounts.org)

To provide the templates electronically to your patients, save them as PDF documents and then email to patients or post on your Primary Care Practice website.
Quick Checklist for Plain Language

Center for Health Literacy | MAXIMUS and McGee & Evers Consulting, Inc.

This checklist will help you see if print and web materials are written in plain language and formatted in ways that help readers find and understand key messages. Check each item below that is present in the material. The more items with checks, the more likely it will be that readers can understand and use the material.

Reader focus
- The title and introduction tell what the material is about, whom it is for, and how to use it.
- The tone is direct, friendly, and positive, using personal pronouns such as “you” and “we.”
- The content is limited to what readers need to know, and anticipates their questions and concerns.

Organization
- The material begins with the most important message.
- The content is arranged in an order that makes sense to readers.
- Informative headings signal what’s coming and make it easy for readers to skim.

Writing
- The writing is mostly in the active voice.
- The words are common and familiar to the intended readers.
- Acronyms, abbreviations, technical terms, and legal terms are used only if readers need to know them. If used, they are explained.
- Paragraphs are one topic and brief, with simple and straightforward sentences.
- Key terms are used consistently.
- Instructions are brief, step-by-step, and placed right where readers need them.
- The writing is cohesive—making connections among ideas to help readers understand and absorb new information.

Design and formatting
- The material has similar style and structure throughout, with consistent use of fonts, italics, bold print, color, numbers, and bullets.
- The material looks inviting and easy to read, with an uncluttered layout, plenty of white space, and dark colored type on a light background.
- The fonts are clean in their design and easy to read (not fancy or unusual).
- The text size is large enough for easy reading and each line has about 10 to 15 words.
- Italics and bold print are used sparingly.
- Images are clear and uncluttered, related to the content, and culturally appropriate for the readers.

Tips for checking the language
- Take a careful look at the vocabulary. Identify words you think readers would be unlikely to use in their everyday speech. Whenever possible, replace these words with others that would be easier and more familiar.
- Read it aloud or have someone read it to you. You will hear if the tone is too formal, the wording is awkward, the sentences are too long, or the paragraphs too dense.

Turn over for more tips and resources
More tips

What about using readability formulas?

You might think from the name that readability formulas measure reading ease or comprehension, but they do not. They count syllables, words, and sentences to calculate a grade level score, and ignore everything else.

If the grade level score is high, it means the material is too difficult for most readers. However, a low score does not mean the material will be easy for readers to understand and use. That’s because short words and sentences are only one of many things that help readers understand the material.

Formulas cannot measure whether the purpose is clear, the words are familiar, or the explanations make sense. They don’t address whether the main points are easy to find or the formatting guides the reader. They can’t see if the text is too small or the page is too crowded.

Because readability formulas ignore most of the factors that facilitate comprehension, grade level scores cannot accurately assess whether the material is easy to read and understand.

What about field testing?

Field testing is the best and most direct way to tell if materials are easy to understand and use. Show them to people who represent the readers, and watch your test participants while they read. If you’re testing informational materials, ask them to tell you about the content in their own words. If you’re testing instructional materials, ask them to do the tasks, or (if that’s not practical) ask them to tell you what they would do.

You will learn whether they can read and understand the materials, and how long it takes. You can find out if they think the materials are useful and appealing, and whether they can easily follow instructions and recognize important messages. You’ll see if they get confused or frustrated, and you’ll know where to make improvements.