



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



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



**June 2010**

## Ask Me 3™ in Wisconsin's Community Health Centers Executive Summary

The Ask Me 3 pilot project was a collaborative effort between eight organizations, each with a commitment to improving the quality of health care and, subsequently, health outcomes for Wisconsin citizens. The project had three key goals.

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

Ask Me 3, an educational program developed by the Partnership for Clear Health Communication to improve patient-provider communication, was chosen based on readily available materials and initial research suggesting that it increased patient satisfaction with medical visits. The program is designed to encourage patients to be more engaged in their own care by asking and understanding the answers to three essential questions at each visit.



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

**Project Design.** The catalysts for the pilot project were BadgerCare Plus, Wisconsin's health care reform initiative managed by the Wisconsin Department of Health Services (DHS), and Aligning Forces for Quality, the Robert Wood Johnson Foundation's national effort to improve the quality of health care managed by the Wisconsin Collaborative for Healthcare Quality. Research on strategies to improve patient-provider communication and findings from two diverse focus groups of low-income individuals were used to inform the project design. Sites for the Ask Me 3 pilot were recruited from among Wisconsin's federally qualified health centers (community health centers), seeking sites that would allow exposure to both rural and urban areas as well as racially and ethnically diverse patient populations. The following health centers self-selected 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 Cogg's Heritage Health Center and Martin Luther King Jr. Heritage Health Center, Milwaukee

The pilot project phase-in began in September 2008 with implementation at the first center. Each site was an active participant for about eight months with each self-selecting to implement one of two exposure conditions: *social marketing*—a simple, low-intensity approach—or social marketing plus—a more enhanced approach in using Ask Me 3. Four centers served as the basic social marketing sites and two centers implemented the more enhanced approach. One site served as a control site during the pre-test only with no program exposure.

The basic social marketing sites placed Ask Me 3 materials in easily accessible places throughout each health center and hosted an orientation session for all center staff prior to launching the program. A four-

minute DVD was played on a continuous loop in the main waiting area emphasizing the importance of patients asking their care provider questions and demonstrating how individuals might use the questions in their visit.

The enhanced social marketing plus approach included all of the activities described in the social marketing approach. In addition, all clinical staff—doctors, physician assistants, and nurse practitioners—received training on four simple, evidence-based approaches for communicating with their patients. At one of these sites, customer service representatives also spoke individually to patients in the waiting area about the program and encouraged them to ask their provider the three questions.

The evaluation of the pilot project, conducted by staff from DHS with assistance from staff of the Wisconsin Research and Education Network, included pre- and post-program patient surveys at each participating health center, a survey of clinicians, and a feedback survey from center staff. Survey instruments were designed to measure patient satisfaction and activation levels (engagement) and to collect patient demographics. The provider survey was designed to assess clinician perceptions of their patients. There were several limitations to the evaluation, including self-selection by the centers into the project, convenience samples, lack of control sites, and a short project time-frame which limited exposure to the intervention.

**Findings and Conclusions.** Even with the noted caveats, the pilot project did yield findings and lessons about the potential effectiveness of Ask Me 3. The analysis of the data, along with qualitative observations at the participating health centers, is summarized below.

*Motivating Behavior Changes.* In the short project time frame, the pilot suggests that Ask Me 3, by itself, appears insufficient to motivate patients to ask their health care provider questions.

*Patient Perception of the Clinical Visit.* At the enhanced social marketing plus sites, respondents surveyed after Ask Me 3 viewed their visit with their health care provider less positively than respondents who were surveyed prior to the implementation of Ask Me 3 (3.4 points on a 24-point scale). There was no difference in the social marketing samples.

*Patient Activation.* Comparison of the pre- and post-test difference in activation shows that at the enhanced sites, the mean activation score was significantly higher following Ask Me 3 while there was no difference at the basic social marketing sites. While this finding was statistically significant, a 3.9 point increase on a 100-point scale may not be clinically relevant.

*Provider Perceptions.* Findings from the survey of clinical staff at two sites indicated that providers believed that their patients were generally willing to share their concerns during medical visits and wanted to know about proposed treatments and procedures. Responses to the survey also suggested that center patients seldom engage in behaviors that would help them manage their health.

*Staff Awareness about Health Literacy.* Staff at some of the health centers reported that they thought the pilot increased awareness about issues associated with low health literacy and Ask Me 3 was a good tool for helping patients remember what questions to ask. Several center staff reported that they used the three questions in their own medical visits.

*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.

*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 the patients. The patient DVD, demonstrating a patient asking her doctor the three questions, was a good tool; however, the constant repetition of playing the DVD on a continuous loop annoyed both the patients in the waiting room and receptionists in the small centers.

*Support and Technical Assistance.* The Ask Me 3 pilot project was designed simply, in part to make it easy to implement and manage and in part to minimize resource requirements. Center staffs reported that it would have been helpful to have more on-site support and technical assistance throughout the pilot.

**Summary.** Ask Me 3 may be a useful tool for increasing patient engagement in their own care, improving patient satisfaction with each medical visit, and improving patient-provider communication. Successful implementation, however, appears to need more than simply placing brochures in easily accessible places within a health care center or clinic. Equally important to educating patients about the importance of asking questions to ensure an understanding of clinician's orders is working with clinical staff on evidence-based communication strategies.

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## Background

The Ask Me 3 pilot project grew out of two larger state and national initiatives—BadgerCare Plus and *Aligning Forces for Quality*. BadgerCare Plus is Wisconsin’s health care reform initiative to expand access to health insurance to all children, more pregnant women, more caregiver relatives, youth aging out of foster care, and adults without minor children in the home. The nationally-recognized effort, administered by the Wisconsin Department of Health Services (DHS),<sup>2</sup> also dramatically simplified the program and, for the first time, aligned improved access to health insurance to quality, including the promotion of prevention and healthier behaviors. The multi-prong approach to both improve the quality of care and, subsequently, health outcomes, focuses on five health conditions—well-child or EPSDT (Early Periodic Screening, Diagnosis, and Treatment) exams, including immunizations and blood lead testing; management of asthma and diabetes; poor birth outcomes, especially among minority members; smoking cessation; and childhood obesity. One key strategy for addressing these priority areas is working with BadgerCare Plus members to get them more engaged in their own care and giving them the tools they need to be healthier.

At the same time BadgerCare Plus was being developed, the Wisconsin Collaborative for Healthcare Quality (WCHQ)<sup>3</sup> won a national *Aligning Forces for Quality* grant from the Robert Wood Johnson Foundation. This signature effort is dedicated to lifting the overall quality of health care in targeted communities, reducing racial and ethnic disparities, and providing models for national reform. *Aligning Forces for Quality* asks the people who get care, give care, and pay for care to work together toward common, fundamental objectives to lead to better care and improved health. A key focus is increasing consumer engagement, i.e., educating patients about their local health care systems, encouraging them to demand higher-quality care, and helping them take a more active role in their own health. The target population for much of the initial work under the Wisconsin *Aligning Forces for Quality* grant has been the state’s Medicaid/low-income population.

The partnership between DHS and WCHQ was a natural fit with both organizations having similar goals. A quick scan of current quality health care initiatives in Wisconsin identified several other key partners with an interest in helping individuals become more engaged in their health and improving health outcomes. These included the Wisconsin Medical Society,<sup>4</sup> Wisconsin Primary Health Care Association,<sup>5</sup> University of Wisconsin-Madison—Department of Family Medicine,<sup>6</sup> University of Wisconsin-

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<sup>2</sup> The Department of Health Services is an umbrella agency providing a wide range of health services to Wisconsin citizens. Among its many programs are Medicaid, BadgerCare Plus (Family Medicaid, State Children’s Health Insurance Program and Healthy Start), FoodShare (Supplemental Nutrition Assistance Program), mental health and substance abuse services, public health services, and long-term care services.

<sup>3</sup> The Wisconsin Collaborative for Healthcare Quality is a voluntary consortium of organizations learning and working together to improve the quality and cost-effectiveness of healthcare for the people of Wisconsin. The Collaborative focuses on: developing performance measures for assessing the quality of healthcare services; guiding the collection, validation and analysis of data related to these measures; publicly reporting measurement results for providers, purchasers and consumers; and sharing best practices of healthcare organizations that demonstrate high quality services.

<sup>4</sup> The Wisconsin Medical Society is the largest association of medical doctors in the state dedicated to improving the health of the people of Wisconsin by supporting and strengthening physicians’ ability to practice high quality patient care in a changing environment.

<sup>5</sup> The Wisconsin Primary Health Care Association represents Wisconsin’s 17 community health centers; also known as federal qualified health centers.

<sup>6</sup> The UW-Madison, School of Medicine and Public Health, Department of Family Medicine is the home of the Wisconsin Research & Education Network, an organization dedicated to practice-based research with 20-years of experience in conducting primary care research in practices across the state. The Director is nationally recognized for his work in health literacy.

Madison—Population Health Institute,<sup>7</sup> Wisconsin Literacy,<sup>8</sup> and the Southwest Wisconsin Area Health Education Center.<sup>9</sup>

In addition to the expert advice provided by the partner organizations, the Ask Me 3 pilot was also informed by findings from two separate and diverse focus groups with each composed of low-income families and individuals from across Wisconsin. The focus groups had two key purposes:<sup>10</sup>

- Gather information to better understand the health care information needs and preferences of current Medicaid/BadgerCare Plus members.
- Recommend strategies and tools to help individuals take a more active role in their health, including providing feedback on the Ask Me 3 materials.

The pilot project was also based on a review of the literature on patient-provider communication and patient engagement and conversations with medical directors from managed health plans under contract with Wisconsin Medicaid. A clear message from the focus groups, the literature review, and the medical directors was to understand the challenges faced by individuals with low incomes and generally limited education. This conversation led to a discussion about health literacy and issues associated with individuals who do not read, understand or have the ability to use health information, and are, subsequently, unable to understand their health conditions and treatment options.

Health literacy is a vital component of quality health care and the resulting positive health outcomes. The Institute of Medicine, in its comprehensive 2004 study and compilation of the literature, reports 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 other health professionals or how to access and use information about their health.<sup>11, 12</sup> Nationally, one out of five adults reads at the 5<sup>th</sup> grade level or below, with the average American reading at the 8<sup>th</sup> to 9<sup>th</sup> grade level. Yet most health care materials are written at the 10<sup>th</sup> grade level or above.<sup>13</sup>

The ability to read and understand health information, including instructions from the doctor, is directly related to patient outcomes. For example, accurate information is needed for assessment, diagnosis, treatment planning, medication management, informed consent, discharge instruction, and prevention and

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<sup>7</sup> The UW-Madison Population Health Institute strives to improve population health by serving as a bridge to public health and health policy stakeholders to address a broad range of problems, promote partnerships of inquiry between researchers and users, and advance the development of interdisciplinary research.

<sup>8</sup> Wisconsin Literacy is a statewide coalition of adult, family, and workplace literacy providers established to support each other through resource development, information and referrals, training, and advocacy. Since 2007, the coalition has become a leading advocate and resource for health literacy.

<sup>9</sup> The Southwest Wisconsin Area Health Education Center, a collaborative project of the UW Medical School, is one of seven centers charged with improving the supply, distribution, and quality of health care professionals and, thus, improving access to health care in the state's rural and urban underserved areas.

<sup>10</sup> See Appendices A and B for a copy of the focus group summary reports.

<sup>11</sup> Lynn Nielsen-Bohlman, Allison M. Panzer, David A. Kindig. Editors. *Health Literacy: A Prescription to End Confusion*. Washington, D.C.: National Academies Press. 2004.

<sup>12</sup> Barry Weiss. *Removing Barriers to Better, Safer Care—Health Literacy and Patient Safety: Help Patients Understand—Manual for Clinicians* 2007. American Medical Association.

<sup>13</sup> Partnership for Clear Health Communication at the National Patient Safety Foundation. [www.npsf.org/pchc](http://www.npsf.org/pchc) accessed June 18, 2008 and The Joint Commission. “*What Did the Doctor Say?*” *Improving Health Literacy to Protect Patient Safety*. 2007.

health promotion.<sup>14</sup> As a result, low health literacy affects a person’s health status more than any other factor, including education, income, employment or race.<sup>15</sup> Numerous studies have found that individuals with low health literacy:<sup>16</sup>

- Do not seek preventive care
- Are less likely to follow prescribed treatments
- Are at increased risk of hospitalization and stay in the hospital longer
- Have fewer self-management skills and are, thus, less able to manage chronic health conditions
- Make more medication errors
- Lack sufficient skills to successfully navigate or negotiate the health care system

Limited health literacy cuts across all segments of society.<sup>17</sup> Unfortunately, however, it has a disproportionate impact on and increases disparities in health care access among the most vulnerable populations, including the elderly, minorities, and those with limited education, low incomes, and limited English proficiency.<sup>18</sup> Safety net providers in primary care settings, thus, face special challenges in working with these populations.<sup>19</sup>

One suggested strategy for addressing low health literacy and improving patient-provider communication is Ask Me 3™, an educational program developed by the Partnership for Clear Health Communication (PCHC).<sup>20</sup> The program is designed to encourage patients to be more involved 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?

In launching BadgerCare Plus, Governor Jim Doyle recognized that one key element to controlling health care costs is for people to get and stay healthy. Ask Me 3 appeared to be a promising strategy to help patients become more engaged in their own care and, thus, become better health care consumers. As one medical director noted: “People need to be able to understand what we’re telling them about their health.”

Studies of health care facilities that used the Ask Me 3 materials found:<sup>21</sup>

- That the program encouraged patients to ask questions
- Small improvements in communication with the health care professional
- Increased patient satisfaction with the visit

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<sup>14</sup> Christina L Cordero. “Meeting Joint Commission Standards for Health Literacy.” Presentation at Wisconsin Literacy SW/SC Regional Health Literacy Conference, October 15, 2008.

<sup>15</sup> Weiss.

<sup>16</sup> Ibid.

<sup>17</sup> Ibid.

<sup>18</sup> Ibid.

<sup>19</sup> Sharon Barrett, Jennifer S. Puryear, and Kathie Westpheling. *Health Literacy Practices in Primary Care Settings: Examples from the Field*. The Commonwealth Fund. January 2008.

<sup>20</sup> The Partnership for Clear Health Communication is a coalition of national organizations working together to increase patient-provider communication and significantly enhance the ability of individuals to understand and use health information. The work of PCHC is now under the umbrella of the National Patient Safety Foundation.

<sup>21</sup> See Appendix C for additional details about each study.

### Research on Ask Me 3™

Ask Me 3 is a tool designed to improve communication between patients and their health care providers. The goal of Ask Me 3 is to help patients better understand their medical condition and be able to follow medical instructions which should lead to better health outcomes. A literature review located five studies of Ask Me 3. The studies reveal mixed results.

In August 2004, PCHC and Pfizer awarded \$70,000 grants to three universities to evaluate the impact of Ask Me 3 in a variety of clinical settings with diverse populations.<sup>22</sup> Pfizer and PCHC also funded two studies by the American Academy of Family Physicians (AAFP) looking at the impact of Ask Me 3 on medication use and in a clinic setting. The last available study on Ask Me 3 was conducted by the University of Iowa. Each of the studies reviewed indicated slight improvements in patient satisfaction with the visit.

- In the University of Texas study of Ask Me 3 in a pediatric health center, posters and brochures were placed where they were easily accessible for the primarily low-income Hispanic patients. Findings from the study revealed that about half of the parents surveyed knew about Ask Me 3 and, of those, only half asked the three questions during their child's visit. The study also found that Ask Me 3 helped them remember what questions to ask.<sup>23</sup>
- A study by the University of South Carolina looked at 250 patients with hypertension and provided half with Ask Me 3 materials. Researchers found no real differences in blood pressure readings between the intervention group and those who did not receive materials. They did not find any difference in the two groups with regard to their perception of their physical or mental health and little difference with regard to communication with the clinician.<sup>24</sup>
- The Iowa study was conducted in a small, in-patient surgical unit of a community hospital where Ask Me 3 posters and brochures were given to patients during the admission assessment with a nurse reviewing the poster and encouraging them to write their questions on the back. Pre- and post-discharge surveys found significant increases in patient satisfaction following implementation of the Ask Me 3 materials. Patients also reported being better informed about their conditions and improved communication with clinical staff.<sup>25</sup>
- One of the two AAFP studies examined patient self-reports of taking prescribed medications. A total of 535 patients who received prescriptions were split into two groups—one group received training on Ask Me 3 and the second group did not. Preliminary results showed no change in frequency of filling prescriptions or taking medications. There was marginal improvement in patient satisfaction with the visit.<sup>26</sup>
- The second AAFP study with 38 physicians—21 who used Ask Me 3 and 17 who did not—found higher levels of visit satisfaction among the doctors in the intervention group than those in the

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<sup>22</sup> DHS and its' partners were only able to obtain two of the three university studies funded by PCHC.

<sup>23</sup> V.S Mika, P.R. Wood, B.D. Weiss, and L. Trevino. "Ask Me 3: Improving Communication in a Hispanic Pediatric Outpatient Practice." *1:Am J Health Behav.* 2007. Sept-Oct 31 Suppl 1: S115-21.

<sup>24</sup> Duncan Howe. "Testing the Effect of Ask Me 3 Method on Patient Self Management in a Primary Care Setting. Unpublished paper.

<sup>25</sup> Mary Nowotny and Douglas McCarthy. "Case Study: Iowa's Health Literacy Collaborative is Transforming Patient-Provider Communication." *Quality Matters.* The Commonwealth Fund. November/December 2006. <http://www.commonwealthfund.org/Content/Innovations/Case-Study--Iowas-Health-Literacy-Collaborative-is-Transforming-patient-Provider-Communication.aspx> (accessed January 10, 2008).

<sup>26</sup> American Academy of Family Physicians National Research Network. Unpublished study.

control group. More than half of the 21 physicians using Ask Me 3 reported improved communication when their patients asked one of the questions. Additionally, two-thirds of the 443 patients who used the Ask Me 3 program reported improved communication with their provider.<sup>27</sup>

Based on the mixed results from these studies, the Wisconsin partnership designed a pilot project to implement and evaluate the Ask Me 3 program at community health centers who volunteered to participate.

### **Project Overview**

The Ask Me 3 pilot was designed to increase patient engagement in their own care via work with the following community health centers representing both urban and rural areas of Wisconsin.<sup>28</sup>

- Bridge Community Health Clinic: Wausau—provides primary and oral health services to a primarily white, semi-urban/rural population and also serves a substantial Hmong refugee population; the center serves more than 5,000 patients per year with an estimated 19,000 encounters.
- Community Health Systems, Inc.: Beloit Area Community Health Center and Racine Community Health Center—the Beloit site provides primary, behavioral, and dental health services to a diverse, somewhat urban/rural population of white, African American, and Hispanic individuals and families; the new Racine site provides primary health care to a more rural population of whites and Hispanics. Community Health Systems serves more than 11,600 patients per year with approximately 33,000 encounters.
- Family Health Center of Marshfield: Phillips Center and Mercer Center—provides primary health care, including dental and behavioral health services, to an older, primarily white, rural population. The eighteen centers that represent the Family Health Center serve more than 55,800 patients per year with 330,250 encounters.
- Milwaukee Health Services, Inc.: Isaac Coggs Heritage Health Center and Martin Luther King Jr. (MLK) Heritage Health Center, Milwaukee—Isaac Coggs provides primary, obstetrical, and behavioral health care to a primarily African American urban population; MLK provides primary, obstetrical, behavioral, and dental care to a similar population. Milwaukee Health Services provides care to more than 30,000 patients per year with 95,225 encounters.

The goals of the pilot were to:

1. Increase patient engagement in their own care
2. Increase patient satisfaction with each medical visit
3. Improve patient-provider interaction and communication.

The pilot project phase-in began in September 2008 with implementation at the first center and ended in February 2009 with implementation at the last site. Each center was an active participant for six to eight months with each self-selecting to implement one of two exposure conditions: *social marketing or social marketing plus*. Four centers were basic social marketing sites, two centers were enhanced social marketing plus sites, and one center served as a control site. In the remainder of this report, the individual health care centers that participated in the pilot project are referred to as Site 1–Site 7; Sites 1, 3, 4, and 6

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<sup>27</sup> “What research supports the use of Ask Me 3?” retrieved from <http://www.pfizerhealthliteracy.com/physicians-providers/pchc-askme3.html> December 18, 2007.

<sup>28</sup> Community health centers are also known as federally qualified health centers or FQHCs. See Appendix D for detailed descriptions of the centers.

were the social marketing sites, Sites 2 and 5 were the social marketing plus sites, and Site 7 was the control site.

The basic social marketing sites placed Ask Me 3 brochures in the main waiting area and/or individual exam rooms, displayed Ask Me 3 posters with tear-off information sheets in prominent places 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 program, and reviewed 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 care provider questions and demonstrating how individuals might use the questions during their visit.

The enhanced social marketing plus approach included all of these activities plus all clinical staff—doctors, physician assistants, and nurse practitioners—received training on four simple, evidence-based approaches for communicating with their patients with 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 social marketing plus center (Site 5), customer service representatives also spoke individually to patients in the waiting area about the program and encouraged them to ask their health care provider the three questions.

### **Project Materials**

The Ask Me 3 pilot used a range of materials for patients, center staff and clinicians. Each is briefly described below; please see Appendix E for sample materials.

Patient Materials—An array of communication tools was available at each center. The brochures, posters, and key tags were contributed by WCHQ via the *Aligning Forces for Quality* grant. The patient DVD was produced by the Wisconsin Medical Society.

- Brochures—Text from the original Ask Me 3 brochure was modified slightly to lower the reading level to about 3<sup>rd</sup> or 4<sup>th</sup> grade to make it easier to read and understand. English, Spanish, and Hmong versions of the brochure were available for each center.
- Posters—Colorful posters with the Ask Me 3 logo and tear-off information sheets with the three questions were available in English, Spanish, and Hmong.
- Key Tags—Small key tags with the three questions were also available in English, Spanish, and Hmong.
- Patient DVD—A four-minute DVD emphasizing the importance of patients asking questions and demonstrating how the questions could be used during an office visit was developed for use in the main waiting area.

Center/Staff Training Materials—DHS developed two PowerPoint presentations for training center staff. The Wisconsin Medical Society produced the DVD for the staff orientation session.

- Orientation slides—A short PowerPoint presentation was used to guide the orientation session for all center staff.
- Orientation DVD—A short DVD highlighting the rationale for the program, describing Ask Me 3, and featuring a patient/doctor role play was used for the orientation session with all center staff.

- Clinician slides—A short PowerPoint presentation was used to highlight how clinicians might improve their communication skills with patients; the presentation was done during an in-service training session at both enhanced social marketing plus sites.

### Role of Key Partners

As described previously, the Ask Me 3 pilot was designed and implemented by a team of diverse partners with each having specific roles and responsibilities. In addition, staff from each partner organization provided advice on the overall design of the project and the evaluation as well as continued support and guidance throughout the project. The following chart highlights each organization’s responsibilities and contributions.

Partner Organization	Roles/Responsibilities
Wisconsin Collaborative for Healthcare Quality & <i>Aligning Forces for Quality</i> (RWJF grant)	Design, implementation, and evaluation guidance; development and cost of all materials; incentives for completing the patient survey; assistance with center recruitment
Wisconsin Department of Health Services	Design, implementation, and evaluation guidance; assistance with center recruitment; project implementation, management and evaluation; purchase of TVs and DVD equipment for sites
Wisconsin Literacy	Design, implementation, and evaluation guidance
Wisconsin Medical Society	Design, implementation and evaluation guidance; production of the orientation and patient DVDs; <i>AMA PRA Category 1 Credits™</i> ; and certificates of attendance for all center staff participating in the Orientation sessions
Wisconsin Primary Health Care Association	Design, implementation and evaluation guidance; center recruitment
Southwest Wisconsin Area Health Education Center	Design, implementation, and evaluation guidance
University of Wisconsin-Madison—Population Health Institute	Design, implementation, and evaluation guidance; assistance in determining sample sizes and development of survey instruments
University of Wisconsin-Madison—Department of Family Medicine and Wisconsin Research and Education Network	Design, implementation, and evaluation guidance; training for clinicians and staff support during implementation and for the evaluation

### Center Recruitment

Community health centers were recruited by the Wisconsin Primary Health Care Association (WPHCA). WCHQ and DHS provided additional support. Several strategies were employed, including announcements at WPHCA meetings, telephone calls to center directors, and e-mails to various contacts within the centers. Once the center expressed an interest, a brief description of the pilot project, including the center’s roles and responsibilities, projected time commitments, and the project time-line was sent to the center by the project manager within DHS. A conference call was held with staff from all centers expressing an interest with six agreeing to participate. One of the original centers dropped out due to circumstances beyond their control. Two additional centers serving rural Wisconsin were recruited and added, one of which served as a control site during the pre-program patient survey only.

### Project Implementation

Implementation and evaluation of the Ask Me 3 pilot project for BadgerCare Plus members and other low income individuals was carried out during 2008 and 2009. Each participating center was asked to sign a

memorandum of understanding<sup>29</sup> outlining the roles and responsibilities of DHS and the center. DHS staff then conducted a short orientation session for all center staff, including administrative staff, so that everyone would have an understanding of the pilot project and its goals.

The Orientation session included two short DVDs: one—the patient DVD—had a doctor encouraging patients to ask their doctor questions and demonstrated a doctor and a patient using the three questions during an office visit. The second DVD—the orientation DVD—highlighted the rationale for the program, described Ask Me 3, and encouraged all center staff to urge their patients to ask questions.

In addition to the orientation, specific training on evidence-based strategies for improving communication with patients was held with all clinical staff—doctors, physician assistants and nurse practitioners—at the two social marketing plus sites. Clinical staff included those providing behavioral health services, but did not include dentists. This training focused on four strategies recommended by the research on patient-provider communication.<sup>30</sup>

1. Slowing down and being an active listener
2. Stating the most important information first and giving information in small segments, or “chunks and checks”
3. Using plain or “kitchen table” language instead of medical jargon
4. Using “teach back” where patients are asked to repeat in their own words what is wrong with them and what they need to do to address their health problem

The clinical training was conducted by a physician for staff at Site 5 and by DHS staff at Site 2. The Wisconsin Medical Society provided *AMA PRA Category 1 Credits™* for both the orientation sessions and the clinician training. In addition, the Society provided certificates of attendance for each individual who participated in the orientation. Medical assistants were able to use the certificates toward their continuing education credits.

Each participating health center was included in two data collection periods and in the data analysis. One or more members of the evaluation team spent time on-site at each center during the course of the pilot project in order to survey patients, gather other information, monitor implementation, and provide support. The study included discussions with center staff following implementation highlighting issues encountered and how they were overcome and perceptions about whether patients seemed more engaged in their care.

Each individual completing a pre-program survey and turning it in received a \$5.00 cash incentive payment. The post-program questionnaires were completed approximately seven to eight months after initial implementation of Ask Me 3. The incentive payments could not be provided during the second data collection period.

For several reasons, including differences in the size, layout, staffing, and operation of the participating centers, there were some variations in how the project was implemented and in how the evaluation was conducted at each site. The primary variation was in the implementation of the enhanced social marketing plus approach.<sup>31</sup>

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<sup>29</sup> See Appendix F for the MOU.

<sup>30</sup> The Joint Commission. “*What Did the Doctor Say?: Improving Health Literacy to Protect Patient Safety*.” 2007.

<sup>31</sup> See Appendix G, Technical Note 1 for further description of cross-site differences in project implementation and evaluation.

## Evaluation Approach and Methodology

The evaluation was designed by DHS and the UW-Madison Population Health Institute and conducted by DHS staff with assistance from staff with the Wisconsin Research and Education Network.

### Design

Evaluators collected pre-program and post-program data at each participating center. The project used a separate samples before/after quasi-experimental design<sup>32, 33</sup> in which data collection during the two time periods was carried out on separate samples at each participating center, rather than having one sample provide information at two points in time. The design is depicted below.

Study Condition	Pre-test Period	Program Period	Post-test Period
Social Marketing (sm-basic)	Site 1 sample 1 Site 3 sample 1 Site 4 sample 1 Site 6 sample 1		
		Ask Me 3 (sm) implemented at: Site 1 (Sept. 08-May 09) Site 3 (Oct. 08-July 09) Site 4 (Nov. 08-Aug. 09) Site 6 (Feb. 09-July 09)	Site 1 sample 2 Site 3 sample 2 Site 4 sample 2 Site 6 sample 2
Social Marketing Plus (smp-enhanced)	Site 2 sample 1 Site 5 sample 1		
		Ask Me 3 (smp) implemented at : Site 2 (Oct. 08-May 09) Site 5 (Nov. 08-Aug. 09)	Site 2 sample 2 Site 5 sample 2
Comparison	Site 7 sample 1 <sup>34</sup>		did not participate

### Data Collection Instruments

Several data collection instruments were used in the evaluation of the project: a patient survey, a survey of health care providers, and a brief survey to gather staff feedback about the pilot project.

The two-page patient survey, which was administered to a sample of patients at each center before and after implementation of the Ask Me 3 program, had three sections:

- a) six items were adapted from questions in the Health Literacy Item Set of the Consumer Assessment of Healthcare Providers and Systems® (CAHPS),<sup>35</sup> developed by the Agency for

<sup>32</sup> DT Campbell and JC Stanley. *Experimental and quasi-experimental designs for research*. Boston, MA: Houghton-Mifflin, 1963.

<sup>33</sup> See Appendix G, Technical Note 2 for further discussion of this design.

<sup>34</sup> The comparison site did not participate in the post-test period.

<sup>35</sup> The Consumer Assessment of Healthcare Providers and Systems® (CAHPS) program is a public-private initiative to develop standardized surveys of patients' experiences with ambulatory and facility-level care. Health care organizations, public and private purchasers, consumers, and researchers use CAHPS results to: assess the patient-centeredness of care; compare and report on performance; and improve quality of care. The CAHPS Consortium has been developing a supplemental set for the CAHPS Clinician & Group Survey that focuses on assessing providers' activities to foster and improve the health literacy of patients. This work on promoting health literacy is part of the Agency's continuing efforts to encourage a greater emphasis in the provider community on patient-centered care. This item set was released in October 2009. Questions in the patient survey were adapted from an initial draft of the health literacy item set.

- Healthcare Research and Quality; these items asked patients to rate several aspects of the clinical visit with their health care provider and are intended to measure patient satisfaction with the visit;
- b) the thirteen item Patient Activation Measure™ addressed patients' level of engagement in their own health care;<sup>36</sup> and
  - c) additional items gathered information about patient demographic characteristics and the center visit.

A two-page survey for health care providers had three sections:

- a) four items asked health care providers to rate their interactions with patients;
- b) fifteen items (adapted from the Patient Activation Measure) addressed providers' perceptions of their patients' level of engagement in their own health care; and
- c) eight items concerned patient behaviors related to clinical visits.

Questions were designed to gauge providers' opinions regarding their patients in general rather than any specific patient. Although the provider survey was based on the patient survey and many items included on the provider survey were largely re-worded versions of items found on the patient survey, there was not a one-to-one correspondence between the two surveys.

The third data collection instrument<sup>37</sup> was a brief questionnaire administered to clinical and non-clinical staff having regular patient contact—this included physicians and nurses as well as medical assistants and customer service representatives at three sites. There were several questions about the respondent's position and any role he or she played in the pilot project, and the extent to which the respondent agreed or disagreed with eight statements about possible effects of the Ask Me 3 intervention and materials on patients and center staff.

## **Project Results**

### **Patient Surveys Completed**

Prior to implementation of Ask Me 3 at the project health centers, a total of 407 individuals completed a survey following a visit with their health care provider. Ninety-six percent of the patients surveyed at this time completed the survey in English, and the remaining patients, who were all from Sites 1, 2, and 3, completed the survey in Spanish or Hmong.

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<sup>36</sup> The Patient Activation Measure™, developed by Dr. Judith Hibbard and her colleagues at the University of Oregon, is designed to assess people's knowledge, skill, and confidence in managing their health. A copy of the PAM-13 is included in Appendix H.

<sup>37</sup> The staff feedback form is found in Appendix H.

**Table 1: Number of Patient Surveys Completed**

	Pre-Program	Post-Program
Social Marketing Centers	261	179
Site 1	31	17
Site 3	38	19
Site 4	122	106
Site 6	70	37
Social Marketing Plus Centers	145	110
Site 2	33	19
Site 5	112	91
Total Surveys Completed	407	289

Note: Site 7, the control site, only participated in the pre-test survey; information from this site has been excluded from the analysis its population closely resembles that of site 6.

During post-program data collection, 289 individuals completed the patient survey; ninety-nine percent of these respondents completed the survey in English. As during the pre-test period, the small number of individuals who completed the survey in either Spanish or Hmong were patients at Sites 1, 2, and 3.

There may be several reasons why so many fewer surveys were completed during the post-testing than during pre-testing since data collection lasted a similar amount of time at each center during both periods. A \$5 cash incentive was provided to patients who completed a pre-test; this incentive was not used during post-testing. The evaluation and clinic staff believed that the incentive did not induce many people to complete the survey who otherwise would not have done so; however, this change may partly explain the lower response rate. In addition, the post-testing was conducted seven or eight months after pre-testing occurred. Patients may have had different time constraints and thus less time to complete a survey. Also, at the time of pre-testing, center staffs had recently completed the project orientation and were very enthusiastic about the pilot. Thus, staff interest, or lack thereof, may have played a role in fewer responses during post-testing.

### Demographics of Respondents and Description of Clinic Visits

Table 2 summarizes information about the individuals who completed the patient survey at each of the participating health care centers during the pre-test period prior to the implementation of Ask Me 3.

**Table 2: Characteristics of Pre-Test Survey Respondents from Each Participating Site**

	Site 1	Site 2	Site 3	Site 4	Site 5	Site 6
Study Condition <sup>a</sup>	sm	smp	sm	sm	smp	sm
Average age (years)	42.6	37.8	37.1	41.6	38.5	42.6
Female Gender	55%	79%	76%	60%	75%	72%
Hispanic/Latino Ethnicity	19%	6%	5%	2%	6%	1%
Race <sup>b</sup>						
Black /African American	36%	36%	5%	94%	84%	-
White	45%	42%	40%	2%	7%	97%
Other race	19%	21%	55%	4%	9%	3%
Reason for visit <sup>b</sup>						
Respondent saw the doctor	81%	88%	76%	80%	69%	78%
Brought someone else	19%	12%	24%	20%	31%	22%

<sup>a</sup> sm = social marketing; smp = social marketing plus

<sup>b</sup> The percentages in each cell of the table would be expected to sum to 100 percent, but in some cases they do not, due to two factors: rounding to whole numbers and the omission of “no answer” categories.

Community health centers participating in the Ask Me 3 pilot serve very diverse patient populations. The patient samples surveyed at each center reflect this, as the previous table shows. For example: the respondents from Site 1 and Site 6 were older, on average, than respondents from the other centers; the samples from Sites 1 and 4 included fewer females; the samples from Sites 3 and 6 included few or no African Americans, while the samples from Sites 4 and 5 were more than 80% African American; and 19% of the survey respondents from Site 1 self-identified as Hispanic/Latino—there were relatively few Hispanic respondents at the other centers.

Table 3 summarizes information about the individuals who completed the patient survey during each data collection period, with the data combined across centers.

**Table 3: Characteristics of Survey Respondents Before and After Ask Me 3**

	Pre-Test (n = 407)	Post-Test (n = 282)	Pre/ Post Comparison
Average age (years)	40.3	39.4	t = .715, df = 670, p = .474
Female Gender	279 (69%)	217 (77%)	$\chi^2 = 5.604$ , df = 1, p = .018
Hispanic/Latino Ethnicity	20 (5%)	24 (9%)	$\chi^2 = 4.533$ , df = 1, p = .033
Race <sup>a</sup>			
Black /African American	234 (57%)	165 (56%)	$\chi^2 = 1.550$ , df = 1, p = .461
White	122 (30%)	81 (29%)	
Other race	51 (12%)	26 (9%)	
Reason for visit <sup>a</sup>			
Respondent saw the doctor	311 (76%)	233 (83%)	$\chi^2 = 6.432$ , df = 3, p = .092
Brought someone else	93 (23%)	45 (16%)	

<sup>a</sup> The percentages in each cell of the table would be expected to sum to 100 percent, but in some cases they do not. This is due to two factors: rounding to whole numbers and the omission of “no answer” categories.

Age—On average, the patients surveyed during this project were 39-40 years old.

Gender—More females than males were surveyed at each center during both data collection periods. The proportion of females was greater in the post-test sample (77%) than in the pre-test sample (69%). Further analysis indicated that this was attributable to Site 4 having a significantly greater proportion of females in the post-test sample (80%) than in the pre-test sample (60%) ( $\chi^2 = 10.517$ , df = 1, p = .001). The proportion of female survey respondents did not differ from pre-test to post-test at the other centers.

Ethnicity—The percentage of Hispanic respondents in the post-test sample (8%) was greater than in the pre-test sample (5%).

Race—Overall, the pre-test and post-test samples had a similar racial composition. During both data collection periods, more than half of all respondents were black, 29-30% were white, and the remainder self-identified as Asian or some other race.

The racial composition of the pre-test and post-test samples differed at Sites 3 and Site 4, but not at the other centers. At Site 3, the pre-test sample was 40% white, 5% black, and 55% some other race, while the post-test sample was 88% white, 0% black, and 12% some other race. This was a significant change in the racial mix of the sample ( $\chi^2 = 10.512$ , df = 2, p = .005). This center has a large Southeast Asian population. During pre-testing, a staff person fluent in Hmong was able to spend time assisting with the data collection, but was less available during post-testing—this may account for the lower percentage of respondents identified as neither white nor black during post-testing.

At Site 4, the pre-test sample was 2% white, 94% black, and 4% other race, and the post-test sample was 8% white, 82% black, and 10% some other race. This was also a significant change in the racial make-up of the sample ( $\chi^2 = 8.810$ ,  $df = 2$ ,  $p = .012$ ).

Reason for Coming to the Center—A number of respondents—23% of pre-test respondents and 16% of post-test respondents—brought a child or someone else to see the doctor, rather than seeing the doctor about their own health or medical condition.<sup>38</sup>

This change in the overall percentage of respondents bringing someone else to the center was due to Site 5 where fewer respondents in the post-test sample (16%) brought someone else to the health center than in the pre-test sample (31%) ( $\chi^2 = 7.806$ ,  $df = 3$ ,  $p = .050$ ). There were no such pre/post differences found in the samples from the other health centers.

### **Organization of the Data Analyses**

The study design called for comparing the difference in pre-test and post-test values on two key variables—patient satisfaction and activation—for basic social marketing sites and the enhanced social marketing plus sites. Combining the results from all the project centers may not provide the best test of the effects of Ask Me 3. For the reasons highlighted below, pre/post data from participating centers were analyzed using certain sub-groups.

First, the project centers are nonequivalent groups. The characteristics of the patient samples differed considerably across sites, and it is reasonable to expect that patient characteristics may affect both satisfaction with the clinical visit and patient activation.

Also, in the pilot project there are two cases where project centers share a parent organization with each operating two of the health centers that participated. In each case, one of the two sites was a basic social marketing site and the other was an enhanced social marketing plus site.

Centers operated by the same parent organization have similar policies and operating procedures, operate in the same general geographic area, and have similar patient populations. This means, for example, that the patients seen at Site 1, the health services they receive and possibly even their health outcomes, may be more similar to those of Site 2, the other site operated by the same parent organization, than to the patients, services, or outcomes of the other project centers.

For these reasons, several logical groupings of the project centers were identified for the data analysis. The following table identifies these groupings, which are used to organize the remaining results from the patient surveys.

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<sup>38</sup> Further analysis indicated that women were more likely than men to bring a child or someone else to the doctor. During the pre-test period, 29% of female respondents, compared to 15% of male respondents, brought someone else to the center ( $\chi^2 = 9.010$ ,  $df = 1$ ,  $p = .003$ ). During the post-test period, 19% of female respondents, compared to 8% of males, brought a child or someone else to the center ( $\chi^2 = 4.648$ ,  $df = 1$ ,  $p = .031$ ). This suggests that the greater percentage of females in the samples is partly due to the fact that women were more likely than men to bring someone else to the doctor.

**Table 4: Analysis Groupings**

<b>Analysis Group</b>	<b>Social Marketing</b>	<b>Social Marketing Plus</b>	<b>Description or rationale for this grouping</b>
A	Sites 1, 3, 4, and 6	Sites 2 and 5	Compares all social marketing centers to all social marketing plus centers.
B	Site 4	Site 5	<p>Sites 4 and 5 are a good match for comparison purposes—similar to each other and different from the other centers. The largest patient samples were obtained from these centers.</p> <ul style="list-style-type: none"> <li>• The largest of the project centers</li> <li>• Both are located in a large urban area</li> <li>• Operated by the same parent organization</li> <li>• Both serve a primarily African American population, unlike the other project centers</li> </ul>
C	Site 1	Site 2	<p>Sites 1 and 2 are a good match for comparison purposes, but the samples from these centers were small.</p> <ul style="list-style-type: none"> <li>• The smallest of the project centers</li> <li>• Both are located in southeastern Wisconsin</li> <li>• Operated by the same parent organization</li> <li>• Both serve a varied patient population, with more Hispanic patients than the other project centers</li> </ul>
D	Sites 1, 3, and 6	Site 2	<p>Sites 1 and 2 are similar to Sites 3 &amp; 6 in these ways:</p> <ul style="list-style-type: none"> <li>• Size—considerably smaller than Sites 4 and 5</li> <li>• Population—serve few African American patients, unlike Sites 4 and 5</li> <li>• Setting— not located in large urban areas</li> </ul> <p>Sites 1 and 2 differ from Sites 3 &amp; 6 in these ways:</p> <ul style="list-style-type: none"> <li>• Region—located in a different region of the state</li> <li>• Population—Sites 3 and 6 serve few Hispanics compared to Sites 1 and 2</li> <li>• Organization—Sites 3 and 6 are not part of the same health system as Sites 1 and 2</li> </ul> <p>Sites 3 and 6 are reasonably good, if not ideal, matches to Sites 1 and 2—they are more similar to Sites 1 and 2 than to Sites 4 and 5. Adding these sites to the comparison in Analysis C increases the sample size.</p>

**Patient Perceptions of the Clinical Visit**

The patient survey included items adapted from the CAHPS®<sup>39</sup> that addressed patients’ perception of their visit with the health care provider on the day that they were surveyed. These items are intended to measure patient satisfaction with the visit, and thus address the second and third project objectives (i.e., *increase patient satisfaction with each medical visit and improve patient-provider interaction and communication*).

Respondents were generally very positive about their visit. For each of these items, roughly half of the respondents in each data collection period described their visit with the health care provider as “Excellent.” Relatively few respondents described their visit as ‘Poor’ or ‘Fair’ (6% or less for the pretest sample, and 15% or less for the post-test sample).

<sup>39</sup> CAHPS® is a nationally recognized tool designed to support the assessment of consumers’ experiences with health care via standardized patient questionnaires that can be used to compare results across sponsors, and over time. The six questions included in the pre-/post-patient surveys are designed to determine patient satisfaction with the visit.

For each survey respondent, a total clinical visit score was computed by summing the values of the options (poor = 0, fair = 1, good = 2, very good = 3, excellent = 4) that he or she selected in response to each item; this score could range in value from a low of zero (the respondent selected ‘poor’ in response to all six items) to a high of 24 (the respondent selected ‘excellent’ in response to all items).<sup>40</sup>

For all patients surveyed (combining pre-test and post-test samples for all project sites), the distribution of clinical visit scores was highly skewed, with a mean of 19.1 and a median of 21. These high mean and median values are a further indication that patients in general rated their clinic visit quite positively. Respondent age, gender, and ethnicity were not related to the clinical visit score. However, whites viewed the clinic visit more positively (mean rating 21.1) than did non-whites (mean rating 18.3); (t = 6.092, df = 671, p = .000).

The mean clinical visit scores for the pre-test and post-test samples are shown in the following table, organized by the analysis groupings identified in Table 4. The pre/post difference in clinic visit scores—that is, whether post-test respondents rated their clinic visit differently than pre-test respondents—was tested using two approaches.<sup>41</sup> The results from both approaches are consistent and are shown in Table 5.

**Table 5: Mean Clinical Visit Scores**

Analysis Group		Pre-test Mean (n)	Post-test Mean (n)	Mann-Whitney Significance Level (p)	T-test Significance Level (p)
A	Social marketing centers (Sites 1, 3, 4, and 6)	19.6 (260)	20.1 (179)	.124	.233
	Social marketing plus centers (Sites 2 and 5)	19.4 (143)	16.0 (108)	.002	.000
B	Site 4 (social marketing)	18.0 (121)	19.2 (109)	.067	.088
	Site 5 (social marketing plus)	18.6 (110)	14.8 (89)	.003	.000
C	Site 1 (social marketing)	21.0 (31)	22.1 (17)	.364	.355
	Site 2 (social marketing plus)	22.3 (33)	21.5 (19)	.397	.468
D	Sites 1, 3, and 6 (social marketing)	21.0 (139)	21.6 (70)	.127	.250
	Site 2 (social marketing plus)	22.3 (33)	21.5 (19)	.397	.468

In Analysis A, which includes all the project centers, the average clinical visit score was significantly lower after implementation of Ask Me 3 at the enhanced social marketing plus centers; there was no difference in the mean clinical visit score for the basic social marketing samples. Thus, at the social marketing plus centers, respondents surveyed after Ask Me 3 viewed their visit with their health care provider less positively than respondents who were surveyed prior to the implementation of Ask Me 3. This finding might suggest that patients exposed to Ask Me 3 may have higher expectations of their providers and how they communicate with them. Additional study is needed to confirm this impression.

A similar result is obtained in Analysis B, which compares Site 4 and Site 5, the largest of the project centers. Once again, patients surveyed at the enhanced social marketing plus site were significantly less

<sup>40</sup> More than one-third of respondents selected ‘Excellent’ in response to all six items about the clinic visit (36% did this before Ask Me 3 versus 38% afterwards). Whites were more likely than non-whites to select ‘Excellent’ in response to these items during both the pre-program ( $\chi^2 = 11.708$ , df = 1, p = .001) and post-program periods ( $\chi^2 = 7.563$ , df = 1, p = .006). Other factors such as gender, age, ethnicity, or study condition were not related to the tendency to rate all of these items as ‘Excellent.’

<sup>41</sup> The clinical visit scores were not normally distributed for the social marketing or the social marketing plus samples. With small sample sizes, as in Analyses C and D, use of a parametric test would not be appropriate, and a non-parametric test such as the Mann-Whitney U test is more suitable. However, with large samples sizes, the Central Limit Theorem ensures an approximation to normality, and the t-test can be used. Rather than use the t-test for some analyses and the Mann-Whitney for others, all analyses (A–D) were conducted using both tests, and the results for both are shown in the table. The two tests yielded consistent results.

satisfied with their clinic visit following implementation of the Ask Me 3 intervention, compared to the patients surveyed at the basic social marketing site.

The comparison in Analysis C and Analysis D involved groupings of health centers from which fewer patient surveys were obtained. No significant pre/post differences were obtained in these analyses; there may be no pre/post differences for these project centers, or there may be insufficient statistical power to discern a difference.

### **Patient Activation**

The Patient Activation Measure™ (PAM) was used to measure the first objective of this pilot project: *increase patient engagement in their own care*. The PAM, developed by Dr. Judith Hibbard and her colleagues at the University of Oregon, is a thirteen-item survey designed to assess people’s knowledge, skill, and confidence in managing their health in a range of situations. Respondents are asked whether they “strongly agree, agree, disagree, or strongly disagree” on each of the 13 items included as part of this scale. For example: “When all is said and done, I am the person who is responsible for managing my health condition(s).” Each item is assigned a value based on the response (“strongly agree” receives the highest value; “strongly disagree” receives the lowest). All the values are aggregated to obtain a “raw score,” which is converted to each respondent’s “activation score” based on an algorithm developed by Hibbard et al. Finally, the respondents are classified under four activation “levels” based on their activation scores.

PAM is licensed for use by Insignia Health of Portland, Oregon. As part of the licensing agreement, Insignia recommends that the scores of any respondents who answer all thirteen questions with a “strongly agree” response (or, who answer all the questions with a “strongly disagree” response) not be included in the data analyses, as they “are likely not responding in a truthful or accurate way.” This may also mean that patients may have had difficulty reading the questions even though the low-literacy version of the PAM was used.<sup>42</sup> Twelve percent of pre-test respondents and 11% of post-test respondents answered “strongly agree” or “strongly disagree” to all PAM items. The following analyses exclude these individuals.<sup>43</sup>

Combining pre-test and post-test samples at all project sites, the activation score ranged from 29.7 to 91.6 (this excludes the individuals with an activation score of 100, as described in the preceding paragraph). Overall, the mean activation score was 63.9; the median score was 63.2. Respondent age, gender, ethnicity, and race showed no relationship to activation scores.

Pre/post differences in patient activation were tested using both parametric and non-parametric tests of differences between groups, as described in the footnote regarding clinical visit scores.<sup>44</sup> Again, the two approaches yielded consistent results.

Comparison of the pre-test/post-test differences in activation shows that when all project centers are included (Analysis A), the mean activation score is significantly higher at the enhanced social marketing plus centers following Ask Me 3; there is no change in activation at the basic social marketing centers. This may suggest that only the enhanced approach to implementing Ask Me 3 improved patients’ engagement in their health care. Again, additional research is needed to confirm this finding. It should

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<sup>42</sup> There are three versions of the PAM survey instrument; each has been validated for use with various populations. The Ask Me 3 pilot used the 13 item instrument which has a reading level of 7.8.

<sup>43</sup> Technical Note 3 of Appendix G presents the results of these analyses while including the individuals who answered all PAM questions with “strongly agree” or “strongly disagree”.

<sup>44</sup> While the activation scores were not as highly skewed as the clinic visit ratings, there were nevertheless departures from normality.

be noted that the increase in mean activation score at the enhanced social marketing plus sites represented 3.9 points on a 100- point scale which may not be a clinically relevant increase.

**Table 6: Mean Activation: Not including cases with extreme PAM scores\***

Analysis Group		Pre-test Mean (n)	Post-test Mean (n)	Mann-Whitney Significance Level (p)	T-test Significance Level (p)
A	Social marketing centers (Sites 1, 3, 4, and 6)	64.1 (229)	64.6 (165)	.840	.709
	Social marketing plus centers (Sites 2 and 5)	61.5 (128)	65.4 (91)	.022	.030
B	Site 4 (social marketing)	63.3 (100)	63.3 (100)	.861	.969
	Site 5 (social marketing plus)	61.1 (99)	64.5 (74)	.059	.083
C	Sites 1 (social marketing)	65.6 (27)	68.5 (15)	.501	.409
	Site 2 (social marketing plus)	62.9 (29)	69.3 (17)	.153	.144
D	Sites 1, 3, and 6 (social marketing)	64.7 (129)	66.7 (65)	.345	.338
	Site 2 (social marketing plus)	62.9 (29)	69.3 (17)	.153	.144

\*These analyses exclude respondents who answered Strongly Agree or Strongly Disagree to all PAM items.

The remaining analyses yielded no significant pre/post differences in activation for the basic social marketing or the enhanced social marketing plus centers.

The PAM™ is designed to assess the knowledge, skills and confidence needed by patients to manage their own health and health care. The scoring process for the tool classifies individuals as being at one of four levels of activation based on his or her activation score. At Level 1, the lowest level, individuals tend to be passive consumers and usually do not have the confidence to play an active role in their own health. Level 2 refers to those individuals who may not have sufficient knowledge or confidence in their ability to manage their health. At Level 3, individuals have the key facts and are beginning to take action, but may lack the confidence and skill to support needed changes. Level 4, the most activated level, indicates that individuals have adopted many behaviors to improve their health, but may or may not be able to maintain the changes under stress.<sup>45</sup>

The percentage of respondents from the pilot project with PAM scores falling into the four levels of activation is shown in Table 7 for all participating health centers (Analysis Group A).

**Table 7: Activation Levels Before and After Ask Me 3<sup>a, b</sup>**

Patient Activation Level	Social Marketing				Social Marketing Plus			
	Pre-test		Post-test		Pre-test		Post-test	
	#	%	#	%	#	%	#	%
Stage 1 Starting to take a role	16	7%	16	10%	20	16%	5	6%
Stage 2 Building knowledge and confidence	25	11%	22	13%	18	14%	11	12%
Stage 3 Taking action	99	43%	55	33%	46	36%	35	39%
Stage 4 Maintaining behaviors	89	39%	72	44%	44	34%	40	44%
Total	229	100%	165	100%	128	100%	91	100%
Pre/Post Comparison	$\chi^2 = 4.275, df = 3, p = .233$				$\chi^2 = 6.303, df = 3, p = .098$			

<sup>a</sup> These data include all participating health centers, corresponding to Analysis A in the preceding table.

<sup>b</sup> This analysis does not include respondents who answered Strongly Agree or Strongly Disagree to all PAM items.

While the majority of the survey respondents could be classified at Level 3 or Level 4, there are a number who express little or no sense of engagement or confidence regarding their ability to manage their own health.

<sup>45</sup> Judith H. Hibbard and Peter J. Cunningham. “How Engaged Are Consumers in Their Health and Health Care, and Why Does It Matter?” Research Brief. Center for Studying Health System Change. No. 8, October 2008.

There was no change from pre-test to post-test in the distribution of respondents across the four levels of activation, for the basic social marketing sites, the enhanced social marketing plus sites, or all centers combined. Thus, although the mean activation score was higher at the social marketing plus centers following the intervention, it seems that this increase was not sufficiently large to enable many post-intervention respondents to be classified at a higher level of activation.

In summary, the mean activation score was significantly higher at social marketing plus centers following the intervention, while at social marketing sites the mean activation score was unchanged. This may suggest that the approach used to implement Ask Me 3 makes a difference, i.e., an enhanced approach in which patients receive one-on-one information about how to use Ask Me 3 may lead to improvements in activation, but simply providing patients with written material about the Ask Me 3 program may not be sufficient for this purpose. Note, however, that the improvement in mean activation at the enhanced social marketing plus centers did not translate into greater percentages of respondents at higher levels of activation at the time of post-testing.

### Survey of Health Care Providers

A survey was administered to health care providers at two sites in early 2009.<sup>46</sup> The two-page questionnaire asked providers to rate their interactions with patients, about patients’ level of engagement in their own health care, and about patient behaviors related to clinical visits. A paper version of the survey was distributed to physicians, physician’s assistants, nurse practitioners, nurses, and behavioral health providers working at the two sites during a staff meeting in June 2009.

In all, there were 28 valid responses. Half of the respondents were physicians; more than three-quarters were female; one-third of the respondents were white, while half were African American; and one respondent was Hispanic/Latino.

**Table 8: Respondents to the Provider Survey (n = 28)**

<b>Respondent’s place of employment</b>	Site 5	9
	Site 4	17
	Both sites	1
	Not specified	1
<b>Profession</b>	Physicians	14
	Non-physicians	14
<b>Gender</b>	Male	6
	Female	22
<b>Race</b>	Asian	3
	Black/African American	14
	White	9
	Multiple races	1
<b>Ethnicity</b>	Hispanic	1

**Provider-Patient Interactions**—The first set of questions asked the health care providers to rate several dimensions of their interactions with patients based on the question: “How well do you think you do each of the things listed below, when you interact with your patients?” The results are shown in Table 9.

<sup>46</sup> The health care provider survey was initially established electronically using SelectSurvey with the hyperlink sent via e-mail to the primary contact at all project centers, along with a request to forward it to all clinicians and an explanation of why it was important to complete. This approach produced a very limited response from providers at all of the centers. Time constraints made it infeasible to re-issue the survey to all of the project centers; therefore the survey was re-administered only to the providers at Sites 4 and 5.

**Table 9: Provider Perceptions of Interactions with Patients**<sup>a, b</sup>

	Poor	Fair	Good	Very Good	Excellent
a. Spend enough time with your patients?	--	2 (7%)	7 (25%)	16 (57%)	3 (11%)
b. Explain things in a way that is easy to understand?	--	--	6 (21%)	18 (64%)	4 (14%)
c. Listen carefully to what your patients have to say?	--	--	4 (14%)	17 (61%)	7 (25%)
d. Check to make sure your patients understand everything you tell them?	--	1 (4%)	5 (18%)	18 (64%)	4 (14%)

<sup>a</sup> N = 28<sup>b</sup> The percentages in each row of the table would be expected to sum to 100 percent; where they do not, it is due to rounding to whole numbers.

With few exceptions, providers believed they did a good, very good or excellent job of interacting with patients. They gave themselves the highest marks for listening carefully to what patients have to say; the least positive responses were for spending enough time with patients.

**Patient Engagement**—The survey set out fifteen statements related to patient health behavior, understanding and engagement in their own health care, adapted from the PAM™. Providers were asked to indicate how many (none, some, many, most, or all) of their patients each statement applied to.

Twenty-two providers (78%) reported that many or most of their patients tell them their concerns, even if not asked. In addition, 20 providers (71%) reported that many or most patients want to know what procedures or treatments they will receive prior to receiving them and 15 providers (54%) reported that many or most patients want to know why certain procedures or treatments are being recommended.

Respondents least often reported that their patients maintain lifestyle changes to improve their health or take steps to help prevent health problems. Only four of the providers (14%) reported that many patients maintain healthy lifestyle changes; likewise, only four (14%) reported that many patients take steps to help prevent or reduce problems associated with their health.

**Patient Actions During Clinic Visits**—This section of the survey asked health care providers how frequently their patients engage in certain behaviors related to clinic visits. A little more than half of the providers surveyed (15 of 28 or 54%) reported that patients often or always take more time than allotted; just under half (13 of 28 or 46%) reported that patients often or always fail to follow medical advice.

Providers least often reported that patients express dissatisfaction with their care. In fact, 11 of the 28 providers (39%) indicate that their patients never express dissatisfaction with the care they receive. Sixteen (57%) indicated this only happens sometimes.

**Table 10: Provider Perceptions of Clinic Visits** <sup>a,b</sup>

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%)	--

<sup>a</sup> N = 28<sup>b</sup> The 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.

The following findings hold the greatest relevance for this project:

- Only two of the 28 providers who responded to the survey (7%) reported that patients often bring a list of questions with them to the clinic visit. Six providers (21%) reported their patients never bring a list of questions with them, and 20 (71%) reported patients only sometimes do so.
- Fewer than 20% reported that their patients often or always ask to have information repeated or clarified during the clinic visit.
- Only six providers (22%) reported that their patients often or always ask a lot of questions during the visit.

### Summary of the Provider Survey Results

A survey of health care providers working at two participating centers yielded 28 responses. The physicians, nurses, and other health care professionals who responded expressed a generally favorable view of their own interactions with patients, but had a more mixed view of their patients' health behaviors, understanding and engagement in their own health care. More than three-quarters of respondents reported that their patients tell them concerns they have even when not asked; almost that many say that patients want to know what procedures or treatments they will receive prior to receiving them; and just over half of the providers say patients want to know why certain procedures or treatments are being recommended.

In addition, a fairly small percentage of responding providers reported that their patients often or always ask a lot of questions during the clinic visit, or ask to have information repeated or clarified. An even smaller percentage says that patients often or always bring a list of questions with them to the medical visit. Few respondents say that many of their patients maintain lifestyle changes to improve their health or take steps to help prevent or reduce health problems.

Thus, this sample of providers perceived that their patients generally appeared willing to share their concerns during a medical visit and wanted to know about treatments and procedures being proposed, but were less likely to go beyond this by taking individual action to understand, maintain or improve their health. These providers also felt that few patients prepare for their clinic visit by making a list of questions to bring with them, and during the visit they do not often engage in the types of behaviors—such as asking questions or asking for information to be repeated or clarified—that are necessary to ensure that they understand the health care information they receive.

Readers should be cautious about generalizing these results to other community health centers in the state or to medical settings that serve a different type of patient population than the low-income population served by the sites included in the provider survey. Nevertheless, these findings provide an interesting window into how these health care providers view the health behaviors and engagement of their patients.

### Staff Feedback about the Pilot Project

At the time of the post-program data collection at three of the sites, the evaluators solicited feedback about the pilot project via a brief questionnaire administered to clinical and non-clinical staff having regular patient contact, including physicians, nurses, medical assistants, and customer service representatives.

**Table 11: Staff Providing Feedback on Ask Me 3**

	Sites 4 & 5	Site 6
Physicians	3	3
Nurses	5	3
Medical assistants	6	1
Radiology technicians	1	1
Pharmacy technicians	3	0
Customer service representatives	13	0
Other	1	2
<b>Total</b>	<b>32</b>	<b>10</b>

The survey instrument included several questions about the respondent’s position and any role he or she had played in the pilot project. It also asked about the extent to which the respondent agreed or disagreed with eight statements about possible effects of the Ask Me 3 intervention on patients and center staff.

**Table 12: Staff Feedback About the Ask Me 3 Intervention and Materials<sup>a</sup>**

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The Ask Me 3 project and toolkit are helpful to me as a healthcare professional.	28 (68%)	13 (32%)	--	--
2. I have recommended use of Ask Me 3 materials to patients.	27 (64%)	15 (36%)	--	--
3. The Ask Me 3 project and toolkit are helpful to patients.	19 (49%)	16 (41%)	4 (10%)	--
4. Patients have asked me questions about the Ask Me 3 materials and/or video.	11 (29%)	19 (50%)	7 (3%)	1 (3%)
5. Ask Me 3 has helped raise awareness of health literacy concerns among patients in this clinic.	15 (38%)	20 (51%)	3 (8%)	1 (3%)
6. Ask Me 3 has led to an increase in the number of questions that patients ask about their health condition or care.	7 (21%)	11 (33%)	10 (30%)	5 (15%)
7. Ask Me 3 has helped raise awareness of health literacy concerns among staff in this clinic.	14 (36%)	19 (49%)	6 (15%)	--
8. Ask Me 3 has led to changes in the way that clinic staff interact with patients.	11 (33%)	15 (46%)	5 (15%)	2 (6%)

<sup>a</sup> N = 42

Roughly two-thirds of the respondents strongly agreed with two statements—that the Ask Me 3 project and materials were helpful to them as a health care professional and that they had recommended use of Ask Me 3 materials to patients—and none disagreed. These two statements elicited the most positive responses, overall, when compared to the other statements.

Just under half of the responding staff strongly agreed that the Ask Me 3 project and materials are helpful for patients.

There was somewhat less agreement, however, with the remaining statements about the effects of the Ask Me 3 intervention. Roughly one-third of respondents strongly agreed that Ask Me 3 had led to an increased awareness of health literacy among patients and among center staffs, and that Ask Me 3 had changed the way that center staff interacted with patients.

Perhaps most telling for this project is the finding that center staffs were least positive about whether the intervention had led to an increase in the number of questions that patients asked during their medical visit. Only 21% of the respondents strongly agreed with this statement, and respondents were more likely to disagree (30%) or strongly disagree (15%) with this statement than with the other statements.

Further analysis revealed no statistically significant differences in the way that physicians, nurses, and others responded to these questions, nor were there significant differences between the responses of the staff from the three sites.

Responses did not differ based on whether respondents had taken part in the Ask Me 3 training and orientation, or what part they had played in the pilot project.

In addition, center staffs were asked several open-ended questions. The responses are summarized here; complete responses are included in Appendix I. The majority of individuals completing the surveys had direct involvement in the project. For example, they distributed Ask Me 3 materials and/or discussed the program with patients.

In response to a question about barriers and strategies for improving the program, many of the respondents stated that there were no barriers. Several individuals explained that the only barrier was the patients' reluctance to ask questions. A majority suggested that having someone talk individually with patients to encourage them to ask questions was the best strategy.

There appeared to be some agreement that the primary care provider needed to be more involved in helping patients be more responsible for their own health. Responding staff also suggested that Ask Me 3 was a good tool for encouraging patients to ask questions which should help them improve their health.

### **Evaluation Limitations**

The study design had several limitations. First, health centers were not randomly assigned to each condition; rather they self-selected into either the basic social marketing or the enhanced social marketing plus condition. Second, the samples of patients to be surveyed at each center were originally planned as systematically-drawn random samples, but the obtained samples were closer to convenience samples. Third, post-program data collection was never carried out at comparison health centers where the Ask Me 3 program was not implemented. In addition, community health centers were only active participants for an average of eight months which may mean that some patients in the post-test sample were not exposed to the intervention since they may not have had an appointment during the pilot project.

The limitations of the quasi-experimental design used in the pilot project make it difficult to isolate the reasons why activation scores changed in the enhanced social marketing plus centers and did not change in the basic social marketing sites. These limitations include: a) it was only possible to test average changes in activation over time; b) the patient samples from the participating health centers differed considerably; c) there was not a comparison condition involving centers that did not implement Ask Me 3; and d) the patient samples were not randomly drawn.

In addition, there may be important variables not measured in this project which have a bearing on the project results. For example, this project did not assess patient education or literacy levels, both of which are associated with patient engagement.

The literature suggests that patient activation is related not only to patient knowledge, skills and attitudes, but also to patient behavior and ultimately to health outcomes. However, this project did not directly assess—by objective means or by self-report—changes in either patient behavior or in clinical outcomes, nor did it assess changes in provider behavior. Thus, for example, the study cannot say whether post-test patients exposed to the Ask Me 3 program asked more questions of their health care provider or showed improved health outcomes, nor does the study show whether the brief training in communication techniques provided to clinicians at the social market plus sites led them to change the way they interacted with their patients.

Finally, resource limitations compromised the ability to assess fidelity of implementation and to maintain uniform implementation of the two 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 playback, 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 clinician the three questions.

## Findings and Conclusions

Even with the important caveats, the pilot provided valuable 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 way to take a more active role in their own health care.

The social marketing plus sites fared somewhat better with an enhanced approach to implementing Ask Me 3. Again, however, there is no evidence that the intervention motivated patients to ask questions.

*Patient Perception of the Clinical Visit.* The average clinical visit score, primarily measuring patient satisfaction with the visit, was significantly lower (3.4 points on a 24-point scale) after implementation of Ask Me 3 at the enhanced social marketing plus centers; there was no difference in the mean clinical visit score for the basic social marketing samples. Thus, at the social marketing plus centers, respondents surveyed after Ask Me 3 viewed their visit with their health care provider less positively than respondents who were surveyed prior to the implementation of Ask Me 3. This finding may suggest that patients exposed to Ask Me 3 have higher expectations of their providers and how they communicate with them. Additional study is needed to confirm this hypothesis.

### 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 plans may increase patient expectations about her clinical encounter with her provider.
- ✓ Exposure to Ask Me 3 raised awareness among patients and center staffs about health literacy challenges and the need for better communication.

*Patient Activation.* The Patient Activation Measure™ is designed to assess an individual’s knowledge, skill and confidence in managing his or her health in a range of situations. Comparison of the pre- and post-test difference in mean activation shows that at the enhanced social marketing plus sites, the mean activation score is significantly higher following Ask Me 3 while there was no difference at the basic social marketing sites. It is not clear whether this 3.9 point increase on a 100-point scale would be clinically relevant. Nonetheless, the findings suggest that the enhanced approach—where center staff speak individually to patients about the program—could improve patients’ engagement in their own care. Again, additional study is needed to confirm this finding.

*Provider Perceptions.* Clinical staff at two sites responded to the provider survey. These providers, in general, believe that their patients are usually willing to share their concerns during medical visits and want to know about proposed treatments and procedures. Conversely, clinicians indicated their patients were less likely to take action on their own to understand, maintain or improve their health. Responding providers observed that few patients bring a list of questions with them and few engage in activated behaviors, such as asking questions or for information to be repeated, that would help ensure that they understand what their doctor is telling them.

*Staff Awareness about Health Literacy.* Staff at several of the centers reported that they thought the pilot increased awareness among patients and center staff about issues associated with low health literacy. Center staff also reported that Ask Me 3 was a good tool that was easy to use. Several center staff reported that they used the three questions during their own medical visits and that they encouraged their family members to use the three questions.

At one of the social marketing sites, a doctor used the three questions to change the flow of his office visit and structure the information that he gave to his patients. For example, upon completion of the exam, the doctor might say: “You have a severe sinus infection (i.e., what is my main problem?). To help you get better, you need to fill this prescription for antibiotics. Please make sure that you take all of the pills, even after you start to feel better (i.e., what do I need to do?). If you don’t take all of the pills, then the infection might get worse and could infect your heart (i.e., why is it important to do this?).”

*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 the chief executive officer, the medical director, and/or the center director, it appeared that brochures were more readily available, posters with the tear-off information sheets were more likely to be posted in prominent locations, the patient DVD was usually playing in the primary waiting room, and key tags were available in examination rooms. In two sites, mid-level managers ensured that these tasks were completed. Leadership at the two social marketing plus sites exhibited limited effort to encourage clinical staff to remind patients about Ask Me 3 and encourage them to ask questions or to use more effective communication strategies with their patients.

*Materials and Training.* All of the materials used with the Ask Me 3 pilot project were well received. Patients and staff found the brochure easy to read and understand. The posters with tear-off information sheets were widely used at the two large urban sites. Patients picked up the key tags with the three questions regularly.

Reactions to the four-minute patient DVD, demonstrating a doctor and patient using the three questions during a visit, were very positive during the center staff orientation session and initially in the main patient waiting rooms. The DVD was played in a continuous loop, all day, every day. Center staffs reported that the use of a real Wisconsin doctor was helpful. After the first few weeks, however, the receptionists in two small centers reported that the constant repetition of playing the DVD on a continuous loop was annoying. In one center, patients found it so bothersome that they turned it off.

The center staff orientation DVD was also very successful. Staff repeatedly stated it was much more interesting than having someone talk to them and they appreciated the two practicing physicians that starred in the DVD. Center staffs also had positive comments about the brevity of the orientation session and appreciated being given their own copy of the brochure and the PowerPoint slides and having the opportunity to view the patient DVD.

The in-service training for clinical staff was well-received. Interviews with several of the participating staff indicated that additional training may be needed for implementing the suggested approaches with their low-income patient population.

*Support and Technical Assistance.* The Ask Me 3 pilot project was designed as a simple intervention, in part to make the program easy to implement and manage and in part to minimize resource requirements. Initial implementation, excluding scheduling, was fairly easy to accomplish. Brochures were mailed directly to the participating centers from the printer. DHS delivered the posters, the DVDs and key tags at the time of the center staff orientation. Center staffs reported it would have been helpful to have more on-site support and technical assistance throughout the pilot.

*Staff Surveys and Feedback.* All staff at the project centers was initially quite enthusiastic about the Ask Me 3 project. They were active participants in the orientation and expressed commitment to providing quality care to their patients. All center staff are also very busy and they found it difficult to find time to complete written surveys and provide formal feedback. The most successful approach for gathering feedback was an informal luncheon for all staff at one urban center with a complimentary lunch for completing the post-implementation survey. Due to time constraints, this approach was not used at the other sites.

## **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.<sup>47</sup> Consistent with findings from the two 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 nurse rather than the doctor or physician's assistant.<sup>48</sup> 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"<sup>49</sup> when approached with an Ask Me 3 brochure.

Customer service representatives who spoke individually to patients at one of the enhanced 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.<sup>50</sup> The feedback survey revealed that center staff perceive that one of the biggest barriers [to asking questions] is "the patient themselves. Most of

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<sup>47</sup> Rebecca L. Sudore, MD, and Dean Schillinger, MD. "Interventions to Improve Care for Patients with Limited Health Literacy." *J Clin Outcomes Manag.* 2009 January 1: 16(1): 20-29.

<sup>48</sup> University of Wisconsin-Oshkosh—Center for Career Development and Employability Training. *BadgerCare Plus Focus Groups Summary—2007.*

<sup>49</sup> Internal notes from customer services representatives at one social marketing plus site.

<sup>50</sup> Internal notes from evaluation staff.

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."<sup>51</sup>

These comments suggest that education about the importance of asking 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 healthcare provider.”<sup>52</sup> 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.”<sup>53</sup> 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.”<sup>54</sup>

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 by 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-test surveys seemed to suggest that this is true. At the same time, however, the evaluators’ notes reveal that none of the clinical staff who were 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 them. As with patients, it appears that education about low health literacy alone is insufficient to change the behavior of health care providers.

The training for clinicians in evidence-based communication strategies with patients was very brief. More in-depth training with additional discussion about the research that supports the proposed practices may have produced a better result. It may also have been helpful to allow sufficient time for participants to role-play or practice the proposed approaches. For example, in briefly discussing the teach-back method with one physician at one of the social marketing plus sites, he admitted that rather than asking his patients to repeat information back to him, he simply asked whether they understood what he had told them.

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 pre-test surveys 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 sustain morale with regard to the program, and increased the ability to encourage all center staff to urge patients to ask questions.

## **Implementation Guidance**

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<sup>51</sup> Individual quote from feedback survey of center staff at one social marketing plus site.

<sup>52</sup> University of Wisconsin-Oshkosh—Center for Career Development and Employability Training. *WCHQ Focus Group Report—Project Summary*. 2008.

<sup>53</sup> Individual quote from feedback survey of center staff at one social marketing plus site.

<sup>54</sup> Sharon Barrett, Jennifer Sheen Puryear, and Kathie Westpheling. *Health Literacy Practices in Primary Care Settings: Examples from the Field*. The Commonwealth Fund. January 2008.

The Ask Me 3 pilot project incorporated numerous strategies suggested in the literature as effective for improving patient satisfaction with medical visits and improving patient-provider communication and 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 clinical champion early. This individual might ideally 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 materials in convenient locations throughout the center. At a minimum, organizations implementing Ask Me 3 should consider identifying at least one individual who will be responsible for ensuring that patients are encouraged to ask and understand the answers to the three key 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.
4. Consider providing additional training on evidence-based communication strategies for all clinical staff. Responses to the provider survey and observations suggest that both the patient and the provider need new approaches for sharing important information with each other. This may include working with clinicians to frame instructions in the form of the Ask Me 3 questions. Or, it may involve innovative teaching strategies. At a minimum, it requires active engagement by clinicians, including intentional feedback, e.g., are you using the new tools/strategies?
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 visit. It would be helpful if the DVD were also available in Spanish and Hmong. Center staffs 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 a specific condition and what the patient needs to do to improve his health. Center staffs 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 appeared to be popular both with patients and with center staffs.
6. If feasible, one-on-one or group patient coaching appears to be needed to explain 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 is wrong with him, what he needs to do to improve his health, and why such actions are important. Center staffs suggest 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 provider's instructions.

**Concluding Remarks**

The Ask Me 3 pilot project had very ambitious goals for a very simple and low-intensity intervention. The pilot partners are committed to continued exploration of effective strategies for improving communication and addressing the impacts of low 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.

## **Appendices**

Appendix A	BadgerCare Plus Focus Groups Summary-2007
Appendix B	WCHQ Focus Group Report—Project Summary
Appendix C	Ask Me 3—Summary of the Research Findings
Appendix D	Clinic Profiles
Appendix E	Ask Me 3 Materials
Appendix F	Memorandum of Understanding
Appendix G	Evaluation Methodology—Technical Notes
Appendix H	Patient Activation Measure™ Staff Feedback Instrument
Appendix I	Responses from Staff Feedback Survey
Appendix J	References

## **Appendix A—BadgerCare Plus Focus Groups Summary - 2007**

### **Introduction**

BadgerCare Plus Focus Groups were held in six cities across Wisconsin, representing approximately 14 communities, between October 2, 2007 and October 22, 2007. Agencies within each community, such as Head Start, Joining Forces for Families, UMOS, United Way, Western Dairyland, and Family and Community Partnerships, assisted with inviting individuals to participate. The questions that participants were asked and their answers were recorded by category. Although the focus groups varied in numbers, the answers and concerns were consistent from location to location.

This report summarizes the overall findings. Detailed notes for each question are reported in a separate document.

### **Individual Incentives**

The participants reported that they often did not participate in healthy behaviors due to lack of time, money and child care. The influence of family and friends tended to affect the motivation of the participating individuals. Money to purchase fresh foods and the time and knowledge of preparation were common discussion items relative to good eating habits; and lack of child care, motivation, and the influence of family and friends caused people to choose not to exercise regularly. All groups were well aware of the health concerns due to lack of dental care, and all expressed strong concern for the lack of available dentists in their respective areas.

Motivational elements most often expressed were having child care available, as well as family and friends for encouragement and support. Having healthy food available at a lower cost or from food pantries was also important to create a more healthy diet.

Although the groups suggested an array of rewards or incentives, they were not able to verbalize a particular amount that would provide the motivation necessary to invoke change. “Discounts” and “free” were words often heard; discounts on memberships, discounts on healthy food, free classes and support services, were among the suggestions. A number of participants expressed that you “need to make your own decisions,” and those decisions cannot be forced. Participants often expressed the need to have child care costs covered or child care on-site in order for them to participate in exercise activities. In order for participants to quit smoking, they felt that “patches” and classes should be provided by BadgerCare. Medicaid co-payments are a concern for many participants, and reduction or forgiveness of co-payments is seen as an effective incentive to change.

Elements that have encouraged change in the past included the well-being of their children; e.g., “nagging” of the children, setting a poor example for the children, wanting to see their children grow up, and the need to care for their children.

The well-being of their children was of great importance to all participants. Rewards or incentives suggested for the children invariably included discounted costs for activities at schools, health clubs, dance, gymnastics, and swimming classes. Although many thought that providing sporting equipment was good, there were concerns that this equipment would be sold or stolen. Several participants believed that having facilities available for children and parents to do activities together was a better option.

When asked how they would like to learn about reward/incentive programs, many answers centered on information sent home from school or provided in person, usually at doctors’ offices. Also suggested were having brochures and posters available at places they frequent, such as Workforce Development

Centers, schools, and grocery stores. Enthusiastically, all agreed that any written material had to be distinctive, bright-colored, short and attractive, with content being boldly identified. Several groups suggested having small groups with motivational speakers and available child care.

### **Healthy Living Pledge**

Virtually all participants felt that the Healthy Living Pledge was clearly written. In each group, someone suggested that it be available, not only in English, but also in Spanish and Hmong.

There was no consensus, however, on whether or not they would sign the pledge. Reasons given for signing the pledge included being more healthy for my children, the form makes you think about being healthy, it is a good reminder, and I would be doing something for myself and my family. Those who did not feel they would sign cited that there was not enough incentive to sign, although they did not state what the appropriate incentive might be; they felt as though they would be “forced” to sign, or there would probably not be follow-through on it anyway. The form did inspire many suggestions. Comments included that it would be beneficial to let the children read or know about the pledge, as the children encourage and support the effort. They also felt that they should keep the form and hang it on the refrigerator or in a prominent place as a reminder. Many felt strongly that they would not want to give the form to the doctor, as the doctor wouldn’t care, but giving it to a spouse or someone close would be more helpful. Many indicated that the form is not personal enough. They suggested that the form have check boxes instead of bullet points, so they could indicate the individual change(s) that they would want to work on, which would make it more individual and useful. One participant suggested that writing the pledge rather than having it pre-printed would make the pledge mean more to her.

Those who indicated they would sign the form thought that it would help them to change some behaviors, however they often stressed the individuality of the form, the support and participation of family members and people close to them, and the need for reinforcement and accountability for follow-through as being highly necessary for success.

Most participants felt that they would not read or sign the document if it were given or mailed to them within a packet of materials. Again, this was because it was not individual or personal enough. They thought that receiving it separately in the mail at a later time might be better; however it being presented personally from someone who discussed it with them would be the most effective.

Most people felt that they would be the most willing to sign the form after thorough discussion with a doctor, nurse, insurance contact person or a loved one. Most suggestions stated that the form need to come from the doctor, but not left with the doctor.

### **Health Literacy/Education**

Nearly all participants felt that the brochure was clear and easy to read. They also felt that it would be helpful the next time they went to the doctor. Comments included the language was simple, the questions easy to remember, it reminds us of questions to ask, and it would be helpful to track medications. A suggestion was to add a fourth question, “What caused the problem?”

Although many felt that they would ask these questions in the future, they preferred to ask the nurse rather than the doctor. Others felt that it was still too stressful to ask the questions, citing fear of the doctor, lack of time of the doctor, and being afraid to hear the answers or maybe not understand the answers.

If individuals indicated that they would ask the questions, they also indicated that this would help them to be more in control of their health care, however, there still seemed to be a concern that they would not really understand the words used in the explanation.

Participants indicated that the questions were easy to remember. They suggested that having the questions on a wallet card, on a key chain tag, or on a refrigerator magnet would help to remind them.

In general, the participants indicated that they are interested in learning more about their health and the health of their children. Most indicated that they do not read brochures or newsletters sent from their health plan. They indicated that they nearly always read information sent home from their children's school. Again, they pointed out that written material needs to be eye-catching. There were several suggestions that classes or small groups be provided for them to learn about various issues, such as ADD, ADHD, diabetes, cooking for kids, and teaching the parents and children to cook together. It is important that child care be available or provided during these group classes. They also indicated that they need to be informed of the groups at least two weeks ahead of time and reminded as the date came closer. It was suggested that these types of short programs be included in some of the W-2 classes and activities.

### **Additional Concerns/Suggestions**

There were several comments and concerns that, although not in direct response to the questions of the program, need to be conveyed. Following are those comments:

- The lack of the availability of dental care was a strong concern across the state. Very few dentists take Medicaid recipients, and if they do, the appointments are few.
- There is concern that BadgerCare be continued past the time that a participant gets a job and before company health insurance is available.
- Over-the-counter medications are expensive. Could BadgerCare provide some relief for those costs?
- Could more appealing eye-glass frames be available for BadgerCare recipients?
- A Milwaukee participant expressed concerns that there is not adequate supervision or programming at the Boys and Girls Clubs. Teenagers without proper training are in charge and do not take part in leading the programs adequately. They feel that these places may not be safe for their children.

### **Conclusion**

At all sessions, there was appreciation expressed that the state was willing to hear their opinions. Some said the sessions should have been longer, that they would have come even without the payment, and they would like to participate in more sessions. In almost all sessions, the participants were engaged and participating, although some always are willing to speak more than others.

## Appendix B—WCHQ Focus Group Report—Project Summary

In March and April 2008, the University of Wisconsin-Oshkosh, Center for Career Development and Employability Training (CCDET) conducted a series of six focus group sessions throughout Wisconsin under contract with Wisconsin Collaborative for Healthcare Quality (WCHQ) funded as a part of the Robert Wood Johnson Foundation's *Aligning Forces for Quality* initiative. The purpose of the focus group sessions was to (1) gather information to better understand the healthcare information needs and preferences of Medicaid-BadgerCare members and (2) recommend strategies and tools to help individuals with taking a more active role in their health and healthcare with a particular focus on the Ask Me 3 communication tool and the WCHQ website.

Participants in the study included 122 individuals who were eligible or potentially eligible for the Wisconsin Medicaid-BadgerCare Program. The participants represented various ethnic backgrounds, ages, household compositions, and perspectives. The group sessions were held in Green Bay, La Crosse, Madison, Milwaukee, Racine, and Wausau.

The healthcare information needs and preferences identified during the 90-minute focus group sessions ran the gamut from concerns about healthcare insurance access and coverage of services to use of emergency room services and medications as well as preventative healthcare to monitoring chronic illnesses and diseases. Each focus group was filled with rich information. The key research findings included:

- While a wide range of healthcare information sources are currently in use by the participants, some resources were reported to be more accessible and readily available. An example of a resource available to some extent across Wisconsin is the “211” telephone service administered by the United Way. One community has publicized this resource extensively and most participants were aware of it and had used it.
- Participants suggested that healthcare information be made available to them in small, easily understandable bits of information at the time they need it and through existing and easily accessible communication channels. They strongly suggested making information available through agencies and community groups they are already familiar with and using. A number of suggestions were made by the participants on how information could be distributed including in-person short presentations at places they already frequent, posters in areas where people often wait (laundry mats, grocery stores, bus stops, buses, etc), reminders that are text messaged to cell phones, and through healthcare providers.
- Many participants felt that the Ask Me 3 document could be used effectively to enhance communication with their medical provider. It was important the use of the document be supported, encouraged, and valued by the healthcare provider. A number of suggestions were received on how the document could be modified to be more easily carried such as creating small booklets that can fit in a purse and cards that can fit in a wallet.
- Nearly half of the participants reported having internet access and using the WebMD site, but were unaware of the WCHQ website. After discussing screen prints from the WCHQ website many of the participants requested that the information be made more user friendly and “fun” by providing a summary, having a simpler format for different levels of understanding, updating it more regularly, and including alternate languages such as Spanish and Hmong.

## Appendix C—Ask Me 3—Summary of the Research Findings

- I. **Who:** Virginia Mika, PhD, MPH, Faculty Associate  
South Texas Health Research Center  
University of Texas Health Science Center at San Antonio
- Where:** Pediatric health center
- What:** Survey of 393 parents, including 31 percent who were Spanish-speaking only; Ask Me 3 implementation included posters and making brochures available
- Results:** About half of the parents surveyed said they knew about Ask Me 3; about half of this population (n = 100) asked the three questions. In-depth interviews found that the program encouraged them to ask questions and Ask Me 3 helped them remember what questions to ask. Parents also felt the doctors spent more time with them even though the study did not show any increase in the length of the office visit.

*Source:* Mika VS, PR Wood, BD Weiss, and L Trevino. "Ask Me 3: Improving Communication in a Hispanic Pediatric Outpatient Practice." *J Am J Health Behav.* 2007. Sept-Oct. 31 Suppl 1:S115-21.

- II. **Who:** American Academy of Family Physicians
- Where:** Primary care clinics
- What:** Survey of 21 physicians who used Ask Me 3 compared with 17 who did not use Ask Me 3
- Results:** Intervention group reported higher levels of visit satisfaction; more than half of the intervention physicians stated that their own communication with patients would improve when their patients asked at least one of the three questions; 65 percent of the 443 patients who used Ask Me 3 reported improved communication with their provider. The study did not find any increase in the length of the visit.

*Source:* <http://www.pfizerhealthliteracy.com/physicians-providers/pchc-askme3.html>. (accessed December 18, 2007).

- III. **Who:** Duncan Howe, PhD  
Office of Research and Special Projects  
University of South Carolina School of Medicine
- Where:** Three family primary care settings
- What:** Survey of 250 patients with hypertension; half who received Ask Me 3 materials and half who did not
- Results:** No difference in blood pressure readings between the two groups; no difference between groups in perception of their physical or mental health; little difference between groups related to communication with the provider or use of the medical system. Study did not find that using Ask Me 3 in isolation from other efforts to improve communication made any difference.

*Source:* Howe, Duncan, PhD. "Testing the Effect of Ask Me 3 Method on Patient Self Management in a Primary Care Setting." Unpublished paper.

- IV. **Who:** University of Iowa

- Where:** Small in-patient surgical unit of a community hospital
- What:** Pre/post-survey of inpatients; adapted Ask Me 3 posters and brochures; nurse reviewed materials with patient and answered questions at time of admission assessment; physician not involved.
- Results:** Significant increases in patient satisfaction; patients felt better informed about their conditions; and had improved communication with staff; most statistically significant increase were in the areas of information given to the family and instructions given by staff for care.

*Source:* *Quality Matters*. The Commonwealth Fund, Nov 16, 2006. vol 21.

[http://www.commonwealthfund.org/publications/publications\\_show.htm?doc\\_id=424780](http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=424780)

(accessed January 25, 2008).

- V. **Who:** American Academy of Family Physicians National Research Network
- Where:** Clinic
- What:** Patient self-report of taking prescribed medications; involved 830 patients of which 535 received prescriptions. These individuals were divided into two groups, one group received training on the Ask Me 3 materials; the second group did not.
- Results:** Preliminary results showed no change in frequency of filling or taking medications. The study also found marginal improvement in patient satisfactions with the visit.

*Source:* American Academy of Family Physicians National Research Network. Unpublished paper.

## Appendix D—Center Profiles

### Bridge Community Health Clinic

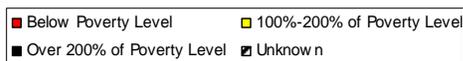
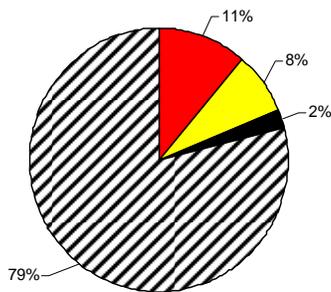
#### Wausau

Established in 1995, the Bridge Community Health Clinic provides community oriented primary health and oral health services to an increasingly diverse population in Wausau and surrounding communities. In addition to primary care, Bridge health care professionals offer case management services to encourage planning for care throughout illness to full health. Skilled, culturally competent staff provide care in the context of each patient's unique social, cultural and spiritual needs.

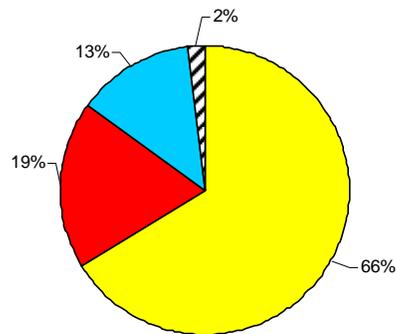
#### Services and Programs

Primary and preventive health care	24-Hour and weekend care
Comprehensive dental & oral health care	Radiology & laboratory on site
Pediatrics	Obstetrics
Prenatal & diabetes case management	Prescription Drug Assistance
Mental health counseling services	Hmong, Spanish, and Laotian translation
Transportation services	

**Patient Income Status 2008 Data  
Bridge Community Health Clinic**



**Patient Insurance Status 2008 Data  
Bridge Community Health Clinic**



#### Patient Demographics 2008

Asian/Pacific Islander	19%
Black/African American	2%
American Indian/Alaskan Native	1%
White	77%

#### Ethnicity

Hispanic/Latino	5%
Others/unreported	95%

#### Health Center Utilization 2008

Total Patients	5,917
Total Encounters	19,130
Medical Patients	2,247
Medical Encounters	6,737
Dental Patients	4,049
Dental Encounters	12,393

# Community Health Systems, Inc.

## Beloit Area Community Health Center

## Racine Community Health Center

Community Health Systems, Inc., established in 1999 as the Beloit Area Community Health Center (BACHC), continues to grow, adding primary health care sites in Janesville in 2006, in Racine in 2007, and a new dental center in Darlington in 2008.

### Services and Programs

Primary health care

Behavioral health services

Chronic illness treatment

Teen health

STD/HIV testing

Health education

Dental and oral health care

Geriatric counseling & treatment

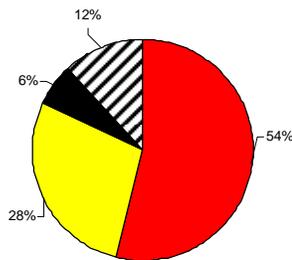
Women's health, including family planning

Urgent care and after hours services

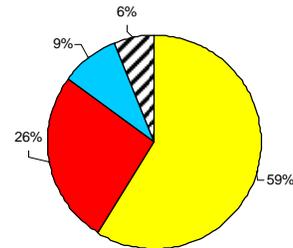
403B pharmacy program

School & sports physicals

**Patient Income Status 2008 Data**  
Community Health Systems, Inc.



**Patient Insurance Status 2008 Data**  
Community Health Systems, Inc.



### Patient Demographics 2008

Black/African American	19%
White	49%
More than one race	3%
Unreported	29%

### Ethnicity

Hispanic/Latino	27%
Unreported	73%

### Health Center Utilization 2008

Total Patients	11,628
Total Encounters	33,087
Medical Patients	7,550
Medical Encounters	20,744
Dental Patients	4,206
Dental Encounters	9,468
Behavioral Health Patients	398
Behavioral Health Encounters	2,287

**Family Health Center of Marshfield, Inc.**  
**Phillips Center**  
**Mercer Center**

The Family Health Center of Marshfield, Inc. began operation in 1974 to address the health care needs in rural north central Wisconsin. It is a unique community health since it is a prepaid health program with primary care delivered through Marshfield clinics and an affiliated network of doctors, hospitals, and dentists. Today, the Family Health Center supports 19 service delivery sites providing primary health care and dental care to a predominantly rural, low-income population.

**Services and Programs**

Primary health care

Dental and oral health care

Health education and promotion

Diabetes care

Behavioral health services

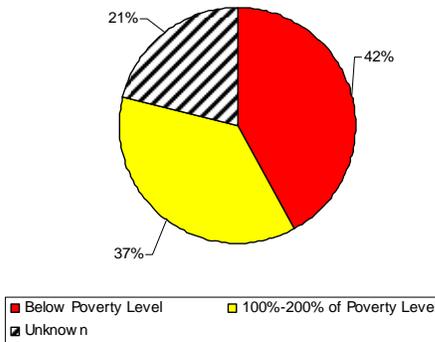
Immunizations

Medicaid out stationing (enrollment)

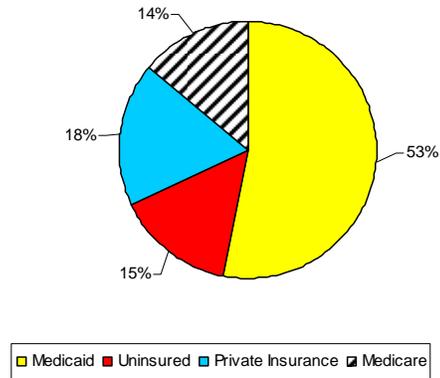
Pharmacy/medications

Reach Out and Read

**Patient Income Status 2008 Data**  
**Family Health Center of Marshfield, Inc.**



**Patient Insurance Status 2008 Data**  
**Family Health Center of Marshfield, Inc.**



**Patient Demographics 2008**

White	16%
Unreported	84%

**Ethnicity**

Hispanic/Latino	1%
Unreported	99%

**Health Center Utilization 2008**

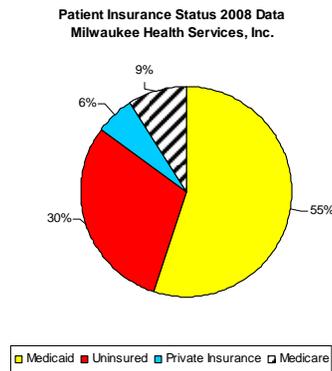
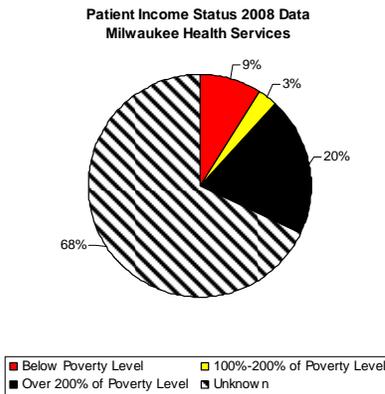
Total Patients	55,836
Total Encounters	330,253
Medical Patients	40,571
Medical Encounters	233,941
Dental Patients	21,589
Dental Encounters	59,198
Behavioral Health Patients	3,412
Behavioral Health Encounters	15,331

**Milwaukee Health Services, Inc.**  
**Isaac Coggs Heritage Health Center**  
**Martin Luther King, Jr. Heritage Health Center**

Milwaukee Health Services, Inc., originally known as the Isaac Coggs Health Connection (IHC), was established in 1989 by a small group of community leaders seeking to provide primary health care services for the African American population Milwaukee's central city. By 1990, IHC was designated a federally qualified health center. In 1995, IHC changed its corporate name to MHSI and constructed the MLK site. In 2006, MHSI purchased an existing clinic on the city's Northwest side and renamed it Isaac Coggs Heritage Health Center. In 2009, MHSI plans to open a convenient care clinic in a popular, well-established, minority-owned grocery store.

**Services and Programs**

Family practice	Behavioral Health Services Center	Pharmacy
Foot Care Clinic & Podiatry	Patient Assistance Program	Midwifery
Medicaid enrollment assistance	Diabetes care	Pediatric Clinic
HIV/AIDS Early Intervention Program	Laboratory/Diagnostic services	OB/GYN services
Infectious disease management	Nutrition counseling	Radiology
Prenatal care coordination	Oral Health Clinic	Mammography
Women's Health Clinic	Well Women Program	WIC Program
Bariatric counseling	Benefits assistance	Social Services



**Patient Demographics 2008**

Asian/Pacific Islander	1%
Black/African American	86%
American Indian/Alaskan	12%
White	1%

**Ethnicity**

Hispanic/Latino	4%
Unreported	96%

**Health Center Utilization 2008**

Total Patients	30,129
Total Encounters	95,225
Medical Patients	27,820
Medical Encounters	77,615
Dental Patients	5,305
Dental Encounters	9,727
Behavioral Health Patients	2,144
Behavioral Health Encounters	6,579

## Appendix E--Ask Me 3 Materials

**Write down the answers to your questions below.**

**1** What is my main problem?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2** What do I need to do?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3** Why is it important for me to do this?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Ask Me 3™ is a program to help people start talking to their doctors, nurses, and pharmacists. Getting answers to the 3 questions will help you learn what you can do to get better and stay well. Your clinic and other groups are working together on the Ask Me 3 program.






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 education around the issue of low health literacy and its effect on safe care and health outcomes.



# Ask Me 3™

**Ask Your Doctor,  
Nurse, and Pharmacist:**

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

**Good Questions  
for your HEALTH**





### To Take Care of Your Health

you need to know:

- \* About your health problem
- \* What you need to do to feel better and stay well
- \* What is important for your health

Your doctor, nurse, and pharmacist want to help you feel better and stay well.

**Asking Questions** can help you learn what you need to do to be healthy.

At the end of every visit, ask your doctor, nurse, and pharmacist 3 questions about your health:

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

### Don't be Nervous or Afraid to ask questions.

Your doctor, nurse, and pharmacist want you to know what you can do to feel better and stay well.

If you don't understand what the doctor, nurse, and pharmacist has told you, it is important to tell them. You might say:

**"This is new for me. Will you please tell me again or write it down for me?"**

At the end of every visit to the clinic or the drug store, make sure you have the answers to these 3 questions:

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

### Good Questions for your HEALTH

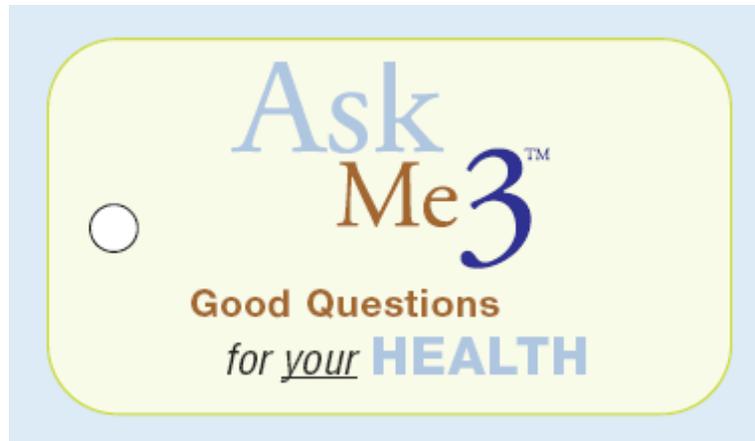
### Tips for Talking with Your Doctor, Nurse, and Pharmacist:

There are simple things you can do to help take care of your health when you see your doctor, nurse, and pharmacist.

#### Which things will you do?

- Ask the 3 questions during my visit. Tell my doctor, nurse, and pharmacist if I don't understand what they told me.
- Bring a list of questions I have about my health problem or my medicines.
- Bring a list of all my medicines to my doctor visit.
- Bring a family member or friend to help me at my doctor visit or at the drug store.





- Ask Your Doctor,  
Nurse, and Pharmacist:**
- 1** What is my main problem?
  - 2** What do I need to do?
  - 3** Why is it important for me to do this?

### Ask Your Doctor, Nurse, and Pharmacist:

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

Good Questions  
for your **HEALTH**

Ask  
Me<sup>3</sup>

### Tips for Talking with Your Doctor, Nurse, and Pharmacist:

There are simple things you can do to help take care of your health when you see your doctor, nurse, or pharmacist.

#### Which things will you do?

- Ask the 3 questions during my visit.
- Bring a list of questions about my health problem or medicines.
- Bring a list of all my medicines to my doctor visit.
- Bring a family member or friend to help me.

## Appendix F

**MEMORANDUM OF UNDERSTANDING**  
**Department of Health Services**  
**Office of Policy Initiatives and Budget**  
**and**  
**Martin Luther King Heritage Health Center**

**Scope of Work**  
**November 2008 — July 2009**

### 1. Purpose

The purpose of this memorandum between the Department of Health Services (DHS) and Martin Luther King Heritage Health Center (Clinic) is to facilitate implementation and evaluation of the Ask Me 3 program which is designed to increase patient involvement in their own care, improve patient satisfaction with their visits, and improve health outcomes by increasing patient understanding.

The Clinic has agreed to implement the Ask Me 3 program following the ‘Social Marketing’ model.

### 2. Responsibilities

*The DHS will be responsible for the following:*

- a) Providing an orientation to Ask Me 3 and health literacy
- b) Providing Ask Me 3 materials for patients for the initial six months of the pilot
- c) Providing an Ask Me 3 video for the main waiting room
- d) Conducting an evaluation of the Ask Me 3 program in the clinic
- e) Providing technical assistance and support for the initial six months of the pilot
- f) Maintaining patient confidentiality at all times

*The Clinic will be responsible for the following:*

- a) Arranging an all staff meeting for the orientation
- b) Distributing Ask Me 3 materials to patients
- c) Playing the Ask Me 3 patient video in the waiting room
- d) Displaying Ask Me 3 materials
- e) Distributing surveys to selected patients following instructions provided by DHS, and if needed, allowing translators to assist patients to complete the survey at the end of their healthcare visit
- f) Providing information as requested by the evaluators to facilitate evaluation of the pilot
- g) Providing assistance in arranging surveys of providers
- h) Informing DHS as soon as possible of any questions or problems related to these activities

*The Clinic further agrees to the following:*

- i) The clinic will not distribute the Ask Me 3 video to other clinics, organizations, or individuals for any purpose without the express permission of DHS.
- j) During the six month period of the pilot project, the clinic will not make changes to the Ask Me 3 project model initially agreed to, without the express permission of DHS.

### 3. Duration

This agreement is effective beginning November 1, 2008 and will terminate on October 31, 2009.

\_\_\_\_\_  
Cheryl McIlquham, Director  
Office of Policy Initiatives & Budget, DHS

\_\_\_\_\_  
Martin Luther King Heritage Health Center

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

## Appendix G—Evaluation Methodology-Technical Notes

### 1. Cross-Site Variations in Project Implementation and Evaluation

There were variations in the implementation of the social marketing plus approach to Ask Me 3 and in the evaluation process at each participating health center.

At the two social marketing plus sites, clinical staff received a brief training on ways to communicate more effectively with their patients. At Site 5, but not Site 2, most patients also received one-on-one information about Ask Me 3 with customer service representatives speaking individually to patients in the waiting area about the program and encouraging them to ask their clinician the three questions.

It was necessary to adapt the data collection process in order to accommodate available resources as well as the specific circumstances of each center at the time of data collection. Variation in procedures took one of two forms:

- a. Whether surveys were administered while the evaluation team was on-site or gathered by the center staff and mailed to DHS, or both. At four sites during pre-testing, and at two sites during post-testing, data collection was begun while the evaluation team was on-site and the center staff completed data collection after the evaluation team left, and then mailed the completed surveys to DHS. At Site 6, all post-test surveys were obtained by center staff and mailed to DHS.
- b. Who informed patients about the project, distributed the survey to patients, and collected the completed surveys. At three sites, reception staff informed arriving patients that they would be asked to complete a survey about their visit with the doctor; a member of the evaluation team intercepted patients who had seen the doctor as they were about to leave the center, requested their assistance and had patients who were willing to participate complete the survey.

At Sites 4, 5 and 6, surveys were distributed by medical assistants as they showed patients to the exam room; the medical assistant asked each patient to complete the survey after seeing the doctor and return it to the evaluation team located in the waiting area. At Sites 4 and 5, the influx of arriving patients and other workload issues sometimes made it difficult for center staff to handle survey distribution in addition to their regular duties. Therefore, at these two centers, some surveys were distributed by staff, and the evaluation team also intercepted patients in the waiting area to solicit their participation.

### 2. Project Design

The Ask Me 3 pilot project used a separate samples pre/post design. In a standard pre/post design, multiple observations are gathered from each member of a sample before and after exposure to a treatment or intervention and the change that occurs for each individual from pre-test to post-test is analyzed. In a separate samples design, the researcher uses one sample of individuals for the pre-test and a different sample is taken from the same population at a later time for the post-test. Thus, data is obtained from each individual only once, and the change in group means over time is tested. This design is suitable in situations where the researcher is unable to survey the same people for the post-test as for the pre-test, typically where there is a considerable turnover of participants over time and/or where it is difficult to track or follow up with the same individuals to obtain repeated observations.

### 3. Patient Activation: Results Including Cases Who Made Extreme Responses to the Patient Activation Measure™

As noted in the report, Insignia Health, which licenses the Patient Activation Measure™ (PAM), recommends that the scores of respondents who answer all thirteen PAM items with a “strongly agree” response (or who answer all the questions with a “strongly disagree” response) not be included in the data analyses, as they “are likely not responding in a truthful or accurate way.” In keeping with this recommendation, the report discusses the project findings when these surveys are excluded from the analysis. (Twelve percent of the pre-test respondents and 11 percent of the post-test respondents answered “strongly agree” or “strongly disagree” to all PAM items.)

For completeness’ sake, the same analyses are discussed here, including the individuals making extreme responses to the PAM items.

At the social marketing clinics, the mean activation score did not change after the introduction of Ask Me 3. However, at the social marketing plus clinics the mean activation score is significantly greater after the implementation of the enhanced approach to using Ask Me 3 (having someone speak directly to patients about the program).

**Table13: Mean Activation: Including cases with extreme PAM scores\***

Analysis		Pre-test Mean (n)	Post-test Mean (n)	Mann-Whitney Significance Level (p)	T-test Significance Level (p)
A	Social marketing centers (Sites 1, 3, 4, and 6)	68.1 (261)	67.2 (178)	.560	.559
	Social marketing plus centers (Sites 2 and 5)	66.0 (145)	71.1 (109)	.013	.022
B	Site 4 (social marketing)	68.9 (121)	66.3 (109)	.258	.270
	Site 5 (social marketing plus)	65.6 (112)	70.8 (90)	.025	.037
C	Sites 1 (social marketing)	70.0 (31)	72.2 (17)	.626	.632
	Site 2 (social marketing plus)	67.4 (33)	72.5 (19)	.273	.313
D	Sites 1, 3, and 6 (social marketing)	67.5 (140)	68.6 (69)	.545	.615
	Site 2 (social marketing plus)	67.4 (33)	72.5 (19)	.272	.313

\* These analyses exclude respondents who answered Strongly Agree or Strongly Disagree to all PAM items.

As part of the scoring process for the PAM, an individual is classified as being at one of four overall levels of activation based on his or her activation score. The percentage of respondents from this project with PAM scores falling into the four levels of activation is shown below for the social marketing and social marketing plus conditions.

**Table 14: Activation Levels Before and After Ask Me 3: Including extreme cases \***

Patient Activation Level	Social Marketing				Social Marketing Plus			
	Pre-test		Post-test		Pre-test		Post-test	
	#	%	#	%	#	%	#	%
Stage 1 May not yet believe that the patient role is important	17	6 %	16	9%	20	14%	5	5%
Stage 2 Lacks confidence and knowledge to take action	25	10%	22	12%	18	12%	11	10%
Stage 3 Beginning to take action	99	38%	55	31%	46	32%	35	32 %
Stage 4 Has difficulty maintaining behaviors over time	120	46%	85	48%	61	42%	58	53%
Total	261	100%	178	100%	145	100%	109	100%
Pre/Post Comparison	$\chi^2 = 3.190, df = 3, p = .363$				$\chi^2 = 7.303, df = 3, p = .063$			

\* This analysis includes respondents who answered strongly agree or strongly disagree to all PAM items.

There was no change in the distribution of respondents across the four levels of activation following implementation of either approach to using Ask Me 3, i.e., for either the social marketing or social marketing plus centers.

Thus this project finds the same pattern of results regardless of whether individuals who answer all PAM items with “strongly agree” or “strongly disagree” are included in the data analysis, as presented here, or excluded from the analysis, as presented in the report.

In both cases, the mean activation score was significantly higher at the social marketing plus clinics following the intervention, while at social marketing clinics the mean activation score was unchanged. The improvement in mean activation at the social marketing plus clinics at post-testing did not, however, result in there being greater percentages of respondents at higher activation levels at the time of post-testing.

## Appendix H



### Patient Activation Measure (PAM) 13



Below are some statements that people sometimes make when they talk about their health. Please indicate how much you agree or disagree with each statement as it applies to you personally by circling your answer. Your answers should be what is true for you and not just what you think the doctor wants you to say.

If the statement does not apply to you, circle N/A.

1. When all is said and done, I am the person who is responsible for taking care of my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
2. Taking an active role in my own health care is the most important thing that affects my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
3. I am confident I can help prevent or reduce problems associated with my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
4. I know what each of my prescribed medications do	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
5. I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
6. I am confident that I can tell a doctor concerns I have even when he or she does not ask.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
7. I am confident that I can follow through on medical treatments I may need to do at home	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
8. I understand my health problems and what causes them.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
9. I know what treatments are available for my health problems	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
10. I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
11. I know how to prevent problems with my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
12. I am confident I can figure out solutions when new problems arise with my health.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
13. I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A

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 Contact Insignia Health at [www.insigniahealth.com](http://www.insigniahealth.com)

**Wisconsin Department of Health Services  
Ask Me 3 Project Evaluation for Clinic Staff**

1. I participated in the Ask Me 3 orientation in October 2008.      \_\_\_ Yes      \_\_\_ No
2. I played a role in the clinic’s Ask Me 3 procedures.      \_\_\_ Yes      \_\_\_ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Please check the box indicating your response to the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
3. The Ask Me 3 project and toolkit are helpful to me as a healthcare professional.					
4. I have recommended use of Ask Me 3 materials to patients.					
5. The Ask Me 3 project and toolkit are helpful to patients.					
6. Patients have asked me questions about the Ask Me 3 materials and/or video.					
7. Ask Me 3 has helped raise awareness of health literacy concerns among patients in this clinic.					
8. Ask Me 3 has led to an increase in the number of questions that patients ask about their health condition or care.					
9. Ask Me 3 has helped raise awareness of health literacy concerns among staff in this clinic.					
10. Ask Me 3 has led to changes in the way that clinic staff interact with patients.					

11. What would make this project more successful within this clinic’s environment?

12. Can you suggest other ways to help the clinic’s patients to take more responsibility for their own health?

13. Your position: \_\_\_\_\_

## Appendix I—Responses from Staff Feedback Survey

Question: *What role did the respondent play in the clinic's Ask Me 3 procedures?*

### Customer Service Representatives

- I walked up to patients with the brochures and directed them to watch the video.
- I hand out brochures and key chains that were given.
- Went to patients and told them about the program.
- Answering questions for clients about the program's intentions.
- Ask pts. to fill out paper work. Also we provide patients with pamphlets re: Ask Me 3.
- By asking patients to fill out the survey forms
- Solicited patients to review/complete survey forms.
- Handing out surveys
- I worked with registration staff to get patients to complete surveys.

### Medical Assistants

- By asking patients without appointments what is the most important issue they're being seen for today
- MA – myself
- MA - I used this program a couple of times at my own appointment.

### Others

- HR Generalist- Program coordinator at the Isaac Coggs location
- RN - As a R.N. I answer the patients questions and provide education

Question: *What barriers exist to making the project more successful within this center's environment? How might we eliminate these barriers?*

- There are no barriers. Patient has access to the information via television, brochures, etc.
- Everything is good
- I think the program is self-explanatory. It's easy to understand and deliver.
- There really aren't any barriers; there just some patients that don't want to talk about it.
- The barriers \_\_\_ with or exist within the patient themselves. Most of them are old and just don't understand or are afraid to ask questions with the fear of looking stupid. The video is \_\_\_ \_\_\_ it breaks the information down because most are visual. Most may not know how to read very well.
- If we were to have a patient educator to aide in helping them understand the importance of asking the right questions to improve their awareness.
- A go-between -- someone who has the time to allow the patient to remember what all ails them.
- To have an active member be present more often, to answer key questions from patients.
- I think it would make the program more successful if there were a research specialist that could accompany the patient in the exam room at their visit to help them understand what question should be asked.
- Someone to come and speak with patient on concerns they are afraid to ask.
- Ask before/after visit to encourage pts. to really pay attention.
- Communication

- Language
- More follow-up
- More support from providers and managers regarding the value of such a program.
- All staff should be more informed of what Ask Me 3 entails.
- Handing out brochures to every patient that comes in.
- Possibly handing out material as the patient is registering.
- We need more literacy on this -- pamphlets, books, cards, video etc. -- placed strategically around the center(s)
- More literature. More TVs throughout the center.
- Time constraints; need a more successful flow for patients.
- We need to improve the quality of our services.
- By always assisting patients providing [?] customer service
- Give rewards to patients that fill out surveys (nothing big).

Question: *Can you suggest other ways to help the center's patients to take more responsibility for their own health?*

- I think that by asking these three questions. This would make them more responsible.
- Let them know that Ask Me 3 can really help them and just explain to them why.
- Insist they ask questions when they don't understand.
- Have them prepare a list before coming to the center
- Have them sign an "alliance form" with the PCP cosigning, stating they agree and will comply with the PCP's/Dr's suggested treatment.
- Asking the patients simply to read the brochure and writing down their own thoughts.
- I just gave them a card and when they came back the card be filled in.
- Awareness and continued education.
- Continue presenting process to providers, staff and patients.
- Positive and repetitive education. I believe lack of awareness and education make patients non-compliant.
- Engaging the patients because some of them don't read well. If the central staff lets them know Ask Me 3 is available I think there will be a better response.
- TV ads
- More information videos
- Literature upon registering
- Utilize teaching materials, i.e. more pamphlets
- Encourage patients to have primary provider instead of seeing whoever is available.
- Always go to their scheduled appointments; coming to the doctor is very important.

- Yes, by assuring appointments are kept and keeping smiles on patients' faces.
- Make patients pay a service fee for not showing up and not giving prior notice.

## Appendix J—References

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