Barriers	The GME Value Council was initially formed under the hospital's Value Council and then moved to the GMEC. We lost valuable time in developing the council's mission, vision, and goals and in operationalizing the committee during this transition. Gaining program director leadership of the group was also a challenge.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	The project is still in progress.

Virginia Mason Medical Center, Seattle, WA
The "Silent" Disparity - Health Literacy: Enhancing Provider Awareness

JS Liberman; AK Shenoy; L Sullenberger; G Abshire; B Owens

Background: Health literacy is an essential concept in patient-centered medical care. It represents the combination of literacy skills and the ability to understand, process, and engage in healthcare to further one's own health and provide a sense of patient autonomy. Deficiency in this skill is a common problem, and the Institute of Medicine estimates that half the adult population in the United States, approximately 90 million people, have difficulty understanding and acting upon health information. The impact of poor health literacy is striking. Lower health literacy levels are associated with a nearly 2-fold increase in mortality. Patients with limited health literacy often have difficulty with treatment adherence and are likely to misinterpret instructions such as medication labels. This, in turn, leads to progression of disease, subsequent hospitalizations, poor health outcomes, and increased costs. We investigated the incidence of limited health literacy in a subset of the Virginia Mason Medical Center patient population in one of our primary care clinics.

Methods: Members of the healthcare team (attending physicians, residents, and nurse practitioners) were assessed for their ability to accurately identify patients with deficiencies in health literacy. We selected the Rapid Assessment of Adult Literacy in Medicine (REALM-R) as our literacy assessment tool. Designated medical team members administered REALM-R surveys to patients. They were scored and kept anonymous and confidential. Providers were then asked 2 questions: (1) have you met this patient before? and (2) does this patient have a problem with health literacy? Answers provided by healthcare providers were then compared to the objective data provided by the REALM-R survey to assess provider identification of health literacy deficiencies. A multidisciplinary team was assembled to develop an educational intervention/curriculum using the ADDIE (analysis, design, development, implementation, evaluation) model and based on previously published literacy interventions. Videos highlighting individual stories from patients who experienced an inability to understand their own healthcare were created and made available through a website devoted to addressing the topic of health literacy.

Results: Preliminary data collection with the REALM-R tool was done in a general internal medicine outpatient clinic. Participating providers included physicians and nurses in an integrated care management team. Following survey administration, we determined that 20% of patients with health literacy deficits were identified correctly by their providers.

Conclusions: Our provider teams have difficulty consistently identifying patients with health literacy deficiencies, and this difficulty is consistent with national trends. Rather than focus on identifying patients at risk, we are examining the benefit of assuming that every patient may be at risk for health literacy and target communication to alleviate and address this issue. We are disseminating tools that improve provider communication, and our measure will be determining if provider perception of the scope of the problem has changed.

FINAL WORK PLAN – Virginia Mason Medical Center

Team Charter/Objectives	Virginia Mason wants to ensure that residents/fellows have access to data to reduce healthcare disparities, to improve patient outcomes, and to provide opportunities to participate in quality improvement initiatives. We have systems and processes available that may reduce disparities; however, we believe that faculty and residents may have limited understanding of how to engage these resources. In defining disparities, we wish to consider not only racial or ethnic differences but also other causes of disparities, both health system factors and patient factors.
Project Description	Our team consisted of 2 internal medicine residents, an anesthesiology resident, and 3 members of the GME leadership team. A literacy assessment was conducted in a general internal medicine outpatient clinic, a literacy curriculum was developed, and the same pilot group will be resurveyed after the educational intervention to determine what percentage of patients the providers feel are at risk for difficulty with a care plan as a result of health literacy issues.
Vision Statement	We will improve patient outcomes by increasing awareness of patient-provider communication and by implementing a curriculum to enhance patient-provider communication. These interventions must be sustainable in our current healthcare delivery model and assessed for their impact on patient health outcomes.
Success Factors	The most successful component of our work was the collaboration among our group and with team members across our medical center. This collaboration was helpful for many reasons, including exposure to new ideas, approaches, and perspectives, as well as its facilitation of our work. We were inspired by the work of our providers and by the work of Victor Montori that highlighted our patients' and community's vulnerabilities in communication and understanding.
Barriers	The largest barriers we encountered were scope and time. Our team consisted of members of the GME leadership and residents, and we had difficulty narrowing the scope of our project. We began with a very ambitious goal, but it was difficult to meet for many reasons, including its breadth. We have worked to hone the scope to be more manageable and have run into the difficulty of trying to tackle more than we have time for among our team.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Managing the project scope and determining how to align with the organization's goals are essential to developing and implementing the project. Large-scale change is difficult; aligning with organizational goals facilitates change implementation.