

---

## CONFERENCE ABSTRACT

### Reducing Patient-Disengagement by Tailoring Health Literacy

2nd Asia Pacific Conference on Integrated Care, Melbourne, 11-13 November 2019

Angela Kinsella<sup>1,2</sup>

1: Health Change Australia, Clontarf, NSW, Australia;

2: Pearson Clinical Assessment, Sydney, NSW, Australia

---

**Introduction:** Many health services report high no-show rates and low enrolment numbers for group self-management programs. Statistics also indicate there is poor adherence to evidence-based treatment recommendations across various healthcare settings. This presentation will provide examples of how health services have used a systematic methodology to deliver health literacy for better patient engagement.

**Practice-change:** Service delivery changes were implemented after organisations used a person-centred care methodology to analyse current clinical practice and administrative processes. Scripts were developed for telephone-based support programs, changes to information sent to referrers and customised checklists developed to assist clinicians to prioritise and check health literacy information.

**Aim:** Many behaviour change models and theories exist. However, how do clinicians know when to use which aspects of these models with the client sitting in front of them? The HealthChange® Methodology bridges the gap between behaviour change theory and practice by guiding clinicians to enhance the patient's health literacy in a way that builds their motivation.

**Target population:** The Methodology is suited to clinical consultations, care planning and coordination; patient education, rehabilitation and telephone-based programs. It applies to any health consultation and suits staff who enrol patients within the programs as well as the front-line clinicians delivering the services. Examples of research trials with improved patient engagement will be presented.

**Timeline:** Implementation can take a few days to a several months depending on the context. Various projects timelines will be discussed.

**Highlights:** Results from a study showed 72% of patients referred to the program actively engaged in it. It documented that 51% of patients had their surgery deferred due to poor self-management after being on the waitlist for 12 months, but only 34% of patients were deferred post-HealthChange® Methodology implementation. Cardiac-related deferrals declined from 29% to 10%. Further insights will be presented.

**Sustainability:** Clinical practice change requires regular on-going support and some organisations have implemented the Train-the-Trainer Model while others have created dedicated roles to health-behaviour change.

**Transferability:** Once the HealthChange® Methodology is learned; it is easily applied across contexts and roles. It is a flexible framework with transferable principles and associated skills.

**Conclusions:** To achieve effective change at the clinical practice level, clinicians need more support, the HealthChange® Methodology is one way of supporting this change process. Patient data shows improved patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs) across a range of services and disciplines. It appears to indicate that embedding a systematic person-centred practice methodology adds value to any health service delivery.

**Lessons learned:** Front-line service providers find it easier if they receive structured assistance that assists them in identifying key health literacy messages for overall improved patient engagement and service success. It is a flexible, patient-centred framework that makes it easier for clinicians to help patients to obtain better health outcomes. The adaptation of programs and services to align with HealthChange® Methodology achieves improvements in patient outcomes and satisfaction as well as improved clinician satisfaction, reduced staff burnout and turnover.