Patient Education Management™

For Nurse Managers, Education Directors, Case Managers, Discharge Planners

AHC Media LLC

IN THIS ISSUE

Financial Disclosure:
Editor Susan Cort Johnson, Associate Publisher Russ Underwood, Managing Editor Karen Young, and Consulting Editor Magdalyn Covitz Patyk report no consultant, stockholder, speaker's bureau, research, or other financial relationships with companies having ties to this field of study.

JANUARY 2010
VOL. 17, NO. 1 • (pages 1-12)

Keep community outreach education organized with health calendar

Designated awareness months can guide activities and use of resources

Last September, staff in the public education office at M. D. Anderson Cancer Center in Houston focused their educational outreach efforts on preventing prostate cancer. During the month, they educated the public on the viability of PSA tests, prostate power foods, the cancer prevention properties of flaxseed and how to incorporate this food into a diet, and other information.

Why did they focus on this topic? September has been designated Prostate Cancer Awareness Month by Zero-The Project to End Prostate Cancer based in Washington, DC. It appears on the National Health Observance calendar published by the U.S. Department of Health and Human Services.

EXECUTIVE SUMMARY

Annually, the U.S. Department of Health and Human Services releases a list of nationally designated health observance dates. The days, weeks, and months selected to increase awareness on a health issue can provide a blueprint for educational outreach opportunities. At M. D. Anderson Cancer Center in Houston, the patient education office uses such dates to teach patients and staff. The public education office creates monthly outreach projects based on the health observance calendar.

In the January issue of *Patient Education Management,* we look at the process this health care institution uses for both the community and in-house outreach efforts. Their format could be adapted to organize educational efforts at your institution.

Four years ago, the M. D. Anderson public education staff began to rely on this calendar when creating educational outreach initiatives on cancer prevention.

"The calendar gives structure and a way to plan in advance. It has helped us to become more organized," says **Stephanie Kim**, MBA, associate director of Community Education Programs, Public Education Office at M. D. Anderson Cancer Center.

The fact that the medical center treats cancer patients automatically narrows the health observance selections. However, staff narrowed the list further.

To use the calendar effectively, patient education staffers look for cancer designations in which people can do something to reduce risk. For example, there could be screenings available or specific actions to take, such as the application of sunscreen to prevent skin cancer.

Audience identification is important, as well. M. D. Anderson staff focus on the general public with the goal of teaching ways to reduce their risk of cancer. Also, they teach about screening for early detection.

However, on occasion, the audience may be specific to gender or race. For example, April is National Minority Cancer Awareness month, so the focus would be on cancers that are more prevalent in certain minority populations.

Several months have cancer-related observances that have a prevention component. For example, January focuses on cervical cancer awareness, March on colorectal cancer awareness, April on minority cancer awareness, May on skin cancer awareness, September on prostate cancer awareness, October on breast cancer awareness, and November on the prevention of lung cancer.

When the months do not have designations that fit the selection criteria, they are assigned a topic that fits the season. For example, in December 2009, the focus was "Healthy Holidays." The educational messages covered during the outreach included alcohol and cancer risk, cancer prevention winter sports, and cancer prevention gift giving.

Once a designated health observance has been placed on the calendar, it provides guidance for all outreach efforts, says Kim. For example, if the institution receives a request to participate in a health fair during the month of May, the literature and focus of the booth would be skin cancer awareness.

"It helps us prioritize which health fairs we attend. If our main message is skin cancer, we will probably not go to a lot of African-American events that month. However, if it is April and we are trying to target a certain minority population, we will give priority to organizations that fit the target we are trying to reach," explains Kim.

Following the calendar for health observances also provides guidance for use of staff. It is impossible to cover the entire city, says Kim. Therefore, sending speakers out to discuss health issues pertaining to the designated observance, whether at a company lunch and learn or other public event, helps manage limited resources.

Many of the outreach efforts are staffed by volunteers called M. D. Anderson Ambassadors.

Patient Education Management™ (ISSN 1087-0296) is published monthly by AHC Media LLC, 3525 Piedmont Road N.E., Building Six, Suite 400, Atlanta, GA 30305. Telephone: (404) 262-7436. Periodicals Postage Paid at Atlanta, GA 30304 and at additional mailing offices.

POSTMASTER: Send address changes to ***Patient Education Management***™, P.O. Box 740059, Atlanta, GA 30374.

Subscriber Information

Customer Service: (800) 688-2421 or fax (800) 284-3291. Hours of operation: 8:30 a.m.-6:00 p.m. Monday-Thursday; 8:30 a.m.-4:30 p.m. Friday EST. E-mail: customerservice@ahcmedia.com. World Wide Web: www.ahcmedia.com.

Subscription rates: U.S.A., one year (12 issues), $499. Add $17.95 for shipping & handling. Outside U.S., add $30 per year, total prepaid in U.S. funds. Discounts are available for group subscriptions, multiple copies, site-licenses or electronic distribution. For pricing information, call Tria Kreutzer at 404-262-5482. Missing issues will be fulfilled by customer service free of charge when contacted within one month of the missing issue date. **Back issues**, when available, are $82 each. (GST registration number R128870672.)

AHC Media LLC is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This activity has been approved for 15 nursing contact hours using a 60-minute contact hour.

Provider approved by the California Board of Registered Nursing, Provider # 14749, for 15 Contact Hours.

This activity is intended for nurse managers, education directors, case managers, discharge planners, hospital clinicians, management, and other health care professionals involved in designing and/or using patient education/staff education programs. It is in effect for 24 months from the date of publication.

Opinions expressed are not necessarily those of this publication. Mention of products or services does not constitute endorsement. Clinical, legal, tax, and other comments are offered for general guidance only; professional counsel should be sought for specific situations.

Editorial Questions

For questions or comments, call **Susan Cort Johnson** at (530) 256-2749.

Editor: **Susan Cort Johnson**, (530) 256-2749.
Associate Publisher: **Russ Underwood**, (404) 262-5521, (russ.underwood@ ahcmedia.com).
Managing Editor: **Karen Young,** (404) 262-5423, (karen.young@ahcmedia.com).
Production Editor: **Ami Sutaria.**

AHC Media LLC

Ambassadors are M. D. Anderson employees who volunteer to help educate the Houston community about cancer. They staff exhibits at health fairs and conferences, conduct tours of the institution, give presentations to community organizations or worksites, and present the "Too Cool to Smoke" puppet show to young children.

Delivering the message

While the theme for each month is determined a year in advance, specific messages are usually selected about three months before the health observance. Because the public education office assessed the needs of the community, staff know prevention and screening information is what the community wants and tailor the message accordingly.

"It is our job to get that information out in all kinds of ways, some online, some inperson, and some aimed at minority populations. If I had a bigger team, we would come up with more ways to deliver the message. We try to get the information out in any way the community will respond," says Kim.

About 30% of the people are reached by in-person techniques, such as sending speakers to churches, businesses, and organizations or setting up a booth at a health fair.

Kim says it has become evident over the past few years that it is less expensive to get health observance information to the public online, especially with the use of social networking.

An online monthly newsletter focuses on the health observance for that month. Articles are written in a format similar to consumer magazines. For example, one article listed the top six things a woman needed to know about having a Pap test. Another compared smoking cessation aids by having staff try them and report what they liked and didn't like about the product. Currently, the online newsletter has about 1,500 subscribers.

"We know magazines sell, and most of our readers are the women who buy these magazines. Therefore, our newsletter articles have an educational message but are written in a consumer magazine format," says Kim.

(To read articles from the various health observance months go to mdanderson.org/focused and review the archived issues.)

Also, social media avenues are used to get the message out. These include: Facebook, a social utility that connects people with friends, as well as businesses, organizations, and other entities for networking purposes; Twitter, a micro-blogging service where users send and receive short messages called Tweets; YouTube, a video-sharing web site on which users upload and share videos; and icyou, a site to post health and wellness videos. Kim says her department also bookmarks a lot of information through Delicious, a social bookmarking service.

For each health observance, the public education office contacts the department that treats patients who have the particular cancer to see if it has planned any activities. For example, during prostate cancer awareness month, the urology department is contacted to see if it plans to conduct screenings or other activities.

Kim explains that while the public education office organizes educational activities, there are no clinical components, such as screening. However, if a clinical department chose to do an outreach effort, the public education office would support the effort by promoting it and developing educational materials to be distributed.

Material is selected based on the target audience. Kim says the Hispanic population responds well to brochures that have a story within them about a person, while other minority groups, such as Asians, prefer a testimonial approach rather than storytelling. The type of brochure design is based on research, she says.

About 40% of the budget allocated for outreach is spent on printing materials developed for the health observance, says Kim. The rest of the funds cover additional expenses, such as bringing a well-known speaker to a health event. For example, a TV chef might be asked to do a cooking demonstration on the importance of healthy eating for cancer prevention.

Kim says the money is well spent. Surveys are conducted to determine whether the public finds the information useful and whether they intend to put the recommendations into practice, and the responses show participants are motivated. Kim says it would be helpful to contact people six months later to determine if they followed through and changed their eating habits or started an exercise program, but the public education office does not have the funds to do this type of research.

Surveys also are given to businesses and other organizations that request the services of the public education office for health fairs or speaking engagements to evaluate whether those attending benefited. Also, numbers are tracked as part of

SOURCE & RESOURCE

For more information about the use of health observances for planning community outreach, contact:

• **Stephanie Kim**, MBA, Associate Director, Community Education Programs, Public Education Office, M.D. Anderson Cancer Center, 1515 Holcombe Blvd., Unit 700, Houston, TX 77030. Telephone: (713) 794-1729. E-mail: sfkim@mdanderson.org.

Note: The National Health Observance calendar can be accessed at www.healthfinder.gov/nho/default.aspx.

the evaluation.

Information from the surveys and tracking is used to issue an annual report on the work completed during the fiscal year with information on the number of programs held, the audience reached, number of posts on social networks, and audience reached via online programs.

This report helps staff track variances in numbers from year to year. Current economic conditions have had an impact, says Kim. For example, a hiring freeze has made departments shorthanded, so many M. D. Anderson Ambassadors who might staff health fairs or speak at an event cannot get time off, because there is no one to cover their duties.

"When we don't have enough ambassadors to do events, we have to tell whoever is requesting them that we can't do it," Kim explains. That results in a decline of events for the year.

The public education office also saw a 38% decrease in funding for 2010 due to the economy. Kim says that in five years, the department's budget went from $60,000 to $150,000, but this fiscal year it was reduced. ■

Observance dates tailored to in-house activities

Pick events that target your patient population

Education awareness events aren't just for community outreach at M. D. Anderson Cancer Center in Houston. The patient education office uses the U.S. Department of Health and Human Services Health Observance Calendar to plan events for patients and staff in-house.

The observances selected are relevant to patients, and in addition, there must be clinical staff or other support staff able to assist.

"We rely a lot on collaboration," says **Lorianne Classen**, MPH, CHES, health education specialist, patient education office at M. D. Anderson Cancer Center. This includes expertise on the clinical topic and providing buy-in throughout the institution.

Every year, the same events are hosted so people become familiar with them. They include Health Education Week, Fatigue Week, the Great American Smokeout, and Diabetes Awareness Day. Due to the fact that the events are repeated, extra effort needs to be made to be creative, says Classen.

Creativity is easily addressed by forming a committee that has a mix of people who have worked on the event in previous years, so they know what worked and what didn't, and inviting new people with fresh ideas to take part, says Classen.

Committee members are selected from every department that would be a good partner in the project. For example, for Health Education Week, a representative from clinical nutrition, social work, integrative medicine, public education, and the learning center take part in the planning. They meet once a month, with planning meetings beginning six to eight months in advance, says Classen.

"The patient education office sponsors the week, pays for the event, and does the planning. The committee helps with the ideas, coming up with new and fun ways of having events. It is a collaborative effort," she says.

To make planning easier, the same format is followed for each event every year. During Fatigue Awareness Week, Monday is devoted to a health fair, often hosted in two locations that are high-traffic areas to draw attention. On Tuesday, a lunchtime program on fatigue is offered in partnership with the Anderson Network, a group of volunteers who are cancer survivors. This group provides lunch. On Wednesday, a staff function is offered that includes a lecture for continuing education credits. On Thursday, another patient event takes place. This past year, a panel discussion was provided with patients who had been cared for at the fatigue clinic as featured speakers. Also, a video was shown in the afternoon, followed by a speaker who discussed ways to

conserve energy.

"The purpose of the awareness week is to let patients who are suffering from fatigue know there are things they can do. A lot of patients don't know we have a fatigue center, a place that focuses on that side effect. They may not be able to make the fatigue go away, but they can help the patient manage it," says **Desiree Gonzales Phillips**, CHES, the senior health education specialist that oversees Fatigue Awareness Week at M. D. Anderson Cancer Center.

Focus is awareness

Increasing awareness is the main focus of the events hosted in-house.

"Increased awareness on a topic or issue is one of the benefits of holding events," says **Chesley Cheatham**, MEd, CHES, the health education specialist that oversees Diabetes Awareness Day.

At the 2009 event, which was hosted as a health fair, many of the people who attended were unaware of the signs and symptoms of high blood sugar, says Cheatham.

To determine whether the event has been beneficial, the health specialist in charge must complete an evaluation.

To evaluate the success of the health fair focusing on diabetes, Cheatham counted the number of people who were screened for diabetes, how many had elevated blood sugar, how many came by each booth, and whether they picked up materials or asked for more information about a product or medication. The number of referrals made to the diabetes educator was also counted.

Classen tracks the number of people participating in each event and also hands out evaluation forms to participants who attend classes or presentations.

During Fatigue Awareness Week, Gonzales Phillips gets information on the impact of the health fair by offering a door prize. Everyone who completes a questionnaire or survey has their name placed in the drawing.

Determining how well the various activities within the event were attended helps determine if the time and effort in planning was well spent, says Classen. Promoting an event is the most difficult part, she adds.

The economic downturn has reduced budgets, so planners can no longer offer lunch to staff who attend lunchtime presentations. Drawing crowds with giveaways is no longer possible, either. Many patients liked the bags, blankets, gift certificates, and water bottles that were purchased with donations from pharmaceutical companies, but that source of funding has shrunk, says Gonzales Phillips.

"We still do giveaways but in a limited way, coming up with creative ways to distribute limited resources," she says.

Should patient education managers take advantage of health observance months? Yes, says Classen. "Promotional events are great if your main goal is awareness."

Cheatham adds, "Don't let budgets or time constraints stop you. I think you will find it beneficial for the population you reach." ■

SOURCES

For more information about the use of health observance dates in-house, contact:

• **Chesley Cheatham**, MEd, CHES, Health Education Specialist, Patient Education Office, M.D. Anderson Cancer Center, Houston, TX. Telephone: (713) 745-6752. E-mail: cwcheath@mdanderson.org.
• **Lorianne Classen**, MPH, CHES, Health Education Specialist, Patient Education Office, M.D. Anderson Cancer Center, Houston, TX. (713) 563-8185. LClassen@mdanderson.org.
• **Desiree Gonzales Phillips**, CHES, Sr. Health Education Specialist, Patient Education Office, M.D. Anderson Cancer Center, Houston, TX. Telephone: (713) 563-8184. E-mail: ddgonzal@mdanderson.org.

Program focuses on proactive interventions

Nurses work at sites to case-manage disease

At ProHealth Care in Waukesha, WI, community outreach is more than the hosting of an educational event from time to time.

A team of 23 nurses is strategically placed at 50 community sites, including churches, schools, low-income housing projects, homeless shelters, food pantries, and health resource centers. Their role encompasses health promotion, disease prevention, early detection, and disease manage-

EXECUTIVE SUMMARY

ProHealth Care has developed a community outreach plan that targets people who may not get the care they need due to many factors. Its goal is to teach people how to maintain a healthy lifestyle.

ment, says **Deborah Ziebarth**, RN, MSN, manager, Community Benefit for ProHealth Care, a health care system that consists of two hospitals and several clinics.

"We are a continuum of care for our health care organization," explains Ziebarth.

She says health care is not only providing treatment in clinics and hospitals. A certain percentage of the population needs assistance with accessing the health care system, using it effectively, and knowing when to access it. Also, there is the education component that helps with disease prevention and early detection.

Most of the outreach efforts are funded through the nonprofit health care organization's community benefit dollars, as well as partnerships with churches and other organizations.

For example, nurses that work with churches, as part of Parish Nursing, have 50% of their salary and benefits covered by that congregation and the other half by ProHealth Care. That is also the case with most community outreach nurses as well, although ProHealth pays 100% of the benefits and salaries of the nurses that work in eight elementary schools.

Ziebarth says the Community Benefit program includes unique partnerships. One church helps support a nurse that not only works within the congregation, but also at three homeless shelters as part of the church's mission outreach. Another church helps support a nurse at a food pantry as part of its mission outreach. Two churches have pooled their resources, each providing 25% of the salary and benefits, in order for the nurse to work at a low-income mill site providing health care access to an underserved population.

No matter how a salary is covered, each of the outreach nurses is an employee of ProHealth Care and under Ziebarth's supervision.

Nurses tailor activities to the population they serve. For example, one Parish Nurse initiated a walking program to aid in disease prevention called "Walking to Jerusalem." Participants tracked their steps and mileage along a map on the wall to determine how close they were to reaching their destination.

To promote good health, nurses may hold a class or organize a health fair that pertains to the needs of their target population. Screenings are often held for early detection, including blood pressure screenings or blood glucose screenings.

Nurses also advocate for patients. For example, a patient may have a chronic disease and need a certain type of medication that he or she cannot afford. The nurse may then intercede on behalf of the patient, asking the physician to write a prescription for a less expensive medication.

"The role of the nurse is to decrease barriers of access for the individual and to improve the health of the community we are serving," explains Ziebarth.

Assessing community needs

To help determine the needs of the population a nurse serves, members of a congregation or a community are incorporated into the program. For example, Parish Nurses will work with a health ministry group or leader at the church to gain insight into the needs of the congregation, says Ziebarth. Also, these leaders provide needed assistance at health fairs and other events. A Parish Nurse will survey the congregation as well to determine how to meet the health needs of the population.

At the Hispanic Health Resource Center, where three outreach nurses work, an advisory group meets with the nurse quarterly to give direction. The group is always given information about the outcomes of its advice, so it recognizes its ownership in what takes place for the health of the community, says Ziebarth.

In addition, respected individuals within the community who are bicultural and bilingual are trained to assist in health promotion and disease prevention. They will often do car seat training or organize walking groups, so the nurses can concentrate on specific education and case management.

Ziebarth says ProHealth Care can be very creative in how to meet the health needs of communities. For example, one nurse, whose work is funded in partnership with a church, splits time between a free clinic in downtown Waukesha and a storefront shelter for the homeless in the downtown area. Volunteers from the church assist the nurse at the storefront by doing such tasks as accessing pharmaceutical programs that help the

homeless obtain medications.

"Her community is the underserved population of downtown Waukesha, and she spends some time at the free clinic, so there is a referral to and from the clinic. It is a great model," says Ziebarth.

One important element of the program is computerized client documentation that allows nurses in the program to share information. Everyone who comes in contact with the client, which may be at a homeless shelter, public school, or food pantry, knows what care and education he or she has received.

"We have complete continuum of care, for we know what others are doing in caring for this person," says Ziebarth.

In addition, the nurses might flag physicians at a clinic when there is something they should know to improve the patient's care. In this way, each patient has the best outcomes, she adds.

This record keeping helps ProHealth Care track patient outcomes. Also, nurses keep diaries on patients by writing their client's stories in order to track outcomes, says Ziebarth.

When choosing how best to spend community dollars, Ziebarth says her department looks for an entry point to a particular population and an environment that will support a nurse and take some ownership. To reach its goals, the organization developed a strategy in 2007.

The strategy has a list of target populations that include: non-English speaking populations; poor children and family units; frail and/or isolated elderly; indigent (uninsured) and working poor (underinsured); homeless; mentally disabled; and victims of violence.

Also identified are key areas of community health need including: access to primary care services and a medical home; dental services; effective chronic disease management and support; mental health services; and prevention and early detection.

The strategies are designed to promote the development of services that do the following:

- Remove barriers to service e.g. language, financial, lack of knowledge, and navigation skills.
- Encourage prevention and early detection of illness.
- Provide care management and advocacy services.
- Relate to local needs assessment findings and, as appropriate, state or national health plan priorities.

SOURCE

For more information about the ProHealth Community Benefit Program, contact:

• **Deborah Ziebarth**, RN, MSN, Manager, Community Benefit for ProHealth Care, Waukesha, WI. Telephone: (262) 928-4031. E-mail: Deborah.Ziebarth@phci.org.

- Emphasize evidence-based programming/models.
- Create partnerships that build on existing ProHealth Care service/strengths and address key areas of need.
- Create partnerships with organizations that have the same target population and complementary goals.
- Create partnerships that promote community capacity building, collaboration, achieve shared vision, and maximize leveraging of resources.

"ProHealth Community Benefit Program is a partnership with other organizations that have a shared vision. It has now been working for 15 years and keeps growing," says Ziebarth. ■

Poor economy could work in favor of patient education

Value of patient education, its ability to reduce expenses

The state of the economy is impacting every industry, and health care is not immune, say the patient education managers we interviewed about the results of the 2009 *Patient Education Management* Salary Survey.

The uncertainty is resulting in a cap on salary increases.

"If there were any salary increases this year, they were very limited across the board in health systems, not just in patient education. Some systems opted for no increase to avoid having to lay off workers," says **Diane Moyer**, BSN, MS, RN, program director, patient education for The Ohio State University Medical Center in Columbus.

Readers answering the 2009 survey reported that a 1% to 3% salary increase was the norm, and this seems to reflect raises in many health care settings. According to **Annette Mercurio**, MPH,

CHES, manager of Patient, Family and Community Education at City of Hope National Medical Center in Duarte, CA, staff in human resources report that merit increases within hospital settings are between 2% to 2.9%.

"We're just heading into performance evaluations, and the range that we have to work with is 2% to 5%, with an average increase of 3%," says Mercurio.

The current economy is not only affecting whether patient education coordinators/managers will receive a pay raise; fewer dollars often influences how patient education is being done, experts say.

According to Moyer, her colleagues have said that they are dropping or cutting back on the use of video-on-demand (VOD) systems. For example, institutions typically are either paying a yearly fee to maintain such a system with the contracted providers or have purchased video content for a system, which requires paying yearly broadcasting rights fees. Also, institutions typically can't track the usage of VOD to justify the expense, Moyer says.

In addition, some facilities have lost positions for dedicated patient educators in such areas as smoking cessation or diabetes.

"The push to do more with very limited resources is very strong," says Moyer.

Hospitals are finding less expensive methods of producing print materials and using web sites for patient education, says **Mary Szczepanik**, RN, BSN, MS, a breast health specialist at OhioHealth Breast Health Institute in Columbus.

In addition to impacting the methods used to deliver education to patients, fewer dollars also can influence a PEM's workload.

Mercurio says some of her colleagues are now performing non-patient education responsibilities and/or having to assume responsibilities of staff whose positions have been eliminated in their department.

The reason that patient education can be a target for cost reduction is that it is typically non-revenue generating or is cost-neutral, explains **Magdalyn Patyk**, MS, RN, BC, patient education program manager at Northwestern Memorial Hospital in Chicago. However, when patient education is done well, it has a positive impact on patient safety and patient satisfaction, she adds.

Patient education reduces hospital readmissions and improves health outcomes, which reduce the cost of health care, says **Fran London**, MS, RN, a health education specialist at The Emily Center at Phoenix (AZ) Children's Hospital.

She says the current state of the economy could actually result in more support of patient education.

"It is going to force people to look at health care costs. This will lead them to the research that shows patient education is cost-effective and saves money," says London. "In addition, health promotion is much less expensive than treatment."

Mercurio says the perceived value of patient education is advancing. She sees more and more administrators acknowledging the link between patient and family education and a positive care experience, which results in higher levels of patient satisfaction.

Also, colleagues in patient care services are recognizing the need to tailor education to the individual according to his or her preferences, she says.

Monetary value of position

While the perceived value of patient education may be on the rise, it does not seem to result in a consistent salary range for the position of patient education manager. The salary survey found the annual gross income of this health care position ranging from $40,000 to $49,999 at the low end to $130,000 or more.

The variance is simple to explain, according to Moyer. Salaries vary based on the requirements of the position, she says. For example, if a patient education manager position requires a job candidate who is a registered nurse, it may pay more to attract quality candidates from the clinical side.

"Experience and education level also plays a part, as do overall job responsibilities. Some of the PEM survey responders may be managers of other staff and may oversee other departments or functions within the organization. Most often the positions are salaried, with no added pay for overtime or certifications, and regional differences can make a significant difference in salaries," adds Moyer.

According to Szczepanik, most hospitals conduct an annual salary analysis to be sure their salaries are competitive with others in the area. "I think the salary would be most dependent on the market in which the facility is located," she states.

Many factors influence the amount of salary a person is paid, says Mercurio. Not only will a patient education manager with a nursing degree most likely receive a higher salary, the level of the educational degree required can play a factor. For example, the applicant might need a master's degree or a PhD to apply. Job title, such as director versus manager or coordinator, will impact salary, as will the number of years of work experience required, she says.

The job description also may dictate how many hours a patient education manager works, whether 31 to 40 hours, 41 to 45 hours, or 65 plus hours. In the salary survey, the numbers varied.

Patyk asks, "Is the person in the position charged with writing brochures or coordinating all patient activities house-wide?" If the latter, the position will require much more than 40 work hours a week, she says.

Workload at any given time can be influenced by a number of factors, says Moyer. For example, it is affected by the number of projects clinicians bring to the patient education department for development. Currently, the medical system Moyer works for has several hospitals that are trying to achieve certain accreditation rankings. That has generated a need for either new materials or major revisions of materials, says Moyer.

"We are also working on a video-on-demand system, an ongoing project with translations of patient education content, and we are about to move forward with a new electronic medical record system, so we are pushed to the limit. Squeeze in the occasional community project and revisions of existing inventory, and we could keep a department twice our size working full time," says Moyer.

Most of the readers answering the survey were seasoned health care workers, and they also were registered nurses. According to Patyk, such data could simply reflect the average age of the RN.

"Many times, the person who takes on a patient education role is one who has worked the floors for some time and sees a need to improve the resources for patients. There are not a lot of these type positions to move into, and once a person is in the position, they likely will stay for some time," says Moyer.

She adds that being an RN is an advantage, because someone with that job experience has knowledge of the processes, and what staff and patients need.

Szczepanik agrees. Nurses make good patient educators and can more effectively manage a patient education program as they are generalists, she explains. Allied health professionals would not have as broad a knowledge base and understanding of the scope of what the patient needs, she adds.

Patyk says it is important for a person aspiring to be a patient education manager to have worked in a "clinically relevant" job, so they understand the challenges of patient care. It could be anyone who has worked on the units professionally, whether an RN, dietitian, pharmacist, physical therapist, or occupational therapist, she says.

What can patient education managers look forward to addressing in 2010?

Mercurio says that at least in cancer education, there is a move to integrate patient education with psychosocial services, such as clinical social work, psychiatry, palliative care, and spiritual care.

Moyer says that with the new linguistic and cultural standards coming from The Joint Commission, based in Oakbrook Terrace, IL, there is an increased awareness to provide content to patients in a way they can easily understand. As a result, patient education managers are being consulted on plain language writing for documents throughout the health systems.

In addition, Moyer says there will be an increased need to deliver patient education resources through web portals so patients can review content before and after their physician's visit, surgery, or treatment.

Functional health literacy is a focus, says London. Also health disparities, or the differences in health services people from different patient populations receive, which result in different health outcomes, she adds.

People used to think health disparities were related to culture or race, but they are now finding that people who belong to different socioeconomic groups show the most disparity, explains London.

The use of technology to communicate information, such as text messages, web sites, and webinars, are also trends to watch in patient education, says London.

Patient education activities will continue to be driven by the trend toward public reporting and transparency in regard to quality, patient safety, and patient satisfaction scores, says Patyk. ■

Patient-centric care decreases hospitalizations

Program combines face-to-face, case management

A combination of face-to-face and telephonic case management has resulted in high patient satisfaction ratings and a significant decrease in health care utilization for patients with complex medical needs.

The care management program, provided by Alere, an Atlanta-based health management firm, resulted in a 38% decrease in hospital admissions, a 36% reduction in hospital days, and a 30% decrease in emergency department visits for patients who are members of one health plan, according to a 2007 study.

Alere's care management team provides care coordination for patients with life-limiting diagnoses or significant chronic disease.

About 60% to 70% of patients in the program have advanced cancer. Others have multiple comorbidities, such as heart failure, diabetes, chronic obstructive pulmonary disease, coronary artery disease, and hypertension.

Care managers live in the same community as the majority of the patients they support and carry a caseload of about 22 patients at a time.

"We limit the caseload because of the intensity of resources patients in the complex care management program need and the amount of attention they require," says **Albert Holt**, MD, MBA, senior vice president and senior medical director for case management and disease management programs for Alere.

The care managers conduct an initial assessment in the patient's home or hospital room and follow up by telephone. If there is a change in the patient's status or the patient is going to another level of care, the care manager makes another home visit.

If there isn't an Alere care manager nearby, the company sends a nurse case manager to that area to complete the in-home assessment.

The key to the success of the care program is taking a personal approach to care coordination and building a relationship based on face-to-face contact and working with the patients on goals that they identify as important, Holt says

"When the care managers go into the patient's home, they get patients' perspectives on illness and what they want to achieve. They collaborate with the patients and family members to set goals based on what patients want to do and develop a plan to help them meet their goals. Because patients are engaged in their own health care, they are able to keep their conditions from getting out of control and avoid hospitalization or visits to the emergency department," he adds.

Alere identifies patients eligible for the program by screening claims, precertification, medical information, and other data from their insurance plan and employer group clients.

"We concentrate on precertification and immediate hospital data, because we want to get patients when their illness is new to maximize our assistance to them," Holt says.

The organization's triage enrollment nurse calls eligible patients and completes an assessment to determine the client's clinical status and need for case management and enrolls interested patients in the program.

The care manager who is assigned the case sets up an appointment for a comprehensive in-home assessment that typically lasts several hours, says **Linda Alden**, RN, CCM, a complex care manager based in Southern California.

"We always encourage family members to be present when we meet with the patients. We're collecting and offering a lot of information, and it's always good to have more than one set of ears listening," Alden says.

The care managers already are familiar with the patients' medical history, but they also find out the patients' perceptions of their disease process.

'Perception is reality'

"Perception is reality. We often have cancer patients who are recovering from surgery and don't expect to have to have chemotherapy or radiation because the surgeon told them they removed the tumor and the margins were clear. If we know what they perceive, we can start the educational process there," Alden says.

During the initial visit, the case manager completes an in-depth assessment of the patient's symptoms, resources, and support system, says **Nancy Messenger**, RN, CCM, a care manager based in Northern Michigan who coordinates care with indemnity patients, often traveling throughout the country to meet them in person.

"We want to get a full and total picture of the patients and their needs during the face-to-face visit. One of the joys about this job is the flexibility we have to give our patients personal service

and do whatever is needed to meet their specific needs, whether it's financial assistance, education, transportation, or help with meals or housekeeping," Messenger says.

After the initial assessment, the care managers develop a dynamic care plan and discuss it with their nurse supervisor, called a clinical support manager, and their medical director.

All of the complex case management cases are reviewed twice a month by the medical director to provide additional support and keep the clinical guidance on track, Holt says.

"The medical directors keep on top of chronic diseases and oncology regimens and can call on specialty experts when needed. For instance, if a patient has a complicated diabetes regimen, they can call on a diabetes specialist for advice," he says.

At the time they open a case, the care managers send a letter to each of the patient's physicians introducing the case management program to them.

The care managers identify one physician who is the primary physician and collaborate with him or her. For instance, if the patient is undergoing cancer treatment, the oncologist is likely to be the primary physician.

"Our relationship with the treating physician is very important," Alden says. "Patients are on the phone with us for an hour at a time and talk to the doctor's office for five minutes. They tell us things that they don't share with the providers. We give them additional information to help them make clinical decisions."

CNE instructions/objectives

Nurses and other patient education professionals participate in this continuing education program by reading the issue, using the provided references for further research, and studying the questions at the end of the issue.

Participants should select what they believe to be the correct answers, then refer to the list of correct answers to test their knowledge. To clarify confusion surrounding any questions answered incorrectly, please consult the source material. After completing this activity each semester, you must complete the evaluation form provided and return it in the reply envelope provided in order to receive a credit letter. When your evaluation is received, a credit letter will be mailed to you.

Upon completion of this educational activity, participants should be able to:

- **identify** the management, clinical, educational and financial issues relevant to patient education
- **explain** the impact of the management, clinical, educational and financial issues relevant to patient education on health care educators and patients
- **describe** practical solutions to problems health care educators commonly encounter in their daily activities
- **develop** patient education programs based on existing programs. ■

COMING IN FUTURE MONTHS

- Materials that prompt patient/physician conversation
- Online classes for better outreach
- Better teaching strategies for the elderly
- Ways to promote healthy lifestyles to patients
- Scripting follow-up calls for better education.

CNE Questions

1. The benefit of using the U.S. Department of Health and Human Services National Health Observance calendar to plan community events includes which of the following?
   A. Provides organization.
   B. Structures the process.
   C. Allows advance planning.
   D. All of the above.

2. A good way to track participants at a health fair is to have them complete a survey to be entered in a raffle for a door prize.
   A. True
   B. False

3. M.D. Anderson Cancer Center in Houston, TX, uses which of the following ways to get information to the public on health awareness issues?
   A. TV ad campaign.
   B. Online subscriber newsletter.
   C. Prints a magazine.
   D. Posts billboards around Houston.

4. The role of 23 nurses placed at 50 community sites by ProHealth Care, covers health promotion, disease prevention, early detection, and disease management.
   A. True
   B. False

Answers: 1. D; 2. A; 3. B; 4. A.

Facilitate communication among physicians

Most of the patients in the program are being treated by multiple providers, most of whom do not regularly communicate with each other, Messenger adds.

"We facilitate communication among the treating physicians to make sure the patient's care is coordinated," she adds.

The nurses take a patient-centric approach to coordinating care, Holt says.

The complex care team treats the whole patient, not just the issues they are called in to address, Alden adds.

"We may be working with a cancer patient, but when we conduct the assessment, we find out he or she has hypertension. We incorporate education on managing hypertension, such as diet, exercises, and medication compliance, into our care plan for cancer," she says.

The care managers call their patients at least once a week and encourage them to call any time they need help.

"Because we're not a family member, a friend, or a physician directing their care, patients often feel more comfortable speaking with us. We can find out what's going on with them and alert their health care providers if needed," Messenger says.

That first face-to-face visit helps the care managers get to know the patients and their families and start to build a relationship.

"We become more than just a voice on the phone," Alden says. ■

Dear *Patient Education Management* Subscriber:

This issue of your newsletter marks the start of a new continuing nursing education (CNE) semester and provides us with an opportunity to review the procedures.

Patient Education Management, sponsored by AHC Media LLC, provides you with evidence-based information and best practices that help you make informed decisions concerning treatment options and physician office practices. Our intent is the same as yours - the best possible patient care.

The objectives of *Patient Education Management* are to:

- identify the management, clinical, educational and financial issues relevant to patient education
- explain the impact of the management, clinical, educational and financial issues relevant to patient education on health care educators and patients
- describe practical solutions to problems health care educators commonly encounter in their daily activities
- develop patient education programs based on existing programs

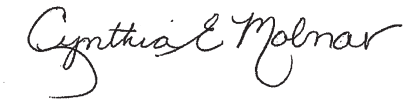
Each issue of your newsletter contains questions relating to the information provided in that issue. After reading the issue, answer the questions at the end of the issue to the best of your ability. You can then compare your answers against the correct answers provided in an answer key in the newsletter. If any of your answers were incorrect, please refer back to the source material to clarify any misunderstanding.

At the end of each semester you will receive an evaluation form to complete and return in an envelope we will provide. Please make sure you sign the attestation verifying that you have completed the activity as designed. Once we have received your completed evaluation form we will mail you a letter of credit. This activity is valid 24 months from the date of publication. The target audience for this activity is nurse managers, education directors, case managers, discharge planners, hospital clinicians, management, and other health care professionals involved in designing and/or using patient education/staff education programs.

If you have any questions about the process, please call us at (800) 688-2421, or outside the U.S. at (404) 262-5476. You can also fax us at (800) 284-3291, or outside the U.S. at (404) 262-5560. You can also email us at: customerservice@ahcmedia.com.

On behalf of AHC Media, we thank you for your trust and look forward to a continuing education partnership.

Sincerely,



Cynthia Molnar
Director of Continuing Education
AHC Media LLC

AHC Media LLC

AHC Media's Message to Subscribers about Copyright Law

Your newsletter is a copyrighted publication. It is protected under federal copyright law.

It is against the law to reproduce your newsletter in any form without the written consent of AHC Media's publisher. Prohibited under copyright law is:

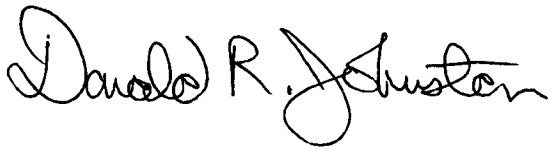
- making "extra" copies of our publication for distribution in your office;
- posting newsletter articles on your facility or practice web site;
- downloading material to an electronic network;
- photocopying, e-mailing, or faxing newsletter articles.

Site licenses, which allow you to e-mail, fax, photocopy, or post electronic versions of your newsletter and allow additional users to access the newsletter online, are available for facilities or companies seeking wider distribution of your newsletter.

High-quality reprints of articles also are available at reasonable prices.

To get information about site license or multiple copy arrangements, contact Tria Kreutzer at (800) 688-2421, ext. 5482 (tria.kreutzer@ahcmedia.com); or for reprints, contact Steve Vance at (800) 688-2421, ext. 5511 (stephen.vance@ahcmedia.com).

Thank you for your cooperation,



Donald R. Johnston
Senior Vice President/Group Publisher
AHC Media LLC

N #4005

3525 Piedmont Road NE
Building Six, Suite 400
Atlanta, Georgia 30305-1515
Tel (404) 262-7436
Fax (404) 262-7837
www.ahcmedia.com