

encryption embedded transmissions (H.235 and IEEE 802.1 x authentication); and remote monitoring equipment (exam camera, ENT/otoscope, electronic digital audio stethoscope (frequency: 40 Hz-2000 Hz, response: 45 Hz-1.6 KHz). Legal requirements involved the review of both federal and state statutes governing the use of TM for patient care and geographical/population requirements. Billing and regulatory requirements entail ensuring the use of the correct CPT and modifiers codes for TM and making sure these are operational within the medical record. Establishing criteria to ensure patients are appropriate for TM, the contents for TM informed consent, rules governing the use of TM for Medicare/Medicaid and non-Medicare/Medicaid patients. Establish clinical workflows for TM between the primary care and specialty care clinics. **Conclusions:** Involve legal counsel early to review state statutes and develop TM patient/provider consent forms. Coordinate services with IT department. Coordinate documentation requirements with the billing and coding department. Work with clinic staff to incorporate TM into the clinic and administrative workflow. Define roles and responsibilities. Early planning and inter-department coordination is essential for a successful TM project.

Keywords: Telemedicine services, Medically underserved communities, Improving access to care

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PS3-29:

The Benefits of Stakeholder Involvement in Research

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Background and Aims: The Oncology Nurse Navigator randomized clinical trial at Group Health is testing whether providing oncology “nurse navigators” to patients newly diagnosed with lung, breast or colorectal cancer affects quality of life and satisfaction with care compared with patients in enhanced usual care. While implementing our research interventions, we integrated input from patients, community groups and the delivery system. **Methods:** Group Health patients and community groups were invited to participate through word-of-mouth outreach by the study team. Our delivery system partners were distributed materials for input via e-mail, phone calls and team meetings. To date, stakeholders have been involved in three main activities. First, our enhanced usual care resource guide was developed after a panel discussion with Group Health patients, caregivers and a community advisor. Second, our nurse navigator training incorporated firsthand patient experiences. Third, our intervention protocols and processes were constructed from input with our oncology department and nurse navigator team. **Results:** Patients and caregivers provided valuable insights and practical feedback while developing our study’s enhanced usual care resource guide. Their involvement revealed the importance of making materials feel accessible and upbeat. We have since presented the guide to Group Health’s cancer support group who commented they were, “Perfect!” The initial panel discussion was so useful that we invited stakeholders to participate in our nurse navigator training. Patients shared their experiences about feeling overwhelmed and unable to process information during a training session. The involvement of Group Health patients was especially enlightening for our seasoned nurses and emphasized the patient-centered design of our study. Since it is important for our nurse navigator intervention to be a viable delivery system program, input from clinical groups was integral to our protocols and processes. We have not only incorporated standard Group Health work into our intervention (e.g., fatigue assessment) but also, programmed our intervention into Group Health’s electronic medical record. **Conclusions:** Stakeholders were willing and often eager to provide feedback on our research. Furthermore, obtaining guidance from these groups early on in this study was critical to building and implementing a truly patient-centered cancer care program.

Keywords: Nurse navigators, Patient-centered cancer care program, Patient navigation

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PS3-30:

The Group Health Plain Language Network: A System-wide Initiative to Improve Communication from the Ground Up

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Background/Aims: Limited health literacy negatively impacts health care costs, quality, and outcomes. Complex language and other communication barriers prevent 93 million U.S. adults from finding, understanding, and acting on essential health information—leading to medication and treatment errors, failure to seek preventive care or manage chronic illness effectively, increased use of emergency rooms for primary care, and higher health care costs. The Group Health Plain Language Network is a staff-driven initiative to reduce these barriers by establishing a standard of clear communication with patients throughout the system. **Methods:** The Group Health Plain Language Network was founded in 2007 by a small group of multidisciplinary staff interested in system-level communication improvements to advance health literacy. The Network’s overarching strategy is promotion of plain language—a concise, patient-centered communication style that achieves clarity through common vocabulary and straightforward organization. Network leaders set annual goals tied to organizational priorities and emerging health literacy innovations. We also meet at least quarterly to monitor projects carried out by subgroups of the now 30+-member coalition. **Results:** Network membership tripled in just two years, thanks to successful engagement of dozens of individuals and departments in a leadership-endorsed plain language initiative. Primary outcomes include: creating a plain language charter and securing executive-level buy-in; developing an online plain language toolkit for all staff; providing plain language training for subgroups of staff; revising dozens of print and Web-based health education materials; and partnering with the Group Health legal department to revise consent templates for medical procedures—many of which went from >15th-grade reading level to <7th grade. Formal evaluation of improvements to consent templates is planned for 2010. **Conclusions:** The Network’s many accomplishments have occurred without allocating additional resources—demonstrating that system-level communication improvements are possible even when resources are scarce. We attribute the Network’s early success to our focus on a solution-oriented approach that facilitates wide-ranging buy-in: plain language clearly aligns with other organizational goals, cuts across system silos, and engages staff who may not otherwise feel connected to or see the impact of low health literacy. We hope our experience can serve as a helpful example for other health systems striving to advance health literacy through improved communication.

Keywords: Health literacy, Communication within Health systems, Group Health Plain Language Network

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Cardiovascular

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Cognitive Impairment in Patients Hospitalized for Decompensated Heart Failure

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Background/Aims: Cognitive impairment (CI) is increasingly being recognized as an important clinical issue in the context of providing care to older adults with other prevalent medical conditions, including cardiovascular disease. The purpose of this study was to describe the prevalence of CI among older adults hospitalized with decompensated HF, and examine factors associated with cognitive status. **Methods:** Preliminary data from the Observational Study of Heart Failure Delays are currently available from 277 patients (mean age = 76 years; 46% female) who received care in four area hospitals. Patients were interviewed using a 25-minute standardized