Teach-Back

AHRQ

Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families

What is Teach-Back?

"I want to make sure we are on the same page. Can you tell me…"

"Can you show me how you would use your inhaler at home?"

"I want to make sure I explained things clearly. Can you explain to me…"

Why is it important?

80%

of information shared in a primary care visit is ***immediately forgotten*** by patients

50/50

chance

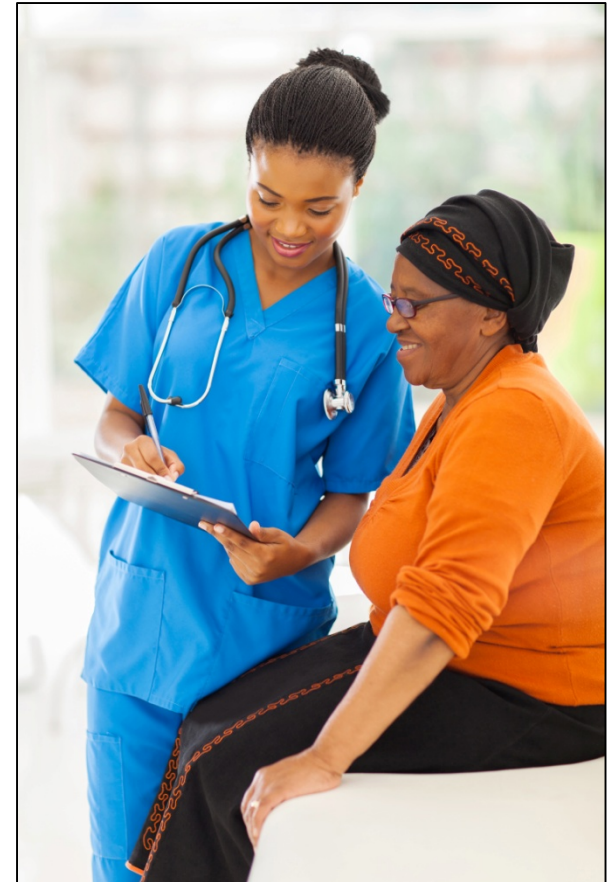that what is remembered is correct
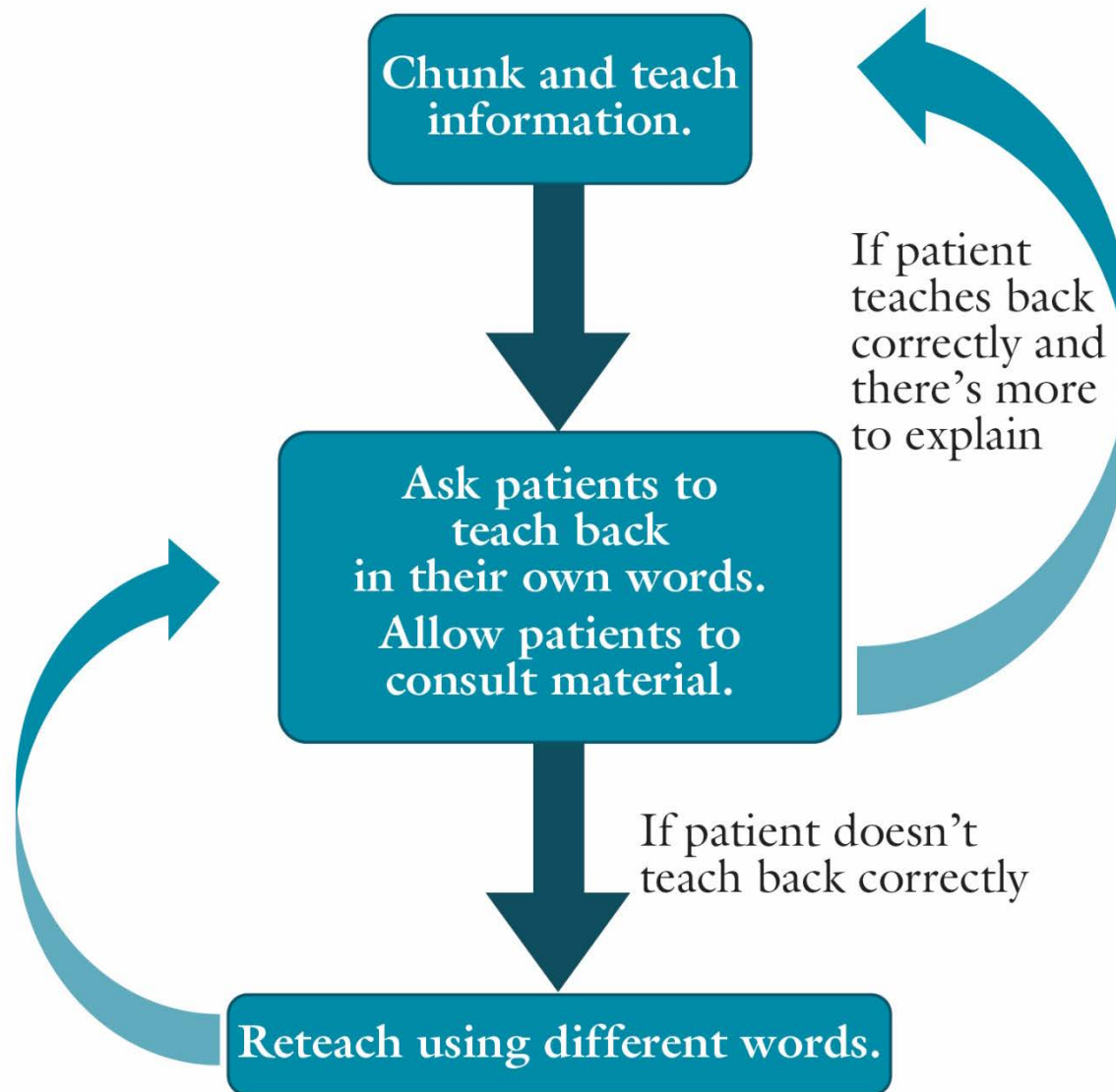
How can it help me?

- Confirm that your patients have a **clear understanding** of what you have told them.

- Prevent misunderstandings that would affect **treatment adherence.**

- **Minimize** postvisit clarifying phone calls and emails.

When should I use it?

- A new diagnosis

- Medication need and proper use

- Home care instructions

- Recommended behavior changes

- Treatment options

- Treatment plan
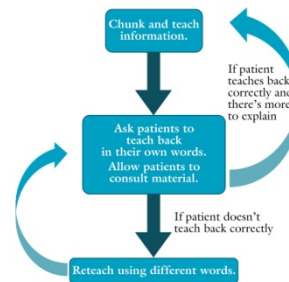
- Use of a new device

- Next steps

How do I use it?

What tools are available?

Scenario 1

- Mr. Thomas – 78-year-old male with uncontrolled hypertension and knee pain

- Visiting for knee pain, which is keeping him from exercising

- Takes hydrochlorothiazide, atorvastatin, and low-dose adult aspirin

- Not taking hydrochlorothiazide as prescribed because it makes him pee a lot

- Positive PHQ 9 depression screening

- Plan of care for Mr. Thomas:
  - Stop the hydrochlorothiazide and start metoprolol (50 mg PO QD).
  - Start fluoxetine (20 mg PO QD).
  - Follow up with an orthopedist for a possible knee replacement.
  - Continue atorvastatin (20 mg PO QD).
  - Continue low-dose adult aspirin (81 mg PO QD).

Scenario 2

- Mr. Penny – 32-year-old male with persistent cough, low-grade fever for 3 days
- Temp 38.1 C, BP 128/82, weight 179 lbs
- Tired, SOB on stairs, pain in chest with deep breath
- Decreased breath sounds lower right, audible rales
- Plan of care for Mr. Penny:
    - Chest x ray
    - Azithromycin 500 mg PO today, 250 mg PO next 4 days
    - Followup from clinician with test results
    - Fluids
    - OTC acetaminophen or ibuprofen as needed
    - Return in one week. Call sooner if no improvement.
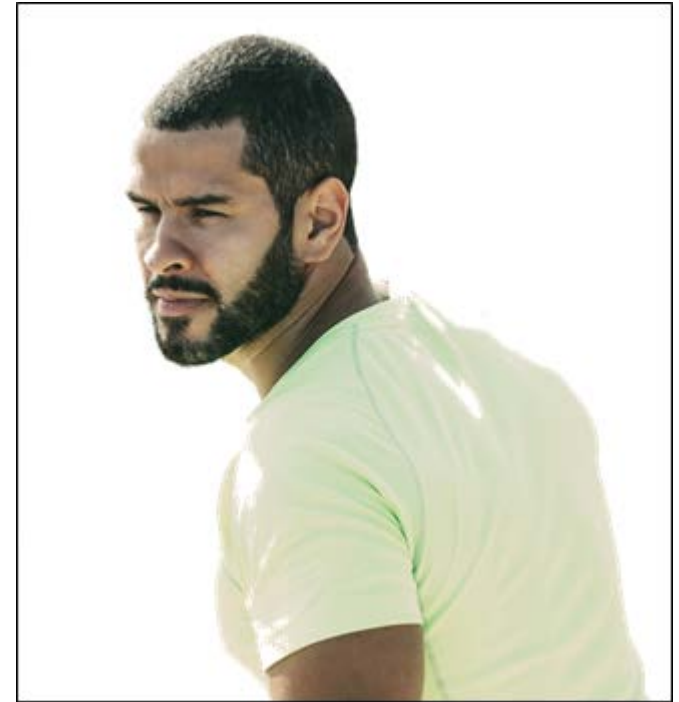
Scenario 3

- Ms. Santiago – 46-year-old female following up after MI and placement of drug-eluting stent in RCA through angioplasty
- Discharged from hospital 4 days ago
- Overwhelmed by new health status and medicines
- Plan of care for Ms. Santiago:
  - Follow up with cardiologist as planned.
  - Return to primary care practice in 2 months for Prevnar 13® vaccine.
  - Continue taking prescribed medicines:
    - Ticagrelor 90 mg – 1 tablet PO BID (morning and evening)
    - Metoprolol 75 mg (25mg/tablet) – 3 tablets PO QD (morning)
    - Lisinopril 10 mg – 1 tablet PO QD (morning)
    - Low-dose adult aspirin (81mg/ tablet)—1 tablet PO QD (morning)
    - Atorvostatin 80 mg – 1 tablet PO QD (evening)
    - Vitamin D 1,000 mg – 1 tablet PO QD

How will we evaluate it?

- Number of followup questions
- Quality outcome measure
- Satisfaction
- Reported use
  - By clinicians
  - From patients

Customize this slide to match your practice's implementation strategy.