The Patient Better Center

How a medical management tool supplies people with the *right* health education to improve lives, reduce costs, and advance medicine.

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Patient Better LLC | www.patientbetter.com

11/1/22

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Part One – Getting Acquainted

Patient Better is a standard medical management program that equips health consumers with the knowledge and skills needed to be successful in today's post-pandemic and digitally-based medical landscape. Patient Better's health manager is a medical supply and aid for individuals to manage the complexities of healthcare, including ancillary and at-home care, that surround point-of-care treatment. Patient Better works best for people (and their family/informal caregivers) with common to complex, mild to advanced, psychological and physical conditions. (Click here to watch our introductory video.)

Company Information
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Product and Service Operations:

- o **EHR** Charm Health EHR
- o **DME Billing Software** Truesight
- o **Commercial Liability Insurance:** The Hartford 2M/4M

Registration Information (Click **here** to visit official registration site page)
NPI # 1184351520 - Taxonomy codes- Primary 332B00000X - Durable Medical Equipment & Medical Supplies | 174H00000X - Health Educator | 251K00000X - Public Health or Welfare

Product Information:

Item	Trademark	Product ID	Unit Cost
Patient Better®	6068798	0086000514606	$795

Conceptualization

On the premise that children go to school to learn how to read, write, and develop critical thinking skills. Workers are trained how to perform duties and fulfill roles. Younger generations seek advice from their elders to gain experience, improve judgement, and better forecast the future. People go to providers to seek medical care. Patients apply medical devices to stimulate muscles and enhance functional activity. Health recipients use Patient Better to learn the responsibilities of being diagnosed.

Like an elbow, knee, or back; your brain is also a part of the body that needs to be developed to perform a specific function. Wouldn't it be a fair conclusion to understand that people need a

product to improve [health proficiency] industry knowledge to navigate through medicine more efficiently and effectively?

Studies indicate that low health literacy rates are believed to cost the U.S. healthcare system between $106 billion and $238 billion each year. Furthering the average cost per medical care recipient with inadequate and marginal health literacy deemed significantly higher in medications misuse, inpatient and outpatient care, hospitalizations, and emergency room visits. [i] [ii] [iii]

Market

Research shows that at least 80 million Americans unwittingly suffer from healthcare illiteracy. The astounding consequence of this silent epidemic wreaks havoc on our already strained healthcare system and its ripple effect has an even more profound impact on fellow patients, families, and essentially everyone else to receive or deliver care. [iv]

Patient Better recognized and solved this massive pain point by developing a critical public healthcare literacy intervention program. Our program truly moves the needle on improving people's lives by supplying a much-needed life-skill to learn how to become proficient in healthcare. Indeed, by properly executing a health literacy program into our society, we play a significant role in bettering individuals' ability to manage care. Additionally, through our extensive health literacy examination, we realized that improving patient proficiency not only improves livelihoods but also significantly reduces healthcare costs and advances medical professionals' ability to deliver care. [v]

Patient Better LLC is a company that offers products and services that pertain to a health proficiency program. Patient Better researched, created, and tailored itself to educate persons in need to learn how to manage their healthcare. Patient Better's products are designed to help those who sustain common to complex, mild to advanced, physical and/or psychological diagnosed medical conditions to transfer and communicate care. Our education and management services are tailored to meet a diverse population who are at different health literacy levels aimed to improve health outcomes. Patient Better's health literacy program's curriculum is comprised of meaningful concepts, intelligent tutorials, and purposeful tools to create insightful management capabilities to patients, families, and other informal caregivers to learn how to better participate in, contribute to, and supervise in [at-home] care. Patient Better's health literacy program is a medical necessity when the patient lacks essential patient knowledge and training to conduct basic functionalities and meet essential requirements of today's medical systems' demands.

Identifying issues, understanding our market, and creating a critical problem solver

- ➤ Only 50% of caseloads have (reliable) internet access.
- ➤ Health illiteracy directly affects (at least) 80 million Americans.

- Health illiteracy indirectly affects every health recipient, care deliverer, and the entire medical system.
- Those who are not health literate are least likely to be proactive in care.
- Health literacy affects everything in healthcare including health use, status, costs, and outcomes.
- The essential health literacy skill is to learn medical record management. [vi] [vii]

Review

This article is the rationale of Patient Better's health literacy program, the primary non-clinical patient education approaches that is currently being used, and why Patient Better has become a standard necessity in today's health management marketplace. This review is an explanation to providers, patient educators, care coordinators (i.e., social workers and case managers), and payors of the best practices for (not just Patient Better) all standard health literacy programs, application to a comprehensive approach for best possible consumer adaptation, as well as details the important elements required for consumer success.

Patient Better's health literacy program can be successfully incorporated into healthcare facilities and be prescribed by healthcare professionals as an educational support and management service for patients and their *informal caregivers* who need additional guidance to cope with acute complex diagnoses or chronic conditions, sophisticated at-home care delivery, or in cases of emergency or disaster situations. This article concludes that effective health literacy program is standard (rather than customized), is limitless, and applies a combination of unique identifiers and drivers that reconstructs and appoints administrative responsibilities onto the patient.

Takeaways

By the end of the article, medical professionals will have a clear understanding of how Patient Better's health literacy program fits into and meets today's market need. Furthering the reader's ability to identify how Patient Better's health literacy program plays a significant role on improving patients' and at-home caregiver's ability to better their own experience throughout their point-of-service and at-home health journey, save on both direct and indirect medical costs and expenditures, and significantly improve outcomes.

Problems

Before the implementation of the digital patient chart, traditional patient education was primarily completed in the medical practice by diagnosing physicians and (clinical and non-clinical) support staff as a unified care team. The clinic was perceived as a go-to where patients can learn how to manage their condition as well as the administrative duties that surrounded their onset. Patients received patient education that summarized two categories of education. The first was condition management, which pertained to the clinical training given by a licensed healthcare professional of the treatment, maintenance, or recovery of medical therapy. Whereas the second form of training, administrative education, focused on the non-clinical aspects of treatment.

However, since the electronic health record (EHR) systems' implementation, condition management education (provided by a licensed professional) has been the only form of instructions recognized by third party payers. With already tightened schedules and reduced face-to-face treatment room time, professionals accepted the disparity of instructions and geared their focus on teaching condition management training only. Consequently, patients left their appointments without the necessary administration training, or (the necessary) health literacy skills that will help increase their chances of best possible measurements and outcomes. Indeed, the lack of which are proven contributors to poor health, increased costs, higher risk of mortality, ineffective use of healthcare resources, and other health disparities.

Evidence shows that improving patients' health literacy skills, or administrative understanding, is the most promising approach to patient self-sufficiency and prolonged independence. Today, administration education has become necessary for improving quality and safety and supplying a higher level of patient satisfaction. Understanding these consequences of the modernized technology-based clinic, health literacy programs have found their niche in the patient-educational market. They clarify one's basic knowledge and understanding of health and the healthcare system (i.e., one's literacy skills), improve one's ability to comply with treatment and to fully grasp costs, as well as ability to define their health status at any given point of time in treatment, which will effectively increase the chance of obtaining the best possible outcome. [viii,ix,x,xi,xii]

Since COVID-19 hit, the lack of health literacy and access to in-person treatment has exacerbated already existing issues that are the root causes for deterring people to proactively prevent, maintain, or recover from onsets. The lack of resources for administrative patient training created a greater demand for health literacy programs. When stay-at-home orders were enacted (then extended), patients found themselves incapable of understanding how to manage care independently and put off treatment until things returned to normal. Patients who delayed care have faced harmful consequences and have struggled with newly developed behavioral as well as physical health problems alongside existing socioeconomic challenges, making prevention, maintenance, and recovery even more complex. Today, health executives are scrambling to create exclusive health literacy programs and link them to their existing EHR. However, there are four essential yet overlooked drivers that ultimately slow down or prevent executives from implementing a patient-centered health literacy programs into their EHR systems. [xiii,xiv,xv,xvi]

The standard measurement of health literacy: Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions.

Patient Better improves four instrumental patient tasks

1. **Ability to participate in treatment** to help patients have fewer complications, reduce emergency room visits, prepare for information-driven medical appointments, and reduce unforeseen costs.

2. **Understanding of proper medical utilization** to help patients understand the importance of preparing for medical appointments to reduce unnecessary phone calls and office visits and effectively take advantage of offered services, treatments, and resources.
3. **Level of risk management skills** to have a realistic calculation of services needed for proper treatment and the necessary financial proficiency to make more informed healthcare decisions.
4. **Ability to effectively manage care records** to become an efficient and effective liaison in the transfer of information from one physician's office to the next.
   (For more information, see Table 1.)

Solutions

Patient Better's health literacy program identified, addressed, and solved unique market issues.

Our program focused on supplying meaningful health education to the underserved and hard-to-reach population who sustain chronic conditions as well as their family-members who support and provide ongoing care without compensation or formal training. With our in-depth understanding of past and current (post-pandemic) healthcare proficiency challenges, we were able to bring forth a health literacy program that became a necessary life-skill. Currently, our product is a robust solution for patient- and family-health. Today, the purpose Patient Better is to supply people with the right healthcare knowledge to effectively participate in cost-effective medical visits and treatment, make more informed medical decisions, and improve the quality of life throughout the health journey and beyond.

First Health Illiteracy Issue Addressed

The barriers aligning the digital health record to people

Before the implementation of the digital patient chart, traditional patient education was primarily completed in the medical practice by diagnosing physicians and (clinical and non-clinical) support staff as a unified care team. The clinic was perceived by patients as a go-to to learn how to manage their condition(s) as well as the instructions to govern the administrative duties that co-exist with their onset. Health consumers received patient education that summarized two categories of education. The first, being condition management, which pertained to the point-of-care training provided by a licensed healthcare professional that pertained to the individualized treatment, maintenance, or recovery of medicine. And the second form of training focused on the (fixed) non-clinical aspects that accompanied clinical treatment. However, since the electronic health record (EHR) systems' implementation, condition management education (provided by a licensed professional) has been the only form of instructions recognized as reimbursable by third party payers. Indeed, with already tightened schedules and reduced face-to-face treatment room time, professionals accepted the disparity of instructions and geared their focus on teaching their patients condition management training only. Consequently, unwitting patients left their appointments without the robust management education as their sophisticated medical practice. Clinics left their patients abandoned of the health literacy skills needed to effectively increase

their chances of the most successful measurements and outcomes as well as the ability to properly safeguard themselves from oversight and error.

Second Issue Health Illiteracy Addressed
Treatment room time constraints

Scholarly journal articles point out that the lack of patient [proficiency] education is a proven contributor to poor health, increased costs, higher risk of mortality, ineffective use of healthcare resources, and other health disparities. Research also concludes that the lack of education leaves people unable to conduct lower-level tasks as well, like accessing a portal or understanding the necessary documents to conduct a basic examination.

Based on our research and the answers of hundreds of health professionals, we have cultivated the top ten principle patient-tasks in which providers would like to see their patients to perform:

1. **Ability to manage medical record.**
2. **Prepare for medical appointments. (Tasks include recording chief complaints prior to the appointment and readiness to answer routine encounter questions.)**
3. **Ability to use medical portals.**
4. **Exhibit proper medication compliance.**
5. **Perform routine vital governance.**
6. **Follow sophisticated directions.**
7. **Have an in-depth understanding of informed consent.**
8. **Safeguard health information from oversights and data loss.**
9. **Participate in a higher quality (of information-driven) medical appointments.**
10. **Ability to preserve or retrieve health information in case of emergencies or disasters.**

Our Approach

Patient Better's health literacy program is self-functioning, separate from electronic recording systems, affiliates, and other third-parties. Health literacy programs must be a stand-alone program that does not compete with but rather complements the clinician's electronic record and supplies payers with quality transparency that focuses on improving patients' health literacy skills. There is no prior requirements or existing systems or affiliations for a health literacy program to be furnished to the patient or family. Health management training, with condition management education, should be the standard practice. However, as of today, without specified health proficiency education, patients are forced to perform their own research to learn how to manage their care. Instructions should develop one's communication and health literacy skills that advance self-reliance to 1) improve decision-making capabilities; 2) safeguard against unwitting errors, oversights, or delayed treatment; and 3) ensure medical information protection in emergency and disaster situations.

Patient Better's health literacy programs has no limitation for applying meaningful concepts, intelligent tutorials, and purposeful tools to create insightful management capabilities for

patients and their caregivers that will ultimately improve their communication and health literacy skills. It is important to integrate ML into health management curricula so that health laypersons can acquire care skills quickly and be transformed into expert health advocates.

It is important that Patient Better's remains independent as it frees up ancillary care services that would otherwise be compartmentalized and will limit the patient's access to non-streamlined specialties. Which brings us to our next point that if others are looking to create an affiliated (whether attached to a specific drug, condition, EHR, or insurer) health literacy program; it will restrict health proficiency to a smaller and more inclusive audience. Thus, preventing growth of a true patient-centered health literacy program. With our independent health literacy program, we provide a pathway for insurers, drug and device companies, research facilities, foundations, associations, and other resources to get in front of the patient and informal caregiver as a community of providers who unitedly work together throughout the entire patient's life. With Patient Better, there are no uncommunicated breaks in service. We give ancillary care services a unique opportunity to reach the "hard to reach" and underserved who were previously forgotten or overlooked by the electronic health record's system and communicate with all other service providers.

(For more information, see Table 2)

First Driver

Developed as an independent program.

Executives are now scrambling to construct patient-centered health literacy programs that can be modified and fit under the scope of their already existing digital patient record. At first glance, building a health literacy programs add-on to the EHR would be ideal as it would keep health management education in-house and provide clinicians an exclusive tool to apply treatment services that would otherwise be overlooked. Initial perception could imply to a health-management program creator that a linked health literacy programs application to the EHR could potentially increase the clinic's revenue. However, sub-categorizing health literacy programs within an already existing EHR system poses a threat to the health literacy programs' overall capabilities and restricts its functionality. Although there may be a small possibility for clinicians' revenue to increase, executives are realizing that creating and implementing a health literacy program add-on would be extremely costly and time-consuming. At second look, health professionals recognize that in order to implement boutique-style health literacy programs into a live EHR system will take an enormous amount of thought, dedication, collaboration, and other unforeseen obstacles (rework and work-arounds) in which only a master can spot health literacy program's possibilities. Upon even further examination, health experts realize that there will be the need to integrate artificial intelligence into their health literacy programs so that it can detect basic human characteristics as only human-operated educational courses can supply. Adding this feature would sky-rocket costs of health literacy programs integration, even for large medical centers and their massive electronic systems. Furthermore, if health literacy programs is launched

as an EHR add-on, it would be unobtainable for people living in rural areas, private practices, and (already) underserved communities. Although technology has advanced within the medical industry by leaps and bounds, studies report that an average of only 50% of households have access to reliable, consistent technology.

Second Driver

Executes purposeful patient-centered care.

Today, health literacy programs are considered the most appropriate health management instrument to tap into an incredible additional resource that would not dip into the already enormous costs of healthcare. This recognition and ability to incorporate *informal caregivers* (friends and family of the patient who go uncompensated and are without formal training) into the mix has allowed health literacy programs to engage patients, incorporate as many care contributors as possible, and ensure patient costs can be met even on a shoestring budget.

If needed, Patient Better's health literacy program can transform the education delivery method from a patient-centered standard into the relationship-centered care (RCC) model of training, The RCC model, or family care model, improves the home care team's adaptation of concepts; ability to understand medical conditions (diagnoses, diseases, and disabilities) understanding of processes to manage multiple aspects of medical conditions, sophisticated care delivery, and a higher-level of decision making. Allowing families to make informed judgments as an independent home care team, while away from the direct guidance of a professional. Research shows that the RCC model is the new standard for delivering health information that incorporates and includes the patient's informal caregiving team. RCC serves as the framework for conceptualizing multi-level informal care teams that recognizes that the nature and quality of a patient's extended relationships will influence the patient's outcomes. [xvii] [xviii]

EHR complications in connecting first and second drivers

An EHR is a complex digital version of the patient's paper chart, which is designed exclusively for professional use, whereas a health literacy programs is patient-centered, meaning that they function to assist patients to actively participate in medical treatment in cooperation with health professionals.

A. Diagram of each system's primary function

System	Function		System	Function
Patient Better	*Patient*-centered		EHRs	*Provider*-centered

Third Driver

Instructs through the critical element of meaningful learning.

Meaningful learning (ML) is a key element that should be infused into all health literacy programs. ML uniquely identifies the quality of health management education for patients and

their informal caregivers, and it can measure how they will adapt to and embrace ever-evolving health information, concepts, and processes.[xix] Quality health literacy programs' ML is the substance that is intertwined within the curricula and acts as the facilitator to help patients and their caregivers obtain a more comfortable experience, make qualified health decisions, and achieve better outcomes.

Educators understand it takes a lot of thought to integrate ML into a curriculum. The amount of ML that can be incorporated into curricula is what differentiates good instructors from bad. ML is a coveted practice because it is the most reliable and proven method that patients, family-members, and caregivers, with diverse backgrounds can easily grasp and understand. However, without the capability of thought, the EHR is impossible for technology to incorporate ML into a health literacy programs to achieve the best possible outcomes. The electronic record functions as a big-data processor, while health management education comprises thought, training, nurturing, and identifying human behaviors, therefore making health literacy programs incompatible with EHRs and blocking the ability of these two systems to function in lockstep.

Forth Driver
Transforms the traditional provider-patient relationship into a modern partnership in care.

As a requirement for the EHR to function properly, clinical overseers have taken on additional administrative duties. In an effort to supply the same quality of patient care and safety, providers who implemented an EHR system into their practice maintained the same amount of cases yet took on the lion's share of data collection and submission responsibilities, which were once done as a team. This demand meant that clinicians would have to analyze (sometimes complex) health occurrences through patient recollection and submit the organized point-of-care recording to third-parties, thus impacting the provider-patient relationship leaving clinicians with an abundant amount of computer work and patients looking for medical information elsewhere. [xx]

Through outside resources such as the internet, tv, and other reading material people began to better understand healthcare separate from the medical practice. These additional sources of information supplied people with unresearched, unqualified, list of "generalized" information that did not supply a roadmap for people to feel more comfortable in the care decision making process. Patient Better practices the "Patients as Partners" ideology and works closely with health professionals to truly build self-confidence, self-reliance, trust, and independence within the health industry. As the transformation of the traditional patient-provider relationship took place as patients and their caregivers desired a more corresponding exchange of treatment decisions with their provider. Today, the traditional provider-patient relationship has reconstructed itself from a parent-child role to a more reciprocating interaction of a mutual beneficial exchange of information, otherwise known as an equal partnership in care. [xxi]

(For more information, see the Health Proficiency Challenge)

Part Two – The Program

Patient Better is a health literacy program to be used by care recipients with common to complex, mild to advanced, physical and/or psychological conditions (and their family/informal caregiving at-home team) to build a solid foundation of invaluable healthcare knowledge to last a lifetime.

The Patient Better® Self-Health Managing System (USPTO Trademark #6068789 Approved June 22, 2020) Includes: (full classroom experience) 12-month full access to program curriculum (and software if applicable), templates, operators' manual, presentations, and videos and reading materials.

The revolutionary Patient Better healthcare proficiency program equips people with the knowledge and skills needed to be successful in today's post-pandemic and digitally based medical landscape. Patient Better's health management program is a resource to learn how to manage the complexities of healthcare that surround point-of-care treatment. Patient Better works best for people and family members (who care for) with common to complex, mild to advanced, psychological and physical conditions.

Overview
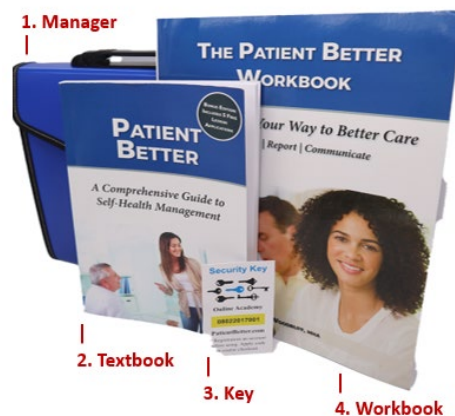
Featured contents:

1. Self-Health Manager
2. Patient Better Handbook
3. Security **Key** to Online Course
4. Patient Better Workbook

The Self-Health Manager

The Self-Health Manager is Patient Better's signature product and is promoted as the brain to the personal medical management program. The Self-Health Manager acts as the skeleton of the patient's self-created health story. This is the self-management program's tool that processes, calculates, and operates based on instructions to process and retrieve data for healthcare professionals, patients, and caregivers. When patients go to a clinic, they refer to the Self-Health Manager as their medical recording system just like the doctor's. The only difference is, unlike the doctor's system, which is electronic and located in a computer, this system is non-electronic, which makes sharing the health story accessible to anyone at any time. Having a Self-Health

Manager eliminates the need for countless passwords and constant connectivity and can easily transfer records and documents from one place to the next. The Self-Health Manager is the organized personal medical record system in which healthcare professionals, patients, and caregivers can more thoroughly construct, communicate, and collaborate point of care and at-home care.

Proprietary Features:
1. Plastic Shell (Image 1) - For cleaning, sterilizing, and additional heat protection.
2. Thirteen expandable pockets (Image 2) - For durability, proper system management, and organizational capabilities.
3. 12 Tabs (Image 2) - To label according to Patient Better program guidelines.
4. A convertible top (Image 2) - That fully closes (To meet HIPAA requirements and for additional privacy and protection).

Image One

Image Two

Image Three

Online Academy

Inserted in Patient Better's Self-Health Manager is the "Key" to unlock the Patient Better Academy. The Patient Better Academy is an online learning option that works in conjunction with the handbook and workbook. This self-paced program offers the full classroom experience with supporting course work. The Patient Better learning center includes tutorials, videos, presentations, and quizzes. (8th grade level literacy level), and templates that enables patients and (long-distance and extended) at-home care teams to become proficient within the current healthcare arena and the healthcare recipient's individualized care needs.

All those who have the username and password can access the Patient Better Academy. No personal information is stored in the classrooms other than documented attendance. Patient Better can confidently state that all users can access account as many times as needed on a personal or shared computer, smart phone, or tablet throughout a 12-month period and beyond (if necessary).
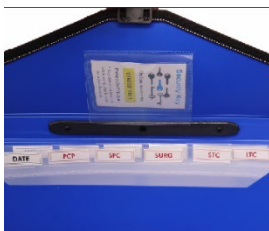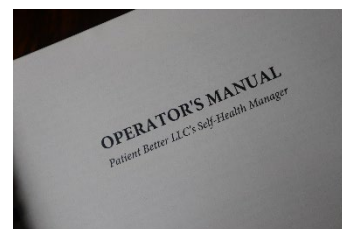
Image One (Key)

Image Two (Courses)

Image Three (Operator's Manual)

Handbook

Patient Better: A Comprehensive Guide to Self-Health Management is a well-researched instructional piece written for people to understand today's technology-based (virtual and in-person) healthcare world. Patient Better is an essential tool for patients who are diagnosed with mild to moderate conditions who can manage their health occurrence on their own.
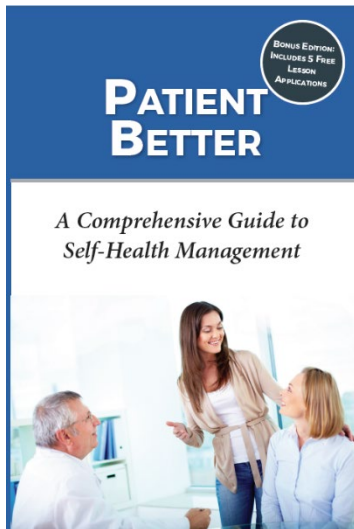
Patient Better: A Comprehensive Guide to Self-Health Management

Difficult topics of educational "soft spots" answered:
- Healthcare Finance Management
- How to reverse an approved and then later denied claim.
- Read and understand SOAP notes and create chief complaints.
- Properly assist in treatment planning.
- Understand the Outcome's (and measures) purpose and importance.
- Conduct health care research online and communicate findings to practitioners.
- Create a medical record keeping system.
- Enhance informal caregiver's capabilities and participation.

Workbook
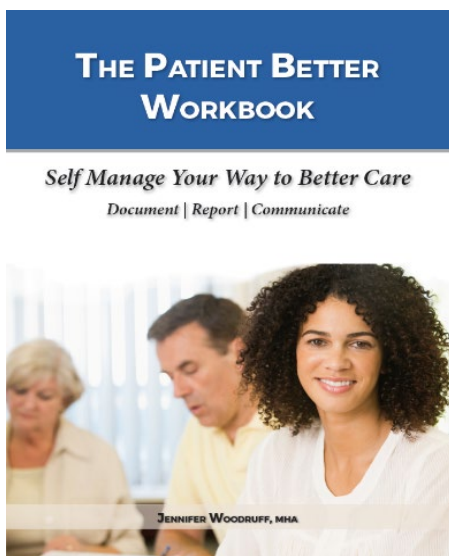
The Patient Better Workbook: Self-Manage Your Way to Better Care is a collection of our most popular worksheets to further assist care teams in developing their analytical skills. This workbook is the second level of patient learning and supplies at-home care teams with additional analytical capabilities to perform higher-level administrative tasks that co-exist with today's health-related circumstances.

The Patient Better Workbook is part of our educational program that instructs people and their at-home caregivers how to self-manage care. Today, individuals with medical conditions (and the folks who care for them) are often required to perform complex in-home medical care.

Part Three - The Process

Measurements

How consumers understand healthcare proficiency

Scores are immediate and determine medical necessity and documents the consumer's point-of-care proficiency level. Each question is highly researched and provides us with insight to calculate needed services for patients and their at-home care team to obtain best possible literacy outcomes. Please see Health Proficiency Challenge

Patient Better focused on improving medication compliance while reducing inpatient stays, (outpatient) encounter time, hospitalizations, and emergency room visits.

Processing

Qualifying

1. Patients are provided The Health Proficiency Challenge prior to the encounter
   This is our statistically qualified self-assessment in which patients complete prior to the appointment. This is part of the clinic's new patient/update paperwork.
   (See example [patient completed] Health Proficiency Challenge)

Ordering

2. Providers Prescribe
   Once the provider faxes over a prescription, The (patient completed) Healthcare Proficiency Challenge, the face sheet, and demographics; our intake coordinator conducts an interview with the patient or power of attorney.
   (See example patient interview or primary caregiver interview)

Evaluating

3. Interview Evaluation Report
   Based on initial Healthcare Proficiency Challenge answers and interview responses, Patient Better evaluates one's literacy level and reports findings to prescribers of consumer completion success.
   (See example report)

Outcomes

Moore's Level of outcome assessment

Our periodic self-assessments document participants learning effectiveness through Moore's Level Assessment and provides independent health management education to consumers that aims to improve patient care. This event focuses on the application of knowledge, competence, and performance of the professional that reflects Moore's Level of Outcome's Model. We achieve this by providing a quality learning event as well as pre-, during, and post- evaluations that address evidence-based, gaps in accordance with the American Medical Association's findings.

Depending on the preliminary report and program educational capabilities and needs, there will be a total of 3 to 7 self-assessments provided within a 3 to 12-month period.

1. Immediately following workshop (Initial Survey)
2. Six months (or completion of every course)
3. Twelve months (Program Completion Survey)

(See example survey)

Part Four - The Near Future

Patient Better and Telemedicine

Today, the US healthcare system continues to struggle with uncertain working environments, staff burnout, and turnover. Patients and caregivers are beginning to recognize and accept this uncertainty in medicine. In the last decade, the face-to-face interaction between the provider and patient has diminished while the use and need for telemedicine has exploded. Virtual medicine's focus on acute and urgent care have been prioritized while the disparities in assessing complex conditions remotely continue. However, statistics show that only 50% of caseloads have internet access, making the argument for Patient Better's independent health literacy program even stronger. Indeed, as discussed earlier, without essential literacy skills, healthcare laypersons will continue to be more susceptible to poorer health disparities and outcomes. Health literacy programs must continue to be relevant, therefore, providing administrative training for both in-person and now virtual medical appointments. Health literacy programs are able to bridge the gap in patient understanding between remote and in-person patient participation.

Key learning drivers bridging in-person proficiency to virtual office visits

1. **Parity** - For in-person and virtual medical office visits, parity teaches patients why they are participating and helps their professional provide the same data remotely for a reimbursable appointment.
2. **Communication** - The entire care team (both professional and private) has a patient-centered, non-affiliated centralized system that will unite all participants on an individual's care team.
3. **Documentation** - All those contributing care, including driving to appointments, help with activities of daily living to complex care delivery. Patients and caregivers can understand the uniform recording system in which each document is to be copied, shared, and stored.
4. **Recording** - How and when health data is to be recorded and stored and how to participate and contribute to data tracking.

The Remote Companion (Handbook)

Patient Better: A Remote Companion for Self-Health Management is a well-researched instructional piece written for people with common to complex, mild to advanced, physical and psychological conditions and their and home care teams to understand today's technology-based (virtual and in-person) healthcare world. Patient Better is an essential tool for patients with a sudden health occurrence like cancer, in need of chronic condition management, or need to collaborate documentation when co-managing care for in-person and virtual medical office visits.


Patient Better: A Remote Companion for Self-Health Management

Difficult topics of educational "soft spots" answered:
- Preparation needed for a telemedicine visit.
- with others. How to create a Google healthcare account to communicate
- **Read, interpret, and understand the doctor's medical notes.**
- Understand the Outcome's (and measures) purpose and importance.
- Conduct health care research online and discuss findings with practitioners.
- Create a personal medical record keeping system online.
- Continue to enhance informal caregiver's capabilities and participation.

Part Five – For Accreditors

The Patient Education and Healthcare Learning Center
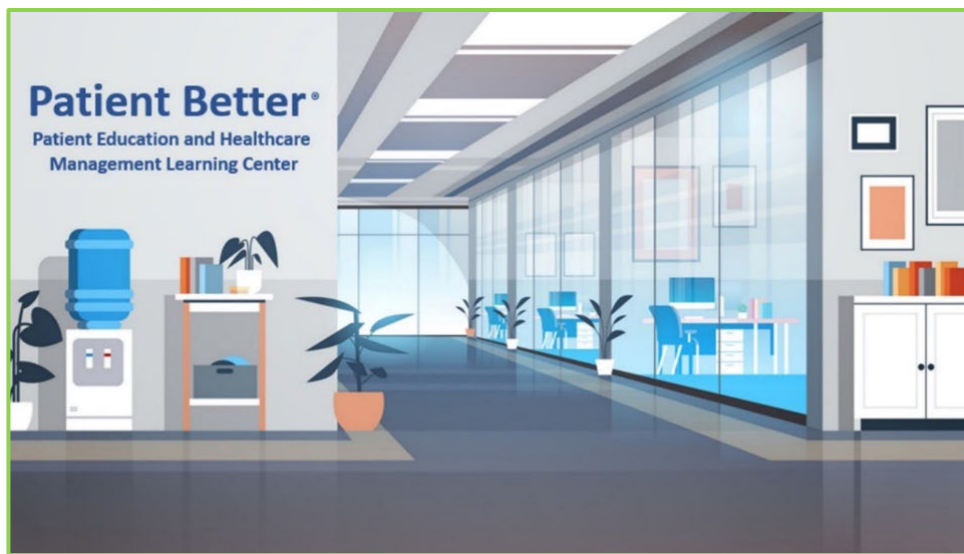
The Center

Patient Better LLC proposes a patient education and healthcare management learning center to house the Patient Better® program and to serve local communities.

Location and Functionalities

Ideally, this center, (along with future franchises) will be located inside medical professional buildings to offer a convenient educational environment to consumers and families that cultivates and embraces healthcare learning. Patient Better will offer in-person and virtual consumer training that teaches people the essential proficiency skills needed to be successful in today's post-pandemic and technology-based medical landscape. Essential competencies include training people on how to manage medical records and provide patient-education for self-management.

Staffing

Centers are primarily staffed by full-time certified medical assistants who specialize in medical record management. They will be trained with the standard Patient Better guidance to help patients and caregivers learn a self-reliance life-skill to practice sound safety measures and have a better experience throughout the health journey and beyond.

Market Need

Today, health recipients have no other choice then to seek outside resources such as libraries, community centers, family, and friends to learn basic patient tasks. However, if the patient does not receive the proper training from people (most likely) unaffiliated with medical industry; consumers go without and unwittingly predispose themselves to a greater risk of additional conditions, errors, or oversights.

Furthermore, companies and organizations must rent venues (i.e., hotels, convention centers, or non-ideal cramped and busy hospital space) to hold seminars and/or training. Having a center such as ours allows suppliers and vendors a cost-effective solution to come to their targeted audience more easily. Thus, making professional learning more attractive and convenient free from distractions, interruptions, and other unrelated influencers.

Revenue

Patient Better's patient education and healthcare management development center serves the medical community as a professional HIPAA compliant center where patient care management tasks that co-exist with point-of-care treatment are learned. Patient Better will also rent our learning center to drug and device companies, corporate sponsors, foundations, insurers, and other healthcare professional educators in need of a teaching environment geared toward medical and health related learning. Our center will offer various gathering places specifically designed for professional learning. Training may include CEU classes, seminars, staffing programs, and work-related informational designations for learning as demands.

Summary

A qualified health literacy program is an independent collection of substantial and proven patient-centered techniques, concepts, and ideas that essentially teaches people (healthcare) self-reliance. There is a current need for an independent health literacy program that is unaffiliated and that will bring unique benefits to patients, caregivers, and the community at large. health literacy programs supply a point of view and free up confusion that is often associated with a medical appointment and organize the documentation necessary to complete a professional encounter. Moreover, Patient Better's health literacy programs demonstrate why self-documentation, and an account of all patient recollections are important..

Patient Better's qualified health literacy program transforms the traditional patient–provider relationship into a modern, equal partnership in care. This transformation is an essential and pivotal component in today's industry because it helps professionals to further evaluate patient at-home compliance and more closely examine the patient's and family's at-home interests, investments, and participation in recovery and treatment while away from point-of-care services. In turn, healthcare consumers understand how to be more forthcoming and knowledgeable about the performance of at-home care delivery and the rationale behind relevant services executed while away from the clinic. [xxii]

Patient Better health literacy program's standard drivers unify individual-professional communication and train health consumers how to adapt to healthcare's ever-evolving updates, concepts, and processes. While working alongside the EHRs and telemedicine platforms, Patient Better's health literacy program can be reported and-or documented under any circumstance, condition, emergency, or disaster.

Appendix

Table 1. Principle learning concepts create key patient takeaways.

Principle Learning Concepts	Key Patient Takeaways
Enhance participation in treatment	➢ Have fewer complications ➢ Reduce emergency room visits ➢ Have more information-driven appointments ➢ Reduce unforeseen costs
Maximize medical utilization	➢ Better preparation for in-person and virtual medical appointments ➢ Reduce unnecessary phone calls and office visits ➢ Open to newer, groundbreaking concepts ➢ Effectively take advantage of services, support, and resources
Improve risk management skills	➢ Have a realistic calculation of offered services ➢ Improve health communication and literacy ➢ Exposure to a higher quality of professional conversation ➢ Make more informed medical decisions
Effectively manage care records	➢ Keep a record in case of emergencies or disasters ➢ Reduce the chance of health history from being lost ➢ Create a unified hard copy of one's health history ➢ Transfer unified information from one professional's office to the next

Table 2. Patient Better's operational drivers and characteristics.

Drivers	Characteristics
Independent	➢ Used without system, payer, or condition affiliation ➢ Transforms and updates as the health industry moves ➢ Can be applied and communicated under any circumstance or crisis
Patient-centered	➢ Focus on educating patients, families, and caregivers on what is meaningful and valuable ➢ Embrace the relationship-centered care model ➢ Formulated concepts, ideas, and processes that are relatable to the individual patient
Meaningful Learning	➢ Standardized framework that supplies unified information to patients, families, and caregivers to participate and contribute to individual care needs ➢ Application to a large pool of sociodemographic areas ➢ Cater to a diverse population and empathetic of individual circumstances
Transition Relationship to EPIC Exchange	➢ Individual patients and caregivers to oversee care more independently ➢ Increase individual communication and literacy skills ➢ Provide framework for coordinated respectful and equal exchanges of information throughout treatment and therapy

The Health Proficiency Challenge

Take this self-assessment to find out if you have the essential healthcare knowledge to thrive in today's medical landscape.

Name: _____ DOB: _____ Date: _____

1. Would you be able to retrieve an old medical record if requested?
   ___Yes ___ No

2. In the past, have you documented your vitals as requested?
   ___Yes ___ No

3. Do you prepare to answer routine questions physicians ask on every appointment?
   ___Yes ___ No

4. Before appointments, do you document or record your chief complaint(s)?
   ___Yes ___ No

5. Do you access your medical portal(s) regularly?
   ___Yes ___ No

6. Have you always brought the proper documents or records to the appointment?
   ___Yes ___ No

7. Do you consider yourself a ***prepared*** participant in every appointment?
   ___Yes ___ No

8. Do you bring a note pad with you to every appointment?
   ___Yes ___ No

9. Do you understand common medical terminology, codes, and insurance policies?
   ___Yes ___ No

10. Do you have your own medical record management or organizational system?
    ___Yes ___ No

Health Literacy Challenge (back)

Scores:

0 Nos – Well done, you are officially considered "a professional patient health advocate."

1-2 Nos - You're doing great! However, you could use a little more exposure to healthcare proficiency literature to brush-up or continue your "A" game.

3-4 Nos – With a little more healthcare knowledge you'll be able to soar through life as an expert health advocate.

5 + Nos – Yikes! Don't leave the office without a Patient Better prescription!

Why am I receiving this assessment?

Today, navigating throughout the healthcare system is more challenging than ever! And it is even more important for you to bring out your inner expert health advocacy skills. This self-assessment was brought to you today to test your advocacy skills, or at least, bring them to your attention. We are an organization dedicated in teaching people to have essential and relevant life-skills in medical record management and to thrive in today's medical landscape.

Reap the benefits in learning how to be an expert health advocate:

- ✓ How to access medical records from any portal.
- ✓ Reduce unforeseen medical costs.
- ✓ Reduce emergency room visits.
- ✓ Lessen unnecessary phone calls and office visits.
- ✓ Have fewer complications.
- ✓ Safeguard from oversights and data protection loss.
- ✓ Obtain a higher quality of information-driven medical appointments.
- ✓ And so much more…

Did you know?

Research shows that at least 80 million Americans unwittingly suffer from healthcare illiteracy. The astounding consequence of this silent epidemic wreaks havoc on our already strained healthcare system and its ripple effect has an even more profound impact on fellow patients, families, and essentially every care deliverer and recipient involved.

Glossary

Asynchronous Telecommunication - Refers to the electronic transferring of patient information that is transmitted between healthcare professionals to send electronic reports, results, and other medical-related data to be reviewed by the receiver at a later time.

Electronic Health Record (EHR) - An electronic system, otherwise known as the digital patient chart, that stores patient information electronically. These types of records are typically found within large interdisciplinary or regional hospitals, medical centers, and other health entities.

Health literacy programs - Are educational tools (that focus on providing administrative education) that clinicians use to assist patients, families, and other at-home caregivers to learn how to better participate in, contribute to, and help supervise someone's care.

Independent – Unrestricted of application and/or unaffiliated of system, payor, company or organization attachment.

Informal Caregivers - Are people (typically family members, friends, neighbors, co-workers, church members, and others that are part of the patient's social circle) who have taken on the responsibility to care for another, that go unpaid and have no formal medical training, who helps deliver care (at times sophisticated) who provides services that aids people in both at-home medical care needs or with activities of daily living (ADLs).

Meaningful Learning (ML) - Refers to the concept that people take previously learned information and apply it to new. For understanding this concept, it is good to contrast meaningful learning with the much less desirable, rote learning.

Patient-Centered Care (PCC) - Involves individual patients in their specific care demands. The IOM (Institute of Medicine) defines patient-centered care as: "Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions."

Relationship-Centered Care (RCC) - A framework for conceptualizing healthcare that recognizes that the nature and quality of relationships in health care influence the process and outcomes of health care. An extension of Patient-Centered Care, Relationship-Centered Care is founded upon four principles: (1) that relationships in health care ought to include the personhood of the participants, (2) that affect emotions are important components of these relationships, (3) that all health care relationships occur in the context of reciprocal influence, and (4) that the formation and maintenance of relationships in care participation are morally valuable.

Rote learning – Refers to the process of memorizing information based on repetition. Rote learning enhances students' ability to quickly recall basic facts and helps develop foundational knowledge of a topic. Examples of rote learning include memorizing multiplication tables or the periodic table of elements.

Synchronous Telecommunication - In the medical world, synchronous telecommunication is the real-time communication that is conducted by the provider and patient to exchange information in a live setting.

Virtual Medicine - The term virtual medicine refers to the treatment of various medical conditions long-distance through means of telecommunication. Telemedicine platforms include live video and audio, instant messaging in a remote setting.

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