

Health Literacy, Quality of Care Outcomes, and Re-hospitalization Acute MI Patients in India

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Date of Submission: 04-12-2022

Date of Acceptance: 16-12-2022

Acute MI Care Outcomes

In India, the care outcomes for acute MI patients indicate the constraints that these patients encounter as they attempt to play their roles in the delivery of their healthcare. Studies have found that the care outcomes for Indian MI patients are low in quality (Huffman et al., 2018). The low quality of care outcomes is evident in the fact that many of these patients continue to exhibit the symptoms of acute MI after they have received primary care (Huffman et al., 2018). The quality of the care outcomes shows that the care does not improve the condition of the acute MI patients, which in turn points to the possible role of the design of the care package for acute MI patients and other factors related to the delivery of care to these patients.

It is possible that the care package for acute MI patients does not contain all the medication and interventions needed to alleviate the symptoms of these patients. In addition, it is likely that the care package lacks the aspects that can enable the patients to perform their role in the delivery of healthcare. Indian health systems have the capacity to deliver adequate medication and intervention to acute MI patients (Zacharia et al., 2021), and it is unlikely that the capacity or resource challenges have denied acute MI patients access to the medication and interventions they need. Therefore, the care outcomes for acute MI patients arise from the failure of the Indian health professionals to design the care package in a manner that considers the differences in the agency of the acute MI patients in the delivery of their healthcare. The care outcomes point to the large number of acute MI patients who lack the capabilities that the healthcare system assumes they have. One of these capabilities is the health literacy that they need in order to understand their role in the healthcare process and act in ways to ensure that the healthcare process yields the desired results.

Re-hospitalization costs

The acute MI care outcomes have affected the re-hospitalization costs. In India, the costs of early rehospitalization of acute MI patients are high (Mathew et al., 2021). Rehospitalization costs depend on the rehospitalization rates and frequency. High rates of rehospitalization imply that rehospitalization visits are frequent, and a significant amount of healthcare resources are used to deliver secondary healthcare. When the rehospitalization rates are low, the rehospitalization visits and the resources used to provide secondary healthcare are low, which leads to lower costs of rehospitalization.

Rehospitalization rates in turn depend on the quality of primary care. When primary care is of low quality, the interventions do not help the patients to recover from the underlying ailment, which necessitates secondary care for the patients. High-quality primary care, on the other hand, does not necessitate secondary care that is designed to deal with the recurrence of the primary ailment.

Primary care quality has two components, and its quality indicates the effectiveness of the delivery of the two components. One component is the effectiveness of the broader healthcare system that delivers healthcare, and the other component is the strength of the agency of patients in the delivery of their healthcare. The low quality of primary care can be the result of patients' inability to play their roles in the delivery of their healthcare. When the patients cannot play their roles, the interventions become ineffective, and it becomes necessary to provide secondary care to the patients.

Health literacy and care outcomes

The care outcomes for Indian acute MI patients and the re-hospitalization rates point to the potential impact of low health literacy. It is likely that the outcomes result from the role of the component of primary care quality that relates to the strength of the agency of the patients in the delivery of their healthcare. One of the mechanisms of the effect of the agency is the literacy of the patients.

Low levels of literacy imply that the patients lack the agency required to ensure that the interventions have the requisite effectiveness (Mackey et al., 2019). Low levels of health literacy have made acute MI patients unable to follow their physicians' prescriptions, which leaves their underlying medical problems unaddressed

and increases their need for secondary care. Because the primary interventions are not as effective as they should be, the care does not yield the outcomes it ought to yield. The failure of primary care to yield the intended results implies that rehospitalization is an inevitable result. The acute MI patients' inability to play their part in the delivery of care increases their rehospitalization rates. Thus, these patients must incur high rehospitalization costs that cover the expenses of securing the resources required for secondary care.

In countries where health literacy rates are high, the quality of care outcomes are high, and the high quality of outcomes has ensured that acute MI patients have low re-hospitalization rates (Rymer et al., 2019). The context of healthcare delivery has kept the literacy rates high and engendered the agency that patients should have in the delivery of healthcare services. The health literacy rates of the populations of these countries and their healthcare systems have played a role in ensuring that the patients always have the health literacy that makes them effective agents in the process of the delivery of their healthcare. The agency of the patients has improved the effectiveness of healthcare services, effective healthcare services have ensured that care outcomes are of high quality, and re-hospitalization rates and costs are low.

Because the agency of the acute MI patients in these countries is strong, the primary care for these patients is usually effective. The agency of these patients means that they usually follow their doctors' prescriptions, which ensures that their underlying health problems are addressed. Therefore, the care outcomes for these patients are of a high quality that reflects the strength of the agency of these patients in the delivery of their healthcare. The high quality of primary care means that rehospitalizations for secondary ailments are unnecessary, and re-hospitalization rates are low. The low rates of re-hospitalization imply that the patients do not incur high costs of re-hospitalization.

Health literacy and acute MI rehospitalization rates in India

In India, the improvement of health literacy rates can reduce the quality of the outcomes of care for acute MI patients and cut re-hospitalization costs. Improved health literacy can strengthen the agency of Indian MI patients in the delivery of healthcare. Higher health literacy rates can enable patients to understand the interventions better and change their behavior. Therefore, higher rates of health literacy can ensure the care process yields better outcomes and reduce re-hospitalization rates and costs.

Health literacy reflects the ability of acute MI patients to draw the connection between the interventions that seek to alleviate their symptoms and the outcomes of these interventions. If they can draw the connection, they can understand the rationale for some of the actions they should perform as part of the delivery of healthcare to them. In addition, the ability to draw this connection enables them to know when and how to reach out to their healthcare providers to address the problems they could face as they try to participate in the delivery of their healthcare.

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XXXXXXX, et. al. "Health Literacy, Quality of Care Outcomes, and Re-hospitalization Acute MI Patients in India." *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, 21(12), 2022, pp. 33-34.