HealthLiteracyCopilot™

Business case kit for health systems: take clear patient communication to senior management

For the Patient education or patient experience lead taking a case to the CFO with the chief nursing or chief quality officer: the questions they ask first, the top problems sized with your numbers, a one-page template, the hurdle check and a 10-slide deck outline. All of it is on this page.

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A planning aid, not financial advice. Every number is a source with its year, your own input or a labeled synthetic example.

What senior management asks first

The CFO with the chief nursing or chief quality officer will ask these seven questions, in about this order. The case below answers each one. Your champion is usually the Patient education or patient experience lead, and the budget line is quality and readmission reduction, or patient experience.

- What problem, and how big is it in our money? The top problem for your segment, sized with your own inputs.
- Why now? A dated external pressure: a rule, a rating release or a deadline, with its source.
- What does it cost us, all in? The program cost from your quote, plus the reviewer time the pilot takes.

- What return do we need, and is that plausible? Your hurdle times the program cost, and the share of each cost pool that would have to change.
- How will we know it worked, and when? A baseline, then revised against current, with the measure and the decision rule chosen before it starts.
- What could go wrong, and what don't you promise? Security, PHI handling and human review, and a plain list of what is not promised.
- What exactly are you asking us to approve? One sentence: the documents, the 90 days, and the rule that decides at day 90.

The top problems for health systems, and how to size them

Each problem has a sourced fact and a formula to size it with your own numbers. Rating and penalty money is context for the case: it depends on a rating, so it is never counted as a saving.

Problem	What we know	Source	Size it with your numbers
Readmission penalties	In FY2027, 80% of hospitals in the readmissions program carry a penalty. Patients with low health literacy had 1.46 times the rate of 30-day return to the hospital or emergency department of those with adequate health literacy.	CMS FY2027 HRRP data, as reported by Healthcare Dive (2026-10-08), 2026; Mitchell et al., Journal of Health Communication, 2012	Base-operating DRG payments × your current HRRP payment reduction. This is context, not a saving. The calculator at /roi/discharge-documents does this for you.
Post-discharge callbacks	In one study of 140 emergency-department patients, 78% showed gaps in	Engel et al., Annals of Emergency Medicine, 2009	Discharges a year × post-discharge calls per discharge × share about the

Problem	What we know	Source	Size it with your numbers
	understanding at least one part of their care or discharge instructions.		documents × cost per call. The calculator at /roi/discharge-documents does this for you.
Patient-education review workload	The Joint Commission's National Performance Goals took effect for hospitals on January 1, 2026. Goal 7 covers the patient's right to safe, informed care.	The Joint Commission, National Performance Goals, 2025	Handouts × review cycles a year × reviewer hours per cycle × loaded hourly rate. The calculator at /roi/review-workload does this for you.

Why now

Lead with a dated pressure. Pick the one closest to your budget line.

- CMS penalizes 2,334 hospitals in FY2027, 80% of those in its readmissions program, up from 78%. (CMS FY2027 HRRP data, as reported by Healthcare Dive (2026-10-08), 2026)
- The Joint Commission's National Performance Goals took effect for hospitals on January 1, 2026. (The Joint Commission, National Performance Goals, 2025)
- Leapfrog asks hospitals for consent forms at a 6th-grade level or lower, and publishes the results. (The Leapfrog Group, 2026 Informed Consent Fact Sheet, 2026)

The business case on one page

Nine fields, each labeled with the kind of evidence it carries. "Modelled" means your inputs through a stated formula; "Measured at day 90" means the pilot produces it.

Field	What goes in it	Evidence label
The ask	One sentence: approve a 90-day measured pilot on your highest-volume documents, and decide at day 90 by a rule agreed first.	—
The problem, in our numbers	The top problem for your segment, sized with your own inputs.	Modelled
Why now	The dated external pressure: a rule, a rating release or a deadline.	Source and year
Cost today	Each cost pool from the matching calculator, kept separate. Never add them into one saving.	Modelled
What we will change	The documents in scope, the standards used, human review and the review record.	—
The hurdle	Program cost × your hurdle = value needed, and the share of each pool that would have to change.	Modelled
How we will prove it	A baseline, then revised against a holdout. Efficiency first, then understanding, then an outcome.	Measured at day 90
Risks and limits	The security sentence, PHI handling, human review and what is not promised.	—
Decision	The owner, the date and the day-90 decision rule.	—

Fill in your one page

Write your own entry for each field, then download it as a CSV for your deck. For health systems, the documents in scope are usually your highest-volume discharge sheets and patient-education handouts. Nothing you type leaves this page.

Field	Your entry	Evidence label or source
The ask		
The problem, in our numbers		
Why now		
Cost today		
What we will change		
The hurdle		
How we will prove it		
Risks and limits		
Decision		

The hurdle check

Finance will ask what return the program has to earn. Don't quote one: compute what would have to change. Value needed = annual program cost × your hurdle (the return your finance team asks for, such as 3 to 1 or 4 to 1). Share of a pool = value needed ÷ that cost pool. Over 100% means that pool alone can't clear the hurdle. Of the pools the pilot can measure, the one that needs the smallest share to change is where to measure first. Say whether each pool is cash or staff time. Finance counts staff time only if spending falls, such as overtime, temp or vendor cost. If finance gives a payback period instead, a 12-month payback is a hurdle of 1 to 1. Synthetic health-plan example: not a customer's numbers and not a quote. Program cost $60,000 a year at a hurdle of 4 to 1: $240,000 of value needed.

Cost pool (synthetic)	Pool a year	Share that would have to change
Member-notice call pool (200,000 members ÷ 1,000 × 400 calls per 1,000 × $8.01)	$640,800	37% of it would have to change.
Template review pool (300 templates × 3 cycles × 4 hours × $95)	$342,000	70% of it would have to change.

The sample deck, slide by slide

Ten slides, one question each. Blanks are yours to fill from the calculator and your quote. Every money or share line carries its evidence label. In this synthetic example, the call pool needs a 37% change to clear the hurdle and the review pool 70%. So the pilot measures calls about the revised notice against a holdout, and reports reviewer hours alongside.

Slide	What it says	Evidence label
1. The ask	Approve a 90-day measured pilot of HealthLiteracyCopilot on your highest-volume discharge sheets and patient-education handouts. Decide on expansion at day 90 by a rule we agree before it starts. Approver: CFO with the chief nursing or chief quality officer. Champion: Patient education or patient experience lead. Budget line: Quality and readmission reduction, or patient experience.	—
2. The problem in our numbers	Readmission penalties. In FY2027, 80% of hospitals in the readmissions program carry a penalty. Patients with low health literacy had 1.46 times the rate of 30-day return to the hospital or emergency department of those with adequate health literacy. Size it: Base-operating DRG payments × your current HRRP payment reduction. This is context, not a saving. Our number: _____ a year	CMS FY2027 HRRP data, as reported by Healthcare Dive (2026-10-08), 2026; Mitchell et al., Journal of Health Communication, 2012; Modelled

Slide	What it says	Evidence label
3. Why now	CMS penalizes 2,334 hospitals in FY2027, 80% of those in its readmissions program, up from 78%. The Joint Commission's National Performance Goals took effect for hospitals on January 1, 2026. Leapfrog asks hospitals for consent forms at a 6th-grade level or lower, and publishes the results.	CMS FY2027 HRRP data, as reported by Healthcare Dive (2026-10-08), 2026; The Joint Commission, National Performance Goals, 2025; The Leapfrog Group, 2026 Informed Consent Fact Sheet, 2026
4. Cost today	Post-discharge callbacks: Discharges a year × post-discharge calls per discharge × share about the documents × cost per call = _____ Patient-education review workload: Handouts × review cycles a year × reviewer hours per cycle × loaded hourly rate = _____ Keep each pool separate. Never add them into one saving.	Modelled
5. What we will change	Revise your highest-volume discharge sheets and patient-education handouts to IHA's N-PLAT, AHRQ's PEMAT and a reading grade you set. Your reviewers approve every change, and each version keeps a review record: the criteria, the reviewer and the date. The documents need no PHI: we work from templates and samples.	—

Slide	What it says	Evidence label
6. The hurdle	Value needed = annual program cost × your hurdle (the return your finance team asks for, such as 3 to 1 or 4 to 1). Share of a pool = value needed ÷ that cost pool. Over 100% means that pool alone can't clear the hurdle. Of the pools the pilot can measure, the one that needs the smallest share to change is where to measure first. Say whether each pool is cash or staff time. Finance counts staff time only if spending falls, such as overtime, temp or vendor cost. If finance gives a payback period instead, a 12-month payback is a hurdle of 1 to 1. Program cost _____ × hurdle _____ = value needed _____	Method; Modelled
7. How we will prove it	Baseline first, then the revised documents against a holdout. We pick the measure and the decision rule before the pilot starts. Efficiency: Reviewer hours per handout. Understanding: Teach-back pass rate, and PEMAT and grade on the revised sheets. Outcome: Callbacks per discharge on revised against current sheets, with readmissions reported as context.	Measured at day 90
8. Risks and limits	HealthcareGPS is SOC 2 Type II audited and HIPAA compliant. No PHI goes into prompts. We work from templates and samples. AI drafts; your reviewers decide. Nothing is sent without their approval.	—
9. What we don't promise	We don't promise a readmission or HCAHPS change. Project RED (Jack et al., 2009) changed the whole discharge process, not only the documents. We test callbacks on your own patients and report readmissions as context.	—
10. Decision and next steps	Owner: _____ Decision date: _____ Day-90 rule, for example: expand if the measured cut in the chosen pool is at least the share the hurdle needs, and the 95% interval excludes zero. Size the groups so the test can	Your rule, set before the pilot

Slide	What it says	Evidence label
	detect that cut. Next step: agree the documents in scope and the measure.	

The 90-day pilot that proves it

Measure in this order, on a baseline and then revised against current. Choose the measure and the decision rule before the pilot starts. We don't promise a readmission or HCAHPS change. Project RED (Jack et al., 2009) changed the whole discharge process, not only the documents. We test callbacks on your own patients and report readmissions as context.

- Efficiency: Reviewer hours per handout
- Understanding: Teach-back pass rate, and PEMAT and grade on the revised sheets
- Outcome: Callbacks per discharge on revised against current sheets, with readmissions reported as context

Sources

- CMS FY2027 HRRP data, as reported by Healthcare Dive (2026-10-08), 2026
- Mitchell et al., Journal of Health Communication, 2012
- Engel et al., Annals of Emergency Medicine, 2009
- The Joint Commission, National Performance Goals, 2025
- The Leapfrog Group, 2026 Informed Consent Fact Sheet, 2026

Questions

Can't our team just use ChatGPT?

General AI can change a dose, a date or a disclaimer. HealthLiteracyCopilot keeps protected terms word for word, checks clinical anchors, never grades its own revisions, and keeps a review record for every version.

We tried plain language before and nothing changed. Why is this different?

This is a measured pilot: a baseline, a holdout, and a measure and decision rule you choose before it starts. If the revised documents don't move your measure, the case says so.

Is it safe with member or patient data?

HealthcareGPS is SOC 2 Type II audited and HIPAA compliant. The documents themselves need no PHI: we work from templates and samples.

Will this raise our Star Rating, HCAHPS or adherence?

No one can promise that, and we don't. We test the measure you pick on your own members or patients, and report what changed.

What does it cost, all in?

The program cost on your quote, plus your reviewers' time during the pilot. Add that time to the program cost before you apply the hurdle.

HealthLiteracyCopilot™

Next: Get a free assessment of one document

www.healthliteracycopilot.ai/assess

Send a blank template, not a copy with a patient's or member's details.

HealthcareGPS is SOC 2 Type II audited and HIPAA compliant.

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