



Krames 
patient education

Content standards



Content development and sourcing

To ensure accurate and accessible content, we have an in-house team of:

- Clinicians with advanced degrees
- Certified medical illustrators
- Medical writers
- Medical librarians
- Medical editors
- Designers

Editorial content is written for reading levels from 4th to 8th grade—with a general target level between 6th and 8th grade—depending on audience and topic requirements. The level is measured with commonly used readability scales (Gunning Fog, Flesch-Kincaid, and FK Reading Ease). Beyond grade-level assessment, content is developed with a focus on health literacy using tools such as Centers for Medicare & Medicaid Services (CMS) Toolkit and Plain Language and Training Resources from the National Institutes of Health.

Medical and instructional images are developed to:

- Bridge learning barriers, speaking across languages and literacy levels.
- Convey key messages, reinforcing priority content, such as anatomy and surgical solutions.
- Tie content and audience together with real-life solutions, including how to do exercises and perform self-care.

To ensure all content meets accuracy and accessibility requirements, we evaluate during development:

- Clarity of technical content in text and visuals (instructional art, medical illustrations, photographs, and graphics)
- Appropriateness of content in text and art
- Instructional design standards for typography and layout
- Learning stimulation motivation
- Literacy demand

Clinical subject matter experts review all new content in development, as well as active content in print and digital collections.

Standards for sourcing and guidelines


All content is sourced when initially written and when revised and updated. The research department has access to the latest clinical resources supporting medical specialties that form the foundation of our patient education content. These resources function as evidence-based clinical decision support tools, providing a synthesis of the latest information on evaluation, diagnosis, clinical management, prognosis, and prevention. Research methods also include consultations with medical experts and information gathered at health care association events.

Acceptable sources

- Proprietary and open access databases that pull content from journals, textbooks, guidelines, drug directories, and clinical review articles:
 - ClinicalKey
 - UpToDate
 - Cochrane Reviews
- Associations and organizations that set standards of care for their respective fields
- Medical journals—600+ titles
- Clinical textbooks—1,000+ titles
- U.S. government sources such as the NIH, CDC, FDA, NCHS, and NIOSH
- Pharmaceutical drug information (i.e., dosage, administration, and drug interactions)

Unacceptable sources

- Broad-based Google searches
- Content from commercial and for-profit organizations
- Non-U.S.-based sources
- Private research (i.e., not vetted/published by a recognized organization)



Krames
patient education
is grounded in the most
recent evidence-based
medicine available,
ensuring relevancy,
accuracy, and
reliability.



Content reviews and updates

Guidelines

We monitor more than 150 associations and organizations for guideline updates, and we incorporate current practice guidelines and standards of care when creating or updating content. [See appendix for a detailed list.](#)

Bibliographies

Copyright and contractual agreements limit how source content can be utilized. Only citations (AMA style) can be legally retained and distributed to entities outside the name of the subscribing organization.

Content review

All new content is reviewed during initial development by a minimum of two licensed clinicians, often including a physician. Active health content is reviewed on a 24-month cycle by a minimum of two licensed clinicians. All reviewers are chosen for their topic knowledge.

Maintenance

All health materials are reviewed and revised to reflect the most recent medical knowledge, standards of care, and guidelines. We're committed to the ongoing maintenance of our print and digital health content including multimedia, calculators, condition-related risk assessments, and quizzes on specific health topics.

We maintain a database of current and former independent contractors who clinically review health/clinical content in their specialties or areas of expertise—ensuring stated facts and recommendations are evidence-based, medically accurate, and reflect current best practices. In addition, a select team of independent contractor clinicians stands ready to answer questions, offer firsthand experience and clinical insight, and review content in the required area of expertise.

In addition to undergoing regularly scheduled reviews, **all health content is routinely evaluated in response to:**

- ✓ Revisions in guidelines or standards of care
- ✓ Ongoing clinical input from our subject matter experts
- ✓ Feedback from customers and end users



Content integration and translations

Taxonomies

Krames patient education can be retrieved and integrated into health care delivery workflows at the point of care, through integration with problem lists and other parts of the patient's electronic medical record. We achieve this intelligent integration of content by applying industry standard billing and clinical-coding terminologies to each online asset—presenting content dynamically and automatically at an appropriate point of care.

Codes
applied:

ICD-9-CM • ICD-10-CM • ICD-10-PCS • CPT
HCPCS • LOINC • NDC • RxNORM • SNOMED CT
MeSH • Clinical service lines (proprietary)

Translations

Translations of Krames patient education are produced by a select vendor. Both a translator and an editor work on the document. Once the translated manuscript is compiled into the desired format, it's checked by a proofreader who's a speaker of the target language, and whose English fluency encompasses both formal written and conversational English. This helps ensure that the desired literacy level and tone of our materials are conveyed accurately in the target language.

To provide quality control and consistency across the broad range of our Spanish offerings, translations of our patient education are developed using glossaries, terminology, and style guides shared among the translation team. We translate into universal, or broadcast, Spanish with roots in the Spanish spoken in the Western Hemisphere.

A healthcare professional, likely a nurse or doctor, is shown from the chest down, wearing blue scrubs over a white long-sleeved shirt. They are holding a tablet computer with both hands and looking at the screen. A name tag is visible on their left chest. The background is blurred, showing what appears to be a hospital or clinic setting. The entire image has a magenta/pink color overlay.

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Activating health

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