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From the Editor

Consumerism in Health Care

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From the Editor

Consumerism in Health Care

Like many clinicians, I have noticed that my patients are asking more detailed and comprehensive questions about their therapy. They often bring articles or even material from the World Wide Web to the Department during a consultation or a physical exam. Best selling authors have put the vocabulary of the health care "focused-factory"[1] into everyday usage. What's going on here? Where did this consumerism in health care come from and where might it take us?

Some experts believe that, historically, patients (health care "consumers") have been largely passive participants in the health care process, generally uninformed about treatment alternatives, and unconcerned with prices. In some sense, expectations were limited and largely controlled by providers.[2] Market observers today note that this is far from the case, and point to several forces that have coalesced to make consumers savvier shoppers of health care. These forces include consumers shouldering more of their own health care costs, employers giving employees more choices about their health plans, a perceived backlash against managed care, and the revolution of information technology and growth of the Internet (making it remarkably easy for consumers to get reliable medical information).

Central to the consumer movement in health care is the evolution in consumers' "information empowerment." This trend has been described[3] as moving away from an old model, based on "professional authority" (in which consumers were, arguably, passive recipients of the physician's knowledge) and progressing through the following phases: regarding the "professional as partner/coach," to participation in informal self-help networks (such as family and friends), to "self-care"proactive, individual information acquisition. Leading theorists[3] have coined a term for consumers' seeking out of health care information: consumer health informatics, or CHI. CHI, increasingly regarded as an emerging field of study, encompasses two components, community resources, developed by community-based organizations, and clinical resources, developed by clinicians and managed care organizations. These resources encompass such mediums as on-line networks, forums, databases, and the plethora of web sites devoted to health care.

Clearly, signs of the growth of health care consumerism are everywhere. The self-care field is perhaps one of the most concerted trends. We define self-care as the process in which the empowered consumer participates in the management of his care along the continuum of wellness with support of health care professionals, consumer groups, and others concerned with the health of the individual. A specific example of self-care might include the recent phenomenon of direct-to-consumer (DTC) advertising for pharmaceuticals. In 1997, more than $1 billion was spent on these DTC advertisements, featured in all of the leading lay publications and on television. I am sure many readers are familiar with the Allegra, Pravachol and Prilosec advertisements. My children can even recite some of the jingles! A 1997 survey found that 63% of all consumers could recall seeing a DTC advertisement and that 27% of them asked their doctor about a specific medical condition because of viewing a DTC ad.

Even more startling is the trend of taking previously prescription-only products over-the-counter (OTC). This field is often referred to as the Rx to OTC switch. Rosenau[4] notes that a major intellectual, political, and economic reorientation over the last 20 years increased confidence in individual autonomy, declining faith in science, the rise of deregulation, and growing concern with cost containment has prepared the way for the so-called Rx to OTC "switch" movement.

A number of "consumer-centered" organizations are burgeoning, as evidenced, for example, by The Foundation for Accountability (FACCT), headquartered in Portland, Oregon (featured in this column previously [Vol. 10, No. 3, September 1997]); Healthwise, in Boise, Idaho; The Pacific Business Group on Health; and Group Health Cooperative of Puget Sound. While the explicit mission of each of these organizations may vary, the overarching goal is that of closer consumer-provider ties, toward promoting value in health care.

Not least, consumerism has made its way to the national quality of care agenda. This is evidenced by several recent events, including the recent presentation by a blue ribbon panel, appointed by President Clinton, of its final Patient Bill of Rights; and the creation of several unique, consumer-centered pieces of legislation, pending as of this writing. The first proposes the creation an Advisory Council For Health Care Quality, a public sector agency that will identify national aims for improvement and specific quality objectives. The second piece of legislation calls for the creation of a Forum for Health Care Quality Measurement and Reporting, envisioned as a private, non-profit agency that will work hand-in-hand with various governmental departments.

Finally, I believe nothing better demonstrates the advent of consumerism in health care than the more than 25,000 health care-related web sites available to anyone with a personal computer. Web sites like Doctor Line (http://www.doctorline.com) and Empower! The Managed Care Patient Advocate (http://www.comed.com/empower), Quackwatch: Your Guide to Health Fraud, Quackery, and Intelligent Decisions (http://www.quackwatch.com) and American Medical Consumers (http://www.medconsumer.com) are readily accessible with the click of a computer mouse. (No one, as yet, has adequately catalogued and characterized all of these health care web sites as it is nearly impossible to keep up with their rapid proliferation.)

The role of consumerism in health care today, and the direction it appears to be taking, has been summarized in a recent study (a national telephone survey) conducted by Northwestern University's Institute for Health Services Research and Policy in Chicago, Illinois, in conjunction with the consulting and accounting company, KPMG. Seven key implications are outlined: 1) Today, consumers are making choices. Tomorrow, brands will possess commercial importance and value. Organizations will build competitive advantage by enhancing the choices available and by creating and managing brand name position and reputation. 2) Today, consumers are looking for information in a sea of data. Tomorrow, highly informed consumers will enjoy access to an explosion of useful information. 3) Today, organizations are beginning to use electronic media to transact business. Tomorrow, electronic commerce will be routine. It will establish extraordinary consumer expectations for speed, access, and convenience. 4) Today, the Internet, telemedicine, telephone, and fax are beginning to eradicate the geographic boundaries separating competitors. Tomorrow, electronics will regionalize, nationalize and internationalize historically local services. 5) Today, new and

redesigned products enter the market at a measured pace. Tomorrow, new and redesigned products will enter the market at a rapid pace. 6) Today, many internal obstacles impede the path to consumer orientation. Tomorrow, organizational leaders will resolutely commit to building consumer-oriented organizations. 7) Today, partnerships between firms are almost all intra-industry-health care to health care. Tomorrow, the demands on health care organizations will require interindustry partnerships-health care to non-health care-to secure necessary capital and expertise.

Provocative? Definitely! Realistic? I think so! Whether you accept the KPMG-Northwestern conclusions or not may be a moot point. Consumerism in health care is a powerful new force that is rapidly reshaping how we organize and deliver health care services.

On a final note, I wish to bring to your attention a new feature of the Health Policy Newsletter, an update/calendar of events of the new Consortium for Academic Continuing Medical Education (CACME), of which Jefferson Medical College is proud to be a part. (Stay tuned for an article about the CACME in our next issue.) This unique partnership, comprised additionally of the schools of medicine of the University of Pittsburgh, Penn State, and Temple University, together with the Accreditation Council for Continuing Medical Education (ACCME), will foster the development of innovative methods for delivering and evaluating ACCME-accredited educational activities. You will also find enclosed in this issue an article entitled Emerging Opportunities for Educational Partnerships Between Managed Care Organizations and Academic Health Centers [Nash DB, Veloski JJ. West J Med 1998;168:319-327], which highlights the "tried and true" factors in successful educational partnerships between managed care organizations and academic health centers. Worth highlighting herein is the headway being made by such cutting-edge initiatives as the Pew Foundation's Partnerships for Quality Education [Vol. 10, No. 2, May 1997]), which is paving the way for similar, much-needed programs.

As usual, I am interested in your views.

- David B. Nash, M.D., Editor

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