

Turning Patients into Health Care Consumers—For Economic Survival

written by Theresa Hush | February 15, 2017



If we want to help people take better charge of their health—both physically and financially—we should start by treating them as real consumers, instead of patients. While that may seem like a simple change in terminology, it is anything but.

A Patient Is a Recipient of Services, Not the Actor

Health care organizations often work hard to welcome patients and provide as many services as needed. They design facilities to be comfortable, and there are often superb training programs for staff to be courteous, communicative, and to make patients comfortable. But let's be honest. Health care is a business concern, and the primary actors in the business

are physicians. They don't just deliver care. They have rank in their organizations that is based on how much they contribute to the business in revenues, volume of patients and reputation. The services that are delivered also follow financial principles. To cite just one example, although many patients prefer to talk to their physicians and get treatment by a phone call, providers will not do so unless there is [reimbursement for telephonic services](#).

Patient scheduling, treatment flow and most health care decisions are made by providers. Unless patients are prepared to be forceful about knowing and deciding on every aspect of their care, they are expected to fall in line with the provider's plan, which usually starts with the words, "What we need to do is . . ." Ask any patient who circles up parking garage ramps, past reserved physician spaces to the public spaces on the roof: Who is at the center of this health care organization?

There cannot be a "patient" without a provider. The provider speaks of "my patients," and feels both responsible for them and takes on the role of steward. It is a hierarchy embedded in a personal relationship, in which the physician is really parent, and the [patient](#) compliantly follows instructions.

The Future of a Health Care System Based on Patients Is Financially Bleak for All Involved

The future is clearly headed toward [more patient responsibility and patient-borne expenses](#) as a means of holding down costs for employers and governments. On the employer front, human resource professionals are being advised to create avenues to transfer costs to employees or to put a limit on contributions. For both Medicare and Medicaid, there is a [strong push toward health spending accounts, vouchers and block grants](#) to limit the automatic escalation of expenses.

For those people who will be seeing increased deductibles, copays or cuts in coverage, however, there are no guides to help them lower their health care costs. Currently, many individuals seeking medical treatment beyond their means resort to budget cutting tactics: avoid care, delay tests, wait out symptoms, or don't pay health care providers for services they received.

Let the seller beware: As financial pressures increase, those same people may become activists, forcing health care organizations to be more responsive. Take a look at what millennials are doing to change how businesses are structured and located, with a move to [return corporate headquarters to urban centers](#) where more young employees want to live. As those same millennials age and begin using health services at a higher rate, it is almost certain

that they will demand online scheduling, telemedicine and customized treatment designs. They will demand research and information, as well as options for treatment.

The millennials—and others impelled by busy lives and financial responsibility—will not be mere patients. They understand that businesses face competition, and they are used to demanding and getting what they want. They will act like health care consumers, because they will choose health care organizations that can meet their needs. Indeed, information and data-savvy millennials will most likely invent the technology and tools to identify those organizations.

Equally as significant, millennials will soon be taking a lead role in the care of their Baby Boomer parents. All of their ideas and demands for managing their own care will extend to that population, as well.

It's time to prepare for a sea change in the management of the "patient" enterprise.

Meeting Needs of Health Care Consumers Requires a Tectonic Plate Shift

Creating a system that will meet the needs of actively engaged health care consumers will involve a reengineering of health care systems:

Accessibility. [Health care consumers](#) are as busy as providers and will require more immediate access to scheduling, as well as care, at lower cost. A few operational areas and systems that must change include:

Scheduling for physician and other provider appointments, diagnostic tests and procedures must be more consumer-friendly and online whenever feasible, and include the capability for bundling one or more of these services.

Telemedicine in place of physical appointments will be essential. IT workers are not going to take time off to take a parent to the physician and wait prior to seeing providers. They also will not be willing to meet a mandated visit schedule when they can provide their own clinical information online for review by a provider, or use other, cheaper options.

Alternative providers must be integrated into delivery systems to lower cost.

Walgreens, Walmart and CVS, for example, have taken over many primary care functions at much lower cost to consumers. Not many people will get vaccines at a physician's office when they can do so at one-fourth the price at an alternate provider. Health organizations need to develop relationships with these entities for

continuity, or develop more cost-effective options, like airlines' new cheap seats. Records availability. In the view of many patients, health care systems hold their personal clinical data hostage. Patients need to pay money, in some cases, to get their information, and, at a minimum, must go through administrative hassles to obtain it. If they pay for a test almost anywhere, they don't get immediate access to it without waiting for the physician to review and clear the results. These are all signs of discrediting actively engaged health care consumers who believe they have a right to their own information, especially when they are paying for it. Providers should be planning for the distribution of data to patients and reassess the costs they charge consumers. Failing to do so will only speed up the scenario that is almost certain to develop: a patient-held, comprehensive clinical record, constructed from providers' contribution of data, but held and controlled by the patient in a cloud database.

Access to information, data and research. Providers may cringe when patients come in with Google-researched issues, diagnoses and treatment options. But they should understand that patients do not have access to the same information that physicians do and figure out how to make research results data available. Research studies are simply not accessible on a universal basis without a cost or subscription. Health care systems need to create better access to medical studies—as well as allocate a time and process for deliberation with patients. In addition, providers are well advised to invest in their patients' medical literacy and understanding of clinical protocols, and to teach them evidence-based medicine. That is the foundation for intelligent shared decision-making and the solution to [better outcomes at lower costs](#).

Shared Decision-making. Health care consumers want to make prudent decisions, and they need full information to do so. It will no longer be enough for providers to lay out a pre-determined plan, no matter how confident the provider is in its outcome. At a minimum, the consumer needs to understand the benefit and harm of the proposed treatment, as well as alternatives, and the real, total cost of each option. The provider needs to encourage, not discourage, the patient from seeking outside information. Health care isn't a test of loyalty to a provider, and better outcomes will come from the [patient's commitment to the course of action](#).

Pricing. The old cost-based pricing does not work for consumer decision-making. We all know that charges are pretend, and the real prices are negotiated with the insurer or other payer. That makes it almost impossible for consumers to predict cost prior to treatment. This is unacceptable when they must pay a large portion of the cost and should be making informed decisions among treatment options. Health care providers, who have better information about their contracted prices, as well as expected services in an episode, should develop systems that will provide calculated episodic costs to patients for comparison among treatment options.

As the health care industry prepares for the transition of purchasing power to consumers, we

also have a responsibility to ensure that we enable consumers to make good decisions. Our assistance is required to foster a demand for evidence and communication, so they can make choices based on benefits, cost and personal values. A responsible partnership with patients does not mean an open ticket to any services promoted by vendors or to drugs inappropriate for the patient's condition (e.g., antibiotics or opioids). It does mean that we respect a person's prerogative to know and to steer his or her own life and health.

Founded as ICLOPS in 2002, Roji Health Intelligence guides health care systems, providers and patients on the path to better health through [Solutions](#) that help providers improve their value and succeed in Risk. Roji Health Intelligence is a CMS Qualified Clinical Data Registry.

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