

Consumer Information and Consumer Empowerment

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Quality strategies we've tried: 1985-2001

Provider-based

- Practice guidelines
- Quality improvement
- Quality bonus pools

Standards-based

- Accreditation
- Regulatory PROs, CLIA, HIPAA
- Legislative bill of rights

Market-based

- HMO performance data
- Managed care contracting



Barriers we've discovered: 1985-2001

- FFS payment for procedures
- Provider reluctance to disclose, compete on quality
- Professional clinical and business autonomy
- Anti-managed care backlash
- Consumer disinterest in HMO performance data
- Consumers valuing choice, control
- Purchaser need for continuity, administrative simplicity



Swamped by the tsunami ...





Changing roles ...

- Employers shifting costs, responsibilities, focusing on information-sharing
- Government favoring QI, patient safety, modest disclosure
- Consumer organizations with narrow agendas
- Providers reactive, cost-driven
- Thought leaders silent
- Continued technical innovation without policy framework to respond

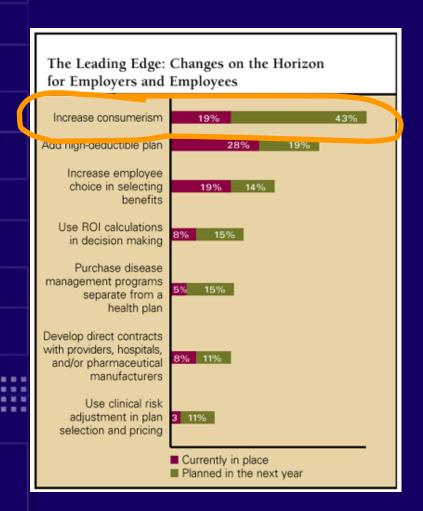


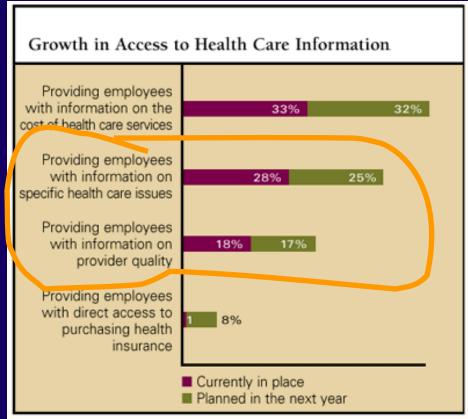
An alternative approach... Mobilizing consumers to:

- Understand the importance of quality
- Demand better health and better health care
- Demand information to make their own decisions
- Demand policy changes that reward excellence



Employer Intentions







What would a consumercentered system look like?

- Health
- Health care
- Financing
- Citizenship



The *health* dimension:

- Features of a new model?
 - High levels of awareness, self-efficacy
 - Health risk assessment → plan → tracking
 - Professional support for health maintenance
 - Coverage for self-management resources
 - Medication safety practices, adherence



The *health care* dimension:

- Features of a new model?
 - "Visit" not the central mode for care
 - Physician as information coach as well as technician
 - Team care
 - Supports, <u>encourages</u> patient autonomy, system navigation, informed choice
 - Not rewarded for doing more nor less than indicated
 - Medical education (GME, CME, nursing) patient-centered
 - Transparent performance



The *financing* dimension:

- Features of a new model?
 - Responsibility to achieve efficiencies, stewardship balanced between patient, purchaser, provider
 - Outcomes-based payment
 - Reward for behaviors that reduce collective risk



The citizenship dimension:

- Features of a new model?
 - Awareness of social insurance obligations
 - Understanding pooled vs. individual risk (what is individual responsible for?)
 - Health education curriculum, K-12
 - Information infrastructure and access
 - Economic burden balanced across jurisdictions



General Electric Co. - Consumer Activation Strategy

To become better healthcare consumers, 'ees want:

- Credible, reliable, understandable and actionable expert information from recognized sources that will:
 - empower them to have a dialogue with their physicians
 - be available at time of diagnosis or treatment decision
 - lack help them choose a safe hospital
 - be delivered in a self-service way, by third-parties, but still have access to a person
- GE to act as an infomediary, giving them the knowledge to vote with their feet
- GE to remind them periodically about where they can find the information...but not bombard them with info overload

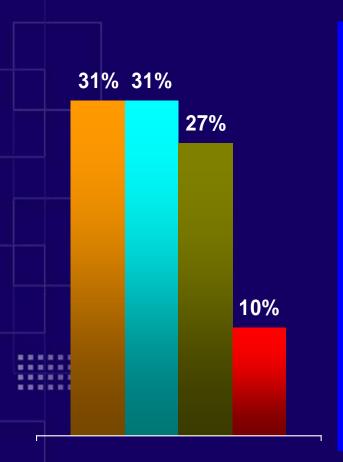
They don't want:

- Anyone to come between them and their physician
- Anyone to restrict access to hospitals...even if they're not safe

To create Active Consumers, we must demonstrate the benefit to the 'ee of having dialogues with physicians, of exploring and understanding treatment options, of relying on expert guidelines more than friends and family.

We also have to recognize that there are sub-segments within the Active group...and we need to understand what the differences are between them.

Consumer Activation: FACCT segmentation model

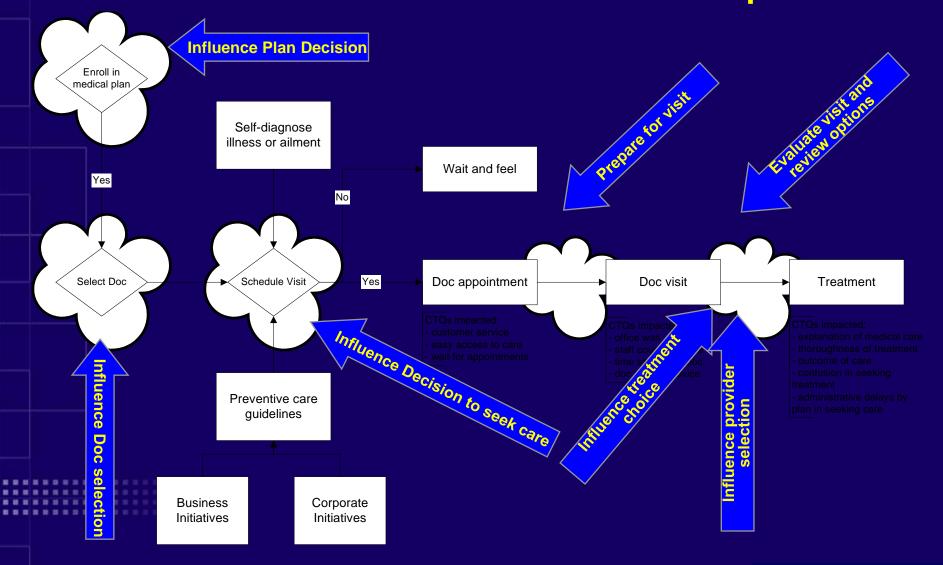


- Independent
 Seekers
 (Murphy
 Browns)
- Doctor-Dependent Active
- Doctor-Dependent Passive
- Uninvolved

- •Believe it is important to be informed about health issues
- •Have good relationships with their doctors
- •Are more likely to be women, have a chronic condition
- •Tend to feel overwhelmed by health information
- Work closely with their doctors
- •Are more likely to be men, older, have a chronic condition
- •Do not place high value on health or prevention
- •Rely on their doctors to provide them with necessary info.
- •Are more likely to be men
- Are not interested in health information
- •Do not have a close relationship with their doctors
- •Are more likely to be younger



What behaviors can we impact?



Breast Cancer Decision Map

Possible Connectors: Nurse (company or office-based), Doctor (company or office-based), letter from healthcare plan, corporate intranet, union, peer/survivor, community groups, special interest groups, syndicated news. Medium: Verbal (phone/in person/education programs), Internet, e-mail, print, video/web cast Prevention/ Diagnosis & Recovery & Early Detection Treatment Follow-Up Diagnosis: Clinical Risk Screening Long-Term Getting Adjuvant Self Exam Mammography Recovery Assessment Exam Mammogram Treatment therapy Follow-up Biopsy Key Decisions: Should I be Should I see a How do I choose a How do I choose a mamm How do I choose a Should I have Should I use How do I know When should I start doctor? reconstructive surgery? screened for doctor? center? adjuvant therapy? getting a screening treatment? if I am BC? What do I do with my Should I use mammogram? better/cured? What type of doctor/care Info Needs: Info Needs: How do I choose a results? support services? Info Needs: Should I join/remain What should I team should I see? What kind of doctor Should I get a 2nd opinion? What is Info Needs: mamm center? in a support group? know about basic should I look for? How do I choose a hospital? radiation? What are the Info Needs: breast anatomy? What should I ask Info Needs: What is chemo? risks assoc. Info Needs: What is the recovery Info Needs: When should I Info Needs: my doctor? What is a mamm? What is a mamm? What is hormonal with BC? process like? What stage of BC do I have? How often should I start BSE? What will the exam What is a biopsy? Can I prevent How often should I get Do I need to change my treatment? see a doctor/care How often should I What is ultrasound? What are my treatment options? he like? What are the side breast cancer? diet? team member? perform a BSE? Do I need radiation? How often should I When will I get the results? effects? How do I prepare for a Am I at risk for How do other people How is my life going How do I perform a Do I need chemo? have a clinical BC? What will the procedure tell How long will the mamm? feel at this stage of BC? BSE? Do I need hormonal treat? to be different? exam? me? treatment last? Should I get Is it painful? What are my reconstr. How will I deal with How do I notice What are the pros and cons of How do I interpret the genetic testing? What will the ontions? these changes? changes? each option? What are the procedure tell me? results of my tests? What other svcs can What changes are What are my risks? How do I cope? How do I interpret the How accurate are these warning signs help with my recovery How might my body important to What happens during treatment? tests? of BC? results of my tests? process (yoga, herbs, feel? notice/discuss with What are the side effects of What should my dr./care What will my How accurate are How might my mv doctor? treatment? team tell me about my insurance these tests? Where can my relationships Where is the latest rsrch? cancer? Do I need ultrasound? cover? fam/friends get support? Are there any clinical trials? change? What else could my What should the What might happen Are there any alternative treatments condition be if it is not dr /care team, tell me to my image of available? cancer? about my cancer? Which Drs./ care team members myself? What other doctors should I What other Drs. should are best? consult? Lconsult? Which hosp is best? How do I prepare for treatment?

Is there supportive counseling?

Implications

- Well-intentioned reformers, activists stymied by system factors
- Shift in power (via information, \$\$) inevitable
- Greater consumer role requires comprehensive information and communications strategy
- You can facilitate power shift, help shape constructive transition

