

# **FACCT**

FOUNDATION FOR ACCOUNTABILITY

## **Thoughts on Consumer-Centered Health Care Reform**

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## Thoughts on Consumer-Centered Health Care Reform

This note sketches one way of thinking about a national initiative on health care reform – one which is intended to improve the health of all Americans, and incorporating the principles of activated consumers, empowered patients, and patient-centered health care delivery. For convenience, we use the term “consumer-centered health care reform.”

### 1. Need for a Broad Model for Consumer-centered Health Care Reform

FACCT advocates increasing consumer involvement in the health care system as one means of supporting significant health system change. Early discussions have considered both “supply-side” interventions that emphasize patient-centered care and “demand-side” interventions that would increase consumers’ ability to make informed choices among their health care options or alter their own health behaviors.

Meaningful changes in the ability of the health system to improve health will require a comprehensive strategy that encompasses a number of complementary activities. McKinlay’s <sup>1</sup> population model – crafted to organize a diverse set of interventions for increasing physical activity among older adults – is a useful paradigm for thinking about strategies to accelerate the evolution towards a consumer-centered health care system. It is worthwhile to apply a model of this kind for several reasons:

- Each activity which is advocated by a particular reformer or interest group has merit, but needs to be assessed both in comparison with and as it interacts with other supportive activities;
- Over-emphasis of any one strategy at the expense of a balanced approach is unlikely to prove effective;
- Evaluation of our ability to achieve overall goals requires understanding both of the contribution of each activity and of their collective impact;
- Fundamental messages, themes, and tools should be utilized in a common fashion across all activities to encourage more widespread understanding and adoption;
- Lessons learned from individual activities should be disseminated across all activities.

Over the past 30 years, we have seen well-intentioned efforts at the mid-stream and, to a lesser extent, downstream levels be overwhelmed by more powerful upstream forces (e.g., reimbursement rates, ERISA). We will need to explore models in which each specific intervention has a credible “theory of action” to achieve its limited objectives, and all interventions taken together reflect a “theory of interaction” that has the prospect of accelerating and reinforcing specific changes.

A key premise of McKinlay’s argument for our purposes is the caution that over-emphasis of ‘downstream’ interventions – meaning individual-level interventions with the intention of altering personal attitudes or behavior – is not likely to be sufficient. In the case of consumer-centered healthcare, there is even reason to worry that downstream interventions alone could be counter-productive to the larger social goals of improved population health. Current

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<sup>1</sup> McKinlay JB. “The New Public Health Approach to Improving Physical Activity and Autonomy in Older Populations”, in *Preparation for Aging* (E. Heikkinen, editor) (Plenum Press, NY, 1995), pp. 87-103.

proposals for defined contribution benefit plans, internet-based decision support, medical savings accounts and so on increase the likelihood that healthy, affluent Americans will opt out of the social insurance pool and exacerbate the existing disparities in access to health resources by less 'empowered' people. Paradoxically, the shift to a more consumer-centered health system is currently symbolized and encouraged by those downstream activities which may ultimately be most detrimental to improving population health. In any case, use of McKinlay's model can help us to analyze and mitigate these risks.

## **2. Applying the McKinlay Model**

Figure 1 illustrates how the McKinlay model might apply to consumer-centered health care, recognizing that this outline would be refined as we all get clearer on the specific behavioral or health objectives of this strategy.

### **Downstream interventions**

Individuals need to be provided with specific, personal tools that enable them to:

- (a) select providers or insurance plans most likely to meet their needs and deliver high quality care;
- (b) understand what good care is and know how to demand it
- (c) know what actions they can take to improve their own health.

### **Midstream interventions**

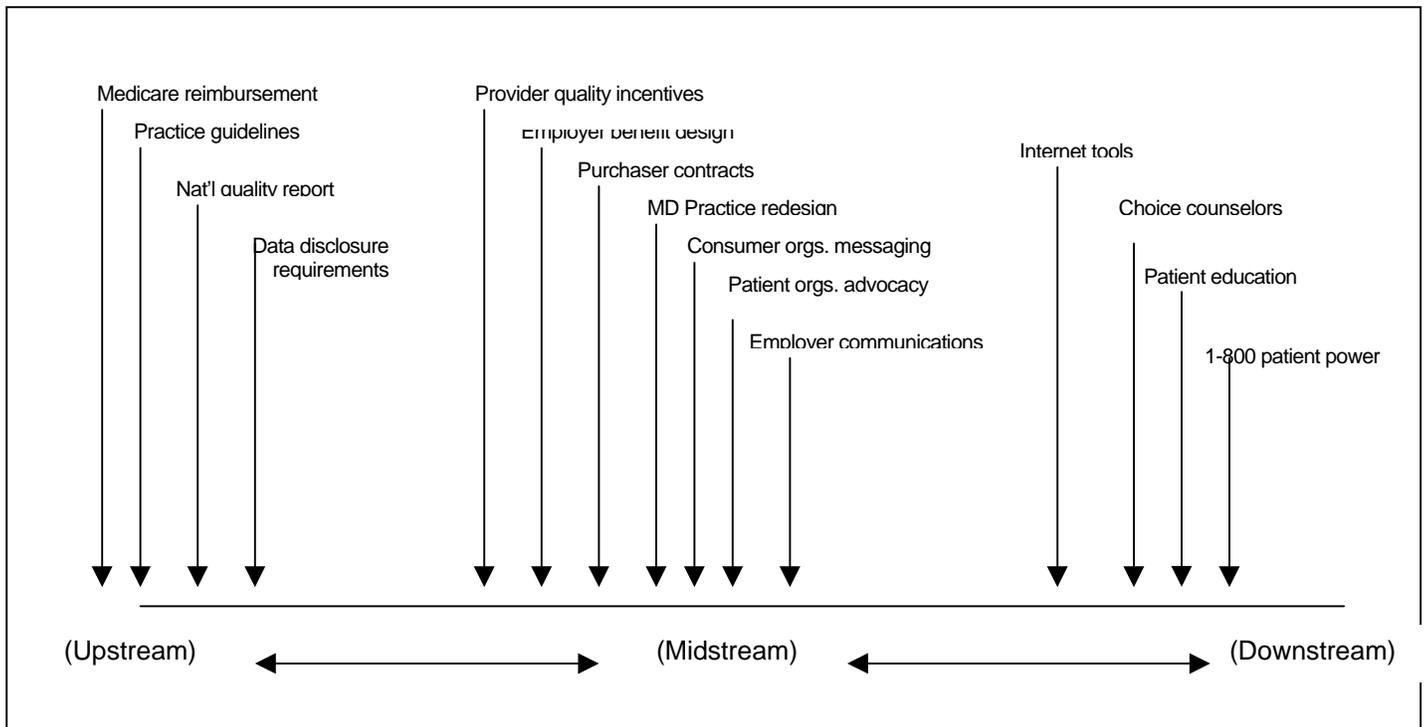
Intermediary organizations (including employers, unions, patient and consumer organizations, local media, medical groups, health plans) can offer services to selected populations. These interventions can increase awareness and create an environment in which consumer-centered health care is enabled. Key functions of this midstream level include:

- (a) To educate target groups about quality health care
- (b) To alter the circumstances of consumer health decisionmaking (e.g., degree of choice, cost consequences, benefit design)
- (c) To alter the structure and delivery of health care services (e.g., Planetree, IHI's Idealized design of medical practice, provider financial incentives).

## Upstream interventions

Public policy and mass communications can alter societal norms and enable substantial changes in the climate in which health care services are organized and delivered. The principal domains which are subject to intervention include:

- (a) National financing policies (e.g., Medicare reimbursement)
- (b) Public discourse about health care (i.e., the vocabulary of public policy statements and political debate)
- (c) Public information about health care (e.g., mandatory disclosure of performance information)
- (d) Professional information about health care (e.g., knowledge base of medical and behavioral evidence)



Value Purchasing Institute are mid-stream interventions; the FACCT internet evaluation is a downstream intervention.

### 3. Opportunities for National Leadership

FACCT should convene a national dialogue to further develop strategies for developing a consumer-centered health system. A leadership process should:

1. articulate a broad strategy for a consumer-centered health care system,
2. support selected initiatives that are likely to advance that process, including multi-factorial demonstrations,
3. ensure balance, communication and interaction among key initiatives, and
4. provide a central nervous system to the enterprise, including program and strategy evaluation, dissemination of findings, and continuous refinement of the model.

The first of these tasks could be done in a skeletal fashion relatively quickly, building on the a number of active planning discussions underway in various sectors. It would be useful to outline a vision statement, long-term goals, mid-term objectives, and measures of success. These could plausibly be sketched across the upstream  $\leftrightarrow$  downstream continuum.

For example, we could consider Don Berwick's comments as the basis of a vision statement:

*I envision a system in which those who depend on us have total access to the help they need in the form they need it when they need it, freed from the tyranny of individual visits with overburdened professionals as the only way to find a healing relationship, absolutely committed to excellence as the standard, guarantying a match between the work that is done and the best known forms for that work anywhere, valuing such excellence over ill-considered autonomy, promising safety in our hands, and capable of nourishing trusting interactions in which information is open, quality is individually defined -- "Every patient is the only patient," control resides first and always with the patients whose lives we enter for a while, and trust grows in dignified transparency and daylight on our work.*

Goals should be ambitious and 'outcomes' oriented:

- To increase health for all Americans
- To facilitate the efficient use of society's resources

Objectives should be easily understood and lend themselves to quantitative measurement:

- To help the health system become more responsive to consumer and patient needs
- To help consumers become more aware and responsible for health care decisions that affect them and the use of resources
- To help consumers act in a more health-conscious way and make more appropriate use of health system resources

The corresponding measures of success should be specific. McKinlay's model is most compelling when it speaks to a precisely specified outcome. For example, McKinlay wants more older Americans to engage in physical activity; Orleans et al want fewer Americans to smoke, abuse alcohol, engage in risky sexual behaviors, etc. The consumer-centered health care movement has not defined the specific behavior changes it seeks. A planning effort should focus initial attention on establishing a more precise definition of the behavioral (or attitudinal) objectives that will provide focus to the entire suite of interventions being considered.

Long-term measures of success should include improved health status across the population. Intermediate measures could include gains in desired health behaviors (including self-care and lifestyle activities) and consumer health system interactions (such as seeking second opinions, self-care knowledge, selection of high-volume surgeons, selection of higher-rated providers, etc.). Short-term process indicators might include the creation of those tools or systems that are necessary to attain the intermediate goals (e.g., create a national database of high-volume hospitals or surgeons, achieve high levels of access to it across targeted population groups).

A planning process should also conduct a limited inventory of current activities and assess their impact to date. Such an inventory should be organized into principal categories and perhaps a summary tool to monitor progress should be devised. We illustrate that here, borrowing from Orleans' et al summary of interventions for risky behaviors:

	<b>Downstream</b>	<b>Midstream</b>	<b>Upstream</b>
<b>Quality Improvement</b>			
<b>Healthcare financing/benefits</b>			
<b>Value purchasing</b>			
<b>Consumer quality awareness</b>			
<b>Consumer quality decisionmaking</b>			
<b>Performance information</b>			

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