

FACCT
FOUNDATION FOR ACCOUNTABILITY

Consumer Information and Consumer Empowerment

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Foundation for Accountability

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

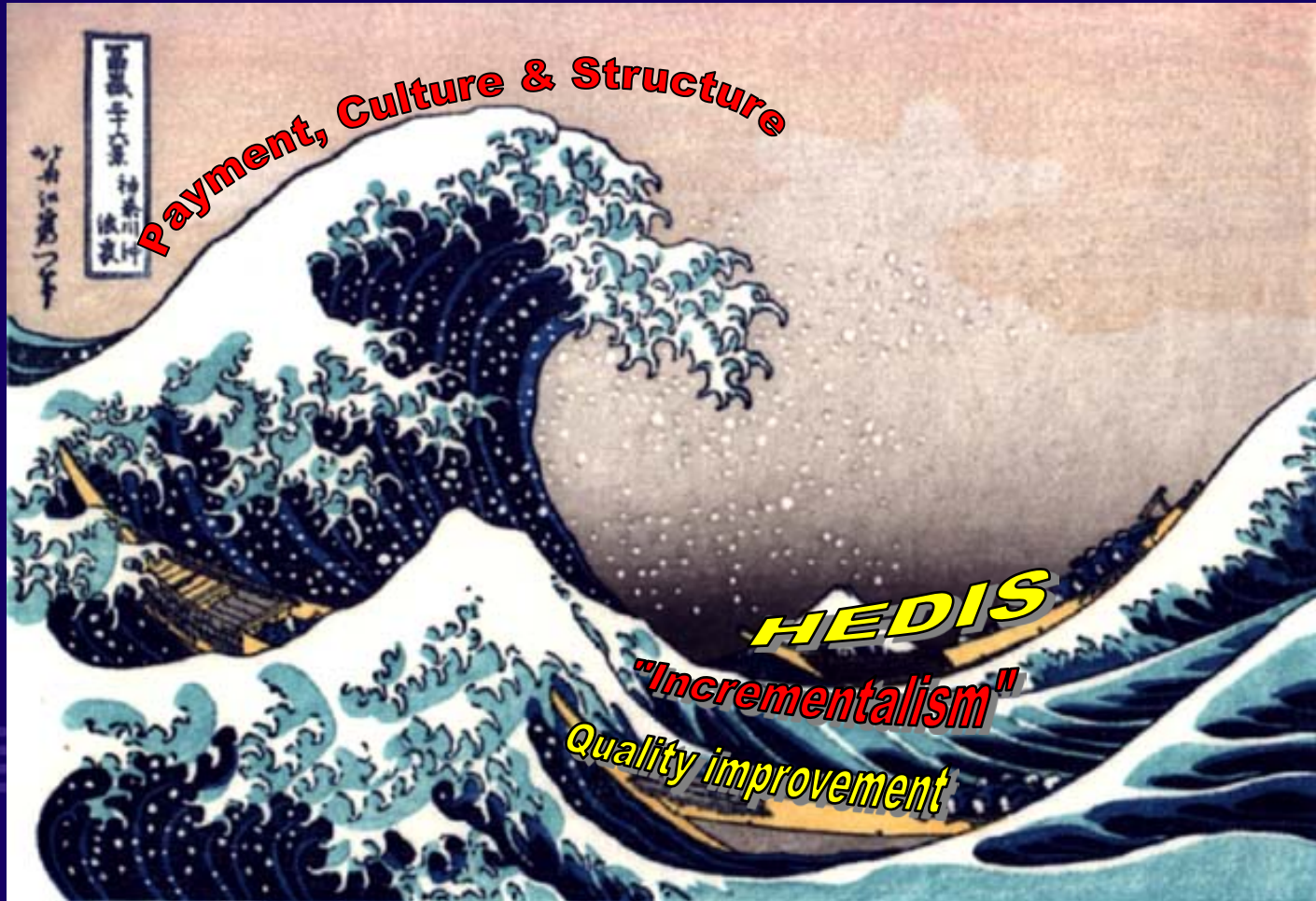
Market-based

- 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

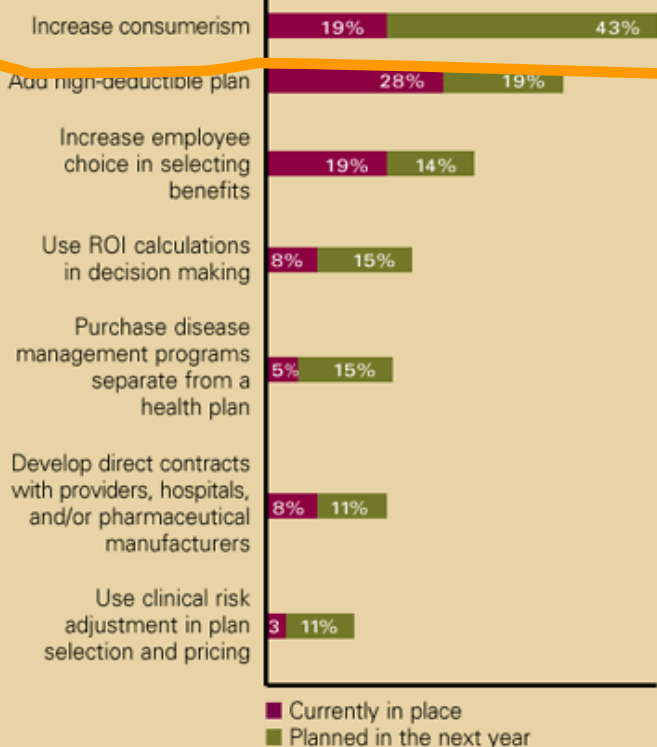
An alternative approach...

Mobilizing consumers to:

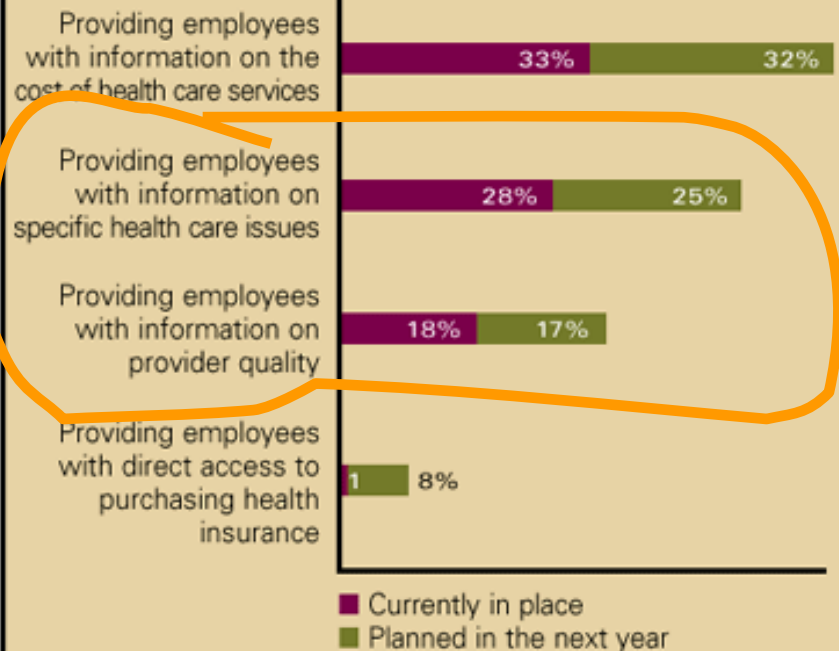
- Understand the importance of quality
- Demand better health and better health care
- Demand information to make their own decisions
- Demand policy changes that reward excellence

Employer Intentions

The Leading Edge: Changes on the Horizon for Employers and Employees



Growth in Access to Health Care Information



What would a consumer-centered 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, encourages 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
 - ▣ 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

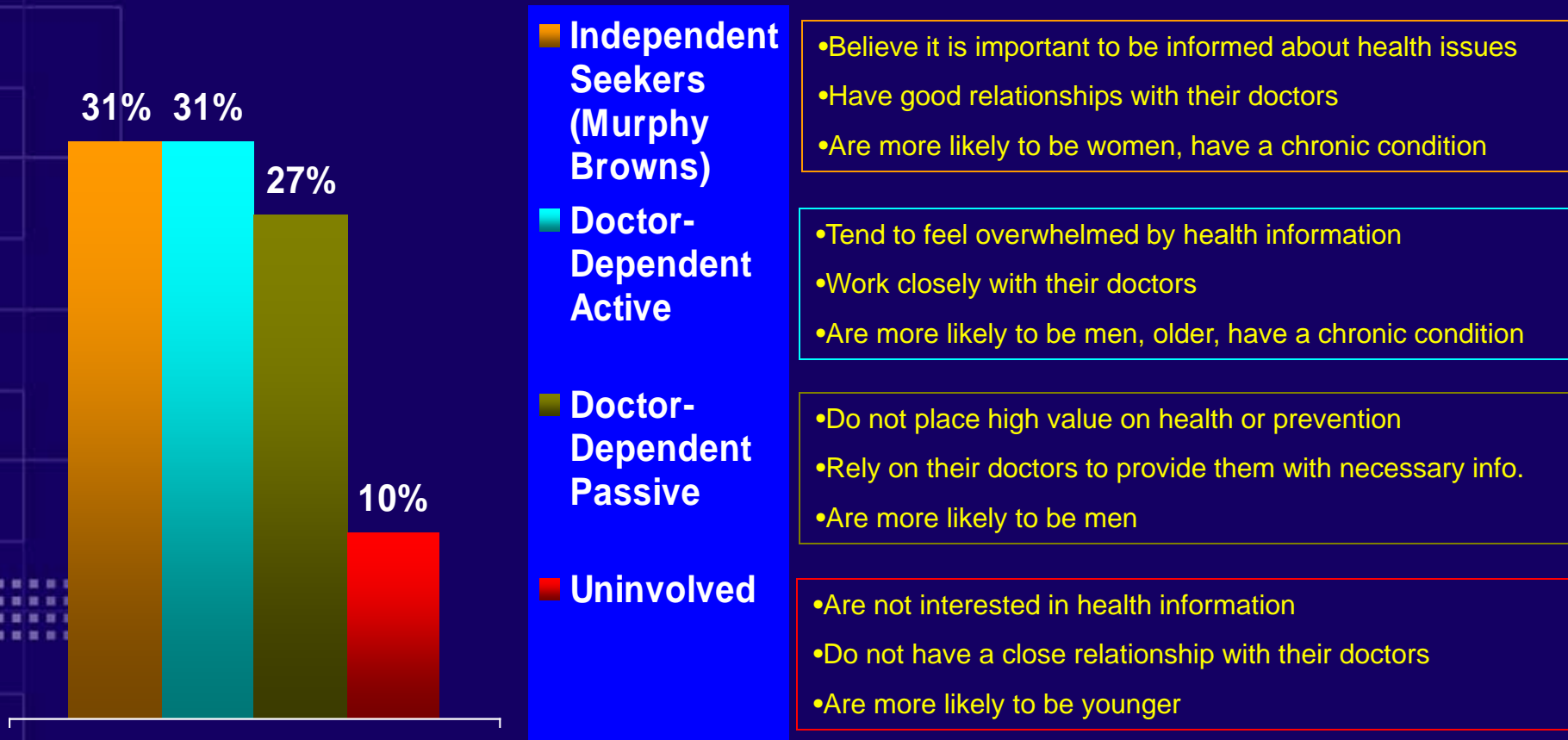
They don't want:

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

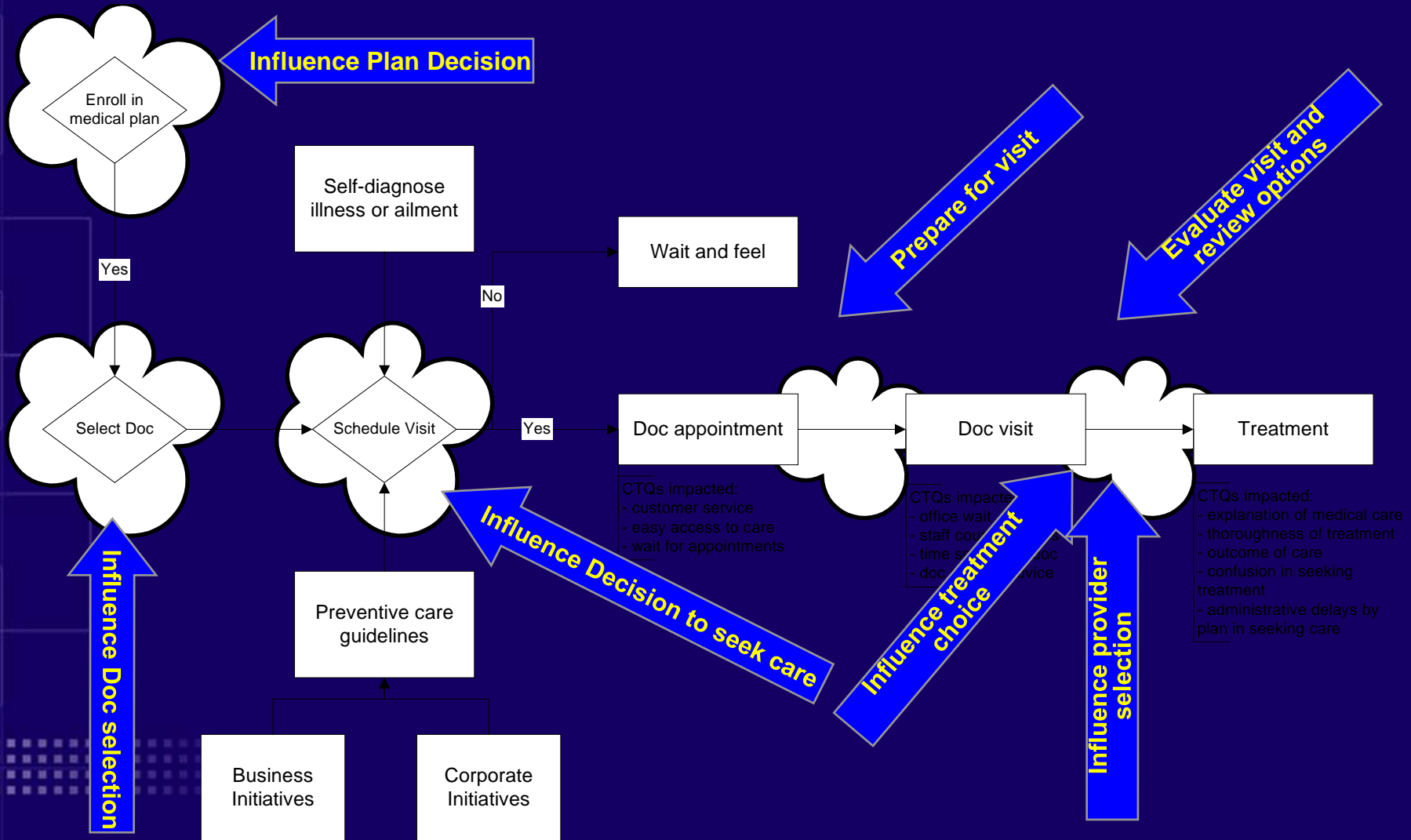
To create Active Consumers, we must demonstrate the benefit to the 'ee of having dialogues with physicians, of exploring and understanding treatment options, of relying on expert guidelines more than friends and family.

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



What behaviors can we impact?

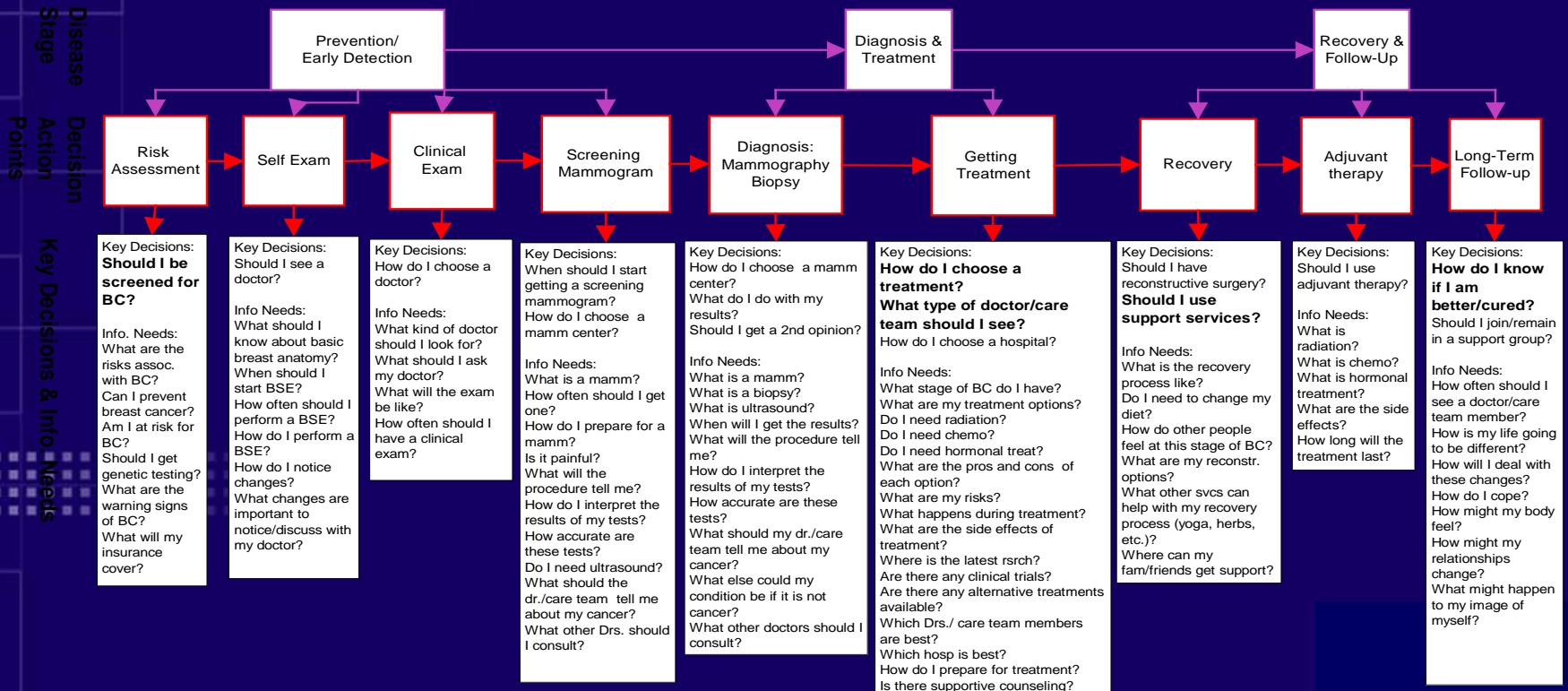


Breast Cancer Decision Map

**Breast Cancer:
Key Decisions and Information Needs at
Specific Decision Action Points**

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



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