



Consumerism has a voice in health care

Patients' ability to choose can affect your practice

by BRIAN K. IRIYE, MD;
AND JAMES D. KELLER, MD

Consumerism in health care is best defined as individuals proactively using trustworthy, relevant information and appropriate technology to make better-informed decisions about their health care options in the broadest sense, both within and outside the clinical setting.¹

Health care consumerism recognizes the importance of a patient or a family member in the continuum of the health care journey. As what becomes important to the patient becomes more evident, the concept continues to evolve.

The origins of consumerism can be tied to the push for health care insurance in the 1930s, with the patient having input into how their care would be paid for. The protest over provision of care for those with HIV/AIDS in the

1980s showed that patients, not government or payers, should drive how health care is provided to a population.²

This article examines what is driving the current consumerism movement and explores evolution in the provision of health care and the health care system as a platform for how a practice can thrive. No discussion of health care consumerism would be complete without addressing legitimate concerns over the use of the term, both in possibly marginalizing the concept of the *patient* as well as placing the burden of the health system's shortfalls on the patient rather than the system.

What drives health care consumerism today?

A consumer-focused system needs to address cost and experience.³ When systems, practices, or individual providers try to address what is important for the patient or consumer, the foundational

assumption—even if flawed—is that the quality of care will not differ among providers and that, with quality being a fixed variable, value is mostly cost dependent. Markets and consumers have always been focused on the cost of goods and services in places such as grocery stores and restaurants because the responsibility for payment rested solely on the consumer. For years, health care consumers have had little or no responsibility for payment as generous employer- or government-supplied insurance products covered most of the cost of care.

As the cost of these insurance programs became unsustainable, cost of care shifted toward the patient. When patients became sensitive to cost, they predictably became consumers in the traditional sense. Some consumers choose high-deductible health plans where lower premiums are balanced by higher co-pays or deductibles. These plans drive consumerism in 2 ways. Ostensibly they can promote personal responsibility for care. Making better lifestyle decisions and using preventive care would hopefully decrease not only overall health care spending but also out-of-pocket costs. Unfortunately, it often means that the overall health care spending is unchanged, but

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- *Consumer* is not a negative term when it comes to the provision of health care resources. It never was meant to marginalize the important clinical impact of the provision of care.
- Consumerism in health care has been evolving for close to a century from the demand for employer-supported health insurance to autonomy in selection of time and location of care.
- The COVID-19 pandemic has accelerated the health care consumerism movement.

pushing these entities toward success in a risk-based environment. For example, Best Buy, known for being more resilient than most retail electronic giants, is active in patient monitoring, a key component of the hospital-at-home movement that is a favorable space with respect to cost and engagement.

COVID-19 and health care consumerism

The COVID-19 pandemic quickly changed the way consumers think about health and health care. A team from management consulting firm McKinsey & Company lists 5 areas that are important to consumers.⁸ Let's look at these 5 through the lens of pregnancy care:

1. Meeting the needs of the whole person

We screen for depression and domestic violence. Can we do better about evaluating environmental factors such as food security and toxic exposures?

2. Enabling consumers to make better decisions

Quality data are hard to come by in obstetrics, which makes consumer choice a more blinded process. Items such as readmissions might not carry the same negative connotation as they do on the

medical/surgical side. This makes a clinician focus on the patient experience.

3. Personalizing and enhancing engagement

This is critical in obstetrics as most patients are experiencing a normal life cycle process, so the engagement process needs to be altered based upon the needs of the patient as pregnancy and health status progresses.

4. Delivering seamless customer experience across health care journeys

Can your patients access care quickly? Does your office have a way of handling tests such as carrier and aneuploidy screening that are sent to third-party laboratories? More importantly, are patients who develop complications such as gestational diabetes or hypertension given appropriate referral for follow-up?

5. Integrating in-person and virtual health care solutions

This is the area that COVID-19 most quickly accelerated. Although many visits were transitioned to a telehealth platform, now is the time to establish the appropriate cadence for in-person and virtual visits. It also is important to expand the option of asynchronous care for patients whose lives are most disrupted by half-day, low-value visits to a provider.

Patients often do not have a choice in their current episode of care (eg, an ambulance transport to the emergency department). But remember: They may have a choice in their next. Consumerism must give patients a voice in how their health care dollars are spent, but it should not be an excuse to accelerate cost shifting or move the responsibility of lowering the cost of care to the patient. Patients deserve the same—if not more—attention to value that other consumers have grown to expect. ■

Jim D. Keller, MD, is chief medical officer of Advocate Lutheran General Hospital in Park Ridge, Illinois; vice president of medical management at Advocate Children's Hospital; and immediate past chair of the Society for Maternal-Fetal Medicine Practice Management Division Advisory Board.

Brian K. Iriye, MD, is managing physician of the High Risk Pregnancy Center in Las Vegas, Nevada; president of Hera Women's Health; past president of Society for Maternal-Fetal Medicine (SMFM); and past president and current member of the SMFM Practice Management Division Advisory Board.

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