

HEALTH CONSUMERISM AS A GLOBAL HEALTH TOOL AND THE ISSUE OF PRIVATE VS. PUBLIC INVOLVEMENT

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Purpose

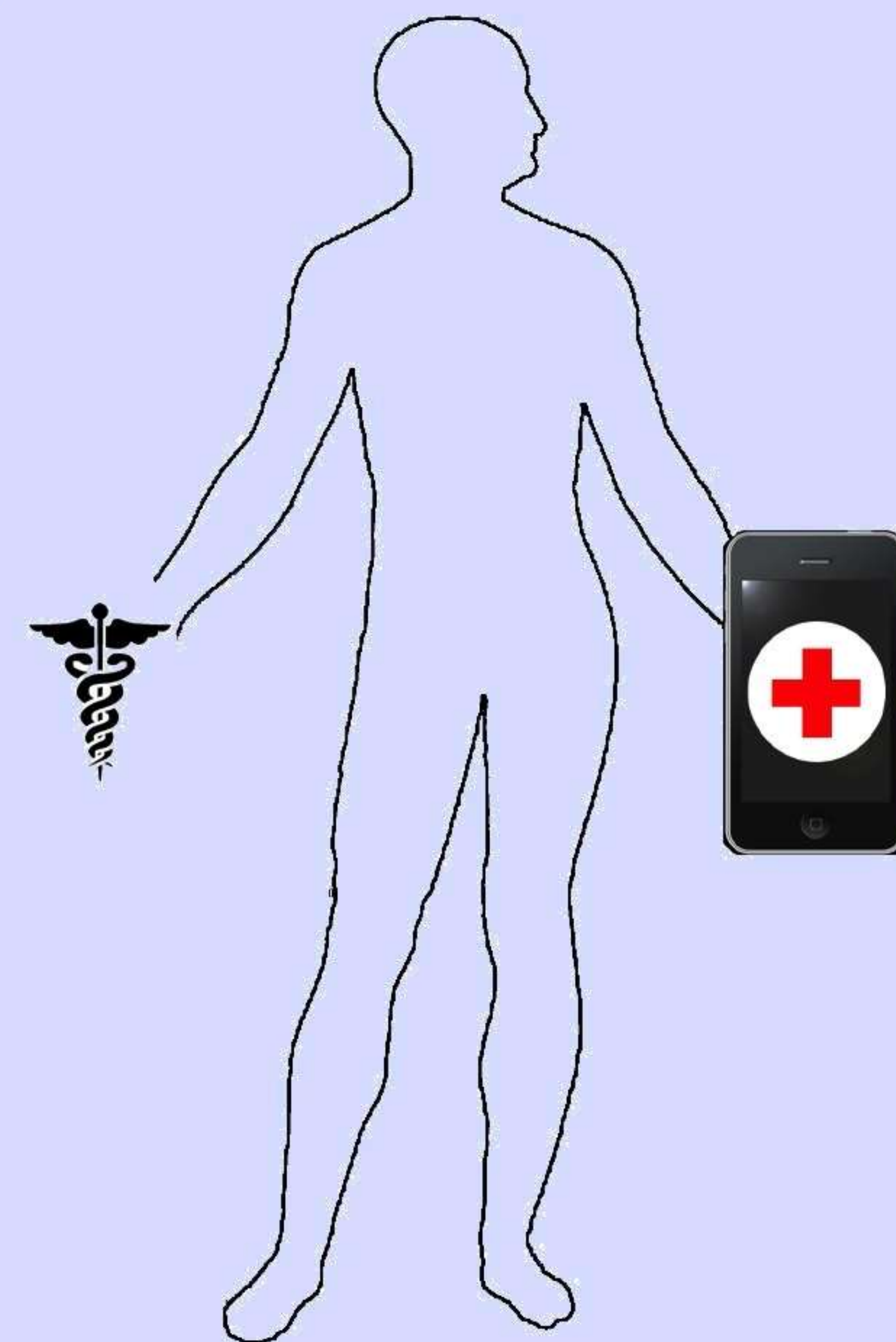
Knowledgeable and active patients, also known as health consumers, have been identified as a potential solution for global health system concerns for cost effectiveness, system efficiency, and improving health outcomes. However, despite these advantages little has been done to survey the current acknowledgement of health consumerism practices or the perspectives of this healthcare model in either public or academic discursive domains. The purpose of this project was to review existing literature on health consumerism in order to identify the development and implementation of this movement, varying perspectives of benefits and concerns, and the current level of private vs. public involvement.

Background:

Historically, healthcare systems have been accepted as running on compliance based patient-provider interaction models (1). Compliance in this sense refers to a model in which patients are expected to follow the orders of healthcare providers without any input into their healthcare decisions whatsoever (2). In this model the healthcare provider is often the sole source of health information. However, new models based on concordance have begun to emerge which place the patient in a position of equal responsibility and power in the decision making process regarding their health and treatment (2). In part, these shifts have been driven by increased numbers of web and technology enabled health information sources (3). Enhanced health information access and personal choice for patients over where and how knowledge and services are accessed have been captured in the introduction of the term health consumer to health care discourse. The term health consumer as it is often defined implies an active role of patients in assessing and deciding healthcare options(4).

Methods: Literature Review

- A literature review was conducted of the following databases: GlobalHealth, HealthStar, HealthSource Consumer Edition, New York Times, and Canadian News Stand, using the keyword "health consumer".
- Databases searches were organized into 4 time periods: 1900-1930, 1930-1960, 1960-1990, 1990-2011, as were limited to English full text articles only
- To be included within the review articles had to contain the keyword, as well as have health in the title or abstract. Articles had to address the research questions explicitly within and/or one of the additional criterion listed below.
- Roles of individuals in the healthcare system, role of the healthcare system, consumer health technologies, shifts to consumer model, the meaning of health or healthcare, guides to do-it-yourself health diagnostics and/or self-directed healthcare
- Articles included were coded using NVIVO 9 Themes were identified (grounded theory) and sorted chronologically. Node structure and coding were reviewed throughout.



Results

Roles

- A total of 151 articles were included within the review. No articles fitting the criteria existed for the years 1900-1960.
- The literature suggests that the health consumer is poised to become the driving force behind future health care development in terms of both service and delivery (5).
- Health consumerism is being largely realized by consumers through a growing consumer targeted technological market (6,7).
- Publicly funded health care systems appear to be only marginally aware of the shift towards health consumerism, however adaption is slow and is encouraging the growth of the private sector (8,9).
- There appears to be varying levels of health consumerism and health consumerism can be realized for self-care, advocacy, and autonomic purposes (10).
- Health consumers on the far right of the spectrum appear to be pushing towards new paradigms of conceptualizing not only health care, but health itself (11,12).

A Proposed Model of Development

The development of the health consumer has proceeded via a transition of attitudes from needs, to wants, to rights as motivators of patient action. Within a traditional care model, a need for communication, support, and human connection drove the formation of self-help groups. These flourished particularly within patient populations already connected by common health issues (e.g. the mentally ill, women). Over time this groups began to function in political and media realms, beyond the goal of emotional support, to advocate for a political presence. A realized lack of access to health information spurred the development of non-physician health resources. Empowered by information health consumers began to demand increased control within patient-provider interactions. The lag of the system to meet these desires for knowledge and autonomy resulted in even more development within the private health care market. As the market molded to suit their needs, individuals began seeing themselves as consumers. Today's health consumers are perceived by some as entitled to representation, information, choice and control in public health care; this perspective of rights is supported largely by the tax-payer public system relationship

Conclusions:

The health consumer movement may be guiding the development of health technology and services, however has not yet been explicitly recognized or studied in its influence to do so. Regardless, a health culture emphasizing individual empowerment through knowledge, control and autonomy is growing. The transition from patient to consumer within health care marks a shift of both power and expected roles between health services providers and consumers. The transition towards consumerism in health settings is marked by an influx of consumer geared health technology.

The consumer movement may have the potential to address a number of growing concerns within the health care system regarding inefficiency and ballooning expenses. However, future research is needed to explore its acceptance and practical implementation. In particular the impact of health consumerism on the health outcomes of different groups, the appropriate incorporation of health consumerism in the public system (if at all), and the minimization of access and literacy gaps need to be explored.

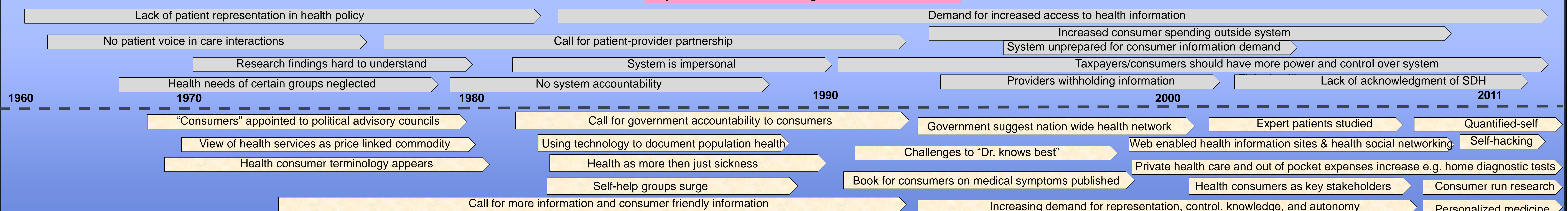
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Acknowledgements

The Wolbring student research team

Gaps in Healthcare Driving Health Consumerism



Shifts Towards Health Consumerism

