

# Health Care in the Age of Consumerism

By Kay Kendall

Consumers now have more and easier access to information regarding their health and the health of their loved ones than ever before. This information ranges from legitimate material, like that available on the Mayo Clinic website or on WebMD, to outright quackery. Pharmaceutical companies now market directly to consumers through television and magazine ads. Social media sites allow patients to rate their physicians and health care experiences. Hospital rating systems also abound. In a time when patient satisfaction survey scores are increasingly important to hospital revenues, how does all this access to information impact patient engagement?

As a consumer, I sometimes welcome this new access, while at other times

I feel overwhelmed. We also see some providers resisting – or even discouraging – this type of digital engagement. When a friend recently asked her primary care physician about a research study she had read, he brusquely brushed her question aside with a response, “What medical school did you go to?” As a result, she’s far less likely to ask questions about her own health care in the future, or she may change doctors. Somehow that doesn’t seem right. As consumers, we often do more research and comparison shopping when we buy an appliance or a car than we do when shopping for our own health care.

Despite resistance from some providers (like my friend’s doctor), health care is moving into the digital age, and consumers’ demand for digital patient engagement strategies will only intensify. I checked with Robert Fangmeyer, Director of the Baldrige Performance Excellence Program, about

his view on Baldrige, health care and the new consumerism. “Honestly, few organizations today can rely on brand loyalty to capture and retain customers, which is why we make such a strong point in the Baldrige framework about customer engagement,” he said. “Health care is just catching up with much of the rest of the economy.”

I also asked whether he expected changes to Item 3.2 in the “Baldrige Excellence Framework,” Customer Engagement, based upon the exploding age of consumerism. “I don’t anticipate explicit changes to the criteria,” Fangmeyer said, “because they already ask organizations to understand and appropriately respond to the changing expectations and needs of their customers and other stakeholders, as well as to focus on building relationships with customers by meeting and exceeding their needs and expectations.”

Because the doctor-patient relationship is central to customer engagement in health care, I wondered



how the age of consumerism impacts this important aspect of the patient experience. Are customers, as consumers of health care information, becoming more or less engaged with their doctors? And are physicians and other health care providers becoming more or less engaged with their patients? I spoke with three health care executives to get their viewpoints.

Dr. Peter Thompson, Chief of Clinical Operations at Apogee Physicians, described his own experience in how the rise in patient engagement initially affected physicians: "Patients would come in with a ream of papers to discuss," he said. "Most physicians felt we were no longer trusted." These days, however, Thompson advises doctors to anticipate that their patients and families will have other sources of information. "You can demonstrate that you're approachable by asking what else they've read or heard about. This can cement a better relationship. It's another way to help make patients your partners," he explained.

Tom Dahlborg, President of Dahlborg Healthcare Leadership Group, emphasized the need to really listen, recalling the study that clocked an average of only 8-11 seconds before providers typically interrupt their patients. "We must listen to understand why the patient sought out additional information. Was it because they didn't understand what they were told by the provider? Was it because they were afraid? Was it because the provider didn't listen to their questions and concerns?"

When I asked him about the risk of patient harm from misinformation or misinterpretation of what they find online, Dahlborg said, "We need to stop going to that place of judgment and get into a place of collaborative inquiry." He added, "We also need to be open ourselves to the fact that some of this isn't misinformation; it may just be information that we don't know about yet."

As an adjunct to patients seeking their own medical information,

Thompson reminded providers of the need to take an adequate history of dietary and herbal supplement use. "We need to seek first to understand what other sources of information the patients are referencing, what other non-prescription 'medication' they're taking. It's part of the medical history. Are they using the information to participate in their care, or are they on a track that may endanger them?"

Ken Hutchenrider, FACHE, President of Methodist Richardson Medical Center, said that direct advertising of pharmaceuticals to consumers – primarily via TV and internet, but also in print media – has caused many patients to self-diagnose and demand a specific drug. "We need to provide information and education to help them back away from conclusions that are often very far from being fact-based," he advised.

Many in the industry are also concerned about the reliability of various hospital rating systems now available on the internet. Hutchenrider said, "The trust factor really depends on the rating agencies – how validated their criteria are as predictors of patient outcomes and how current the data are." Thompson added, "For instance, the data at *HospitalCompare.gov* are six months old when you're looking at them. CMS's Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores come in two to six months after the patient experience."

Reviews on social media sites are particularly problematic because most patients won't seek out these sites to post positive reviews, but they will use them to vent frustrations about situations that may or may not be typical for that hospital's emergency room or physician's practice. Oftentimes, it is difficult to track down these disgruntled patients to get to their real issues and try to resolve them. Hutchenrider said he monitors every comment on social media that mentions his hospital. With the help of the nursing staff, the patients can often be identified. He

then personally calls the patient to try to understand their situation and resolve it if possible. He offered, "Many times, this effort has rebuilt the relationship to the point where the patient goes back to the social media site to change their original low rating."

There's another problem with rating systems that are used to create financial incentives in health care. As Dahlborg observed, "This type of system doesn't create lasting commitment. It can be willfully manipulated. You need to create a culture of integrity and values that supports always doing the right thing." Like other measures, financial incentives can drive unintended consequences, such as the recent wave of canceled radiology and other test orders in the Veterans Administration's health care system to "reduce backlog."

The whole concept of customer engagement seemed so simple to me when I first became familiar with the Baldrige Excellence Framework, but this new dynamic between patients and health care providers adds an extra level of complexity I hadn't expected. As Dr. Thompson summed up for me, "Engaging your patients means being approachable and anticipating that the average patient has a 'library' at their fingertips. If it's not part of the overt discussion, the consumerism model of health care will still be there. It will get in the way of the trust that needs to happen."

What conversations are you having with your patients about their health care "library"? 📖



As CEO and Principal of BaldrigeCoach, **Kay Kendall** coaches organizations on their paths to performance excellence using the

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