

Educating Consumers for an Evolving Health Care Environment

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The health care industry in the United States is currently undergoing major changes. The changes are largely driven by a desire to contain health care costs (Zelman, 1996). Are we preparing students to operate in this changing marketplace? This article offers an overview of the marketplace changes, implications for consumers, and suggested teaching strategies to address the changing health marketplace.

Changes in the Health Care Industry

The philosophy of medical care finance and delivery is moving from crisis management to preventive health care. If the health care system encourages people to adopt healthy lifestyles and reduce exposure to risks, the costs of chronic illnesses, injuries, and hospitalizations can be reduced. This philosophy changes the way medical personnel and facilities conduct business (Kongstvedt, 1996). Under the changes, more than one professional provides input into a single episode of patient care. Although quality of care continues to be important, patients need to assume an active consumer role. Implementing a preventive health care philosophy in the United States is being achieved by movement into managed care.

Managed care is both a method of managing costs and delivering health care (Kongstvedt, 1996). Consumers may be familiar with early forms of managed care such as preferred provider organizations (PPOs) and health maintenance organizations (HMOs). PPOs attempt to provide reasonable costs to consumers through lower deductibles and co-payments when using providers within the network. An HMO offers prepaid, comprehensive coverage for hospital and physician services at per member/per month charges (Garman, 1996). On a continuum of managed care structures, PPOs provide consumers more choice but are now considered to be a higher cost version of managed care. Various forms of HMOs exist such as staff model, group model, and network model (Kongstvedt, 1996). HMO forms of managed care are usually limited to urban environments. Rural populations may find other managed care systems such as Independent Physician Associations, Physician Hospital Organizations, and Provider Service Organizations.

Rural residents who live near urban centers are likely to experience a hub and spoke model of managed care. In these situations, urban managed care providers buy or contract with rural health organizations to provide health care to rural residents (Mueller, Coburn, Crittenden, Cordes, Hart, & Myers, 1996). The consumer advantage is the provision of convenient health care. The risk to rural consumers is the loss of services if financial benefit eludes the urban provider.

In addition to these changes in health care systems, there is increased variety in health care provider types. A physician assistant or nurse practitioner may be the person the consumer sees for care (Miller, 1995). Alternative forms of health care such as herbalists and acupuncturists are being recognized as acceptable sources of health care services.

New forms of evaluation data are becoming available to assist systems and consumers in evaluating the quality and cost of service providers, products, and services. Outcomes data are derived from studies that ask what difference a drug, procedure, or other health care intervention really makes in a patient's health (Miller, 1995). A related development is the increase in the implementation of customer satisfaction surveys.

Contracts between physicians and managed care systems may limit methods of treatment suggested or provided to the patient (Zelman, 1996). In such situations, the consumer needs to determine that such limits exist and identify alternative services if desired. Arrangements where the provider organization is also the insurer are increasingly prevalent. The hospital(s) and physician(s) form an association from which consumers buy health care coverage and services. Where the physician and other direct providers' loyalties lie (with the system or the patient) is not clear. For consumers, separating appropriate processes for health care or health care coverage disputes is confusing. Thus, contractual agreements within finance and delivery systems require consumers to be knowledgeable of them.

Telemedicine has improved the health care environment for providers and consumers (Grigsby, Kaehny, Sandberg, Schlenker, & Shaughnessy, 1995). Consumers can find a multitude of lifestyle and disease information via Internet or telephone which is instantaneously helpful in making decisions. Providers can access and share the latest research information as well as patient records via facsimile, telephone, or Internet with other health care practitioners around the world. Although this may prove important to patient care in a crisis, it often raises the issue of privacy of patient records.

Implications for Consumers

As the system changes to preventive health care, more responsibility is placed on the consumer to eat nutritionally well, exercise regularly, eliminate habits known to cause disease (such as smoking and cancer), and decrease risks of injury (such as wearing seat belts). Adopting preventive practices might also include understanding more about one's body. Adults and youth need to educate themselves with reliable research-based sources regarding body functions, diseases, and treatment procedures. Such knowledge offers the opportunity to improve communication between the patient and professional health care providers. It also enhances better care, more efficient treatment, and reduces complications.

As health care systems take on a business approach to deliver health services, consumers need to improve their knowledge of market systems and how they operate. Consumer economics provides an excellent basis for analyzing such systems. Consumers should focus on the structural aspects of managed care systems by knowing the service and provider choices, both in and out of a managed care system; limitations placed on the flow of information between provider and patient; and redress options when dissatisfied with the health care service or related financing mechanism. As outcomes data evolve, consumers can use these to make decisions on the quality and cost of provided services.

The changing health care environment demands that consumers be active participants in their care. To do so requires narrowing the knowledge and communication gap between consumers and providers so that meaningful conversations can occur regarding health conditions and diagnostic protocols. As such, consumers will need to know how to find, use, and evaluate sources of information for reliability and validity. This includes using electronic information and emerging outcomes data that seeks to determine the most effective types of care, i.e., what treatment works best for a specific condition.

Consumers can prepare for managing their own health information by developing and maintaining personal health record keeping systems. These personal records can provide the basis for sound health decisions and related financial choices. Personal records can help clear up discrepancies in provider and insurer records and document which protocols have been tried and proven effective, helpful, dangerous, or ineffective. Also consumers can gain an understanding of potential hereditary health risks from their personal records.

Preparing Students to Make Better Health Care Decisions

The goal of educating consumers for an evolving health care environment is that people will become better, more active consumers of health care. Finding, locating, and evaluating information as well as understanding the health care system are crucial to the effort. Table 1 contains educational objectives and activities. Teachers can use these in helping students understand the evolving health care environment.

Table 1. Teaching Strategies for an Evolving Health Care Environment

Teaching Objective	Educational Activity	Information Sources Needed
Document personal interactions for record-keeping purposes Explore personal health risks	Create a personal health history Identify sensitive information not to share with insurance companies or employers	Family records Insurance company Health clinic
Identify medical career options Recognize influence of health reform on industry providers Identify local health care environments and their approach to consumers	Identify emerging provider types in community Create list of questions to ask health care managers	<i>Occupational Handbook</i> Internet: AFSCME (labor union) http://www.afscme.org/afscme/workplace/mc_tc.htm <i>Consumer Reports</i> Health care administrators from hospital, home health care, HMO

Teaching Objective	Educational Activity	Information Sources Needed
Prepare for effective consumer communication	Role play consumer-provider communication Practice asking appropriate questions about injury, illness, treatment, etc.	<i>Consumer Reports</i> , October, 1996 Pharmacists, school nurse, dentist, health food store clerk, physician's assistant Internet: National Health Assoc. http://www.nnh.org
Evaluate methods of choosing health care providers	Develop and rank order a list of selection criteria for choosing a health care provider or facility * for personal selection * in recruiting to community	State health departments Internet: National Network for Health http://www.oznet.ksu.edu/nahn/index.htm
Evaluate health care coverages	Compare printed HMO, PPO, and insurance indemnity plans	Insurance sales Internet
Understand credibility and usability of information	Seek and find information sources (commercial, non-profit, and electronic)	<i>Consumer Reports</i> Internet: http://www.ianr.unl.edu/ianr/pubs/he_forms/hef459.htm Families USA http://www.familieusa.org/

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