

## **Pre-conference roundtable discussion “What do we know about consumers in the new health marketplace(s)”**

**By Larry Brown**

Consumers as market players are seeing dynamic changes in their roles and expectations of the system(s). The most prominent changes are these:

The accumulation and easy availability of information and data, especially on the internet, is empowering (or intended to be so).

The pervasive importance of choice — of provider, of plan, of care regimen, of site of care, and more — is part of a broader trend of consumerism in health care and other policy arenas.

Paternalism — the notion that doctor knows best — is in retreat.

A growing expectation of care “on demand” — hence the rise of urgent care centers, retail care, convenience care centers, and the like, which operate on the premise that “patients should not have to wait.”

On the other hand, there are continuing designs for what might be called “channeled” access constraints on consumers that route them through systems in efficient and clinically appropriate ways. These channels include gatekeeping (British style or the French medicine trait ant, for example), waiting lists, narrow networks of providers, plans with high deductibles, and efforts by hospitals to use ambulatory and other sites as feeders of patients into their referral pipelines.

Other problems complicate a consumerist agenda. For example:

Access to care (timely or not) for patients in rural communities with few providers.

Arranging the outreach and follow up care required to keep patients out of EDs and hospitals.

Getting providers to agree that patient records “belong” to patients and should be made readily available and portable wherever the patient elects to seek care.

Discerning the implications of the shift to value-based purchasing for consumer choice of plans and providers and their appraisal of treatments.

Improving the transparency of data that enlighten consumers about the consequences of their choices.

Regulatory frameworks and cultural contexts also shape the roles of consumers and the range of their choices. National and subnational rules govern the degree to which nurse practitioners and physician assistants can deliver different types of care. In Germany strict limitations on the ability of doctors to form “companies” stand in the way of such innovations as Citi Med. Efforts by sickness funds to squeeze the therapeutic options of providers may indirectly constrain consumer choice of treatment. Moreover, options for care seeking and the timeliness of care giving in Germany vary somewhat by whether the consumer is insured by the public or private system. National populations (and subgroups) also differ in their tolerance of waiting for care and in the degree to which consumer concern for the long-term sustainability of their health care systems influences what they feel entitled to expect from those systems.