Imagine if the “right thing to do” was “the easy thing to do” both clinically and administratively. What if primary, secondary and tertiary prevention (prevention-oriented treatment) was rewarded proactively, not as an afterthought, or as currently, not at all? Could we improve the practice of medicine and strengthen the doctor-patient relationship in the process? Consumer-driven health care offers the consumer, patient, physician, plan, health system and payer, the opportunity to get it right. (1)

As Chief Health and Medical Officer of Lumenos, a national consumer-driven health plan, my responsibility is simple: help individuals improve personal health behaviors and become better health care consumers. Consumer-driven health care puts the consumer-patient in the center of health care by:

1) Giving greater control of health care dollars and purchasing decisions to the “true payer” – the consumer  
2) Providing web- and telephonically-enabled health information and personalized support services to better inform the consumer, support optimal care management and improve outcomes  
3) Stimulating the creation of a “health care marketplace” with greater transparency of cost and quality information and, in the process, promoting and rewarding value-added innovation.

And yes, what the “consumer-patient” wants is exactly what the enlightened physician has always sought to provide: prevention-oriented and evidence-based care in a strong patient-physician partnership. But frankly, today, its harder than ever to do.

**Prevention Pays – Really!**

Personal health behaviors are the primary determinant of disease, disability and death (2) and primary drivers of health care costs (3). **Prevention** of illness, injury and associated risk factors is the ultimate “cost trend mitigation strategy”.

Prevention literally pays in consumer-driven health care. Employers can incentivize preventive services through first dollar coverage outside of the health reimbursement arrangement or health savings account to insure optimal receipt of evidence-based periodic health exams, screening tests, counseling interventions, and immunizations. Web-enabled health risk assessments encourage consumers to identify risks and initiate lifestyle improvements with additional employer-funded financial incentives for program participation and successful behavior change. Incentives work and matter. Consumer- and patient-focused financial incentives, even modest ones, have been shown to be effective for preventive care and distinct, well-defined behavioral goals. (4)

Providing easily accessible self and family-care information for common conditions, together with presenting the full cost of the medical visit and associated drug costs, will reduce unnecessary doctor visits. Web-enabled consultations within the context of an existing patient-
physician relationship can be reimbursed and displace inefficient traditional in-person visits. As employees rollover unused health reimbursement or savings account balances from year-to-year, they begin to experience for the first time the financial benefits of improved health and better health care utilization.

A valid concern remains which must be addressed and mitigated. What about reduction in health care utilization when care is needed? Benefit design is key. Funding the accounts initially to provide sufficient resources and incentives to seek appropriate preventive and chronic care, coupled with an “information and personal support safety net” are critical components of successful consumer-driven benefit design which diminishes the likelihood of foregoing needed care.

Evidence-based care: Reducing inappropriate, inefficient care and increasing appropriate, efficient care

Institute of Medicine studies have demonstrated that “omissions, commissions, and gaps” in health care practices have created significant safety and quality risks to patients and unnecessary costs to payers. (5,6) Improved physician and hospital quality data provides consumers with basic information needed to make better informed choices. On-line personal health records and trackers provide the tools for the consumer to monitor their health, laboratory tests, drugs and, in the process, self-manage their conditions more efficiently. The true cost of visits, lab tests, and drugs (as opposed to co-payments or coinsurance) immediately makes the cost of care more apparent. The consumer is financially empowered and motivated to reduce inefficiencies and redundancies in their care – which now costs them directly and visibly.

Bodenheimer et. al. have recently summarized the essential characteristics of effective patient self-care and chronic disease management. (7,8) Four major components for effective chronic care management were identified: self-management, decision support, delivery system design and clinical information systems. “Collaborative care” with an engaged patient and a partnering physician sharing expertise was contrasted with “traditional care” with a passive patient and dominant physician seeking compliance with instructions. Consumer-driven care, by focusing first and foremost on what the consumer-patient needs to know, do, request and receive in his or her health care, can address many, if not the great majority, of these requirements for improved care management and better health outcomes. Enrolling in care management programs as well as meeting clinical and behavioral goals can be rewarded with additional financial incentives paid into the health reimbursement or health savings account.

Fewer Administrative Hassles + Informed, Motivated Patients = Better Physician-Patient Relationships

Today’s physicians are frustrated with administrative hassles, multiple payment rules, payment delays, declining reimbursements, “1-800-deny” health plan practices, rising (and unreimbursed) overhead costs, skyrocketing malpractice premiums and disruptive network rules. And in the midst of the turmoil, don’t forget the demand for greater quality, cost and service accountability.

Leading state medical societies and the American Medical Association have promoted consumer-driven care and health savings accounts as a means to improve the physician-patient
relationship, decrease non-value-added bureaucratic oversight, and address employer’s concerns about rising health care costs. (9) Consumer-driven health care can decrease the administrative hassling of both patients and physicians by empowering patients financially and educationally – and getting other “stakeholders” out of the exam room. Thinking of health care as “spending one’s own money” (as it is), and providing better information to spend it wisely, will, over time, decrease the role of third party intermediaries in personal decisions best left to the patient and physician.

Consumerism, quality and price transparency, competition and innovation can help address the major ills of today’s health care system. Consumer-driven care doesn’t begin in a vacuum. It catalyzes many positive aspects of managed care – most notably, an emphasis on prevention and quality measurement. It will produce some unintended consequences that must be closely monitored and addressed. However, non-value added infrastructure will be subjected to the most intense scrutiny possible – that of the consumer and the marketplace.

Physicians committed to prevention-oriented and evidence-based care can and should become partners with their patients in shaping the consumer-driven movement by embracing quality and cost transparency and creating value-added innovations in care delivery. It’s the right thing to do!

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References

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