

BUILDING A CONSUMER-DIRECTED SERVICE CULTURE

Scalise, Dagmara

2839 words

1 December 2005

Hospitals & Health Networks

53

Volume 79; Issue 12; ISSN: 10688838

English

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With the advent of the Web, consumers have come to expect easy access to information and a personalized experience in virtually every business encounter, from online banking and booking airline tickets to buying merchandise and getting directions. Health care is the next wave.

Consumers today increasingly have access to information on health conditions, pharmaceuticals, health care quality and costs at their fingertips, and as a consequence, they expect better, more personalized service from their doctors and hospitals. Providers who want to build a consumer-directed service culture need to focus on some key building blocks: information (and consumer education), technology and service. We examine these topics in more detail on the following pages.

WHAT IS CONSUMER-DIRECTED HEALTH CARE?

Consumer-directed health care gives people a larger role in choosing and paying for health care services. It requires that consumers have the desire and the means, the information and the tools, to understand, learn about and make decisions about health care, including information about price and quality. It requires that employers, providers, insurers and government radically change their behaviors, processes and assumptions.

WHAT IS A CONSUMER-DIRECTED SERVICE CULTURE?

Organizations that value consumer input, promote quality and choice, educate consumers and provide services that consumers want at prices they are willing to pay may be said to have a consumer-directed service culture. This culture not only comprises customer service, information technology and excellent quality, it embraces transparency. Finally, a consumer-directed service culture takes into account both internal and external customers. Consumers want information and technology and expect service and choice.

Who Will Drive the Change and How?

EMPLOYERS

They must switch from micromanaging insurers and providers to empowering employees by giving them control, choice and information. Employers provide control by giving employees the same amount of money, adjusted for risk status, and enable competition by offering insurance options with different benefits, terms, provider structure and payments and out-of-pocket maximums.

INSURERS

They must depart from offering standardized, one-price-fits-all products and craft genuinely differentiated product offerings. They must accept providers' prices and bundles of care and not dictate them.

PROVIDERS

They must completely recreate the process of care through focused factories, integrated patient medical information and personalized medical technologies. They must cooperate with attempts to measure their performance.

GOVERNMENT

They must provide excellent, relevant, timely evaluations for insurers and providers. They should halt their micromanagement of the structure of insurance policies and the payment of providers and instead oversee insurers' and providers' integrity.

CONSUMERS

They must be willing to support expanding health insurance to those who cannot afford it.

Sources: **Regina Herzlinger**, *Consumer Driven Health Care*, 2004; H&HN research, 2005

THE BUILDING BLOCKS OF A CONSUMER-DIRECTED SERVICE CULTURE

Three main components help achieve a consumer-directed service culture. Consumers expect reliable **INFORMATION**, they want **TECHNOLOGY** that works for them, and they demand good customer **SERVICE**.

Building Block One: Information

Consumers want information on treatments, facilities, cost, and physicians

A 2005 survey of 4,300 health care consumers showed that most consumers seek out health information for for themselves and on behalf of their family members; their favored medium for

getting information is the Internet, and treatment decision tools-whether written and oral information, personal counseling, video-tapes or interactive, computer-driven multimedia programs-that provide strategies for clinical management and possible outcomes of the various options have a direct impact on consumers' treatment decisions.

- * 60 percent of consumers searched for information to make treatment decisions in a 12-month period. Of the 40 percent who did not search, 94 percent said they would if faced with a medical condition.

- * Those searching for information are generally more educated and are more likely to have chronic conditions.

- * While 72 percent search specifically for treatment information and 39 percent look for information that explicitly compares treatment options, only 14 percent currently seek out the cost of these treatment options.

- * Information on physician specialists and facilities that specialize in conditions had the greatest impact on consumers.

Historically, consumers have been rather passive in the management of their own health care.

Providers educating consumers have numerous challenges:

- * The digital divide is a large barrier for financially vulnerable and elderly populations.

- * Consumers must be convinced that a quality problem exists before they will take action to educate themselves and use quality information to make better choices.

- * Information must get the attention of the consumer to be effective.

- * Cognitive deficiency will likely create a significant barrier for some individuals.

- * Cultural and language variation must be considered as part of any education program.

Sources: Changes in Health Care Financing & Organization, 2004; H&HN research, 2005

OPPORTUNITIES for providers to improve service:

- * Develop decision treatment tools that accommodate a variety of reading levels.

- * Consider developing Web-based tools. Consumers look for health information online and are more likely to seek it on the Internet than from their own physicians or other health care professionals. In addition, Internet tools are known to reduce the effort and improve the accuracy of decision-making.

- * Target consumers who say health information tools do not affect their choices of care or facility. Well-designed tools can improve the quality of treatment without raising costs or can reduce the cost of care without harming quality, but currently only one-in-three consumers say the information affected their decisions.

- * Consider how health and quality information is presented. Research has shown that the way data are displayed influences a consumer's ability to make decisions. For example, researcher Judith Hibbard found that how data are displayed in health plan-generated "quality report cards" greatly influenced a consumer's ability to absorb comparative information about plans.

Sources: RAND Corporation, 2005; Blue Cross Blue Shield Association, 2005; Annals of Internal Medicine, 2002; Changes in Health Care Financing & Organization, 2004; H&HN research, 2005

Building Block Two: Technology Consumers Want Wired Health Care

Sixty percent of Americans want to receive health care services that a wired and connected health care system provides, according to Connecting for Health, an industry collaborative.

The majority of Americans-50 percent to 70 percent-have not thought about the implications of a wired health system and do not yet demand the same level of customer service that they do in other areas of life, such as banking or travel.

Patients say computers improve doctor-patient communication. A recent study published in the Journal of the American Medical Informatics Association, found that more than 85 percent of patients approved of the way their clinicians used computers and seven months after computers were introduced, most patients reported that communication had actually improved.

Younger people prefer getting health information electronically: 33 percent of people ages 45 and under say the Internet is their preferred medium for a personal health record, while 24 percent cite paper records. In contrast, 34 percent of people older than 45 say they prefer paper-based personal health records and only 21 percent prefer the Internet.

Majority of consumers are ready to track their health online

Consumers want to be able to e-mail their doctor, track immunizations, transfer information to new doctors or specialists and get and track test results, according to a 2003 survey of online Americans:

OPPORTUNITIES for providers to improve service:

- * Conduct patient focus groups to learn more of what consumers want from a "wired" facility.

- * Create an electronic personal health record that allows consumers to accomplish basic tasks, such as input health information, get test results and e-mail physicians.

* Consider marketing an electronic personal health record to area residents who are not yet hospital patients. In 2006, Huntsville (Ala.) Medical Center plans to market its personal health record, myCare, to area residents as a convenient means of starting a pre-emptive personal health record.

* Build a patient portal so that patients can find all the information they need and can execute multiple functions (e.g., e-mail, access test results, etc.) on a single site.

Sources: Connecting for Health Year; USA Today, "People want Premium Health Service," Nov. 11 2005; The New York Times, "The Computer Will see You Now (Feel Better)?" Nov. 1, 2005; H&HN research, 2005

How We Did it This gatefold was produced using research from the RAND Corp., Blue Cross Blue Shield Association, Health Affairs, among other sources.

Research: Dagmara Scalise (dscalise@healthforum.com)

Design: Chuck Lazar (clazar@healthforum.com)

Building Block Three: Service

Consumers want good customer service

Before they can provide good customer service, providers first must understand what customers want. That involves listening to consumers, as well as educating them about health care, their medical conditions, and their roles and responsibilities as health care consumers. For internal customers, such as doctors and nurses, the advice is the same: administrators must listen to and respond to customers' needs, whether that means providing more flexible hours for older nurses or wireless technology for busy clinicians. The key to is learn and respond, experts say.

What do consumers want?

Many consumers don't necessarily want hotel-like amenities from providers. Rather, they value health care that is accessible, accountable, coordinated, comprehensive and provides continuity of care.

Where you listen may be as important as how you listen

Listening to customers in their own environment is more honest and spontaneous than trying to get them to respond in a controlled setting, customer service experts say. So, while patient j focus groups can bring good insights, sometimes you have to go to the consumer to get the real story. For example, Michael Rich, M.D., a specialist in adolescent medicine at Boston's Children's Hospital, gives his asthma patients video cameras to document their illness and teach him about their lives. The tapes also let him know whether patients are taking their medications correctly and can reveal asthma-inducing allergens that his patients never mentioned. The sterile confines of an examination room don't encourage kids to explain all of their symptoms or disclose whether they're taking their medication. "We need to listen to patients within their framework," Rich says. "Medicine is not a religion; it's a service industry."

Sources: "Listen Up!" FastCompany, May 2000; hotV research, 2005

OPPORTUNITIES for providers to improve service:

* Invest in cultural competency programs. Educate staff about diversity and equity.

* Think innovatively about getting patients' views about hospital services. Create patient focus groups or involve patients on committees when planning for quality or service initiatives.

* Streamline processes that are typically onerous for the consumer, such as billing and registration. Use technology to make those processes simpler and faster. For example, offer patients the option to pay bills online. Increasing numbers of hospitals are streamlining their payment processes and bringing them online. Streamline the check-in process by using technology, such as e-dipboards and online registration.

* Educate consumers about their medical conditions. Vendors such as Virginia-based GetWell Networks offer electronic tools for patients and nursing staff that are deployed at the bedside.

Cultural competence: a growing need

As diversity among the U.S. population increases, so does the need for providers to be culturally competent.

CLINICIANS: Doctors and nurses will increasingly see patients with a broad range of perspectives regarding health, often influenced by their social or cultural backgrounds. For instance, patients may present their symptoms quite differently from the way they are presented in medical textbooks. They may have limited English proficiency, different thresholds for seeking care or expectations about their care, and unfamiliar beliefs that influence whether or not they adhere to providers' recommendations.

COMMUNICATION: Provider-patient communication is linked to patient satisfaction, adherence to medical instructions and health outcomes. Poorer outcomes may result when sociocultural differences between patients and providers are not reconciled in the clinical encounter.

IMPROVING QUALITY: The Institute of Medicine has highlighted the importance of patient-centered care and cultural competence in improving quality and eliminating racial/ethnic disparities.

INSURERS & PURCHASERS: Managed care plans, health insurers and health care purchasers have each made significant advances in the area of cultural competence. Insurers such as Aetna and Kaiser Permanente have developed initiatives in this area, while business groups such as the National Business Group on Health have been active in informing their members about cultural competence and racial/ethnic disparities in health care.

MARKETING OPPORTUNITIES: Organizations that invest in cultural competence gain marketing opportunities by positioning themselves as committed to issues of diversity, equity and quality.

TRAINING: There is still a great variability in the quality of cultural competency training programs and outcomes research on cultural competency interventions has been sparse.

Sources: Joseph R. Betancourt, et. al, "Cultural Competence and Health Care Disparities: Key Perspectives and Trends," Health affairs. March/April 2005; H&HN research, 2005
Future Trends

Technology will play a big role in letting hospitals take better care of patients and provide better customer service. Patients who today must be hospitalized will in the future be monitored remotely and their treatments customized. Customer service will depend more on how well individualized treatments are executed than on a hospital's environment or other facility-specific factors. At the same time, technology might also provide hospitals with new service opportunities even as it reduces hospitalizations. Jeff Goldsmith, president of Health Futures Inc. and associate professor of medical education in the School of Medicine, University of Virginia, Charlottesville, identifies the following as having significant promise:

PERSONALIZED MEDICINE: Personalized medicine might create new service lines, such as custom therapies for infectious agents and genetically based diseases, and it could improve safety and clinical effectiveness in hospitals. For example, hospital-based clinical laboratories may morph into the source of new therapeutic tools to address variation in disease. Hospitals seem uniquely positioned to shape this trend because they can focus capital and program spending on emerging service opportunities.

REGENERATIVE MEDICINE: Restorative medicine may eventually become the marker for "tertiary" medical care in hospitals a decade or two hence, as open-heart surgery did in the 1970s. Cell culturing is now done in hospital clinical laboratories for diagnostic purposes. If it proves technically feasible, therapeutic culturing of human cells through nuclear transplantation will also take place in the hospital's clinical laboratory. Tissue engineering appears promising enough that some hospitals will add restorative medicine to their service lines, perhaps within the decade.

REMOTE PATIENT MONITORING: Remote ICU systems, wireless broadband and sensor monitoring will enable hospitals to monitor a remarkable range of physiological conditions in diverse, nonhospital settings across a variety of channels (e.g., voice, video, etc.). Clinical information systems that integrate all the diverse channels of input and connect the patient to the health system will help coordinate the organizations response to the patient's unique risk. Such IT systems will prompt a response from the care team when a certain monitoring "threshold" (such as an unstable heart rhythm or a fall) is reached. Many patients who are hospitalized today will return to their lives and work at the end of a friendly and unobtrusive tether.

Sources: Jeff Goldsmith, "Technology and the Boundaries of the Hospitals: Three Emerging Technologies," Health Affairs, 2004; H&HN research, 2005

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