

CHAPTER 32

SELF-CARE, SELF-SERVICE, AND SELF-EMPOWERING CONSUMER CARE

“An ATM (Automatic or Automated Teller Machine) is a computerized machine designed to dispense cash to bank customers without need of human interaction. The ATM can also take deposits, transfer money between bank accounts and provide other basic financial services. Most banks feature one or more “on premises” ATMs so that customers have access to services 24 hours a day, seven days a week. During banking hours the ATM can reduce long lines inside the bank by providing an alternative to a human teller. Even better, the ATM continues to be available long after the bank is closed. If you need cash in the evening, on a holiday or Sunday, the ATM is there to serve.” - WiseGeek, 2006

THINK OF IT THIS WAY

Consumers are entering data freely, conveniently, and voluntarily into ATM machines, gas pump dispensers, electronic airport check-in machines, and supermarket check-out machines twenty four hours day. Consumers are googling and yahooing (I’m using these terms as verbs) the Internet anytime of the day or night to search for health care information for themselves, relatives, or friends.

WHY NOT HEALTH CARE TOO?

It’s already happening. Health plans market their products on the Internet through “transparent” web sites, which increasingly, allow you to compare prices of drugs, doctors, and hospitals. As a consumer, you can go Healthgrade.com and, for \$7.95, compare prices and outcomes for 50 procedures or so for hospitals and doctors in your zip code or region. You can also go to www.Medicarecompare.gov and compare hospital outcomes and Medicare prescription drug plans. Every hospital I know has a web site, and more and more doctor practices have web sites too.

SELF-CARE, SELF-SERVICE, AND SELF-EMPOWERMENT

What’s going on here? To me it’s part and parcel of the consumer-driven self-care, self-service, and self-empowering revolution. These new consumers are no fools. They are smart, knowledgeable about what ails them, computer-savvy, assertive, and, on occasion, disrespectful of authority. But beyond all of this, as James F. Fries, M.D., professor of medicine at Stanford, and coauthor of “Take Care of Yourself, “ and his colleagues have proven, you can use electronic and printed matter to activate consumers to pursue self-care.⁶¹

HEALTHTRAC SELF-CARE PROGRAMS

Through a series of self-care programs at the work-site, called Healtrac, Fries and friends have taught people how to avoid the “five D’s” – death, disability, discomfort, drug toxicity, and dollar cost. The overall goal of Fries and his associate’s are to reduce need and demand for medical services by focusing on the following targets:

- Improving personal self-efficacy and autonomous consumer behavior;
- Increasing self-management skills;
- Increasing chronic disease self-management skills;
- Decreasing behavioral health risks, particularly those associated with smoking, lack of exercise, and high fat diets;
- Increasing the intensity of interventions for high-risk interventions compared to low risk ones;
- Decreasing the number of very low birth weight babies;
- Decreasing the frequency of inhumane and undignified care at the end of life.

If these activities can succeed in the workplace, I maintain they can succeed in the wider consumer health marketplace. I became familiar with the potency of self-care through an interview I conducted with Doctor Tom Ferguson. Here is an editorial tribute I made of Tom after his recent death.

PROPHET OF CONSUMER-DRIVEN CARE DIES

Doctor Tom Ferguson, who pioneered and articulated the concept of health care consumers using the Internet to educate themselves, died in Little Rock, Arkansas, on April 14, 2006 at age 62 of multiple myeloma, with which he had suffered for 15 years. I interviewed Doctor Ferguson for *Physician Practice Options* in 1999.⁶² the prophetic title for that interview was “Refusing to Use the Internet Will Not be An Option for Physicians.”

He was right. It is no longer an option. Today, according to Harris Interactive Surveys, 98 percent of graduating medical students and 80 percent of practicing doctors have Internet access.⁶³ Doctors now live in a wireless world in which consumers commonly search the Net for health care information. Increasingly, these consumers seek to use the Internet to visit their doctor via e-mail, refill prescriptions, and schedule appointments. Ferguson foresaw all of this. He predicted the Internet’s potential for disseminating medical information long before its time, and he coined such terms as “e-patients” and “disease tribes” for patients who searched the Net and who gathered together in Internet chat rooms.

Ferguson established a journal called *Medical Self-Care* and served as its editor from 1975 to 1989. In 1998, he became editor and publisher of a newsletter *The Ferguson Report: Then Newsletter of Consumer Informatics and Online Health*. In addition, he was senior associate at the Center for Clinical Computing, a Harvard Medical School-based research institution, an associate faculty member at the Texas Health Science Center and the University of Arkansas Medical Sciences Center, and a senior research fellow at the Pew Internet and American Life Project, where he specialized in reports on how people use the Internet to obtain health information.

LAYING THE GROUNDWORK FOR CONSUMER-DRIVEN CARE

In pursuing these activities, Doctor Ferguson was laying the groundwork for what has come to be known as consumer-driven health care. Regina Herzlinger, a Harvard Business School Professor, who published *Consumer-Driven Health Care: Implications for Providers, Payers, and Policymakers* (Jossey-Bass, 2004), deserve credit for officially

christening the movement, but it was Ferguson who almost single-handedly got the ball rolling.

CONSUMERS ARE VERY SMART PEOPLE

Like Herzlinger, Ferguson recognized that health care consumers are very smart people, perfectly capable of fending for themselves, doing their own research, and, in concert with doctors, figuring out how to wend their way through the medical maze.

In his interview with me, Ferguson observed, “Online technology has made it possible for people to gain access to disease support groups and to research information about their diseases. It provides an environment in which some patients can play a role that’s different from the role they’ve played traditionally. The online revolution is changing the roles of both physicians and patients. Patients spend a good portion of their time away from the physician’s office, caring for themselves. When patients are motivated they are willing to put almost endless time and energy into being a resource for their own care.”⁶²

GET ON BOARD – THE CONSUMER TRAIN IS LEAVING THE STATION

“Patient knowledge is different from physician knowledge. Depending on area of specialization, a specialist might have to stay current on 200, 300, or 400 medical conditions. A general practitioner might have to keep up with 600. Patients only have to know about one disease – their own.”

When I asked Doctor Ferguson what online patient self-education portended for physicians, he replied, “Physicians who live in high-tech urban areas and want to treat well-educated young adults will have to be proficient on the Internet or they won’t have any patients left in five years.”

So much for Tom’s pioneering work. I would also like to bring to the reader’s attention the use of physician web sites to educate patients, not so much for self-care, but for self-service and availing themselves conveniently, quickly, and at low costs of physician services.

EHR’S AND PHYSICIAN WEB SITES SERVE DIFFERENT PURPOSES

There is much talk these days of personal health records (PHRs) or electronic health records (EHRs), which are supplanting electronic medical records (EMRs), as the preferred terms. By and large, EHRs are for physicians’ internal practice efficiency, documentation, coding, claims processing, patient safety, and avoiding test duplication. These are important, indeed essential functions, but they may be largely invisible to consumers seeking convenient, time-saving, money-saving, and self-serving access to routine physician services. What is needed is consumer-add on services to existing physician EHRs or through physician websites, even without EHRs.

MEDFUSION, INC

A company in Raleigh, North Carolina, called Medfusion has pioneered development of physician web sites which offer these consumer-friendly services. In these physician web sites, the company seeks to satisfy those consumer are either irritated by the inconvenience of being “on-hold” or seeking conveniences offered by being “on-line.” Medfusion characterizes its services as “secure patient and physician communication portals.” Consumer self-service capabilities reduce phone calls, improve efficiency, reduce costs, and improve revenue. Workflow enhancements include patient pre-registration, appointment requests and reminders, outbound messaging, lab results delivery, prescription renewals, patient online bill payment, personal health records and virtual office visits.

CONSUMER-FRIENDLY ONLINE SERVICES

Without getting too complicated about it, through their web sites, physicians can cater to time-bankrupt consumers seeking no nonsense, quick hitting, and relevant information and services. The information includes practice location, maps, physician backgrounds, and practice expertise. Through this “portal,” consumers can schedule appointments, refill prescriptions, arrange for a “virtual email visit” with their doctors, obtain laboratory, x-ray, and imaging results; and even create their own medical histories before seeing their doctors.

TRENDS AND INNOVATION TALKING AND ACTION POINTS

Given the size of the self-care movement, the electronic data entry self-services already common in American retail establishments, and widespread use of the Internet and its search engines to find medical information and to access services, innovations in self-care, self-service, and self-empowerment are powerful and inevitable. An additional benefit of this consumer-driven revolution may be a decrease in the demand, need, and cost of medical services.

CASE STUDY

EXAMPLES OF SELF-CARE, SELF-SERVICE, AND SELF-EMPOWERMENT

Crisply capturing the multiple dimensions of self-care, self-service, and self-empowerment is difficult in a single-case study. So I have elected to visit web sites of Medfusion clients and to speak to some of the doctors and practice managers involved. These web sites are designed to automate and facilitate interactions of patients and clients. The nuts and bolts of these web sites are delivering client services like pre-registration, insurance eligibility checking, appointment requests and reminders, prescription renewals, test result reporting, online bill payments, and virtual office reporting.

These services effectively bypass many time-eating interactions with staff and doctors, including time required for phone calls and telephone “tag,” and by so doing, freeing up time for patient care. In addition, problems like overburdened phone lines, not being able to charge for administrative services, absorbing costs of patient no-shows, and delayed bill collections either go away or are greatly diminished.

There are other benefits as well: less staff to run the practice (online patients substitute for staff time), reduced expenses for yellow page listings (the web sites are a form of advertising); being able to charge for “virtual” on-line office visits (in the past, unlike their lawyer counterparts, doctors had a way to charge for phone calls to discuss minor problems).

Furthermore, patient-empowering web sites are adaptable and affordable for almost any type of practice in any part of the country. In this case, I visited web sites of a solo concierge physician in Atlanta; a large primary care group in Mississippi; two solo family physicians, one in Washington, D.C and the other in Oregon; a 37-person group of cardiovascular specialists in Oklahoma; and a 12-man orthopedic group in California. More importantly, tech-savvy health consumers enjoy this new brand of medicine too:

- no more waiting “on-hold” to schedule an appointment;
- no more waiting to get the doctor to comment on the phone about a minor ailment;
- no more doctor visits to get a routine prescription refill;
- no more phone calls to get lab results;
- and in some cases, no more searching elsewhere to be educated about your disease (many websites contain educational videos).

Finally, through a software program on the physician web site, patients can choose to be interviewed by a computer before their visit. That way, when the patient enters the exam room, their history has been laid out from their point of view before the doctor. For the doctor and the patient, this computer saves time, confusion, and facilitates a faster route to a proper diagnosis.