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Role Of The Consumer

Many consumers of medical services, newly empowered by an emergent, market-driven insurance world that offers them more choices, are being thrust into this maelstrom often ill equipped to understand its complexities, much less know what course may be right for them. Most seem to base their decisions on cost, regardless of the benefit package offered or the breadth of the provider panel. Indeed, consumers have demonstrated remarkably little loyalty to physicians or their health plans if they could purchase coverage at a lower price elsewhere. Regardless of what plan a consumer selects, most surveys show that people value choice and and that having choice increases satisfaction. However, because most people are healthy most of the time, very few of us are prepared to invest the time necessary to become highly knowledgeable consumers. It’s usually only when serious illness strikes an individual or a family member that one seeks to accumulate the knowledge necessary to do battle with the system and the disease. This reality is certainly one of the more daunting obstacles to the development of a vigilant national consumer movement. And of those who are sick, patient advocacy organizations focus on their particular affliction, thus diluting the overall impact of an energetic consumer movement.

Nevertheless, greater attention is being paid to the development of a better-informed health care consumer, and this issue of Health Affairs reflects the increased amount of activity. In the lead paper, Elizabeth Hoy and her colleagues analyze the experience of six organizations that have adopted a consumer-choice model in an effort to achieve their insurance purchasing objectives. Stephen Isaacs discusses the results of what he believes is the first published national survey to focus directly on consumers’ information needs. Following, Susan Edgman-Levitan and Paul Cleary, employing different research methods, seek answers to what types of quality information consumers believe they need to make health plan choices. And Marion Ein Lewin and Stan Jones report on the recommendations of an Institute of Medicine committee to help Medicare beneficiaries cope with the new paradigm of managed care.

The centerpiece of Health Tracking, our new ongoing effort to provide readers with the latest information available on the transformation of health care delivery, is a paper prepared by Lynn Etheredge, Stanley Jones, and Lawrence Lewin that examines the
fundamental forces for change as seen by health care leaders. Their findings formed the basis of a day-long discussion of some twenty nationally recognized health care leaders who gathered at the invitation of Health Affairs and the Health Insurance Reform Project at The George Washington University. (A list of attendees is found on page 101 of this volume of Health Affairs.) The intense day of discussion, expertly moderated by Lewin, provoked interesting dialogue among participants, most of whom are on the firing line of change in health care delivery and financing methods.

We found this forum, supported by The Robert Wood Johnson Foundation (as is the Health Tracking section), so useful that we are planning a series of similar discussions on the evolving system. The second session, again employing recognized national figures representing all the important stakeholders, examined the issue of written and spoken health plan/provider agreements that constrain the provider from giving his/her independent professional clinical opinion to the patient (the so-called gag rule issue). The 104th Congress, in its closing hours, almost approved legislation that would have prohibited any written or spoken health plan restriction on what a provider can communicate to his/her patients. This issue is very likely to be discussed early in the next Congress.

Underlying this issue is a host of profound questions about the roles of plans, providers, and consumers that need to be better understood and more widely discussed. For example: Who in our changing system is responsible for assuring efficient and high-quality care? To what extent is it the health plan? The provider? The consumer? How do we protect the capacity of each party to carry out its responsibility in the rapidly changing market? The results of our ongoing discussions with the best-informed people who engage these issues will be published in future issues of Health Affairs.

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FOUNDING EDITOR