

The evolution from patient to healthcare consumer

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Over the last decade there's been a notable shift in the power balance between healthcare providers and consumers. No longer content with being passive patients, we're seeing a new breed of proactive healthcare consumers emerge.

Dr Rachel David, CEO of Private Healthcare Australia, confirms that consumer expectations in Australia, especially among the under 40s, are on the rise. She said that having access to telehealth, self-monitoring devices, and health professionals who can advise them on the best services and technologies is now a given.

"It's now becoming a minimum expectation of the Gen Y and the Millennial consumer," she said.

The panel noted there's been a shift from a paternalistic "doctor knows best" style of medicine, to a world where consumers are in the driver's seat, having access to all the tools and information they need to make informed decisions about their healthcare.

While this is having positive outcomes on overall health literacy, GPs still have an important role to play in empowering patients to take the lead in their own healthcare.

Michael Greco is Associate Professor at Griffith University and CEO of Care Opinion Australia. He said the role of the health provider has to change from "information giver" to one that walks alongside a patient on the journey of self-care and self-management.

We're now dealing with [50% of the population who have a chronic condition](#), and this requires patients to be more active in their own healthcare. However, not all patients are engaged on this journey, he reasoned.

"There's quite a large percentage of people who don't feel like they have a role in managing their condition. We have to somehow change that mentality," he urged. "We know that knowledge alone does not change behaviour of the consumer. Trust and relationships are key in terms of starting the conversation around self-care."

On-demand and consumer-rated healthcare empowering consumers

The concept of concierge medicine is a burgeoning area, particularly in the US, with patients fed up of long waiting periods, seeking faster, more convenient access to healthcare. A number of apps have been developed to support this demand, allowing patients to access their own medical data, quickly book appointments, receive reminders and track health goals.

Dr Simon Kos, CEO of Next Practice calls out some notable US examples of this such as One Medical, Forward Medical and ChenMed. "They're really doing some great things in terms of activation, empowering people with the digital tools to self-manage and addressing the power balance."

He argued this value-based care model is where the Australian healthcare system needs to progress to. "The empowered health consumer who understands their condition, with the right tools to be able to self-manage who make the choice about when and how they engage with the health system to get the help they need. That's ultimately where I think we want to move it to."

Another growing trend in the consumer-led healthcare world has been “rating” your care experience. Much like rating a restaurant experience or an Uber trip, patients are now able to rate their care experience, from the person who greets them at the front desk to the healthcare provider treating them.

This is an important step in improving the quality of patient care, explained Dr Kos. “Giving people a voice allows us to manage some of those negative conversations in a productive way and celebrate some of the good that we're able to do.”

“It's just one of those common things that happens in every other industry, but we don't really do here in medicine. I think picking and choosing some of those innovations we see that have taken legs, that could make a big difference here, I'm excited to see them to come to general practice”, he said.

Dr Greco pointed out this may be a challenging for many doctors who may feel threatened by receiving patient feedback.

“The planets are aligning in this new world, not only from consumer perspective, going from passive to active, but I think there's going to be more asked of the medical profession in terms of being reflective practitioners,” Dr Greco added.

Funding and interoperability a roadblock

To make this shift to value-based, consumer-led healthcare, the panel agreed there needs to be some changes to the way healthcare is funded and operated in Australia.

“Part of the problem is our funding mechanism and the health system that we're in,” Dr David reasoned. “The US is quite a different system and we need the Medicare system to evolve beyond where it is at the moment.”

“Medicare was set up in the 1970s when we had 1970s diseases,” she said, pointing out this model worked well for acute conditions that required brief interventions. However, we're now dealing with more chronic conditions and as a result, the relationship medical professionals have with their patients has become longer and more complex.

“We have the potential to make that [relationship] so much deeper. But I think it's important that the funding actually follows that at some point,” she stressed.

The panel also observed that interoperability needs to be improved in order to support value based care, with significant improvements needed in communication and connections between hospitals, GPs and specialists.

“It's not a quick fix”, cautioned Dr Kos. “We have so many legacy systems that are entrenched in our health system, and sometimes those systems don't get replaced quickly. Some of the big hospital-based information systems are operating 30 years after they've been implemented, so the opportunity to create data liquidity and bring it all together is challenging.”

However, the panel remains optimistic about the future of healthcare in Australia.

“We're on the cusp of a Cloud revolution in healthcare that has made a dramatic difference elsewhere. That's actually really exciting because once we start to bring that data up, using appropriate security so that we safeguard the confidentiality of that important information, then we can start to do really interesting things with it,” Dr Kos concluded.