In recent years, there have been vast publications and discussions centered around healthcare consumerism—often defined as a movement that advocates patients’ involvement in their own medical decisions. However, many may be misinterpreting the definition of healthcare consumerism when they label the patient as the boss in charge of their medical care and subsequently using that definition or mindset to build consumer-oriented...
healthcare solutions meant to address unmet patient needs as if they were purchasing a car, a handbag or a pair of jeans.

While there are many similarities between the term “consumer” in healthcare and other industries, there are several important differences that must be pointed out. Medical care is still heavily weighted towards sick care rather than preventative or elective care, requiring critical decisions (often life-and-death decisions) to be made. This decision making is often anxiety driven and made with a tethered will and the hope of returning to baseline; unlike consumer decision making, which is more excitement oriented and made with free will and a desire to add to baseline.

There’s also a vast difference between the medical education of the HCP—who, at a minimum, is schooled for over a decade—and the average layperson. In general, the results when medical care is left up to the individual without HCP intervention can be (and has been) disastrous.

As such, the choice of obtaining medical care is not made under the consumer pretense of supply and demand but rather through the criticality of need. It is not made with a boss/commander mindset. In fact, it is often made with an emotional connection to hope, trust and belief. And with that connection comes a strong reliance on a collective group of people that must come together as partners in achieving the best health outcomes (getting back to baseline).
Healthcare consumerism is a movement from the “doctor says, patient does” model to a “working partnership” model. And those who have worked in business development and alliance management know that true partnerships do not have bosses; they have equals. The best partnerships are based on trust, adhere to joint commitments and demonstrate mutual respect of each other’s unique abilities and strengths. It is where $1+1=3!$ The best-case scenario results in two parties that are educated about the disease and the options for treatment, creating an informed discussion.

As such, we believe that the healthcare industry should be borrowing from books on partnerships and alliance management—as people in need of healthcare don’t necessarily want to be considered healthcare consumers but rather partners in their own care. Without this modification in approach, there continues to be a disconnection between how healthcare professionals define patient needs and what patients actually believe they need from their providers.

**Our Beliefs as People Are Most Aligned to the Concept of Partnership**

“Any doctor who isn’t willing to treat me as a partner doesn’t get to see me twice.”

“I am a big girl… I put on my big-girl pants and make my own appointments, and fill my own prescriptions. I don’t need a mother, that’s [what] that reminds me of.”

“Most healthcare providers today, including myself, want a well-informed patient—a true partner in their care… with responsibilities to take care of themselves, avoid risky and destructive behaviors and to follow the advice [and] treatment regiment [to which we] both agreed.”
Applying Key Principles of Partnership as a Foundation to Optimal Healthcare Consumerism Strategies

- **Identify the stakeholders** who will be an active part of the partnership and understand their goals, values and expectations.

- **Begin healthcare partnerships** by assessing and building upon the value and importance of what each side brings to the table. Be creative as to how resources and assets are defined.

- **Find areas of common ground** in terms of values, expectations and goals before defining roles and processes.

- **Don’t just help people and/or communities** in the partnership. Instead, provide resources that people and/or communities can use to develop their capacity to help themselves.

- **Establish real and accessible channels** of communication, and be rigorous in your dedication to comprehensive and intentional change.

In order to provide better outcomes, education of both the patient and the HCP is key. But it goes much more beyond awareness of a brand name from TV ads. Brands and pharmaceutical companies have a requirement to provide resources to patients who want to take control of their health. By arming them with the right material and information, we can help create more productive and informed partnerships with their healthcare providers.