Touchpoint

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Connecting the Dots

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The Limits of Patient Centricity

Why Patients Aren't Consumers

The trend towards consumerisation of healthcare has focused on empowering patients through access to information. This makes intuitive sense, mirroring a general trend away from experts as arbiters of knowledge.

On Amazon and on Yelp, the consumer is king: everyone has access and the ability to voice their opinion – regardless of expertise – and this is happening in healthcare too. But does the retail analogy so neatly apply to healthcare? We argue that there is more to healthcare Service Design than simply putting patients at the centre of the process.

When one patient we spoke to became sick, she was responsible for transferring her own information from doctor to doctor. She had to hunt down every test result, every MRI scan and personally deliver it. While this approach put information literally in the patient's hands, the challenge is that a layperson can't read a brain scan, and the effort of retrieving it is a chore. This system was patient-centric, but misguidedly so.

A recent healthcare client began to create social networks for patients, enabling them to connect with their most trusted advisors – friends and family – regarding their choices. But we discovered that friends and family are the least reliable information source in this particular domain: most advice shared was faulty. A better solution leveraged outside experts, leaving patients with fewer questions and less of an information-coordination burden.

In New York, practitioner and facility report cards were provided directly to patients, but had little effect on a patients choice of doctor or on patient outcomes (how well they did after they received care). However, when that same information was targeted at clinicians and the facilities where they practiced, it improved patient outcomes.

These experiences make us believe that perhaps patients shouldn't be at the centre – at least not in the way that we have become used to putting them there. If we want to improve healthcare services, we need to understand how healthcare, and therefore 'patient-centricity', is different from our usual people- or user-centric approach.
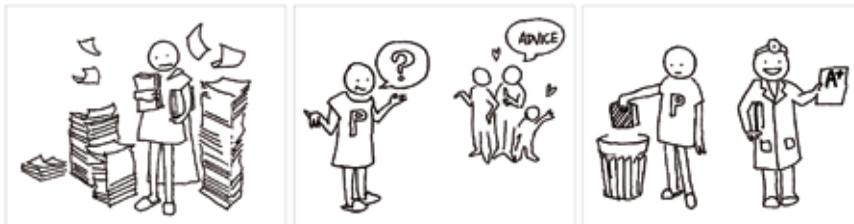
Patients can become overwhelmed with the burden of gathering, making sense of, and curating information.

To begin with, patients:
- *Don't want to be there (they hate being sick and are reluctant heroes)*
- *Aren't equipped to cope with the situation (they're asked to make difficult decisions under stress, and they lack the expertise that comes not only from access to information, but also from judgment gained through experience)*
- *Aren't acting alone (the system is complex, involving multiple stakeholders both on the ground and behind the scenes)*

Healthcare Isn't Retail

Healthcare is not like Amazon. When we borrow methods from consumer-experience design and try to translate them into healthcare services, we run into trouble, especially in acute care. We can't assume a proactive or engaged consumer the way we might in retail. We also can't assume that it's acceptable to fall short, as it could be in lower-stakes contexts. Finally, expert knowledge is still a key differentiator in healthcare, particularly when it comes to patient outcomes.

Essentially, putting patients at the centre of our design process shouldn't be confused with putting them at the centre of every decision-making or information-gathering process. The former may be effective, but the latter takes us past the appropriate limits of patient-centricity.

Patients are faced with situations they'd rather not be in and are unfamiliar with, and must deal with a complex, overwhelming system.

New Approaches to Healthcare Service Design

If the consumer analogy isn't working, we need alternatives. Perhaps these may be:
- *The justice system (in the US, people have an advocate who translates and acts on their behalf)*
- *Schools (ideally, a training structure set up in ways that work for each student)*
- *Real estate (a complex, high stakes, infrequent experience with long-term consequences, where people pay for advocacy)*

Different analogies imply that we also need to ask different questions:
1. *Who do we need to spend time with to understand all stakeholders?*
2. *How do we measure success?*
3. *How can we avoid creating a disempowering experience for patients?*

By considering new analogies and questions, we hope to accomplish the goals of patient-centricity – to create healthcare experiences and services that support people and encourage positive outcomes – without overburdening patients or ignoring the system in which they exist. ●

1 Marshall, Martin N., MSc, MD, FRCGP; Shekelle, Paul G., MD, PhD; Leatherman, Sheila, MSW; & Brook, Robert H., MD, ScD. (2000). The Public Release of Performance Data; What Do We Expect to Gain? A Review of the Evidence. JAMA, 283: 1866-1874

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