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Conference Abstract

Beyond the patient vs. consumer dichotomy. Recognizing users' multiple identities in the design of integrated care schemes

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Abstract

Introduction: In health care, the figure of the 'smart consumer' has replaced the 'needy patient' as a reference point. However, this dichotomy is—more than ever—misleading. Instead, users of modern health care provision are addressed in different roles and draw from multiple identities gaining (or losing) weight depending on users' personality, state of health, values and respective health care decisions to face.

Aims: The contribution seeks to illustrate user roles (and perceived identities) and their multiple interdependencies on established schemes of health care provision. In a second step, it will be discussed why and how integrated care schemes should address these roles properly.

Results: Integrated care schemes are nowadays based on 'productive relations' to users that are supposed to have a strong agency capacity. For instance, chronically-ill people, searching for tailored service packages, are required to benefit from rationally framed choice options, promising good and affordable care, while 'ordinary' patients should co-produce health care treatments, e.g. by negotiating shared decisions with professionals. Though, as it is argued, in the process of health care provision users may apply as well other role models such as the entitled citizen (having a right for a certain level on service guarantees) or the community member (receiving support in their families, informal networks and self-help groups). Thus, architects of integrated care schemes are challenged to recognize health care users' multiple identities and address them as socially embedded individuals.

Conclusions: Integrated care schemes, relying so far predominantly on users' roles as 'choosers' and co-producers of care options and treatments, should put more emphasis on voice mechanisms giving users a say in the overall design of health care arrangements. This could be realized, for instance, via smart phone technology allowing users to feed back 'experienced' weaknesses in established care schemes immediately. Likewise, users may be involved collectively via focus groups, devising future-oriented care plans in workshops, or mandated user organizations, co-governing health care provision at eye-level with providers and professionals.

Keywords

integrated care schemes, health care users roles, choice, voice

Powerpoint presentation:

http://www.integratedcarefoundation.org/content/people-centered-integrated-care