



# The relative effect of health literacy and patient activation on provider choice in the Netherlands



Jany Rademakers\*, Jessica Nijman, Anne E.M. Brabers, Judith D. de Jong, Michelle Hendriks

NIVEL – Netherlands Institute for Health Services Research, Utrecht, The Netherlands

## ARTICLE INFO

### Article history:

Received 15 March 2013

Accepted 23 July 2013

### Keywords:

Health literacy  
Patient activation  
Provider choice  
Inequity

## ABSTRACT

Active provider choice by patients has become an important policy theme in western, countries over the last decades. However, not many patients and consumers exercise their right to, choose. Both health literacy and patient activation are likely to have an impact on the choice process. In, this article the relative effect of health literacy and patient activation on provider choice in the, Netherlands is studied. A questionnaire was sent to a representative sample of 2000 Dutch citizens. The questionnaire, included a measure of functional health literacy, the Dutch version of the Patient Activation Measure, and questions assessing active provider choice, reasons not to engage in it and other ways of provider, selection. The majority of respondents (59.6%) would not search for information on the basis of which they, could select the best provider or hospital. Most people rely on their general practitioner's advice. Both, low literacy and lower patient activation levels were negatively associated with active provider choice. In a regression analysis gender, education and patient activation proved the most important, predictors. The policy focus on active provider choice might result in inequity, with men, less educated, and less activated people being at a disadvantage.

© 2013 Elsevier Ireland Ltd. All rights reserved.

## 1. Introduction

Over the last decades health care policies in many countries have shifted from a supply to a demand or consumer driven organization of health care services. In the Netherlands, this has led to a major change in the health care system in 2006, in which regulated competition between health care providers became the central concept. Three separate markets in health care were introduced: (1) the health care insurance market, where individuals can choose between health plans, (2) the health care

purchasing market, where health care is purchased by insurers, and (3) the health care provision market, where people can choose between providers [5,6]. In the present article, we focus on this last 'market', where patients (or, in more economic terms, health care consumers) are expected to make active and well-informed choices for a specific hospital or provider. In other western countries such as the USA, Great Britain, Denmark, Norway and Sweden patient choice has become an important policy theme as well [4,9,25]. Provider choice by patients is considered to be both a goal in itself, positively associated with autonomy and self-determination, and according to the policy theory behind Dutch legislation also a means to enhance competition between providers, thus increasing the quality of care. Patients and potential health care consumers can switch between health care providers, thus influencing market shares. They can also influence the quality of care, since their experiences and patient reported outcomes are more and more regarded as significant quality indicators. This

\* Corresponding author at: NIVEL – Netherlands Institute for Health Services Research, PO Box 1568, 3500 BN Utrecht, The Netherlands. Tel.: +31 302729847.

E-mail addresses: [j.rademakers@nivel.nl](mailto:j.rademakers@nivel.nl) (J. Rademakers), [jessicaniyman@hotmail.com](mailto:jessicaniyman@hotmail.com) (J. Nijman), [a.brabers@nivel.nl](mailto:a.brabers@nivel.nl) (A.E.M. Brabers), [j.dejong@nivel.nl](mailto:j.dejong@nivel.nl) (J.D. de Jong), [m.hendriks@nivel.nl](mailto:m.hendriks@nivel.nl) (M. Hendriks).

dual process in which patients can have a positive influence on quality of care has been described by Berwick et al. [1]. The model was developed in the USA but is also applicable in other countries with sufficient availability of health care services and where patients have the right to choose their own providers.

However, though patients and consumers have the right and are actually encouraged to make active choices, e.g. by providing comparative quality information on provider performance, not many of them actually do so [8,14]. Fotaki et al. [8] conclude from their review that choosing between hospitals or primary care providers is not a high priority for the general public in the UK, other European countries and the USA, except where local services are poor (e.g. long waiting times). Grol and Faber [14] reported that over a period of 2 years, only 18% of a sample of Dutch adults said they had looked for information on the quality of hospitals and 13% for information on the quality of individual doctors in the process of making an informed provider choice. Many patients (34–70%) rely on the choice of their GP for a specific medical specialist or hospital and, at least for relative simple procedures, they prefer to go to the nearest provider [12,13,26,27].

Whether patients and consumers exercise their right to provider choice varies in the general population. Those who do make active choices are usually younger, in better health, more affluent and better educated [7,8,26]. Most probably these socio-demographic patient characteristics reflect differences in the motivation and ability of people to be an active participant regarding their own health care decisions and the competencies they have to access and use comparative quality information and make informed choices. Important theoretical concepts in this context are health literacy and patient activation. Functional health literacy means having sufficient basic skills in reading and writing to be able to function effectively in everyday situations. Adequate functional health literacy is positively associated with the seeking, use and comprehension of comparative health care information [21,15] which are important for making an informed provider selection. From a recent international comparative European study [23] we know that the percentage of the population with limited health literacy skills varies between 28.7% (the Netherlands) to 62.1% (Bulgaria). In this survey, health literacy was defined as four different stages of information processing (access, understand, appraise, apply) related to health relevant decision-making and tasks, which is broader than the basic functional definition, but still focused on cognitive skills. A different and broader perspective on patients' competencies is captured in the concept of patient activation. Patient activation is defined as having the knowledge, skills, confidence and behaviours needed for managing one's own health and health care [16]. A 13-item instrument that measures the concept of patient activation is the Patient Activation Measure (PAM-13). Based on their PAM score, people can be assigned to one of four progressively higher levels of activation. At the lowest levels, people tend to be passive, lack basic knowledge, and may not feel confident enough to play an active role regarding their own health and health care. From the third level upward, people will take action but may still

lack confidence and skills, especially to maintain adequate behaviour in times of stress. A higher patient activation score is positively associated with various health related behaviours including the seeking and use of health care information [18,17,21]. In a Dutch sample, 22.0% of the general population scored within the first (and lowest) activation level and 25.9% in level 2 ([21]; same sample as this study), indicating that one-fourth to half of the general population might have difficulties in being an active participant in health care.

Both an individual's level of health literacy and of patient activation is likely to have an impact on their provider choice process. Since the government in the Netherlands invests heavily in the development of quality indicators and the publication of comparative health information, we have recently performed a study on the relative influence of health literacy and patient activation on the seeking, use and comprehension of health care information [21]. From this study we know that patient activation proved to be a stronger predictor for seeking and using health information than functional health literacy. The relative effect of health literacy and patient activation on provider choice, however, has not yet been studied, neither in- or outside the Netherlands. Only recently measures of health literacy and patient activation have been translated in Dutch and validated in the Netherlands [10,24]. Therefore, this study is innovative and the first to establish whether and how health literacy and patient activation affect patient choice in the Netherlands. Our main research questions in this article are:

- How do health literacy and patient activation affect provider choice?
- What are the reasons for consumers not to engage in active provider choice, and do these reasons differ by level of health literacy or patient activation?
- How do consumers who are not active choosers select a provider (hospital or medical specialist), and does this process differ by level of health literacy or patient activation?

Since provider choice is regarded an important policy goal, it is imperative to have more insight in the mechanisms that drive the process and establish whether the focus on cognitive, rational choice behaviour matches the reality of patients and consumers. Given the fact that a large proportion of the population is not activated and lacks health literacy skills the focus on active provider choice might contribute to inequity in health care (e.g. in quality of care received) and further polarization in patient participation and access and use of health care services [3].

## 2. Materials and methods

### 2.1. Subjects

The study sample consisted of members of the 'Dutch Health Care Consumer Panel' of NIVEL, the Netherlands Institute for Health Services Research. This panel consists of about 6000 people aged 18 years and older [2].

From the panel, samples can be drawn that are representative of the general population for age and gender.

Download English Version:

<https://daneshyari.com/en/article/6239335>

Download Persian Version:

<https://daneshyari.com/article/6239335>

[Daneshyari.com](https://daneshyari.com)