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# Patient empowerment and engagement with a health infomediary

Jiban Khuntia<sup>a,\*</sup>, Dobin Yim<sup>b</sup>, Mohan Tanniru<sup>c</sup>, Sanghee Lim<sup>d</sup>

<sup>a</sup>Business School, University of Colorado Denver, 1475 Lawrence St. Denver CO 80202, Campus Box 165, PO Box 173364, USA

<sup>b</sup>Business School, Fordham University, USA

<sup>c</sup>School of Business Administration, Oakland University, USA

<sup>d</sup>Carey Business School, The Johns Hopkins University, USA

## KEYWORDS

Empowerment;  
Psychological;  
Discretionary;  
Leadership;  
Engagement;  
Health Infomediary

## Abstract

**Objectives:** This study explores the role of three types of empowerment, psychological, discretionary, and leadership, on sustained engagement with a health infomediary. Discretionary empowerment refers to authority, psychological empowerment is the manifestation of inherent motivation and response, and leadership empowerment is the trait of knowledge-based control and governance for a group in an infomediary. Sustained engagement is critical for patients to derive long-term benefits from an infomediary. Relationships between the three types of patient empowerments on sustained patient engagement is conceptualized and operationalized with testable hypotheses.

**Methods:** Data from a health infomediary providing a knowledge exchange platform for patients interested in cosmetic surgery was obtained through the website. Probit regression models were used to test hypotheses using daily activity observations of 21,715 patients during the first 30 and 60 days of their engagement with the infomediary platform.

**Results:** All three empowerment types have positive association with sustained engagement. In addition, leadership empowerment is shown to play a higher role than discretionary or psychological empowerments in sustaining patient engagement.

**Conclusions:** Identifying empowered patients is likely to benefit health infomediaries. Leadership empowerment has a greater role than discretionary or psychological empowerments in sustaining patient engagement with infomediaries. Incentive structures around promoting patients towards leadership empowerment are likely to generate positive returns for health infomediaries.

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\*Corresponding author. Fax: +1 303 315 8084.

E-mail addresses: [jiban.khuntia@ucdenver.edu](mailto:jiban.khuntia@ucdenver.edu) (J. Khuntia), [dyim@fordham.edu](mailto:dyim@fordham.edu) (D. Yim), [tanniru@oakland.edu](mailto:tanniru@oakland.edu) (M. Tanniru), [lim.sanghee@jhu.edu](mailto:lim.sanghee@jhu.edu) (S. Lim).

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## Introduction

Although the United States (US) spends more than similar countries on healthcare, it is often criticized for the access, quality, and effectiveness of the care it provides to patients. This can be attributed to one or more of the following: highly-priced services, higher administration costs, or utilization of services in excess of what is needed [1,2]. One major criticism of healthcare in the US is the over-reliance on “walled” or “institutionalized” healthcare using hospitals and similar entities (e.g., urgent cares, clinics, surgical centers, emergency units), which often become a source for problem-focused care (or sick care) rather than community-supported continuity of care (or wellness or preventive care).

In the current healthcare model, patients do not necessarily understand their health conditions. Furthermore, there is a lack of understanding of the diagnosis, progression, and effect of diseases on health and body. Patients do not feel motivated to participate in health or treatment-related decisions, and they are not able to make informed choices about available treatments. This is in contrast to a *patient empowerment model*, which puts the patient at the heart of services. An empowered patient is one who understands the need to make necessary changes to her lifestyle for managing health or disease conditions. Empowered patients will challenge the healthcare professions by asking questions regarding their care, take responsibility for their own health, seek care only when necessary, and make decisions using all available information [3-5].

Healthcare stakeholders are in agreement that having informed patients who take responsibility for their own health is cost-effective and important to achieve sustained healthcare [6,7]. Empowered patients understand how to navigate the multi-player healthcare system, including family, physicians, health insurers, healthcare regulators, and pharmacists. When unsure about where to go or what to do next, empowered patients are confident to ask for information they need. The “institutional delivery” focus and payer-provider model of the US healthcare system does not sufficiently empower patients to self-manage their care over the longer care cycle - from preventive to post-discharge. However, an empowered model is needed to deliver healthcare services today both to reduce costs and leverage advanced digitization that is within the reach of many citizens. This means that continuity of care has to move beyond the hospital walls and into patients’ homes and other care facilities, and it must leverage patient empowerment to reduce costs and improve treatment adherence, outcomes, and patient satisfaction [8,9].

To address continuity of care through sustained engagement enabled by patient empowerment, emerging information technologies have started to provide unique solutions [10]. These include tele-medicine or tele-health, mobile app-based consultation and diagnosis, app-based call support from physicians (e.g., Medicast, HealthTap, etc.), and Internet-based online health services (<http://www.cnn.com/2014/07/31/health/doctor-house-call-app/>). These services will be referred to as *online health infomediaries*. The term “online health infomediary,” in general, refers to online social networks, platforms, websites, and discussion

groups where health information is created, updated, and exchanged by people visiting such sites. These infomediaries distribute information to patients when needed, and they act as conduits for knowledge exchange, so that healthcare providers’ clinical competence can be extended to support continuity of care [11,12].

Existing research shows that patients rely on online channels for disease-specific information [13,14] and symptoms [15] in order to assess their need for specific medical care [16]. The use of online health infomediaries is increasing as the patient population better understands their use in personal health management [17,18]. As an artifact of the US healthcare system, such usage is around 30% and growing [19]. The challenge is to determine how such usage can lead to extending care outside of the “hospital wall.”

Online infomediaries have emerged as effective tools to organize and communicate knowledge about physical goods (e.g. when products are shipped, what channel is used to transport products, and where are they in transit, etc.) and other services [20]. The knowledge shared through health infomediaries (e.g. disease symptoms, diagnostic procedures, treatments, etc.) is, however, complex to understand and share, and it is easy to misinterpret. While this knowledge when exchanged within a hospital is under the control of a clinical eco-system, its dissemination outside a hospital wall via online health infomediaries is a challenge and needs a different model to facilitate patient understanding and use. The focus of this research is on developing a model that can help facilitate such understanding using an infomediary.

Recent studies suggest that IT-enabled platforms such as on-line infomediaries can play a role in supporting patient-centered healthcare and has become the focus of healthcare transformation efforts in the United States [21,22]. Developments in health information technology (HIT) have started a shift towards patient-centered care, with patient empowerment becoming a key for self-health management [23]. However, current evidence-based healthcare practice does not sufficiently focus on giving patients control of their own health, even though such patient empowerment is considered critical for chronic disease management, as well as treatments after cosmetic surgeries, mental illnesses, and physical injuries [24,25]. Empowerment seeks an intrinsic willingness of an individual to perform various activities on their own without relying on external stimuli, and yet existing research is sparse on how infomediaries can enable and focus on patient empowerment [26,27].

This article proposes a research model to investigate the following: [1] how can patients be empowered to use an infomediary in the management of their health, [2] what are the dimensions of such empowerment, and [3] how do these dimensions influence patient engagement with the infomediary and lead to better outcomes. The study builds on existing work on empowerment dimensions such as psychological, discretionary, and leadership empowerment, and it adapts these to the study of cosmetic surgery patients’ engagement in health infomediaries. A coding scheme tracks patient participation and contribution in an infomediary, and a Probit regression algorithm analyzes 65,000 daily activities of 21,715 patients in the first 30 and 60 days of their treatment. Results show that while all three empowerment dimensions are associated with patient engagement in this case, the leadership dimension performs

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