

# Principles for Consumerism in Value-Based Care



Health care consumerism has been defined as approaches that put “economic purchasing power—and decision-making—in the hands of participants.” [1] Together, health care consumerism and value-based payment (VBP) strategies can be leveraged to address overall quality improvement and cost to advance value-based care. The Patient-Centered Priorities Work Group developed these Principles to define an approach to health care consumerism in the context of value-based care that: 1) mitigates negative impacts on access to high-value care, 2) is responsive to patient goals and preferences, and 3) aligns incentives under consumerism with those of VBP models.



1

The primary goal of health care consumerism should be **supporting a person's ability to receive a high-quality health care that best aligns with their goals, expectations, and preferences for services in a culturally relevant way.** Reductions in cost, while important, should be secondary benefits.



2

Payers, providers, and purchasers should **directly engage people in design of consumer-oriented plans.**



3

Any approach to consumerism should **consider health equity and avoid implementing any incentive or policy that could exacerbate disparities.**



4

Consumerism approaches should **create meaningful choice by first designing the system in a way that works well for all individuals,** including those with **limited resources and capacities to engage.** For individuals who elect to customize their care, the **system should provide a manageable set of options.**



5

**Clear and transparent information is essential to support decision-making.** Consumerism approaches should provide individuals with the tools and transparency needed to make choices that align with their personal preferences and financial considerations.



6

Financial risk should be manageable and only apply to areas where people have the **ability and opportunity to make choices.**



7

Incentives for individuals under health care consumerism should be **aligned with and complementary to the incentives created for providers under VBP models.**

[1] <https://www.soa.org/globalassets/assets/files/e-business/pd/events/2018/health-meeting/pd-2018-06-health-session-018.pdf>