Exploring Early Adopter Baby Boomers’ Approach to Managing Their Health and Healthcare

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ABSTRACT

The Patient 3.0 Profile is used to explore the patient engagement strategies of early adopter baby boomers’ in three domains: 1) patient relationships, 2) health information use and 3) consumer health technology (CHT) use. Findings from six focus groups with early adopter boomers challenge prior notions about older adults’ passive approach to patient engagement. Baby boomers want to make final healthcare decisions with input from providers. While adept at finding and critically assessing online health information for self-education and self-management, boomers want providers to curate relevant and trustworthy information. Boomers embrace CHTs offered through providers (i.e., patient portals, email and text messaging) and sponsored by wellness programs (i.e., diet and activity devices and apps). However, there is no indication they add information to their online medical records or use CHT for diagnosis, treatment or disease management. Additional resources are needed to encourage widespread adoption, support patient effectiveness, and confirm cost-benefit.

KEYWORDS

Aging, Baby Boom Generation, Consumer Health Informatics, Consumer Health Technology, Health Information Use, Patient 3.0 Profile, Patient Engagement, Patient-Provider Relations

INTRODUCTION

During the baby boom (1946 to 1964), birth rates increased from 20 live births per 1000 before and after the boom to a high of 26.5 in 1947 (Colby, 2015). As boomers age, they are expected to live longer with more chronic conditions (Garcia, Harrison, & Goodwin, 2015; Gaudette, Tysinger, Cassil, & Goldman, 2015). These factors along with advancements in healthcare and boomers’ sheer number are expected to contribute to a rising dependency ratio (number of adults age 65+ to those 18-64 years of age) (Badley, Canizares, Perruccio, Hogg-Johnson, & Gignac, 2015; Garcia et al., 2015; Gaudette et al., 2015; Knickman & Snell, 2002). The ratio is expected to rise from 1.2 before the boom to 3.5 after the last of the boomers turn age 65 in 2030 (Colby & Ortmann, 2014). This high ratio increases the economic burden of aging on society (Knickman & Snell, 2002) as a smaller

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working-age population finances the health and welfare of a growing older, non-working population (Johnson, Toohy, & Wiener, 2007; Institute of Medicine, 2008). Additionally, healthcare resources will be strained (Gaudette et al., 2015; American Hospital Association, 2007). Medicare enrollments will increase by 63% as boomers age into Medicare – up from 49 million beneficiaries in 2011 (US Center for Medicare and Medicaid Services, 2013) to over 80 million by 2030 (Medicare Advisory Commission, 2015). Strikingly, the 65+ population will double from 2011 to 2050 (Jacobsen, Kent, Lee, & Mather, 2011).

Engagement of consumer-patients in the management of their health and healthcare is proposed to improve health outcomes and achieve efficiencies in care delivery (Hibbard, Greene, & Overton, 2013; Millenson & Berenson, 2015; Raffaeli, Spinsante, & Gambi, 2016; Zarour, 2017). Three primary engagement strategies are proffered to prepare and engage consumer-patients: collaboration with their healthcare providers, self-education through health information use, and consumer health technology (CHT) use for self-care (Carman et al., 2014; Gagnon & Chartier, 2012; Gee, Greenwood, Paterniti, Ward, & Miller, 2015; LeRouge, Tao et al., 2014). Marked by the passage of key legislation (US Congress, 2009, 2010, 2015), these patient engagement strategies are relatively recent innovations. As Rogers (2003) noted in his seminal book, Diffusion of Innovations, studying early adopters can improve implementation efforts and result in an increase in the rate of adoption by subsequent adopters. We use the Gagnon and Chartier (2012) Patient 3.0 Profile, which addresses all three patient engagement strategies as a conceptual framework to recruit early adopter baby boomers and understand how they put the three engagement strategies to use.

**Patient 3.0 Conceptual Framework for Engagement**

The Gagnon and Chartier (2012) Patient 3.0 Profile characterizes consumer-patients that take responsibility for managing their health and healthcare as “3.0 Patients” – the vernacular used to describe successive generations of the World Wide Web. The Profile provides a holistic view of consumer-patient engagement by describing 3.0 patient competencies for three domains: (1) Provider Relationships, (2) Health Information, and (3) Consumer Health Technology (CHT).

For Provider Relationships (Domain 1), 3.0 Patients are described as “primary members” of the healthcare team. As such, 3.0 Patients share information, ask questions, exercise critical thinking and accept guidance from other members of the healthcare team to deepen their understanding and knowledge of their health and healthcare. Further, they express their point of view concerning care options and consider the cost of care in treatment decisions.

In the Health Information domain (Domain 2), 3.0 Patients search for information to learn about their health, care, treatment, and health problems. They seek out alternative viewpoints, opinions, and information sources to understand their situation. They also search for relevant information to learn how to prevent illness or alleviate health problems.

In the third domain, 3.0 patients use Consumer Health Technology (CHT) for self-care and care management. For self-care, electronic devices are used to access medical information (e.g., personal health records), collect and report health measurements for chronic disease management (e.g., blood pressure, blood sugar), and track physical activity and diet to maintain health. For care management, 3.0 Patients use CHT to communicate with the healthcare team (e.g., ask questions, provide status or progress reports, request prescription refills), access healthcare services (e.g., participate in electronic office visits using email, telehealth), and coordinate healthcare services (e.g., appointments, billing).

**Baby Boomers as 3.0 Patients**

As baby boomers age into Medicare, they are entering a group defined as older adults (i.e., 65+ years). Studies have consistently shown that older adults are less likely to participate in shared decision-making (Levinson, Kao, Kuby, & Thisted, 2005; Song & Ward, 2014; van den Brink-Muinen, et al., 2006). As well, they are less likely to seek and use information (Hardt & Hollis-Sawyer, 2007; Lustria, Smith, & Hinnant, 2011) and use technology (Heart & Kalderon, 2013; Taha, Sharit, & Czaja,
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