

# Chapter 10

## In What Ways Does Web Technology Support the Individual in Choice Reforms in Health Care?

### A Comparison among Norway, Denmark, and Sweden

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#### ABSTRACT

*The aim of this article is to evaluate the provision of Web support in choice reforms in health care in Norway, Denmark, and Sweden. Two main issues are investigated: (1) What institutional frameworks for choice in health care exist, and how is the exercise of choice supported by Web technology in these countries? (2) As a consequence of this, what roles of the individual are mediated by this technology? The present study provides a critical analysis of current technologies for providing information about health care. It is concluded that in Norway the individual is equipped to be a reasonably informed consumer, customer, and citizen. A similar situation exists in Denmark, but here the consumer role is even more prominent. In Sweden, there has been little technological support for these roles, but recently national actors have initiated a project aimed at creating a national portal for public health care.*

During the last 10 years, patients have become more informed than they previously were about various aspects of health care, often by using information technology (IT) (Josefsson, 2005; Tovey, 2006). IT, patients, and health care are

all core issues in several fields of research such as e-health and Consumer Health Informatics (Eysenbach, 2001; Mureo & Rice, 2006; Nelson & Ball, 2004; Tan, 2005). There are differences between these fields related to their history and

their focus of interest. However, it can be stated without controversy that a central rationale in both of these fields is to support the *individual* from the point of view of the *medical rationality* associated with the role of being a *patient in need of care*. This support might be provided in the form of supporting the provision of care and medical knowledge associated with the individual's illnesses and treatments, including the larger administrative process in a hospital (Forducey, Kaur, Scheiderman-Miller, and Tan, 2005). The patient role and its associated medical rationality are seen in contrast to other roles, for example, that of citizen. A simple but yet telling example of the former role is a piece of research evaluating government health portals (Glenton, Paulsen, & Oxman, 2005). This article contains a broad comparative study of health portals in different countries. The focus is on assessing to what extent government health portals provide access to relevant, valid, and understandable information about the effects of various specified interventions ("treatments").

Against the background of the increasing importance of IT for patients, it is interesting to note an emerging phenomenon in health care: the introduction of choice reforms (Table 1). This development has its origins in the 1970s and the renewal of the public sector, often referred to as "New Public Management" (NPM), which dominated the reform agenda in many of

the OECD countries. Part of this renewal was an increase in the individual's rights of choice in health care, mostly among public providers, but sometimes also among private providers (Le Grand & Bartlett, 1993). When discussing the introduction of choice reforms in health care, it is obvious that the institutional frameworks of choice (Table 1) varies among countries. This is also why comparative studies of institutional frameworks of choice in different countries are of interest (Silber, 2004; Vrangbæk, Østergren, Winblad-Spångberg, & Okkels, 2006).

In a challenging way, a theoretical perspective outlined by Anttiroiko (2004) connects the issue of patients, IT, and institutional frameworks of choice reform in health care (Table 1). According to this perspective, IT and the institutional frameworks in conjunction mediate the relationship between the individual and public-sector services, for example, in the form of health care. The relationship between the individual and the public sector is, Anttiroiko argues, influenced by the coevolution of technology and institutional frameworks. In this way, the individual will be in a position to pursue different roles (Table 1) in his interactions with the public sector. This relationship is today mediated by technologies such as e-mail, workflow systems, and customer relationship management (CRM) systems, as well as the Web, which is used in the production and communication of

*Table 1. Overview of fundamental theoretical concepts*

Fundamental concepts	Brief explanations
Choice reform	A type of public-sector reform emanating from the 1970s, which appeared in many OECD countries. Among other things, it intended to offer the individual a larger role either in making a direct choice among different providers of publicly financed services, or in exerting an indirect influence through the representative of a purchasing agency.
Institutional frameworks of choice	Laws or other forms of regulative agreements that delimit the right of choice of hospital for individuals in these countries.
Patient, citizen, consumer, customer	Different roles as well as accompanying rationalities and behavior that the individual may exercise toward health care.

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