A Systematic Review on Health Care Systems

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ABSTRACT

The health system has a responsibility to proactively permit more accessible interactions and environments that promote health and well-being, before considering the patient's readiness. Health literacy is primarily a health system responsibility because the parameters of health interactions including physical locations, available time, communication style, the content and mode(s), the attitudes towards information provision, and definitions of concepts such as sound decision-making and compliance, are determined by the health system. health literacy. Only then should the preferences of patients with regard to communication styles, content and media be considered.

Keywords: Health Care, Review, Management

INTRODUCTION

Clinicians can use comportements to improve potential risks associated with limited health literacy to avoid the use of medical jargon, to express interest in questions, to explain forms and to confirm understanding with tech nicaraguans, such as teaching back and using visual aids. However, there is mixed evidence that training in clinical communication skills leads to improvements in health outcomes. Sixty-seven. Similarly, there is limited evidence that patient-centric consultations can improve health outcomes. [1-5]

However, few of these interventions specifically addressed people's preferences for receiving information and interacting with the health care system. This problem is compounded when people's skills and competencies are not specifically taken into account. Specially targeted interventions can help increase knowledge and understanding in people with low health literacy and appear to improve outcomes, even if there are few trials. Educational packages including videotapes and multimedia programmes, developed specifically for the low-level literacy populations, can help improve knowledge, while brief, group-based teaching appears to be of little importance. [6-7]

Disease Management

But, according to Kane, "disease management can only work if there is a receptive patient partner." Kane says that the readiness assessment for prevention of Prochaska provides a model for examining the issue of patient activation or motivation. An alteration in a native conceptualization may be understood as a process of the skill in health, beginning with the recognition that a problem or problem pertains to an individual, accepting that this issue exists and requires decision to be made and certain forms of action

taken. This conceptualization involves personal skills, skills, attitudes, motivation and a tendency to act in the fields of health and recognises the context, health conditions and modes of social and/or clinical interaction. Health literature as a personal asset recognises the social and cultural contexts of individuals and calls for social action in favour of health and involvement in changed social norms, which can lead to action on the social determinants of health [8-13]. It proposes an expanded role for the health system: patient education, improvement of interaction parameters and navigation through a health system, which often involves labyrinthines, and development in schools, adult learning and community development programmes.

The Hibbard and Mahoney showed that low levels of activity are associated with negative effects, especially on their health. These authors suggest that people who struggle to manage their health recognise their failure and feel poor about themselves. The implications are that reversing this situation means encouraging behaviour that leads to small successes, such as reading a food label. Support and training must take into account the level of activation, as well as their qualifications and competencies in health literacy in this context. Too much information can overwhelm individuals, particularly if major lifestyle changes are required, and this can increase negative emotions and perpetuate passivity and avoidance. As the authors point out, "not understanding the activation level of a patient may cause them to be harmful to a routine office visit [14-16]."

Health Education

Effective health education would then have to take health literacy and individual activation into consideration. Communication can be tailored to take account of patients' preferences for type or medium, as well as contact rate and individual skills or competences. Some people may prefer meetings in person, others may use the phone, some prefer video conferences, and others will be tempted by a text message. In this way, individuals and families' health literacy can be matched with a health system that is "aware" of the health literate. In addition, interaction costs may vary by type, either through a market signal or within a public framework which provides clinicians with an incentive to participate. Such considerations will need to be included in new initiatives such as the recently announced primary care diabetes treatment programme of the Australian Government [17-18]. If general practitioners are accountable for diabetes management results, some ways of evaluating activation/motivation in patients and improving their motivation must be included in the programme. Clinicians cannot reliably identify their patients' health literacy levels. Measurement of health literacy in every patient is unworkable and some health literacy experts are therefore arguing that clinicians should carry out evaluations on a sample of their patients in practise to learn the prevalence of limited health literacy in their practise. This can in turn encourage changes in clinical encounters' communications practises.

Behavioural Economics

Recently, behavioural economics has gained more attention in public policy driven possibly by several books such as Nudge. This has given rise to a deeper understanding of the need to take account of context,

settings and the physical environment when developing behavioural changes. Many patient training and self-management activities focus on personal factors such as attitudes and beliefs. The evidence that often small changes in physical environments can have significant behavioural effects might lead to a rich new stream of patient behaviour research and effective communication strategies. Another relevant concept is the 'choice architecture,' where the context or physical environment is reconfigured in such a way that people will choose a better conduct for them and for others while preserving their freedom to choose alternative behaviours. While there are some examples of the concept used to influence choices concerning insurance or medication coverage, fewer work has been done on how choices architecture can be used in the management of diseases [19-21].

CONCLSUION

As previously discussed, motivation is considered to be a critical factor in behaviour. However, even highly motivated people often find it difficult to take decisions which benefit their long-term interests in the short term. Volpp et al conducted a small uncontrolled study in the case of stroke patients using behavioural economic literature incentives, including small, regular rewards, offering small chances for a great rewards, and to see if medication adherence could be improved. The aim was to increase compliance with warfarin as objectively evaluated by an electronic pillbox device. Two daily lot-teries were entered in the patients. The participants had either 1 in 5 or 1 in 10 chance of being awarded a prize of $10 and 1 in 100 chance of being awarded a prize of $100 and an expected $3 or $5 value each day. Faulty tablet use led to lotery disqualification and lotery winners who were uncompliant received notification that failure to comply meant no payment. In the first group of pilots they found that wrong pills or non-compliance have decreased from a historic average of 22% to 2,3%. With the intervention, the percentage of out-of-range INRs decreased from 35.0% to 12.2%, before they increased to 42% after intervention. The percentage of incorrect pills decreased to 1.6 percent in the second pilot. The same group also found that a lottery with an anticipated daily value of $ 3 led to considerable loss of weight as compared to a control group in a similar study. As the authors suggest, "A lottery (or other recompense system that often provides positive enhancement) can be considered as a means to help patients internalise long-term benefits to make short-term decisions that benefit their long-term concerns." 183 Although such small, non-RCT data are not yet compelling, it encourages further rigorous trials where ideas from beyond health are adapted to improve behavioural interventions and health outcomes. We need to know in particular how behavioural effects can be maintained for a longer period of time and whether habits can be internalised if incentives for a longer period are offered.

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