There Can Be No Quality of Care without Quality of Online Health Information

Marecos J *, Goiana-da-Silva F, Ashrafian H and Darzi A

Centre for Health Policy, Institute of Global Health Innovation, Imperial College London, United Kingdom

*Corresponding author: João Marecos, Queen Elizabeth the Queen Mother Wing (QEQM), St Mary's Campus, London, United Kingdom, Tel: +447737992178; Email: j.marecos21@ imperial.ac.uk

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Abbreviation

QOHI: Quality Online Health Information.

Introduction

Universal access to quality health care services is not only a target included in the Sustainable Development Goal 3 ("to ensure healthy lives and promote well-being for all at all ages"). It is a civilizational milestone that, once achieved, will take health and humanity to a new level of prosperity and equity [1].

Quality in health care is now understood by the World Health Organization as health care that is effective, safe, people-centered, equitable, integrated, timely, and efficient [2]. In the 21st century, all these elements are necessarily and unavoidably permeated, and influenced by technology, and our ability to use it [3].

In 2019, the total daily health-related queries on Google amounted to 7% of the total queries, a little more than one billion daily searches on topics such as conditions, symptoms, medication, or health insurance [4]. Increasingly, individuals are looking for health information online [5]. As such, addressing quality of health care, in its multiple elements, demands addressing access to quality online health information ("QOHI").

This was clearly recognized by UN Member-States when they have committed to "prioritize health promotion and disease prevention, through public health policies […] education, health communication, and health literacy, […] enabling people […] to have increased knowledge to make informed health decisions and improve health-seeking behavior" [6].

Literature on quality of care reveals an absence of QOHI topics in the discussion around quality of care [7]. This article makes the argument that meaningfully measuring quality of care in the 21st century demands the introduction in the degree to which patients have access to QOHI.

Quality of Online Health Information: Individual and Institutional Dimensions

We understand QOHI as a complex reality with an individual and an institutional dimension.

The individual dimension pertains to the degree to which an individual has been empowered through education to understand the possibilities and the limitations of seeking health information online: something usually referred to as eHealth Literacy. It refers to the i) ability to find meaningful information, ii) to identify and avoid misinformation, iii) to understand how to interpret health information online and how to act on it, iv) to communicate online learnings to healthcare professionals, and v) to reconcile that general knowledge with the case-specific instructions of healthcare professionals. It is, in summary, the degree to which individuals can look, access, and review online health information in a meaningful way that allows them to act and solve a health problem [8].

It encompasses the measurable concepts of health literacy, language access, and cultural competence [9] in their digital dimension.

The institutional dimension relates to society's ability – including governments, media, digital platforms, health influencers, and broadcasters – to ensure the availability of QOHI. This includes addressing health misinformation, a topic that has lately been on the forefront of the World Health Organization's work, as exemplified by the initiatives of the Forum for tackling misinformation on health and NCDs, and its Toolkit against Health Misinformation for Policymakers. It also includes promoting information quality standards, trust schemes, and credibility labels to improve quality and trust in online health information.

It requires digital platforms, media, and health broadcasters to commit to certain QOHI principles that are encapsulated by the concept of Health Literate Healthcare Organizations, [10] among which the need to use accessible language, communicate evidence clearly, train staff on health communication, and ensure that impact can be followed and measured.

Quality of Online Health Information and Quality of Care

Each of the elements that are now considered when assessing quality of care bear the potential to be positively impacted by increased QOHI, as we will attempt to show below.

Higher levels of health literacy have been shown to increase the adherence to therapies, improving effectiveness [11]. Misinformation and poor health literacy have been shown to cause actual health harm and have damaging consequences for public health policy, at both individual and societal levels [12].

Digital tools have been demonstrated to facilitate patient-professional interaction and the patient's involvement in therapy, promoting a people-centered approach [13]. The success of many health initiatives will likely depend on people's ability to engage with digital health tools with autonomy and confidence.

Ensuring a high degree of QOHI is also fundamental to a timely and efficient health care [14]. Patients empowered with digital and health literacy and access to quality medical information may contribute decisively to improving waiting times, reducing unnecessary interactions, facilitating communication with health professionals, and maximizing resources.

Health illiteracy and misinformation have disproportionately affected the most vulnerable communities, who are less likely to take full advantage of a potentially life-changing resource. This resource is, paradoxically, perfectly designed to serve those with less money, worse access to health care facilities, and often subject to stereotyping and discrimination based on gender, race, and sexual orientation. QOHI is an instrument of equity in healthcare [15].

Finally, integrated health care in the 21st century must be one with a strong digital component that relies on the patient's ability to interact with online health information.

The WHO recognizes that "empowered people and engaged communities" are one of the three pillars of high-quality primary health care. This empowerment requires both high levels of eHealth literacy and an institutional framework geared towards improving the quality of online health available. They require setting and applying measurements around digital health literacy, quality of online health information, how health misinformation affects trust in medical advice, and deployment of institutional strategies to target these.

Quality of online health information is a non-negotiable condition that must be attained to achieve a meaningful degree of high-quality health care.

References

1. (2022) Universal Health Coverage (UHC). World Health Organization.

2. (2018) Handbook for national quality policy and strategy: A practical approach for developing policy and strategy to improve quality of care. World Health Organization.

3. (2021) Global strategy on digital health 2020-2025. World Health Organization.

4. Murphy M (2019) Dr Google will see you now: Search giant wants to cash in on your medical queries. The telegrapgh.

5. Jacobs W, Amuta AO, Jeon KC (2017) Health information seeking in the digital age: An analysis of health information seeking behavior among US adults. Cogent Soc Sci 7(3).

6. (2019) Political Declaration of the High-level Meeting on Universal Health Coverage: "Universal health coverage: moving together to build a healthier world. United Nations.

7. Tello JE, Barbazza E, Waddell K (2020) Review of 128 quality of care mechanisms: A framework and mapping for health system stewards. Health Policy 124(1): 12-24.

8. Norman CD, Skinner HA (2006) eHealth literacy:

Essential skills for consumer health in a networked world. J Med Internet Res 8(2): e9.

9. (2018) A Proposed Framework for Integration of Quality Performance Measures for Health Literacy, Cultural Competence, and Language Access Services: Proceedings of a Workshop. National Academies of Sciences, Engineering, Medicine.

10. Brach C, Keller D, Hernandez LM, Baur C, Parker R, et al. (2012) Ten attributes of health literate health care organizations. National Academy of Sciences.

11. Miller TA (2016) Health literacy and adherence to medical treatment in chronic and acute illness: A meta-analysis. Patient Educ Couns 99(7): 1079-1086.

12. Van Der Linden S. Misinformation: susceptibility, spread, and interventions to immunize the public. Nat Med 2022; 28: 460–7 https://doi.org/10.1038/s41591-022-01713-6 .

13. Granström E, Wannheden C, Brommels M, Hvitfeldt H, Nyström ME (2020) Digital tools as promoters for person-centered care practices in chronic care? Healthcare professionals' experiences from rheumatology care. BMC Health Serv Res 20: 1108.

14. Johnson SB, Parsons M, Dorff T, Moran MS, Wardet JH, et al. (2022) Cancer misinformation and harmful information on Facebook and other social media: A brief report. J Natl Cancer Inst 114(7): 1036-1039.

15. Stormacq C, Wosinski J, Boillat E, Van den Broucke S (2020) Effects of health literacy interventions on health-related outcomes in socioeconomically disadvantaged adults living in the community: a systematic review. JBI Evid Synth 18(7): 1389-1469.