

Views of US Physicians About Controlling Health Care Costs

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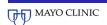


Tilburt et al. JAMA. 2013;310(4):380-389. doi:10.1001/jama.2013.8278

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Overview

- Motivation: Cost-Conscious healthcare is on everyone's mind
- Unclear how the need for costconscious care fits with the values and mentality of practicing physicians



Objective

- To assess physicians' attitudes toward cost-containment strategies and perceived role in addressing health care costs
- Identify characteristics associated w/
 - Enthusiasm for strategies
 - Degree of cost-consciousness

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Methods

- 8pg, mailed survey,3900 US Docs
 - June 2012
 - Dillman method
 - 65% response rate
- Perceived Stakeholder Responsibility
- Enthusiasm for Strategies
- 11-item Cost-Consciousness scale
- . . . Also Practice Characteristics, Specialty, Political Affiliation, Practice Setting, Compensation Type, Malpractice Worry, Bothered Uncertainty

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Stakeholder Responsibility

"Please rate the degree of responsibility (if any) each of these entities should have in reducing the cost of health care"

- Categories: "No", "Some", "Major"
- >50% said, lawyers, health ins co's, PHARMA, hospitals/systems, & patients al have a "major responsibility"
- 36% said practicing physicians "major responsibility"
- + 59% said "some responsibility"

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Enthusiasm for Cost Containment Strategies

"Please indicate your degree of enthusiasm for the following potential means of lowering health care costs"

(Not, Somewhat, Very Enthusiastic)

- Quality & Efficiency ☺☺☺
 - Continuity, fraud, disease mgt, prevention, electronic medical record expansion
- Conditions for EB-decisions ©©
 - Corporate influence, quality data, comparative effectiveness research



Enthusiasm for Cost Containment Strategies

"Please indicate your degree of enthusiasm for the following potential means of lowering health care costs" (Not, Somewhat, Very Enthusiastic)

Changing how care gets paid for ☺☺

 Limiting access to low value care, using costeffectiveness data to limit availability, high deductible plans, co-pays, bundled payment, readmission penalties

Cutting payment to doctors ⊗⊗

\$ higher paid specialities, øffs, SGR

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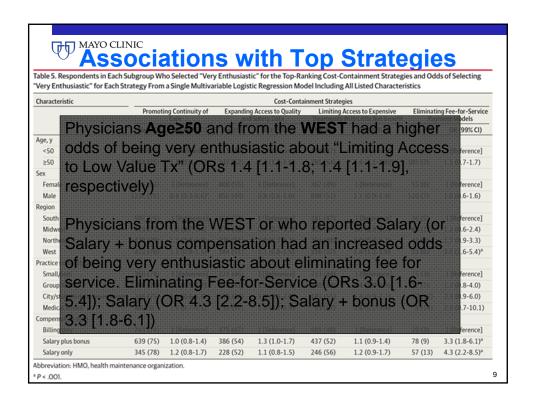


Cost-Consciousness

(degree of agreement with statement like "I try not to think about costs in my care of individual patients")

- Aware of costs (76)
- Try not to think about cost (42)
- Should deny care b/c cost (16)
- Cost to society important (54)
- MDs should follow guidelines (79)
- Cost only important if out of pocket (16)
- Too busy to worry about (27)

- Responsibility of every physician (85)
- Too much emphasis (35)
- Doctors should take bigger role (89)
- Unfair to expect costconscious & pt welfare (42)
- Solely devoted to patient's best interest even if expensive (78)
- Decision support tools showing \$ useful (70)





Key Associations with Greater Cost-Consciousness

- Group/government > solo
- Salary > billing
- Bothered by uncertainty

Adjusted for age, sex, region, political self-characterization

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Summary

- Headline: "Doctors unwilling to lead"
- Not quite
 - Docs: some ø sole responsibility
 - Don't want to be blamed
 - Want broader solutions
 - Like system improvement
 - Worry about cuts in payment
 - Context & payment type matter
 - Strategies must reconcile ethical obligations
- Limitations

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Opportunities for CVEs

- Quality & efficiency = win-win
- Comparative effectiveness & Cost effectiveness data are popular
- Limiting access to low value care is acceptable & helps doctors do their job
- Don't blame doctors, work on system fixes first
- Show them how



Thank You

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