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Views of US Physicians About Controlling Health Care Costs

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Overview

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

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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

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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)

- **Changing how care gets paid for ☺☹**
  - Limiting access to low value care, using cost-effectiveness data to limit availability, high deductible plans, co-pays, bundled payment, re-admission 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 cost-conscious & pt welfare (42)**
- **Solely devoted to patient's best interest even if expensive (78)**
- **Decision support tools showing $ useful (70)**

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Associations with Top Strategies

Table 5. Respondents in Each Subgroup Who Selected "Very Enthusiastic" for the Top-Ranking Cost-Containment Strategies and Odds of Selecting "Very Enthusiastic" for Each Strategy From a Single Multivariable Logistic Regression Model Including All Listed Characteristics

Characteristic	Cost-Containment Strategies							
	Promoting Continuity of [illegible]		Expanding Access to Quality [illegible]		Limiting Access to Expensive [illegible]		Eliminating Fee-for-Service [illegible]odels	
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible] 99% CI)
Age, y								
<50	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]ference]
≥50	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible].7-1.7)
Sex								
Femal[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]ference]
Male	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible].6-1.6)
Region								
South	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]ference]
Midwe[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible].6-2.4)
North[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible].9-3.3)
West	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible].6-5.4)[a]
Practice [illegible]								
Small/[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]ference]
Group[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible].8-4.0)
City/s[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible].9-6.0)
Medic[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible].7-10.1)
Compen[illegible]								
Billing[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]ference]
Salary plus bonus	639 (75)	1.0 (0.8-1.4)	386 (54)	1.3 (1.0-1.7)	437 (52)	1.1 (0.9-1.4)	78 (9)	3.3 (1.8-6.1)[a]
Salary only	345 (78)	1.2 (0.8-1.7)	228 (52)	1.1 (0.8-1.5)	246 (56)	1.2 (0.9-1.7)	57 (13)	4.3 (2.2-8.5)[a]

Abbreviation: HMO, health maintenance organization.

[a] $P < .001$.

Physicians **Age≥50** and from the **WEST** had a higher odds of being very enthusiastic about "Limiting Access to Low Value Tx" (ORs 1.4 [1.1-1.8; 1.4 [1.1-1.9], respectively)

Physicians from the WEST or who reported Salary (or Salary + bonus compensation had an increased odds of being very enthusiastic about eliminating fee for service. Eliminating Fee-for-Service (ORs 3.0 [1.6-5.4]); Salary (OR 4.3 [2.2-8.5]); Salary + bonus (OR 3.3 [1.8-6.1])

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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

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Thank You

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