

**SURVEY RESULTS**

Survey was mailed 6/5/00  
and tabulated 7/15/00

**Cost-Effectiveness in Medical Practice**

**A Survey to 989 Sacramento Area Physicians  
(512 responders)**

Visible Fairness Project  
c/o Sacramento Healthcare Decisions  
4747 Engle Road  
Carmichael, CA 95608

**Cost-effectiveness:** For the purpose of this survey, a medical intervention (e.g., a diagnostic test, procedure, treatment, pharmaceutical, etc.) is cost-effective when, for example:

- *the intervention achieves a benefit comparable to an alternative intervention but at a lower cost; or*
- *the intervention achieves a greater benefit, even if at a higher cost than an alternative, and the added clinical benefit is worth the additional cost.*

<b>1. Do you agree or disagree with the following?</b>	N = 512			
	<b>Agree strongly</b>	<b>Agree somewhat</b>	<b>Disagree somewhat</b>	<b>Disagree strongly</b>
(a) There is a legitimate need for cost containment in today's healthcare environment.....	56%	36%	5%	2%
(b) As individual clinicians, physicians should play a role in helping to control healthcare costs.....	61	34	4	1
(c) It is inappropriate for anyone other than the treating physician and patient to decide if a treatment is "worth the cost".....	42	30	23	5
(d) If a medical intervention has any chance (no matter how small) of helping the patient, it is the physician's duty to offer it regardless of cost.....	23	30	29	17
(e) The only time the cost of a medical intervention should be considered is when the patient must pay all or most of the cost.....	5	9	30	55
(f) It is appropriate that clinical practice guidelines include cost-effectiveness as a criterion.....	29	54	10	7
(g) It is appropriate that physicians consider cost-effectiveness when weighing different medical interventions for their patients.....	41	47	9	3

**2. How much, if at all, do you feel the following issues make it difficult for physicians to practice cost-effective medicine?**

	Contributes to difficulty?			
	A great deal	Somewhat	A little	Not at all
(a) Inadequate information on the cost-effectiveness of medical interventions.....	40%	46%	12%	1%
(b) Patients with unrealistic expectations of what medicine can do.....	62	31	6	1
(c) Coverage decisions that consider only the short-term benefits for patients, but not the long-term benefits .....	41	45	11	3
(d) Patients not directly sharing the cost of their medical interventions....	43	42	12	3
(e) Society unwilling to acknowledge limits to healthcare resources.....	66	27	6	1
(f) Physicians being unaware of the costs of medical interventions.....	24	50	22	5
(g) The need to practice defensive medicine.....	39	46	14	1
(h) Direct-to-consumer advertising about drugs and treatments.....	44	38	15	3
(i) Physicians unwilling to refuse patients' demands for unnecessary interventions.....	21	53	22	4

**3. How often do you encounter patients who insist on having a medical intervention that you regard as not indicated or not cost-effective?**

Several times daily **9%**   Several times a week **33%**   Occasionally **54%**   Never **4%**   (if "Never", go to question 7)

N = 471

**4. If a patient insists on a medical intervention (e.g., a medication or diagnostic test) that you believe is not indicated or not cost-effective, in general what percentage of the time do you do each of the following?**

(a) I try to explain why the intervention is not appropriate and do <i>not order it</i> , even if the patient insists.....	<b>56%</b>
(b) I try to explain why the intervention is not appropriate but <i>order it anyway</i> , if the patient continues to insist...	<b>34%</b>
(c) I do not try to talk the patient out of the intervention and will order it unless it will do the patient harm.....	<b>7%</b>
(d) Other (please explain): _____	<b>3%</b>

N = 483

**5. When a patient asks for a medical intervention that you do not consider indicated or cost-effective, how often do you refer to the cost or cost-effectiveness of the intervention as part of your discussion with the patient? (exclude those instances where the patient pays all or most of the cost)**

Always **6%**   Frequently **24%**   Occasionally **49%**   Never **21%**   (if "Never", go to question 7)

**6. When you do mention cost or cost-effectiveness with patients who do not pay the cost themselves, what percentage of the time do patients respond as follows?**

- (a) Patients get angry or upset if cost or cost-effectiveness is mentioned..... **45%**
- (b) Patients accept this once they understand that the intervention would waste resources..... **49%**
- (c) Other (please explain) \_\_\_\_\_ **6%**

**7. How useful are the following in helping you to practice in a cost-effective way?**

- **Please check up to three (3) things that are the most useful.**
- **Also check any that you feel hinder you from practicing in a cost-effective way.**

	Check 3 that are (or would be) most useful:	Check any that hinder:
(a) Evidence-based clinical practice guidelines and/or pathways.....	85%	2%
(b) Physician profiles on frequency of ordering tests, procedures, drugs, etc..	20	20
(c) Pre-authorization requirements for high-cost interventions.....	14	37
(d) Working in a capitated medical group.....	9	28
(e) The use of formularies.....	30	17
(f) Financial incentives tied to physician performance.....	4	38
(g) Pharmacy advisories (information on efficacy and cost).....	53	4
(h) Talking with colleagues about best practices.....	54	2
(i) Education on how to respond to patients' requests.....	22	3

**8. Would you be willing to participate with a group of physicians to discuss the composite results of this survey?**

Yes **27%**      No **68%**      Maybe **2%**      No Response **3%**

If "Yes", please write your daytime phone number and/or email address: \_\_\_\_\_

If you have any additional comments you'd like to make, please note them here:

**Thank You!**