

Cost Acknowledgement Decreases Test Ordering in Physicians

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INTRODUCTION:

- Health care spending has increased steeply and may be unsustainable¹
- ~80% of spending is influenced by physicians decisions²
- Therefore, physician ordering behavior has become a target for cost containment
- Prolific area of research with multiple methodologies³⁻¹⁵
 - Audit and feedback
 - Inservices on cost and test appropriateness
 - Reminder messages for appropriateness
 - Discussion of cost and appropriateness criteria
 - Publishing cost
 - National efforts such as Choosing Wisely
 - Etc.
- Presenting cost at the time of ordering has shown promise and may be cheap, simple and “exportable” practice.¹⁵
- However, no systematic review has been performed to assess its reproducibility.

PURPOSE:

To evaluate the influence of cost acknowledgement on laboratory test ordering behavior.

METHODS:

- Systematic search:**
 - EMBASE, Medline, Pubmed, and Web of Science on (date).
 - Search designed by a research librarian
- Review Process:**
 - 2 reviewers independently reviewed articles
 - 3rd reviewer available for disagreement
 - Pre-determined inclusion and exclusion criteria:
- Data Collection:**
 - 2 reviewers independently reviewed articles
 - 3rd available for disagreements
 - Data collected in a standardized manner
 - Study characteristics
 - Study methods
 - Outcomes
 - Quality of methods using EPOC guidelines¹⁶
 - Bibliography was reviewed for pertinent studies

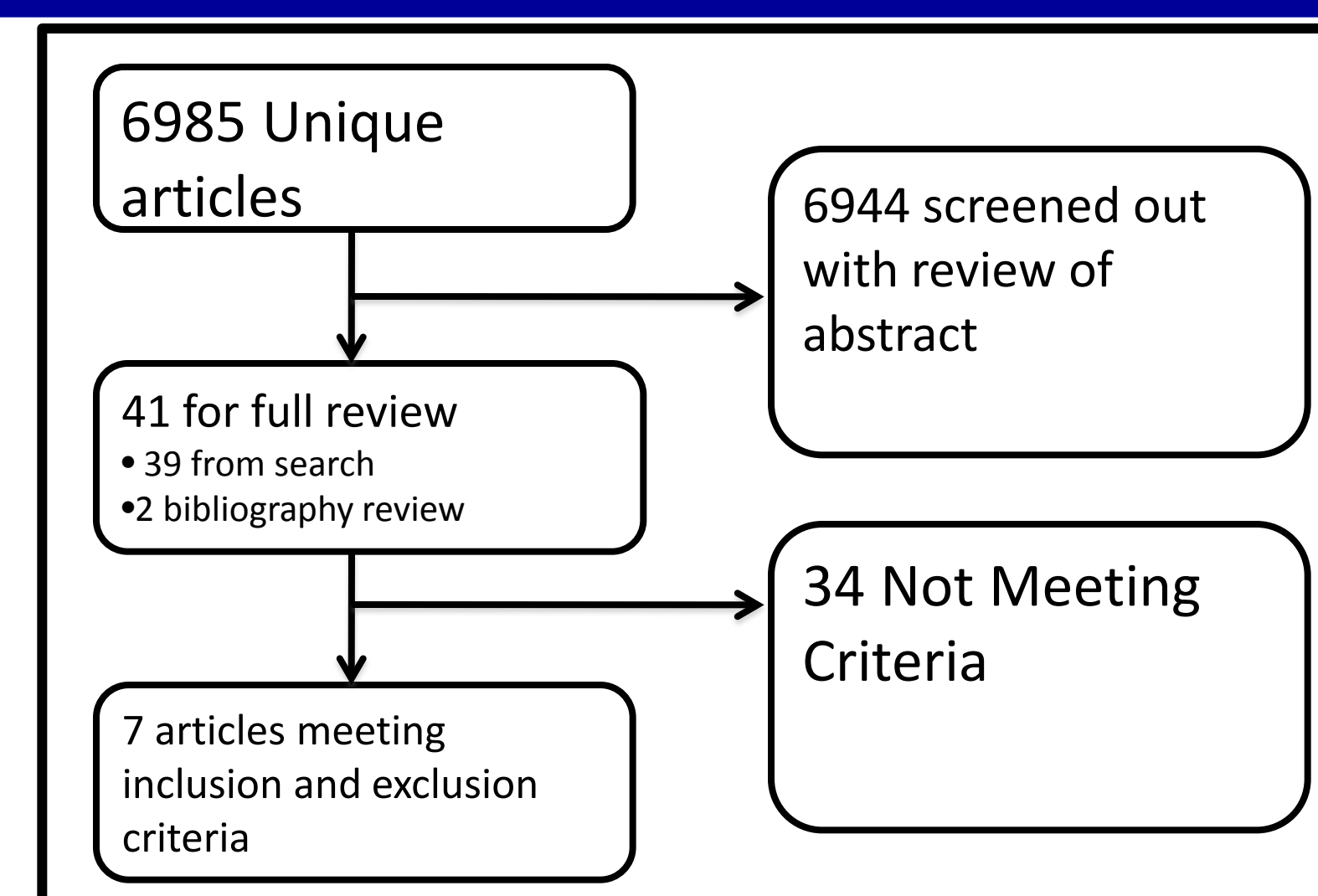


Figure 1. Flow diagram of review process.

RESULTS:

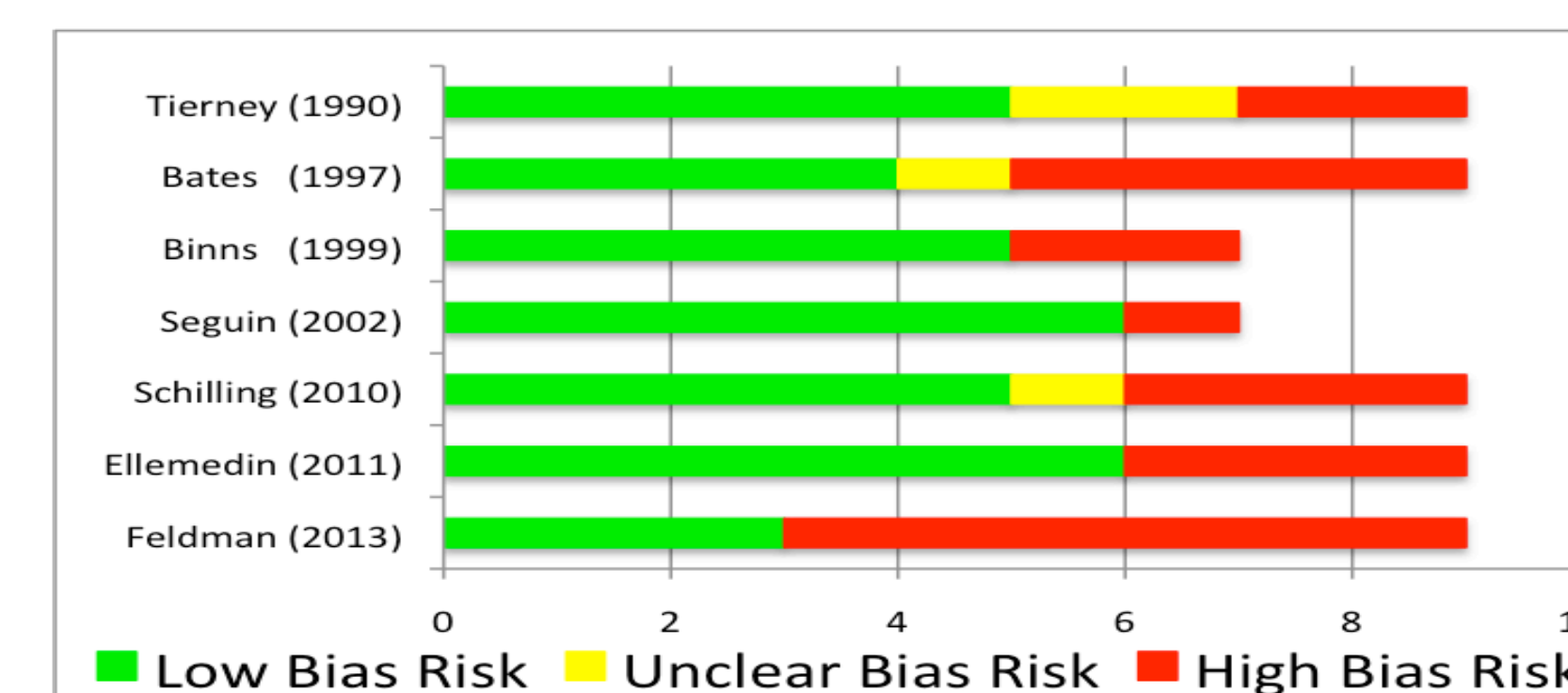


Figure 3. Risk of bias measurements of included studies

Author (year)	Study Type	Setting	Academic	Country	Charge, fee or cost?	Display type	N (Intervention)	N (Control)	% Change # of labs (p)	% Change cost of labs (p)
Feldman (2013)	RCT / CBA	Hospital-Wide	Y	USA	Fee	CPOE	18276	NA	- 8.59 (<0.001)	- 9.6 (<0.001)
Ellemedin (2011)	CBA	Inpatient Internal Medicine	Y	South Africa	Cost	Flyer (99% wrote cost on order form)	217	260		
Schilling (2010)	CBA	Medicine / Ortho ED	Y	Sweden	Cost	Poster (+e-mail) at work station	1637	1585		- 21 (0.12)
Seguin (2002)	ITS	Adult Surgical ICU	Y	France	Price	Paper order form	159	128	- 18.9 (0.12)	- 22 (<0.05)
Binns (1999)	ITS	Pediatric ED	Y	USA	Charge	CPOE	2414	2467		- 36.8 (<0.01)
Bates (1997)	RCT	Adult Inpatient med/surg	Y	USA	Charge	CPOE	3536	3554	- 5.4 (0.18)	- 4.9 (0.29)
Tierney (1990)	CBA	Oupatient Internal Medicine	Y	USA	Charge	CPOE	4254	4138	- 14.3 (<0.005)	- 12.9 (<0.05)

RCT (Randomized controlled trial); CBA (Controlled Before -After trial); CPOE (Computer Physician Order Entry); ED (Emergency Department); ITS (Interrupted Times Series trial); ICU (Intensive Care Unit)

Table 1. Study characteristics and outcomes of included studies.

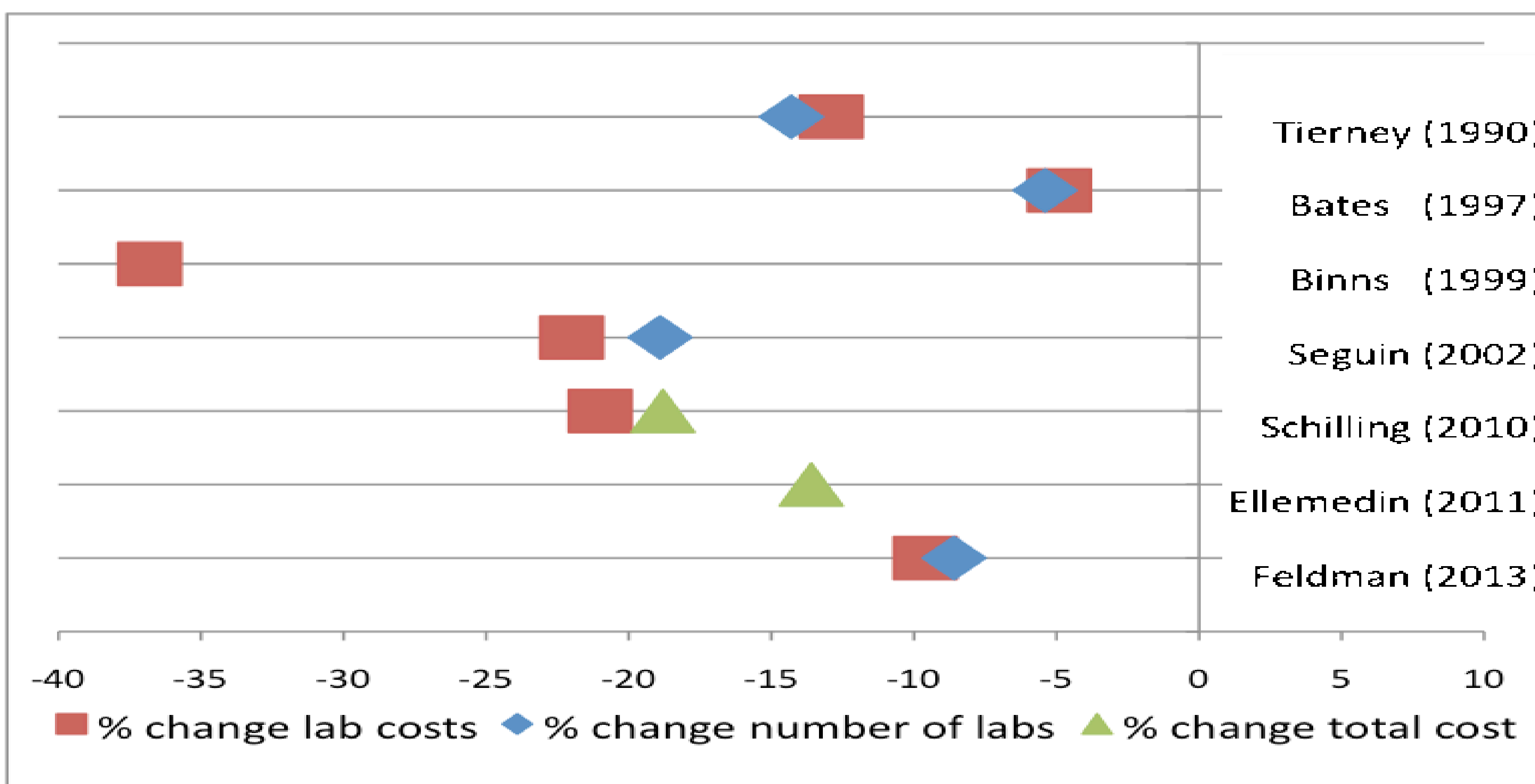


Figure 2. Percent change in physician ordering behavior.

CONCLUSIONS:

Reproducible decrease in labs use / costs despite:

- Varied methodologies, settings and demographics
- Different media (paper vs. computer)

Limitations:

- Inherent weakness of methodologies
- Hawthorne effect risk high (Goldfish study)
- Homogenous (such as all academic centers) limiting external validity

Areas of Future Research:

- Comparable outcome reporting
- Cost Shifting
- Morbidity
- Mortality
- Radiology Ordering Behavior
- Therapeutics Ordering Behavior

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