Capsule Commentary on Sabbatini et al., Controlling Health Costs: Physician Responses to Patient Expectations for Medical Care

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The health care triple aim is better health, better care, and lower costs. To address costs, health systems and physicians are being challenged to make better value-based decisions and take greater societal responsibility when selecting diagnostic testing and treatment options for their patients. Partnered with more than 60 specialty societies, the *Choosing Wisely* campaign exemplifies this effort and aims to educate the public about the appropriate use of tests or procedures.¹ Moreover, a recent review of clinical guidelines issued by the largest physician societies found that half explicitly integrate costs into their deliberations.²

Given this context, the qualitative study by Sabbatini et al.³ explored how physicians are balancing the needs and demands of their patients when trying to be good fiscal stewards of health care resources. Specifically, this set of nine focus groups involving 62 mid-west primary care and specialty physicians discussed how they manage the tension between perceived responsibility to practice cost-consciously and the desire to satisfy patient expectations. The authors learned that it is very challenging to operationalize prudent use of health care resources at the front lines of clinical practice. Physicians are using a variety of educational, trust-based, and substitution strategies to address the challenge of shared decision-making with patients.

One novel aspect of this study is how costs were framed from a broader perspective in the decision-making process.

As the authors argue, cost comparisons include not just the direct cost of a test or service but also indirect costs, such as: physician time to build trust and educate patients; patient time and convenience; and psychological costs associated with perceived “peace-of-mind” benefits vs. harms. Being cost conscious is complex and nuanced.

Policies and programs designed to promote wise use of health care services should address the effects of both direct and indirect costs on shared decisions if we are to adopt those behaviors into practice. More work is needed to understand physician and patient perceptions, as they will vary between clinical decisions and settings. Only then can appropriate cost-conscious dissemination and implementation strategies be developed and supported.

Conflict of Interest: The author has no conflicts of interest.

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