The Impact of Cost Displays on Ordering

Daniel M. Horn, MD¹ and Thomas D. Sequist, MD, MPH²

¹Division of General Medicine, Massachusetts General Hospital, Boston, MA, USA; ²Partners Healthcare System, Boston, MA, USA.

J Gen Intern Med 29(10):1332

DOI: 10.1007/s11606-014-2945-3

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The Authors' Reply—We share Dr. Galen's concern that cost displays should be thoughtfully implemented in a clinical setting. To that end, the cost displays in our study did not require providers to act on the information displayed. The passive nature of the displays allowed physicians to maintain autonomy over clinical decision-making. Additionally, we used the Medicare reimbursement

rate as a proxy for relative costs of tests, rather than as the true charge to the payer.

We agree that future studies should focus on whether cost displays impact clinical outcomes. However, we must also work to reduce routine ordering of large panels of laboratory tests in primary care. The downstream costs of working up false positive tests are substantial and wasteful. Future research should explore the impact of displays that show the relative clinical value of tests and incorporate key clinical guidelines and benchmarks. We must continue to evaluate ways to inform providers about the value of the care they deliver.