



e-quilibrium

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Expectation Costs

There is a current series of AT&T commercials in which a moderator with four children (or in one case, four former professional basketball players) have humorous discussions about why “more” or “bigger” or “faster” is better. The theme is “It’s not complicated.”

Consumers of health care tend to also think that more, bigger, and faster is better. There is a strong bias for action over inaction. Whether it is an antibiotic for an upper respiratory virus, imaging for a strained back, or a complete annual physical examination, patients are strongly inclined to assume that more care is better care. While it may not be complicated that more, bigger, and faster is advantageous for digital communications, it just isn’t this simple with health care.

Medicare spending varies by geographic region in the United States. What is particularly interesting is that areas with higher spending (due to more inpatient and specialist care) do not have better health outcomes, nor do they have higher patient satisfaction. Just last month, a study reported in the Journal of the National Cancer Institute found that the amount of Medicare spent on treatment for advanced cancer patients did not affect survival rates.

The American College of Radiology has been publishing “Appropriateness Criteria” for two decades. These guidelines describe the conditions under which specific imaging tests are indicated. However, with respect to these criteria, numerous tests are completed that are inappropriate, contributing to spiraling health care costs.

Obviously, this is a complicated problem, but idealistic patient expectations are one major contributor to inappropriate health care spending. We often have unrealistic expectations about the effectiveness of tests, and of treatment. Doing more, whether it is a diagnostic study or an intervention, gives us the illusion that we have more control, even in the absence of evidence for the effectiveness or appropriateness of such care. We may expect that no pain is the goal, rather than management of pain to the extent that we can function. We may believe that the antibiotic made the upper respiratory virus better when, in fact, the illness simply ran its course. We may expect that the latest new cancer drug is a miracle drug, even if studies indicate that the gain in life expectancy is only a few months. We often fail to appreciate the extent to which patients experience adverse effects of medical tests or treatment (iatrogenic illness); it is estimated that more than 200,000 deaths per year in the United States can be attributed to iatrogenic causes. Certainly a proportion of these deaths are the result of care that was not necessary or appropriate. Unrealistic expectations have contributed to the practice of defensive medicine and costs associated with medical malpractice suits.

While we as patients have the capability of making rational requests and decisions, the experience of illness or injury involves a great deal of emotion. That emotion can quickly take the upper hand in decision-making and fuel the bias toward more, bigger, and faster. Health care industries are putting a great deal of emphasis on patient satisfaction, so in turn the tendency for them is to both market and provide more, bigger, and faster services.

It can be easy to blame escalating health care costs on profit-driven health care organizations, pharmaceutical and medical equipment industries, and health care professionals. While these are factors, our expectations as health care consumers also come with a high price tag. It is complicated, because when it comes to health care, more, bigger, and faster isn't always better.

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