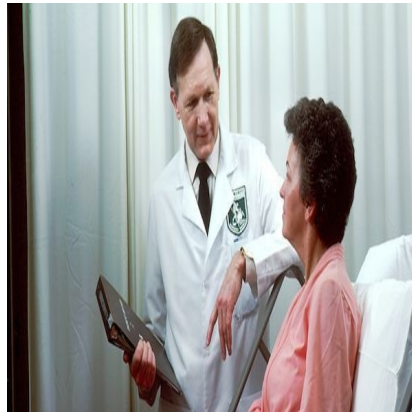




Excessive Patient Demands Not Driving Healthcare Costs



The high costs of healthcare are not driven by cancer patients requesting expensive tests or treatments beyond their doctor's recommendations, according to researchers at the University of Pennsylvania. In a survey of more than 5,000 patient-physician encounters, less than 10 percent involved a patient demanding or requesting a medical intervention. The results of the study have been published in the inaugural issue of *JAMA Oncology*.

"We decided to look specifically at cancer patients' demands because oncology is a setting where there are life-and-death stakes for patients and the drugs and tests can get very expensive," said the study's senior author, Ezekiel Emanuel, MD, PhD, the chair of the department of Medical Ethics and Health Policy at the University of Pennsylvania. "However, we found, contrary to expectations, that patient demands are low and cannot be a key driver of increasing health care costs."

The study was conducted by researchers at the Abramson Cancer Center and the Perelman School of Medicine at the University of Pennsylvania. Dr. Emanuel and his colleagues examined 5,050 encounters between patients and physicians, and interviewed 60 clinicians immediately after their encounters. The goal of the interviews was to determine the how often patients requested tests or treatments, and to understand when and why their demands were approved by physicians.

Three Philadelphia hospitals were involved in the study: The Hospital of the University of Pennsylvania, Penn Presbyterian Medical Center and Pennsylvania Hospital. The interviewed clinicians included 34 oncologists, 11 oncology fellows and 15 nurse practitioners and physician assistants. All interviews were conducted between October 2013 and June 2014.

Of the 5,050 patient-physician encounters, 440 (8.7 percent) involved a demand or request initiated by the patient for a medical intervention, with physicians complying with 365 of those demands. The majority (49.1 percent) of the requests were for imaging studies. Unexpectedly, 15.5 percent of requests were for palliative care, including medications for pain and to help patients sleep. Only 3.6 percent of patient demands or requests were related to chemotherapy, and an even smaller number of patients (less than one percent) requested costly proton beam therapy.

Interestingly, the quality of the relationship between patient and physician factored into patient demands and requests. The worse the relationship, the more likely patients were to ask for tests or treatments. Those on active therapy were also more likely to make such requests. However, clinically inappropriate patient demands were seldom granted by physicians (seven times out of 50, or 0.14 percent of the encounters).

“We observed very few patient demands for inappropriate treatments, and it was even rarer that a physician complied with the demand. In this age of unregulated consumer medical information on the Internet, it’s encouraging to see that this hasn’t translated to cancer patients requesting inappropriate — and often costly — tests and treatments,” said lead author Keerthi Gogineni, MD, MSHP. Dr. Gogineni was an instructor at the Abramson Cancer Center at the time of the study; he is now a member of the faculty at Emory University.

In addition to Drs. Emanuel and Gogineni, the authors include Katherine L. Schuman, MSN, RN; Derek Chinn, BS; and Nicole B. Gabler, PhD, MHA. Early results of the study were presented at the annual meeting of the American Society of Clinical Oncology in June 2014.

Source: Perelman School of Medicine at the University of Pennsylvania

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