Quantifying Shared Decision-Making: Numbers Matter

It has been said that "Soccer is the game of the future, and it always will be." Some emergency clinicians feel the same way about shared decision-making. As social media and conferences debate the potential value of shared decision-making, questions often arise about its impact. The work by Iyengar et al in this month's AEM explores the hypothesis that patient preferences for diagnostic testing will vary substantially when the patient is presented with different quantitative information about risk, benefit and cost. This single center survey indicated that patient "acceptance rate" for computerized tomographic (CT) imaging of the head varied substantially, even if the assumed risk and benefit of the test were varied only slightly: either 0.1 or 1%. Further, patients were asked to consider the "what-if" effect of $100 incentive to forego the CT scan. Table 2 cleverly displays the "acceptance rate" under the assumptions of either 0.1 or 1% risk and either 0.1 or 1% benefit, further stratified by the presence or absence of the $100 incentive, producing an interesting 2-tier, 2x2 matrix. This Table shows that even subtle differences in how we present the good and bad of a diagnostic test will change patient preference. Also, a $100 incentive mattered to this not-impoverished, economically middle-class sample (median annual income over $50K). This work supports the hypothesis that the presentation of numeric data to patients - as opposed to giving them experiential opinions - can be the scientific cornerstone of a shared decision-making model to reduce low value diagnostic testing, starting today.

Best wishes,
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