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Decision Making in Health Care: Patients, Physicians, and Organizations

In a rapidly changing health care system, one constant remains. Providers are tasked with helping our patients make optimal decisions about what health care interventions to pursue so as to reach the highest quality health outcome. This issue is ever important, as the White House this year tasked Medicare with tying **90%** of all traditional medicare payments to quality. This initiative intends to make health care providers *more* accountable for the quality and cost of the care they deliver to patient (<http://www.hhs.gov/news/press/2015pres/01/20150126a.html>). However, achieving the best outcome for patients does not occur in the limited patient-physician relationship. It involves complex, interactive decision making by the patient, the physician, and even health care organizations. As these three actors interact, choices may change as information and resources change. Patient decisions involve cost, fear, hope, and expectations of health. Physician decisions involve evidence, probabilities, cost, and scientific and organizational limits. Organizational decisions involve cost, infrastructure, outcomes, and negotiations with payers. While the ultimate goal is to seek what is best for the patient, each actor may have competing interests that alter that process. So central to any improvement in health care delivery is the question: how do we align decision-making process of each actor in health care so their decisions improve the health of patients?

Despite excellent and ongoing efforts toward health care improvement at many academic institutions across the country, this question remains unanswered. Partly this results from the actors having difficulty communicating in the same forums. But in large part this question has not been asked in this format. At Washington University we have a unique opportunity to answer this. At the core of this question is *how do each of these actors make decisions?* For patients, this involves understanding behavioral psychology and behavioral economics. For physicians this involves medical decision-making and effective communication with patients. For the patients, the decisions are about resolving uncertainty, making tradeoffs between current costs and future health outcomes and maximizing their overall happiness. And for organizations, decisions involve multiple levels of systems interaction, negotiations, and market analysis. If we take the patient's health as the primary objective, then understanding how each actor makes decisions requires multiple disciplines – of which we have riches here at Washington University. Economics,

psychology, business, social work, and medicine all have exceptionally strong programs and the potential for collaboration is enormous. In addition, our close relationship with Barnes Jewish Hospital and BJC Healthcare allows us to include individuals involved in the day-to-day work on patient care at the levels of patient, provider, and organization. This will allow us to develop real-world innovations in patient, physician, and organization decision-making that we can test and implement on a large scale. Only through interdisciplinary work can we expect to develop tangible programs that will improve decision making at all levels of health care, and further improve our patients' health.

To this end, we seek to create a group of interested individuals from each of the disciplines mentioned above. Our preference would be a cocktail hour format.

School of Medicine:

- 1) John S. Schneider MD, MA, Department of Otolaryngology (<http://oto.wustl.edu/FacultyPhysicians/JohnSchneiderMDMA.aspx>)
- 2) Mary C. Politi Ph.D., MPH, Department of Surgery (<http://www.publichealthsciences.wustl.edu/en/Faculty/PolitiMary>)
- 3) Will Ross, MD, Center for Health Policy (<http://healthpolicy.wustl.edu/Content/RossBio.html?OpenDocument>)

Olin School of Business:

- 4) Selin Malkoc, Ph.D., Marketing (<http://www.olin.wustl.edu/EN-US/Faculty-Research/Faculty/Pages/FacultyDetail.aspx?username=malkoc>)
- 5) Barton Hamilton, Ph.D., Economics (<http://www.olin.wustl.edu/EN-US/Faculty-Research/Faculty/Pages/FacultyDetail.aspx?username=hamiltonb>)
- 6) Joseph Goodman, Ph.D., Marketing (<http://www.olin.wustl.edu/EN-US/Faculty-Research/Faculty/Pages/FacultyDetail.aspx?username=goodman>)

The College of Arts and Sciences:

- 7) Alan Lambert, Ph.D., Psychology (<https://pages.wustl.edu/lambert>)
- 8) Leonard Green, Ph.D., Psychology (<http://psych.wustl.edu/lengreen/publications.html>)
- 9) Joel Myerson, Ph.D., Psychology (<https://psychweb.wustl.edu/myerson>)

Brown School of Social Work:

- 10) Timothy McBride Ph.D., Economics (<http://brownschool.wustl.edu/Faculty/FullTime/Pages/TimothyMcBride.aspx>)

BJC Healthcare:

- 11) Wm. Clairborn Dunagan MD, MS, Center for Clinical Excellence (<http://www.bjc.org/About-Us/Facts-Figures/Leadership/Profile/ArtMID/695/ArticleID/19/W-Claiborne-Dunagan>)
- 12) Richard Leikwig, MD, MS, Center for Clinical Excellence (<http://www.bjc.org/About-Us/Facts-Figures/Leadership/Profile/ArtMID/695/ArticleID/23/Richard-J-Liekweg>)