

# **Getting to Yes!:** Behavioural Economics for Improving Health Care Quality

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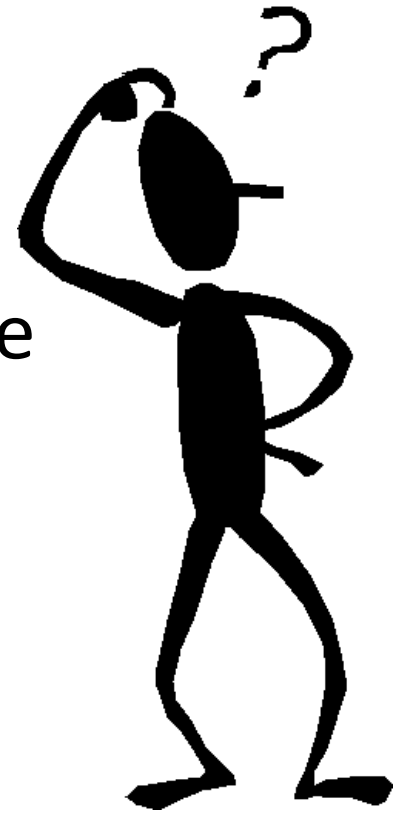
# Agenda

- Introduction: My Journey to the Dark Side
- Key Behavioural Economic Principles
- BC Health Quality Matrix
- Staying Healthy
- Coping with End of Life
- Conclusion

# Question 1: Check-In

**Question:** Have you heard of behavioral economics before?

- A. Yes, and have used it
- B. Yes, but only know the name
- C. No, and I am so curious to learn more



# ***The No Brainer Ceiling Lift Case***

My Journey to the Dark Side

# The *No Brainer* Ceiling Lift Case

- High Muscular Skeletal rates in Long Term Care
  - Over 10% of staff injured
  - High short and long-term disability claims
  - \$6m increase In premiums
  - \$200k for every long –term disability claim
- Business case developed to install ceiling lifts at a one time cost of \$5m and \$1m annual cost for maintenance and education
- Estimated savings = \$10m pa
- Payback = 6 months
- Great business case – right?



# Question 2:Check-In

**Question:** Would you fund the business case for ceiling lifts

- A. Yes, it's a no brainer
- B. No, I back the status quo
- C. Maybe....tell me more



# Key Behavioural Economic Principles

# What is Behavioural Economics?



- Rejects the standard economic assumption that humans are fully rational, completely selfish, forward-thinking decision makers
- BE has two Nobel Economics prize winners:
  - Daniel Kahneman 2002
  - Richard Thaler -2017

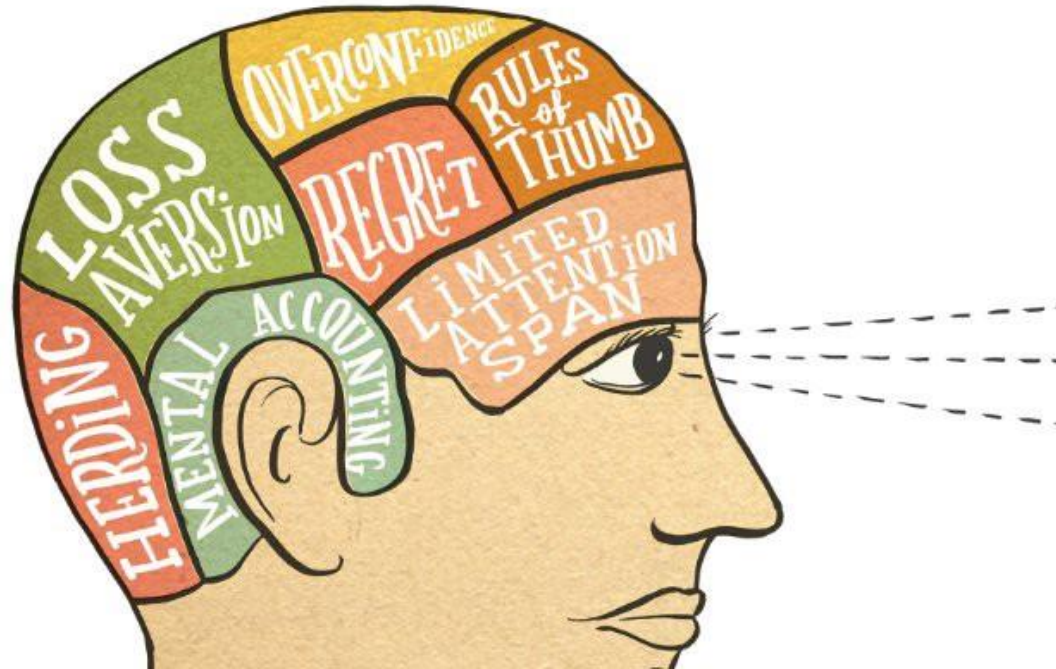


# Key Questions

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- Have you ever wondered why your rationally sound project proposal failed to get traction with decision makers?
- Have you ever wondered why IT and other large scale change initiatives have such a high rate of failure?
- Can BE be used to improve business case sign-off and delivery success

# The Brain is a Funny Thing



- Cognitive overload
- Black boxes
- The power of inertia

# MINDSPACE

**M**essenger

We are heavily influenced by who communicates information

**I**ncentives

Our responses to incentives are shaped by predictable mental shortcuts such as strongly avoid losses

**N**orms

We are strongly influenced by what others do

**D**efaults

We 'go with the flow' of pre-set options

**S**alience

Our attention is drawn to what is novel and seems relevant to us

**P**riming

Our acts are often influenced by sub-conscious cues

**A**ffect

Our emotional associations can powerfully shape our actions

**C**ommitment

We seek to be consistent with our public promises, and reciprocate acts

**E**go

We act in ways to make us feel better about ourselves

# Key Concepts

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1. Present Bias
2. Reward Incentives
3. Information and Salience
4. Context and Framing
5. Social Forces
6. Nudging
7. Libertarian (or Asymmetric) Paternalism

# The *No Brainer* Ceiling Lift Case

- What happened
  - Initial uptake excellent due to education and tracking investment
    - Reduced disability costs and premiums
  - Over time refocus on other HA initiatives – sustainability an issue
  - Benefits slipped and MSK rates deteriorated again
- Why were we not successful
  - Technical solution – needed to consider behavioral change
    - Did not redesign workflow
    - It was easier to do it the old way
  - Wards are busy places, and strong cognitive overload
  - Needed human factors to make lifts easier to use



# Question 3:Check-In

**Question:** What Behavioural Economics concepts should we have included

- A. Present Bias
- B. Choice Architecture
- C. Visible tracking and comparing
- D. All of the above



# BC Health Quality Matrix

# BC Health Quality Matrix



## BC Health Quality Matrix

AREAS OF CARE	DIMENSIONS OF QUALITY				
	ACCEPTABILITY	APPROPRIATENESS	ACCESSIBILITY	SAFETY	EFFECTIVENESS
<b>STAYING HEALTHY</b> Preventing injuries, illness, and disabilities	Care that is respectful to patient and family needs, preferences, and values	Care provided is evidence based and specific to individual clinical needs	Ease with which health services are reached	Avoiding harm resulting from care	Care that is known to achieve intended outcomes
<b>GETTING BETTER</b> Care for acute illness or injury					
<b>LIVING WITH ILLNESS OR DISABILITY</b> Care and support for chronic illness and/or disability					
<b>COPING WITH END OF LIFE</b> Planning, care and support for life-limiting illness and bereavement <sup>4</sup>					
	<b>EQUITY</b> Distribution of health care and its benefits fairly according to population need <b>EFFICIENCY</b> Optimal use of resources to yield maximum benefits and results				
	DIMENSIONS OF QUALITY				

<sup>4</sup> Descriptor reflects direction of the Ministry of Health and input from the Provincial End of Life Standing Committee.

In 2008, the BC Health Quality Matrix was developed in collaboration with the members of the Health Quality Network which included BC's Health Authorities, Ministry of Health Services, academic institutions and provincial quality improvement groups and organizations.

[www.bcpsqc.ca](http://www.bcpsqc.ca)



# Staying Healthy Examples

# Physical Activity

- It was estimated in the UK that if people with low levels of activity were more active, more than 900 million pounds a year could be saved
- Individuals tend to exhibit **present bias** when it comes to physical activity since they know they health benefits
- Making participating in activities enjoyable increases physical activity levels
  - Example: Piano stairs in Stockholm → 66% more people took the stairs (<https://youtu.be/2lXh2n0aPyw>)

# Increasing Doctor Appointment Attendance

- Missed appointments interfere with appropriate care and to misspend medical and administrative resources
- An effective intervention design:
  1. Phone call reminder
  2. If call not answer → Text reminder
  3. If no available mobile phone number → a postal reminder
- Can also send calendar invites and reminders (1 day, 2 hours) to individual's email with an 'add to calendar' option when pre-booking appointments

# Organ and Tissue Donation

- A kidney transplant can save approximately \$250,000 per patients over a 5-year period compared to dialysis while improving the quality of life
- Organ donation can be integrated into renewing a drivers license or passport or even filling out tax returns
- Could automatically opt in individuals when renewing drivers license, so would need to opt out if did not want to participate (**default**)
- A more radical idea is to give organ priority to those who are organ donators

# Coping with End of Life

# Refit Houses with Safety Mechanisms

- **Aging in place**: “the ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level” (CDC)
- Why do we make it so hard to receive services
- Refit housing should be the default mechanism

# End of Life Default Interventions






- Involves making personal and difficult decisions about your care plan, which is often influenced by how the options were presented
- BE researched has shown that the default type of advance directive (*comfort-oriented care vs. life-extending care*) was the most popular choice
- One study found that 77% of patients chose “comfort care” when default → only 43% chose this option when “life extension” was the default
- The pre-set option must be sensitive to cultural traditions and beliefs regarding death

# Conclusion and Close



# Summary of Key Behavioral Economics Concepts

Figure 2. Organized summary for a selection of the most popular behavioral economics concepts

				
Outcomes valuation	Calculation bias	Timing elements	Environmental influences	Choice architecture
<ul style="list-style-type: none"> <li>• Loss aversion</li> <li>• Mental accounting</li> <li>• Prospect theory</li> <li>• Certainty/possible</li> <li>• Status quo bias</li> <li>• Sunk cost fallacy</li> <li>• Zero price effect</li> </ul>	<ul style="list-style-type: none"> <li>• Affect heuristic</li> <li>• Anchoring</li> <li>• Availability</li> <li>• Halo effect</li> <li>• Optimism bias</li> <li>• Representative</li> </ul>	<ul style="list-style-type: none"> <li>• Empathy gap</li> <li>• Hedonic adaptation</li> <li>• Hindsight bias</li> <li>• Peak-end rule</li> <li>• Diversification bias</li> <li>• Present bias</li> <li>• Projection bias</li> <li>• Time discounting</li> </ul>	<ul style="list-style-type: none"> <li>• Game theory</li> <li>• Herd behavior</li> <li>• Commitment</li> <li>• Inequity aversion</li> <li>• Reciprocity</li> <li>• Social proof</li> <li>• Salience</li> <li>• Priming</li> </ul>	<ul style="list-style-type: none"> <li>• Decoy effect</li> <li>• Default options</li> <li>• Choice overload</li> <li>• Framing effect</li> <li>• Partitioning</li> </ul>
<p>← These five dimensions may work in tandem →</p>				

Graphic: Deloitte University Press | DUPress.com

<https://www2.deloitte.com/insights/us/en/focus/behavioral-economics/strategy-choice-overload-framework.html#endnote-sup-20>

# Key Take Away's

- Rational business cases alone are insufficient
  - People are not rational
  - Need to consider behavioural change
  - Use the Quality Matrix as a start for new business cases
- Business cases need reality check
  - Normally over optimistic
  - Need to invest in behavioural change
- Commitment letters work
- Visible peer review
- Transparency is key

# What to read/ follow

- Cass Sunstein – The cost benefit revolution
- Cass Sustein & Richard Thaler –Nudge
- Richard Thayer – The art of Misbehaving
- Cass Sunstein -The ethics of influence
- Richard Thaler – Nobel Prize winner
- Behavioral Design Teams – The next frontier in clinical delivery innovation- Ted Robertson – [ideas42.org](http://ideas42.org)
- Daniel Kahneman – Thinking Fast and slow



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**Back up slides**

# Present Bias

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- Individuals often overweight costs and benefits incurred today relative to the costs and benefits incurred tomorrow
- Can lead to individuals to forgo healthy behaviours in the present
- Examples: indulging in unhealthy snacks, skipping a workout

# Reward Incentives

- Types:
  - **Standard reward incentives**: those who were paid to go to the gym are more likely to go and continued to do so at a higher rate after incentives were removed
  - **Regret lotteries**: leverages overweighting of small probabilities through the lottery ie. All individuals are entered into the lottery and informed about whether their name is picked. If an individual fails to take the required action (going to the gym) they fail to earn the prize when picked

# Reward Incentives

- Types:
  - **Loss aversion:** framing the earnings as money that is lost (not gained) → more effective
  - **Commitment contracts:** individuals sign a contract where money is forfeited if they fail to achieve a certain goal → leverages loss aversion
- Monetary incentives can create short-term effects
- Individuals can respond in perverse ways to reward incentives



# Information and Salience

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- Standard economic theory says that individuals take in all information and have no limitations to solve complex problems
- However, bounded in rationality, individuals may have limited memory, fail to pay attention, and may not collect all information available
- **Limited memory** to store information can explain poor medication adherence → use electronic reminders

# Context and Framing

- **Default Options:** Individuals demonstrate a strong tendency to exhibit inertia around default options
  - People are less likely to switch from a default plan due to high cost (time, money, effort)
- **Visual Cues:** influences individuals decision making
  - Ie. People consume more food when given larger serving bowls or the location of candy in a store will impact the likelihood of purchase

# Social Forces

- **Responding to Actions of Others:** Individuals informed about the actions of other will tend to conform to other's behaviour
  - Examples: charitable giving, environmental protection
- **When Others are Watching:** Take actions that make them look more generous when believed they are being watched
- **Requests from Others:** More likely to take an action when asked to do so by someone else
  - Mentors play a large role in disease management

# Nudging

- **Nudge**: the design of choice that alters people's behavior in a predictable way without forbidding anything or actually changing the choice at all
- Excludes legislation and regulation
- Nudges are helpful when:
  - Feedback is not immediate
  - Individuals outweigh the present benefit, and see the costs later
  - It is hard to imagine the possible outcomes

# Libertarian Paternalism

- Attempting to help individuals achieve their own goals, while not harming those who already are making informed decisions
- Examples include:
  - Making the default drink water instead of soda, so they would have to request soda
  - Placing healthy food in more convenient locations in cafeteria
- The key is to make healthy behaviors more convenient and less immediately costly