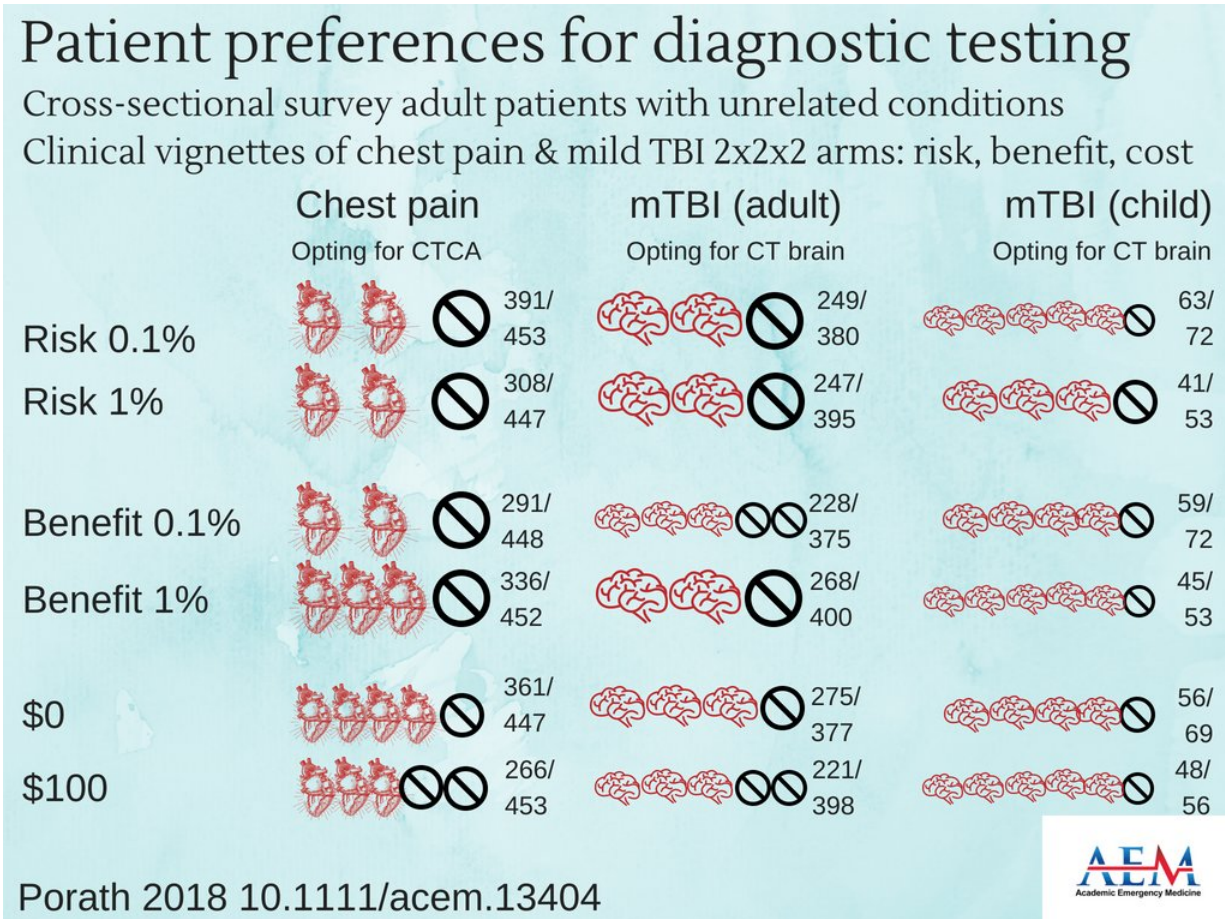


Finances are a major motivating factor in patient avoidance of diagnostic testing

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Cross-sectional survey of adult patients with unrelated conditions/Clinical vignettes of chest pain and mild TBI 2x2x2 arms: Risk, benefit, cost. Credit: Kirsty Challen, B.Sc., Mbchb, Mres, Ph.D., Lancashire Teaching Hospitals, United Kingdom.

Patient preferences for diagnostic testing differed significantly across levels of risk, benefit, and cost of diagnostic testing, but cost was the strongest and most consistent factor associated with decreased desire for testing. Those are the findings of a study to be published in the June 2018 issue of *Academic Emergency Medicine (AEM)*, a journal of the Society for Academic Emergency Medicine (SAEM).

The lead author of the study is Jonathan D. Porath, University of Michigan Medical School. The [emergency](#) department-based study, by Porath, et al, utilized a copay to "penalize" for the test. The results suggest that a credit for foregoing the test (similar to a safe driver discount) might be an interesting direction for future research.

With patients having a growing personal contribution to health care, the findings support the need for further study to determine how best to implement financial considerations to alter testing behavior.

Erik P. Hess MD MSc, professor and vice chair for research at the University of Alabama at Birmingham Department of Emergency Medicine, commented:

"This study highlights the importance patients may place on the cost of low-value diagnostic testing. Implementing these findings requires careful consideration, as discussing cost in this context may have unintended effects on physician trust and runs the risk of disproportionately influencing decision-making in uninsured patients. Nonetheless, it is important for physicians to recognize the importance of cost as a driver of patient decision-making in low-value [diagnostic testing](#)."

More information: Jonathan D. Porath et al, Patient preferences for diagnostic testing in the emergency department: a cross-sectional study, *Academic Emergency Medicine* (2018). [DOI: 10.1111/acem.13404](https://doi.org/10.1111/acem.13404)

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