

# Letters

## COMMENT & RESPONSE

### Cost and Outcomes Information Should Be Part of Shared Decision Making

**To the Editor** We applaud Kopecky et al<sup>1</sup> for articulating that a shared decision-making process for determining whether to obtain a preference-sensitive elective surgery requires more than asking a patient to watch a video, read a document, or fill in numbers on a risk calculator. Clearly, a surgeon should agree that the surgery is a reasonable treatment option, be able to modify treatment recommendations based on a patient's risk profile, and weigh in on what the surgeon believes to be the best treatment pathway. Along the way, patients should be informed of the short-term and long-term risks and benefits of different treatment options, including adverse effect profiles that might influence decision making for reasonable patients with distinct sets of values.

The authors emphasize that communication is the cornerstone of successful shared decision making in these situations. However, more information should be included in the communication process to ensure that a patient can make a truly informed choice.

There is an extensive literature that demonstrates that both hospital-specific and surgeon-specific volumes of elective surgeries for preference-sensitive conditions are associated with health care outcomes.<sup>2,3</sup> To be maximally informative, a surgeon embracing a shared decision-making process would inform patients about whether and how outcomes for a particular procedure are likely to differ if a patient gets operated on by the surgeon who is discussing the operation with them, the surgeon with the best risk-adjusted outcomes in the region, or the surgeon with the best risk-adjusted outcomes in the country. Further, health care costs for elective procedures vary substantially across health care institutions<sup>4</sup> (and, likely, surgeons), causing value (defined as quality and outcomes divided by costs) to vary as well.<sup>5</sup> Because out-of-pocket costs might affect health care decision making in the currently constructed US health care system, for the same scenarios, surgeons should provide potential patients estimated out-of-pocket costs for the procedure so they can make fully informed decisions.

Certainly, patients will need to engage with surgeons to discuss the type of information that Kopecky et al<sup>1</sup> seek to provide to help them decide whether to obtain an elective intervention. But to help patients make informed choices about where to obtain that intervention, patients seeking elective surgery will need information on comparative risk-adjusted outcomes and out-of-pocket costs. Physicians and policymakers should explicitly identify such information as an important aspect of shared decision making and work to ensure it becomes readily accessible

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**Published Online:** February 13, 2019. doi:10.1001/jamasurg.2018.5581

**Conflict of Interest Disclosures:** Dr Weinstein established the Center for Shared Decision Making, is the former director of the Dartmouth Institute for Health Policy and Clinical Practice, has published several articles on shared decision making, and has received several grants from the National Institutes of Health in which shared decision making was used, including Center for Medicare and Medicaid Innovation funding to implement shared decision making on a national basis. No other disclosures were reported.

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