Patient decision aids are booklets or web-based tools that provide objective information to a patient about treatment alternatives — joint replacement surgery versus physical therapy, for example.

**Potential Recommendation**

Implement a patient decision aid pilot among Medicaid enrollees or state employees. Evaluate the pilot and disseminate results to inform the private insurance market.

**Original Commission Recommendation**

“A patient understands patient responsibility and accountability, and options related to cost and care especially as it relates to balance billing. If a patient has a significant financial requirement or if the patient controls where money goes, transparency is important and will likely impact their decision making (it should be noted that virtually all cash, direct pay and concierge practices publicize their prices).”

**Evidence Basis**

A Cochrane review from 2014 found that decision aids improved patients’ knowledge of their treatment options. The review found moderate- to high-quality evidence that patients felt more informed about their decisions, had more accurate expectations of possible harms and benefits of various treatment options and felt more empowered to participate in decisions associated with their care. Among the few studies conducted thus far, results have shown potential for savings.

Studies published in peer-reviewed journals indicate an association between decision aids and a reduction in the use of preference-sensitive services — care for conditions with multiple treatment options. Researchers from the Group Health Research Institute looked at the use of decision aids for elective hip and knee osteoarthritis. The researchers found that decision aids were associated with a 26 percent reduction in hip replacement surgery and a 38 percent reduction in knee replacement surgery. These rates were associated with a 12-21 percent cost reduction in care over six months.

In 2013, Health Affairs reported on a study comparing patients receiving a usual level of support in making a treatment decision with patients receiving enhanced support. The enhanced group had 5.3 percent lower overall medical costs than the other group of patients. The authors attributed these results to fewer hospital admissions and fewer “preference sensitive surgeries,” which are surgeries in which other non-surgical options exist.

**Notes**

1. [http://www.cochrane.org/CD001431/COMMUN_decision-aids-to-help-people-who-are-facing-health-treatment-or-screening-decisions](http://www.cochrane.org/CD001431/COMMUN_decision-aids-to-help-people-who-are-facing-health-treatment-or-screening-decisions)


3. [http://content.healthaffairs.org/content/32/2/285.full.pdf+html](http://content.healthaffairs.org/content/32/2/285.full.pdf+html)