Halpern et al., “Harnessing the Power of Default Options to Improve Health Care”

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- for many types of decisions, people are confronted with default choices that will be set in place if no other option is actively chosen

- default options strongly influence behavior in settings that are not related to healthcare
  - people save more for retirement in automatic-enrollment systems
  - drivers insure more when it is the default
  - internet users are more likely to allow recontacting under opt-out than under opt-in

- influence of default options also observed in some healthcare settings
  - flexible spending account contributions are largely determined by defaults
  - organ donor rates have increased under an opt-out system in many countries

- recent proposals using defaults in healthcare
  - testing for AIDS
  - registry for emergency research
  - influenza vaccination
Default Options to Improve Health Care

- default options may serve several healthcare goals:
  - interventions to improve healthcare (e.g., opt-out policy for routine pneumococcal vaccination)
  - reduction in interventions that place patients at risk (e.g., remove indwelling catheters by default after 72 hours)
  - serve broader agendas like cost containment (e.g., generic drug as default)
- some defaults may be more controversial (e.g., IOM recently recommended against opt-out system for organ donors)

The Gentle Influence of Default Options

- defaults influence decisions without restricting choice
- they influence behavior because of pitfalls of human decision making
- factors that might determine the influence of defaults:
  - stronger if people don’t have strong preferences
  - contextual factors such as trust might be important if people interpret default as guideline
  - stronger if practical barriers to switching exist

The Goals and Ethics of Default Options

- some believe that defaults are paternalistic
- but they are often unavoidable
- often set on the basis of convenience or natural ordering without careful consideration of consequences
- the selection of default options may determine whose welfare is promoted

Using Default Options Wisely

- need to decide whether default option is useful
- particularly useful if some action is ought to be taken
- less useful when no single decision is clearly optimal for a majority of people or some people are likely to be harmed a particular default option
• opportunity to choose should be ensured and autonomy protected
• we should recognize established default options and consider their likely effects
• policy-makers should accept responsibility for potentially bad policies

Conclusion

• people often lack established preferences, so those in positions to set default choices should use them to achieve legitimate and important health-care goals
• ignoring default choices does nothing to promote choice and precludes opportunities to guide decisions in welfare-promoting ways
• our current approach to default options in healthcare has been too passive
• opportunities exist to use default options more strategically
• default options can be important in a variety of settings
• public acceptability of defaults might vary across settings
• policy changes that manipulate default options carry no more risk than ignoring such options
• healthcare leaders should seek more active roles in setting defaults