

Patient-Provider Discussions About Conflicts of Interest in Managed Care: Physicians' Perceptions

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Background: Patients worry about financial conflicts of interest related to cost containment but may hesitate to share this concern with their physician. Little is known about how this issue affects encounters between doctors and patients, or about the communication strategies physicians endorse for responding to such concerns.

Objective: To understand physicians' perspectives on how managed care patients' concerns about conflicts of interest are impacting the physician-patient relationship in routine visits.

Study Design: Qualitative analysis of physician focus groups. Physicians also rated audiotaped dialogues of different communication strategies for discussing conflicts of interest with patients.

Participants: Thirty-nine community physicians (25 general internists and 14 family practice physicians) in Portland, Oregon—a highly penetrated managed care market. Physicians' average age was 44 years; 36% were women.

Results: These physicians report that patient concern about financial conflicts of interest is implicit in many patient encounters. However, patients rarely ask directly about conflicts of interest. Physicians believe that patients' concerns about conflicts of interest are impairing doctor-patient relationships and damaging physicians' sense of professional worth. Physicians prefer communication strategies for discussing conflicts of interest that address patients' emotions or identify a common goal through negotiation. These physicians seldom initiate discussions with patients about conflicts of interest.

Conclusions: Patient concern about conflicts of interest is adversely impacting the physician-patient interaction. Physicians should be alert to patients' implicit expressions of concern about conflicts of interest, and practice communication techniques for responding to these concerns effectively.

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The potential for financial conflicts of interest has always been part of the doctor-patient encounter.¹⁻³ However, the current healthcare environment's focus on cost containment may be heightening patients' fears that conflicts of interest could cause underutilization of healthcare services.⁴⁻⁷ In fact, 58% of patients say they worry that if they became ill, their health plan would be more concerned about controlling healthcare costs than providing the highest-quality medical care.⁸ At present, there is no conclusive evidence that cost-containment efforts are harming patients' health.⁹⁻¹² Nonetheless, the percep-

tion of a conflict of interest may still lead to worrisome outcomes.^{2,13-16} Concern about conflicts of interest could lower patients' trust in physicians, which in turn could reduce patient compliance, impair doctor-patient communication, lower patient and provider satisfaction, and increase the risk of malpractice.^{4,6,17-23}

The topic of conflicts of interest could arise in a variety of ways during the doctor-patient encounter. Some patients may express concern about conflicts of interest directly to their doctors. Lay publications such as *Readers Digest* urge their readers to "better ask your HMO . . . how are doctors paid?"²⁴ Other patients may express concern indirectly, such as by insisting on a marginally necessary specialty referral. In addition, physicians might take the initiative to disclose potential conflicts of interest to patients. Several recent publications suggest communication strategies for physicians to employ when discussing conflicts of interest with patients.^{25,26} For example, Pearson proposed a 6-step approach to guide physicians in such discussions. In reality, few physicians have the experience or training in how to discuss this potentially challenging issue with patients. Physicians may consider such discussions inappropriate during routine visits, find them too time consuming, or feel the issue is too sensitive.²⁷ Thus for many physicians, discussions about conflicts of interest are perceived as uncharted and potentially treacherous territory.

Despite the fact that patients and physicians worry about conflicts of interest, there is limited information about how this concern affects the day-to-day interaction between patients and physicians.²⁸ This study was designed to address this gap by exploring the following

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questions about actual routine office visits: Are managed care patients expressing concern about conflicts of interest? If so, are such expressions direct or subtly embedded in the conversation? What communication strategies do physicians employ to discuss potential conflicts of interest with patients? Who is initiating these discussions? To investigate these questions we conducted focus groups with experienced primary care physicians practicing in a highly penetrated managed care market.

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METHODS

Physician Recruitment and Selection

The focus group participants were selected based on an invitation to several medical practice groups located in different areas of Portland, Oregon. The level of managed care penetration in Portland at the time the focus groups were conducted (May 2000) was 47.5%.²⁹ The physician groups were chosen to include affiliations with several large hospital networks. Potential participants were screened to ensure they had been in practice for a minimum of 2 years.

Physician Characteristics

Physicians for the focus groups were recruited from family practice and internal medicine. A total of 39 physicians (25 general internists and 14 family physicians) participated in 4 focus group sessions. The average age of the physicians was 44 years, and their average number of years in practice was 13. Thirty-six percent of the participants were women.

Conducting the Focus Groups

We conducted 4 in-depth focus group sessions during which we sought community physicians' firsthand experiences regarding how managed care patients' concerns about conflicts of interest are affecting doctor-patient interactions. The investigators used standard focus group techniques³⁰⁻³³ in leading the physician discussions. The physician focus group sessions were conducted on 4 consecutive workday mornings in May 2000. Physicians were remunerated \$100 for their time and effort. The University of Chicago Institutional Review Board approved the study, and participants signed written informed consents.

First, participants were told that the focus group's overall goal was to understand how patients want to be informed about potential financial conflicts of interest that can arise in managed care. We then asked participants to respond to the open-ended question: "Thinking about your practice, can you recall recent discussions between you and a patient about how financial arrangements might influence your decisions about referrals or

diagnostic testing?" Physicians were asked to give specific examples from their practice and to describe the circumstances of the discussions. The moderator also explored the physicians' perspectives about how the conversations affected their relationships with patients and their own personal experiences as doctors.

Following this general discussion, physicians were asked to respond to a case example of a managed care patient expressing concern to her physician about potential conflicts of interest. Specifically, physicians listened to an audiotaped dialogue in which a patient with persistent headaches is concerned that she has cancer and would like a magnetic resonance imaging (MRI) study. The patient is also worried that potential conflicts of interest might be affecting her physician's recommendations regarding the MRI. Physicians were asked to assume confidence that the headaches were stress related and that the MRI was not medically necessary. The following interchange between patient and doctor was then played for the focus group participants:

Doctor: I think these headaches are due to increased stress in your life. I think we can hold off on any testing while we work together on reducing your stress over the next month.

Patient: But what if it's cancer? Why can't I have the MRI? I'm worried that the problem is that the test is too expensive to get.

Physicians subsequently listened to audiotapes of 8 different hypothetical responses that physicians might make to the patient's statement above, each response representing a distinct communication strategy. Experts in doctor-patient communication, managed care, ethics, and patient advocacy developed these strategies during a day-long meeting in Chicago. These 8 communication strategies are listed in **Table 1**. After listening to the case example, focus group participants used categorical scales to evaluate each strategy's realism response, whether they had used such a strategy in the past, and how they thought the strategy might affect trust in the physician-patient relationship. Once physicians completed their individual assessment of all 8 communication strategies, each strategy was then replayed and discussed by the group. The focus groups concluded with a discussion of whether doctors ever initiate conversations with patients about financial conflicts of interest when the patient has not explicitly expressed concern about this issue.

Analyzing the Focus Groups

The 3 investigators independently reviewed the focus

Table 1. Ranking of Communication Strategies by Physicians

Strategy	Has Physician Used This Strategy Before?*	Does This Strategy Increase Trust?†
<p>Emotion Handling “I can understand your worries about cancer would make you want further testing. It also sounds like you have concerns about whether financial incentives affect the care I’m giving you. These days with managed care lots of people share your worries about this. I want to set your mind at rest because I truly do not think that the test is needed at this point.”</p>	87%	77%
<p>Negotiation I understand that you would really like the MRI to be 100% sure that nothing is wrong. In my opinion this test is not necessary for you at the moment, and not worth the cost. I would be comfortable treating you for a month or so and then looking to see whether we need an MRI. Would that be acceptable to you?</p>	88%	74%
<p>Trust Me It’s true that we have financial incentives, but I care about you, and I would never suggest anything other than what I think is the best care for you, regardless of what the incentives might be.</p>	64%	54%
<p>I’m the Expert The problem you’re having is really quite common. I’ve been taking care of patients who have problems like yours for years. Even if the test were free, I wouldn’t order it. This is going to work out, we just need to keep using the present treatment I’ve suggested.</p>	46%	49%
<p>Direct Information No doubt you’ve read about managed care; our group does have incentives to keep costs down by avoiding tests when they are not necessary. However, I want to set your mind at rest by letting you know that I have your health as my main goal. No single decision about an MRI affects my salary notably. In my opinion the MRI is not necessary.</p>	41%	31%
<p>Denying Influences I have a particular way that I take care of my patients with headaches. I’ve been doing it like this for years now. I don’t get an MRI under circumstances like yours, there’s no outside pressure that has made any difference in the way I’ve done this for years. You may set your mind at rest that I’m doing this because this is how I practice medicine.</p>	44%	28%
<p>Good Care A lot of research has been done in this area. Medical experts have reached the conclusion that traditional treatment like stress reduction should be the first treatment for patients like you. An MRI is an expensive test and can lead to treating things that aren’t really there. The health plan created financial incentives to remind me that unnecessary tests can be harmful to my patients.</p>	28%	20%
<p>Common Enemy I really don’t think you need this test. In the old days we used to be able to provide tests for patients who were anxious, to set their minds at rest, but unfortunately your health plan won’t allow me to do the MRI for that reason. They’re not going to pay for it, even if I order it.</p>	13%	15%

*Combined response categories of “sometimes,” “often,” and “very often.”

†Combined response categories of “probably increase trust” and “definitely increase trust.”

MRI indicates magnetic resonance imaging.

group transcripts to identify and summarize the themes that were salient for the physician participants. The team members then met to discuss their observations and come to a consensus about the key findings from the focus groups. They considered the similarities and differences in their independent observations and worked together to produce a final summary of the main themes that underlie all the focus group discussions.

RESULTS

Four major themes surfaced multiple times throughout the focus groups and are discussed in detail below.

How Patients Express Concern About Financial Conflicts of Interest to Their Physicians

Physicians reported that managed care patients rarely ask their physicians directly about conflicts of interest but rather raise the topic with innuendos. In fact, the majority of physicians had never explicitly discussed conflicts of interest with a patient.

"I can't recall a single instance really when I've had a direct confrontation from a patient who was understanding enough or savvy enough to say, you know, 'I don't think you're ordering this because it's going to influence your income at year-end.' I can't say from my standpoint that it's gotten down to . . . talking about my wallet versus somebody else's."

While physicians rarely experience direct questions from patients about their financial arrangements, there was one situation in which a direct expression of concern about conflicts of interest was thought to be more common. This occurred when a patient had left a previous physician due to concern that conflicts of interest might have biased the physician's judgment.

"If this is a new patient who . . . has been to a couple of different places and didn't get what they needed, then they'll often times show what they want right at the start. They don't want to spend time negotiating again because they've already done that."

"If the express reason they changed their doctors is for something like this (concern about conflicts of interest), then they'll bring it up right away."

Physicians believed that the fact that managed care patients did not directly express concern about conflicts of interest did not mean that this issue was not troubling to patients. More often patients raised their concerns in a subtle manner. As one physician said:

"It's kind of this thing that's simmering beneath the surface and the patient is less likely to be the one to flush it out in the open."

Physicians described multiple ways that patients indirectly express concern about conflicts of interest, as well as a variety of situations that often stimulate such concern. (Table 2) For example, some patients expressed their concerns by mentioning a critical media story about managed care or by describing a friend or relative's negative experience with managed care. Another common indirect expression of concern was when patients asked the physician for repeated explanations of why a specific referral or diagnostic test was unnecessary.

"A lot of them don't exactly refer to the expense, but . . . they'll want an extensive explanation of why they just can't have the test. They'll just keep going after it . . . 'Why can't I get it? Why isn't it indicated? What would I have to tell you to get this test?'"

Physicians discussed a number of specific barriers to patients raising the issue of financial conflicts of interest. These physicians believed that patients' limited background knowledge about managed care made it difficult for patients to know what to ask about this topic. Further, physicians believed that some patients chose not to discuss conflicts of interest because of the potentially awkward or confrontational nature of such conversations.

"Financial issues between a patient and a doctor are often left unsaid, because they don't want to break that relationship, they don't want to bring it up . . . they're always complaining about financial issues (to friends or family) but they would never mention these with their own doctor."

"I think they're afraid to confront their physician."

Impact of Patients' Concerns about Conflicts of Interest on Patient-Physician Relationship

Most focus group physicians believed that patient concern about conflicts of interest was leading to worrisome changes in the doctor-patient relationship. Especially with new patients, physicians believed that concern over conflicts of interest represented a hurdle to be overcome before a trusting relationship could be established.

"She brought up the issue before I even met her . . . She left me a voice mail that she wanted physical therapy . . . and she wanted to know . . . if I was the kind of

doctor who supported their patients or not . . . She was certain that I was going to stand in her way for financial reasons before I even met her."

Some physicians thought that conflicts of interest in managed care had fundamentally altered the value of the primary care physician to the patient. Rather than being a trusted source of healthcare advice, physicians believed some patients saw them as agents of the health plan. This perception of being a "health plan watchdog" was particularly disturbing to physicians and they felt it diminished their sense of professional worth.

"I just, I feel like, I'm sort of another hurdle to get over, and I'm kind of valueless to the patient . . ."

"I think patients no longer want a doctor-patient relationship with us. They're viewing us more and more as a vending machine of a product . . . They come in with their lists, they want their referrals, they want their tests . . . and they don't really care what your thinking is . . . because they already have their mind made up."

"I entered medicine thinking of myself as a respected professional, and after having been through this, realized that my relationship with the managed care company has taken me from becoming a counselor, adviser, and respected professional, and put me on the used car lot pushing a product . . . and that's how they (patients) look at me. And so if I start bringing (incentives) up, they're looking at what I'm saying in that context . . . and how often do you believe what the car salesman tells you?"

These expressions of being seen as "valueless" to the patient, "a vending machine" for the patients' requests, or "a used car salesman" perceived as pushing a dubious product, left the physicians ambivalent about participating in managed care health plans. Given these strong feelings, some physicians worried that their anger at managed care plans could get misdirected at patients.

"I worry some that those frustrations that we have built up to the point where we may start seeing something equivalent to physician road rage . . . patients may get dumped on, and the communication issues are adversely affected."

Physicians' Preferred Strategies for Discussing Conflicts of Interest

In the audiotaped case example the patient (actor) directly expressed concern that she might not receive the MRI because of the expense. Despite this fact, most

physicians suggested directing the discussion away from the financial issue brought up by the patient. One physician had the following conversation with the focus group moderator.

Physician: *"I would think of a strategy that totally ignores the whole cost issue."*

Moderator: *"She (the patient) brought it up."*

Physician: *"Well, you could pick a strategy that just ignores it (financial issue)."*

In fact, avoiding the subject was strongly supported by most focus group members. Physicians hesitated to respond directly to the patient's concern about finances for a variety of reasons, including concerns that such conversations would be too time-consuming, the conflict insoluble, and the explanation inevitably damaging to patient trust.

"But I found that if (the requested service) is at all reasonable, sometimes I found it's easier to do the thing than sit there and argue, and lose their trust."

The participants' opinions of how to respond to the patients' concern about conflicts of interest were measured by asking physicians to rate the 8 audiotaped communication strategies that were presented sequentially to them. Participants' ratings of these communication strategies are presented in Table 1. The most highly recommended strategies included "emotion handling" and "negotiation." In the "emotion handling" approach the physician directly recognizes the worries of the patient and explicitly addresses the patient's emotions. A "negotiation" approach is based on the generic principle of identifying a common goal by separately articulating both the patient's and physician's perspective. Overall, 72% of the physicians believed that an "emotion handling" strategy would increase patient trust, and 74% believed that "negotiation" would accomplish this goal. Physicians endorsed these strategies as acknowledging and addressing the individual patient's feelings and concerns about both her headache and about conflicts of interest.

In contrast, the 2 least popular strategies were the "common enemy" and "good care" approach. The "common enemy" approach is typified by the physician blaming the healthcare system and aligning his or her interest with the patient. While 15% believed that the "common enemy" approach would increase trust, the majority felt that in the long run it was counterproductive to blame the health system for creating conflicts of interest. A "good care" communication strategy attempts to explain to the patient that an MRI is not standard medical care in her situation. Twenty-eight

percent of physicians supported the use of a “good care” strategy but opponents thought it did not adequately emphasize the needs of the individual patient. Physicians said that in reality they would typically combine different parts of multiple strategies in a conversation with a patient. In addition, they stressed the importance of customizing the communication approach to the patient’s preferred style of interacting with his or her doctor.

Physicians’ Preferences for Initiating Discussions about Conflicts of Interest with Patients

Physicians disagreed about whether or not to initiate discussions about conflicts of interest if the patient did not mention the topic. A minority of physicians preferred to take the initiative when discussing the general issue of cost constraints with patients. For these physicians, such conversations would educate patients about how managed care plans work, hopefully preventing future misunderstandings and avoiding threats to trust. While these physicians said they acknowledged to patients that one of the goals of managed care was to save costs, they also tried to highlight the benefits of cost containment for patients. A physician, who advocated discussing the conflicts of interest proactively, said:

“I try to raise it . . . absolutely . . . every time a patient is new to me and is on a capitated plan or changes plans, because it’s far more ethical to say, ‘you need to know how I get paid, and I get paid less if you go to the emergency room, I get paid less if you see a specialist,’ I give them very specific details . . . and then I say, ‘as our relationship develops everything is going to be okay, I promise you that I’ll treat you like every other patient, I’ll get you what you need.”

One physician likened educating patients about managed care to providing informed consent for clinical decisions.

“I like the idea of informed consent, of telling them what the ground rules are and what the incentives are, and letting them make their choice.”

Another physician said that he routinely discussed the issue in a frank manner with his patients:

“I have 2 phrases (that I use): ‘You can get anything you want that you want to pay for,’ or ‘if you want someone else to pay the bill you have to play by their rules’ . . . I’m beyond the point of philosophizing for 20 minutes.”

Table 2. Physicians’ Descriptions of Clinical Scenarios That May Reflect or Stimulate Patient Concern About Conflicts of Interest

<p>Situations that may reflect concern about conflicts of interest</p> <ol style="list-style-type: none"> 1. Patient insists on seeing specialists who are not in their network 2. Patient repeatedly requests tests or referrals with minimal medical indications 3. Patient mentions: <ul style="list-style-type: none"> • critical media story about managed care • negative experience acquaintance has had with managed care • the phrase “withholding care” 4. Patient questions timing of hospital discharge 5. Patient asks why they no longer need an “executive physical” <p>Situations that may stimulate concern about conflicts of interest</p> <ol style="list-style-type: none"> 1. Physician chooses to no longer participate in a health plan and needs to explain this change to patients 2. Patient requests benefits that health plan does not cover: <ul style="list-style-type: none"> • Ancillary services such as orthotics, physical therapy • Preventive services • Specialized testing, ie, genetic testing 3. Health plan formulary changes, requiring that patients switch medications 4. Patient receives samples of medication not covered by health plan

In contrast, the majority of physicians were hesitant to bring up the issue of financial conflicts of interest unless the patient expressed concern about the topic. Many physicians worried that initiating such conversations could generate concern that may not have been present in the first place.

“I definitely won’t talk about it at the first visit, unless they bring it up. And I’d be very careful because I don’t want them to think that could be a big ingredient.”

Other physicians worried that they were not informed enough about the details of specific managed care financial incentives to provide accurate information to their patients.

“Plus, I don’t even know what the plans are, specifically. I don’t know how to tell them.”

Physicians were unanimous in the belief that if they brought up the topic of conflicts of interest, they would

do so only in an informational visit setting, not when the patient had a specific health concern. They believed that discussing conflicts of interest when a patient was ill and worried was more likely to heighten mistrust.

“I never bring up costs when I’m talking about a patient’s individual problem because that undermines the relationship. At the point the patient’s got a symptom, you’re going to take care of it no matter what.”

“There are times when you need to bring it up, but you don’t bring it up when the message is, ‘I’m scared, I’m worried, do you trust me.’ That’s the wrong context. If you want to bring it up in a non-emotional context . . . then it’s perfectly okay and it’s appropriate that we bring it up as a disclosure issue.”

Discussion

Our study demonstrates that managed care patients’ concerns about conflicts of interest have become a palpable presence in the examination room, affecting the doctor-patient interaction as well as physicians’ sense of professional worth. While national surveys have documented patients’ general concerns about managed care,^{4,34,35} our study provides important information about how these concerns are actually manifesting themselves in the routine doctor-patient encounter. Our study highlights the fact that patients’ expressions of concern about conflicts of interest are often indirect, rather than direct questions to their physicians about this topic. The physicians in this study shared patients’ reluctance to openly discussing conflicts of interest, believing such conversations would be unprofessional or might exacerbate rather than relieve patients’ worries.²⁸ Yet if not addressed, patients’ fears about conflicts of interest could worsen and further strain the doctor-patient relationship.

Our study also emphasizes the negative impact that patients’ fears about conflicts of interest may be having on physicians’ sense of professional worth and satisfaction with their work. Being the target of mistrust is hardly what most physicians anticipated while enduring the rigors of medical training. Many physician participants were disheartened that some patients viewed them primarily as agents of the health plan. The physicians who believed they were being treated as “vending machines” for referrals and expensive diagnostic tests had little confidence that they were providing a service of value to patients. Our qualitative findings are consistent with large physician surveys documenting physician dissatisfaction with the time pressure and hassle factor involved with being a managed care provider, as well as with dissatisfaction about how managed care limits the quality of patient care.³⁶⁻⁴⁰ It is not known to

what degree this physician frustration is spilling over into doctors’ interactions with their patients.

The likelihood that physicians and patients might be discussing conflicts of interest is increasing. Most patient protection legislation requires that health plans disclose physician financial incentives to prospective patients.^{41,42} As research by Miller and Horowitz has demonstrated, most patients have little context for interpreting such disclosures.⁶ Confused or worried patients are likely to turn to their physicians for clarification about these issues. Yet these physicians are uncertain how best to communicate with patients about this potentially challenging and awkward topic. Nonetheless, some strategies for communicating about conflicts of interest were identified as more effective than others. At a minimum, physicians should be ready to communicate empathetically when patients express concern about conflicts of interest. An empathic response conveys that the physician recognizes the concerns, and reassures the patient that the physician is committed to acting in the patient’s best interest. While physicians may be tempted to use a “common enemy” approach to ally themselves with the patient vis-à-vis the health plan, our focus group participants worried that this approach could backfire, especially in settings where the conflicts of interest were a product of the medical group itself. In one study, Hall and colleagues found that disclosing a health plan’s financial incentives did not diminish patient trust.⁴³ Additional research should identify the specific conflict of interest communication strategies that enhance patient trust, and support educational programs to prepare physicians for these communication challenges.

Our study has a number of important limitations. We studied a volunteer sample of physicians practicing in one geographic area, limiting the generalizability of our findings. While our qualitative analysis can highlight common and recurrent themes, we cannot determine the exact proportion of physicians that held any particular attitude. Nonetheless, the themes we have presented recurred independently in each focus group, enhancing our confidence that these comments accurately reflect the experiences of many physicians in managed care practice today.

The need to contain healthcare costs will be part of the landscape for the foreseeable future.⁴⁴ We believe that physicians should start taking the first steps in discussing conflicts of interest with patients, probing gently for concerns about managed care when patients are dropping hints, and responding honestly and directly when patients express their fears explicitly. Such conversations may not always completely reassure patients that conflicts of interest are not of potential concern. Nonetheless, such

discussions would be an important start towards forming doctor-patient partnerships for the optimal and effective practice of medicine in a managed care environment.

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