

CHEST2018 Session #10798 – Faculty Development Forum Implementing Peer Comparisons as Faculty Development Tool

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People are heavily influenced by their perception of how they compare to others, and physicians are especially competitive. Also referred to as “social comparisons” or “relative social ranking”.

When planning such an intervention, consider the following:

- Are you *encouraging* high-value practices (including free text comments on written evaluations) or *discouraging* low-value practice (grade inflation)?
- What comparative information are you providing (to averages, top performers, or outliers)?
- Will it be blinded (no names) or un-blinded (= more effective)?
- Are you making individual- or group-level comparisons?
- What is scope (comparing the individual to the department, institution, national)?
- Do you have norms for what is good or bad?
- How certain is the evidence? Peer comparisons may actually be most useful when unclear
- How will you report performance (averages, deviation from standard) and in what way (text, table, graph, smiley faces)?
- How often (frequent enough to be remembered but not numb the recipients)?
- **Possible unintended consequences** (“boomerang” (opposite) effect, regression to the mean, avoidance behaviors, short-lived effect of intervention)?

Navathe A. JAMA 2016;316 (17)

Principle	Description	Examples in Health and Health Care
Limitations of information provision	Providing information is necessary and reflects social norms, but is rarely sufficient alone to induce behavior change.	<i>Smoking:</i> Smokers know that smoking causes cancer, but many, despite that information, continue to smoke. <i>Menu labeling:</i> In New York City, there was no significant change in mean number of calories purchased before and after menu labeling of calories.
Inertia, or status quo bias	People tend to favor the status quo and current practices rather than initiating change.	<i>Generic prescribing:</i> When generic drugs are the default in computerized physician order entry, prescription of generics increases significantly. <i>Organ donation:</i> When people must actively sign up to donate organs or not, such as in the Netherlands, 27.5% of population agrees to donate. In neighboring Belgium, organs are procured unless people actively refuse (an opt-out system). Consequently, 98% of Belgians are listed as donors.
Choice overload	Too many choice options or too complex choices induce paralysis and lack of action. Fewer, simple choices are more likely to induce behavior change.	<i>Health plan choice:</i> Choosing from the universe of health plans is difficult without someone prescreening choices and narrowing down the choice to a smaller number.
Immediacy	People respond more strongly to immediate incentives rather than delayed incentives.	<i>Using the gym:</i> People are more likely to go to the gym if given feedback today rather than at the end of the year on their use of the gym.
Loss aversion	People react more strongly to the same situation when it is framed in terms of losses than framed in terms of gains.	<i>Physician bonuses:</i> Paying physicians a bonus at the end of the year may be less effective than giving them the bonus at the beginning of the year and keeping it is made conditional on improvement in performance.
Relative social ranking	People care about how they compare with others, especially when those people are known and in close proximity to them.	<i>Release of physician performance data:</i> Physicians do not want to be viewed as a “low performer” relative to their peers.
Goal gradients and threshold effects	People try harder when they are close to achieving a goal and tend not to try as hard if they are far from the goal.	<i>Physician performance effort:</i> Physicians who are near a threshold target (e.g., 80% of patients who get β -blockers) will try hard to get there; those who are far away will view the goal as too difficult to reach.
Limits of willpower	Willpower is a limited resource. The more people need to exercise willpower in one activity, the less likely they are to have willpower in other activities.	<i>Physician effort:</i> Having to constantly remember to prescribe a generic is less likely to be effective than setting this up as a default within an electronic health record.
Mental accounting and salience	The incentive is stronger if given distinctly and explicitly rather than folded into regular compensation for an activity, such as a paycheck.	<i>Distributing physician financial bonuses:</i> \$1000 in a separate check is more noticeable than \$1000 electronically deposited as part of a paycheck.