

Changing Behaviour to Change the NHS

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[Tas]

POV

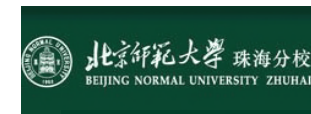
October 5th 2017

@taswellhill

“Man of Many Lanyards”



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PROLOGUE

Two Threats [Or Opportunities]

TECHNOLOGY

ECONOMICS

Economics

Closing the NHS funding gap

Estimates, NHS England, 2020/21 prices

Efficiency savings

None
0.8% a year
1.5% a year
2-3% a year

Shortfall by 2020/21*

£30 billion
£21 billion
£16 billion
£8 billion

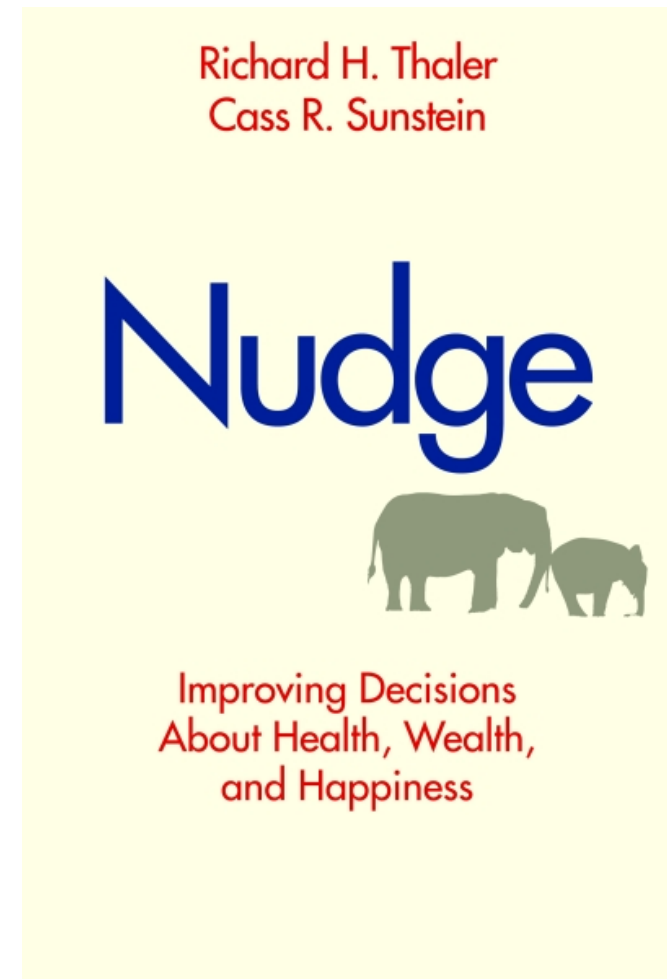
*assuming NHS funding rises in line with inflation

Source: the Five Year Forward View, 2014

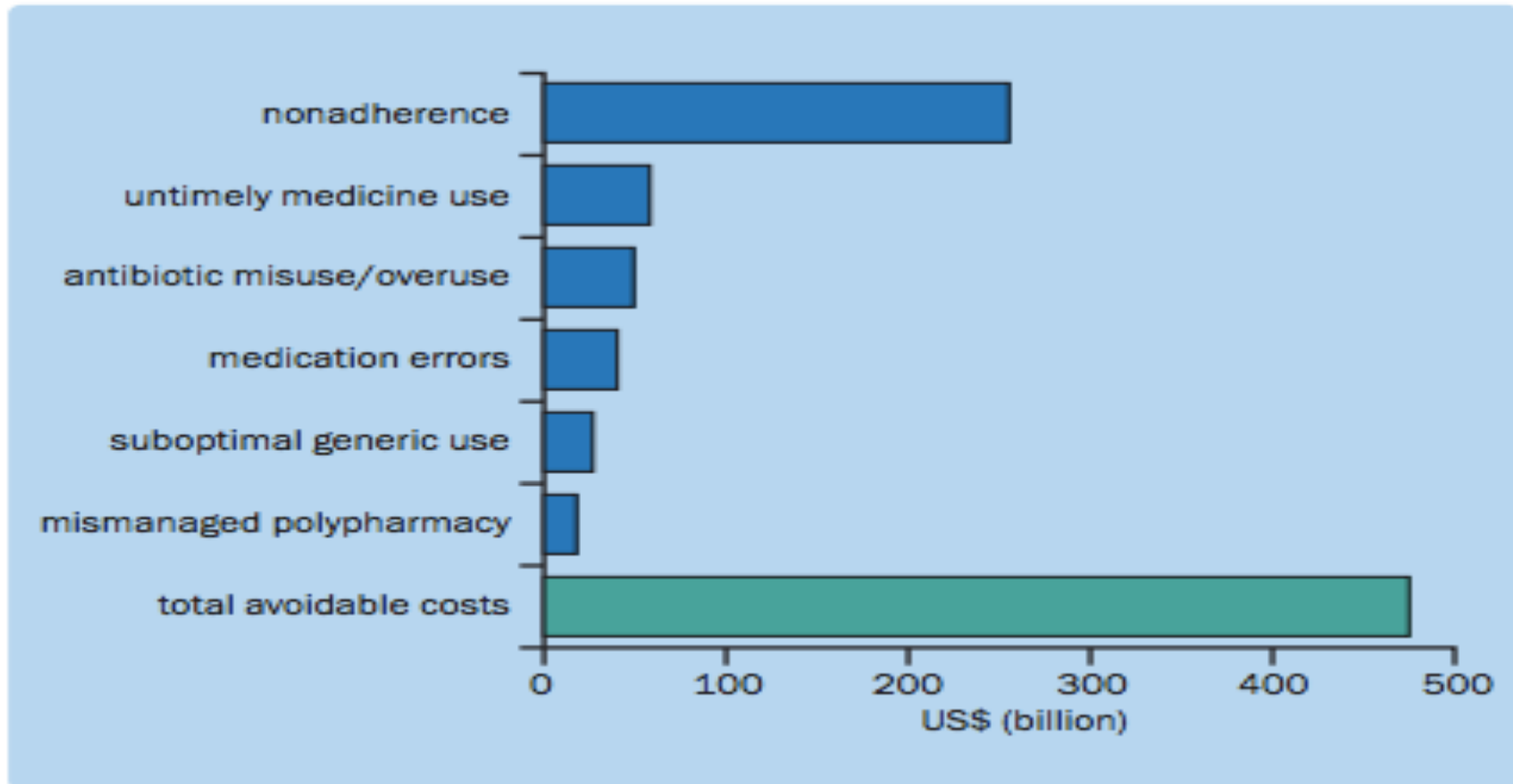


Nudging

- *“Approaches that steer people in certain directions while maintaining their freedom of choice”*



Cost of Non-Adherence



- IMS Institute for Healthcare Informatics. Advancing the responsible use of medicines: applying levers for change. Parsippany, USA, 2012

PART 1. SOME BEHAVIOURAL ECONOMICS
THEORY

PART 2. SOME APPLICATIONS

PART 3. CHANGING THE MODEL

PART 1. SOME BEHAVIOURAL ECONOMICS THEORY

NUMBERS NUMB US

The brain is an “ignoring machine”

- A number of scientists estimate that 90%–95% of our decision-making is pre-conscious, or intuitive

We are the products of **biology,
psychology and culture**

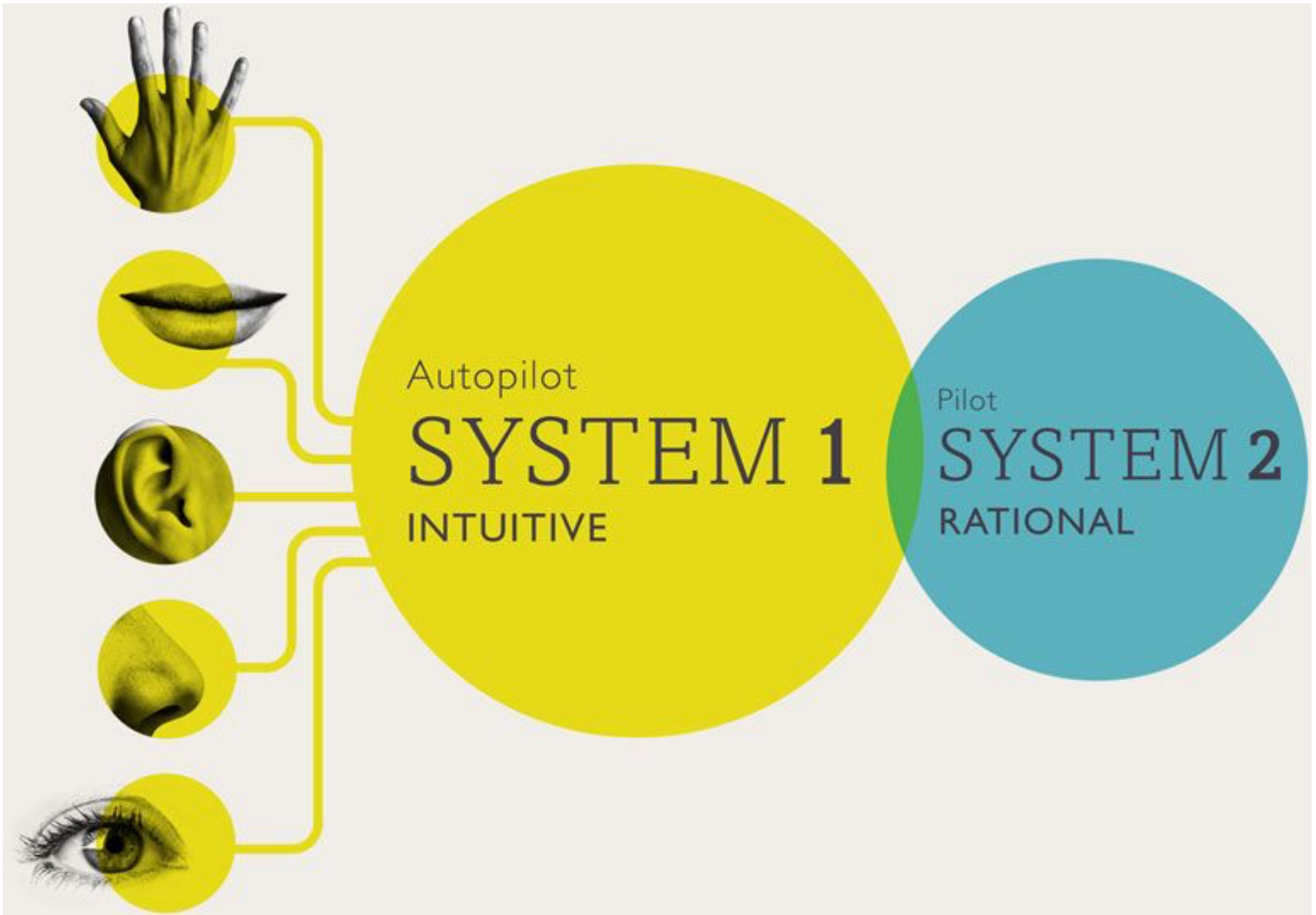
NOT

**physics, mathematics and
engineering**

WE CARE ABOUT PEOPLE, NOT THINGS

Behavioural Economics Shows...

1. We don't think the way we think we think
2. Behaviour often happens automatically, unconsciously and “heuristically”
3. People don't always make the best choices
4. Emotion trumps information and creates memory
5. *Surprise* Cuts Through



Autopilot

SYSTEM 1

INTUITIVE

Pilot

SYSTEM 2

RATIONAL

EFFORTLESSNESS for COGNITIVE MISERS



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**Every cigarette we smoke makes
fatty deposits stick in our arteries.**

We'll help you give up before you clog up completely. bhf.org.uk





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What you really touch ?

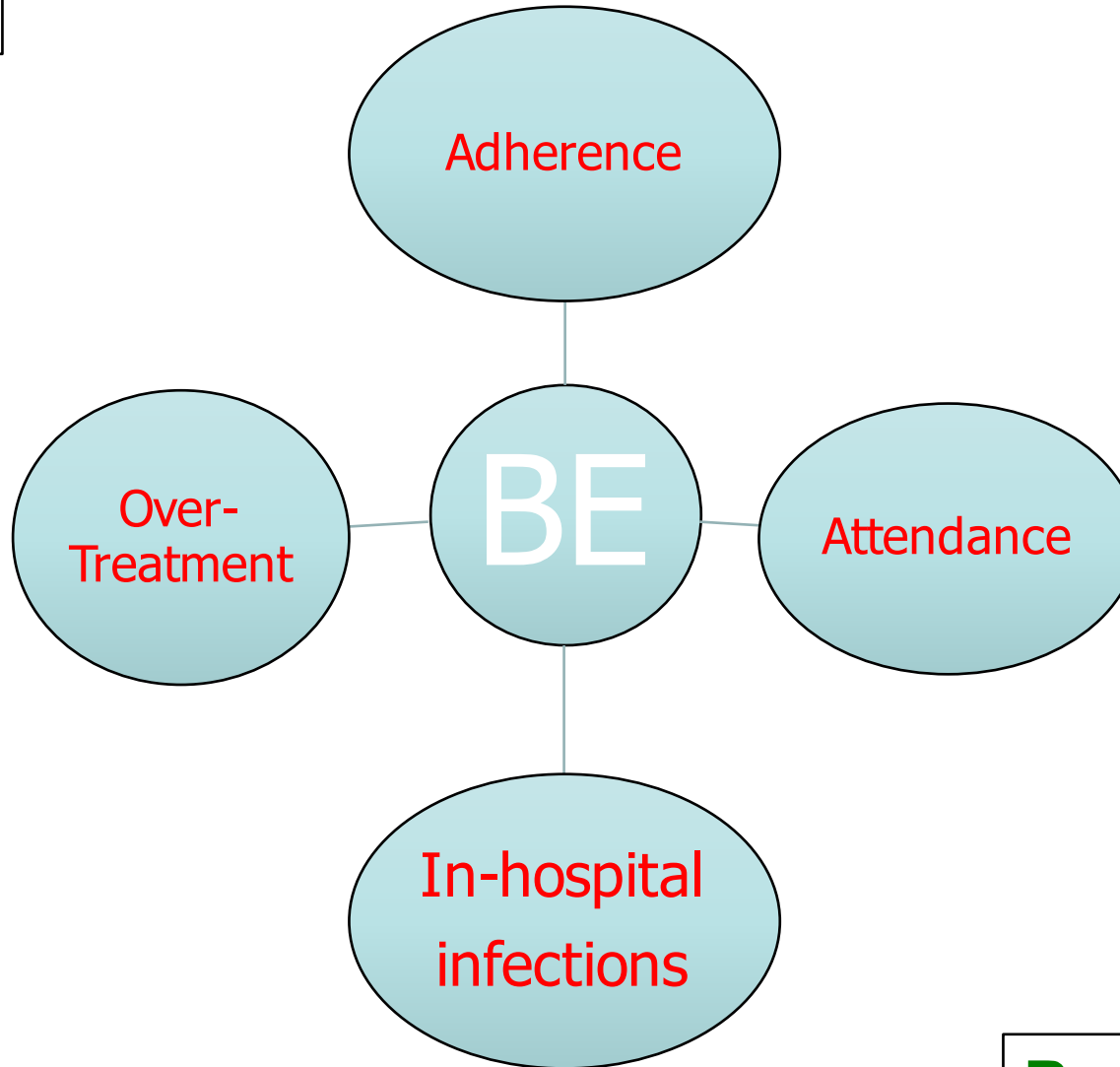


PART 2. SOME APPLICATIONS

WHERE
CAN IT BE
USED

HOW
CAN IT BE
USED

Consumers



Providers

Some Hows....

1. Framing
2. Message Don't Message
3. Using Social norms and comparison
4. Ironic Process Theory
5. Default options
6. Context Beats Content
7. Behavioural contracts and commitments

1. Framing positively

- Would you agree to undergo a medical operation if your doctor told you: of those who have this procedure, 10 per cent are dead after five years?
- Would it have made a difference if the question had been phrased differently: if those who have this procedure, 90 per cent are alive after five years?
- This shows that framing makes a difference: the prospect of a 90 per cent chance of living is, for most people, better than a 10 per cent chance of dying.


2. MESSAGE DON'T MESSAGE

- How to make people look and feel:
 - SMART
 - RIGHT
 - ATTRACTIVE

3. Social Norms

Did You Know That...

Most Cooper Middle School students (8 out of 10) think that students should tell a teacher or counselor if they or someone else are being bullied at school.



Results are from a June 2008 survey of 484 Cooper Middle School boys and girls in all grades.

strength in Numbers

80% of Crystal Lake 6 - 8th grade students say students should NOT tease in a mean way, call others hurtful names, or spread unkind stories about other students

Source: Results are from an October 2008 survey of grades 6-8 at Crystal Lake Academy with 865 of students participating.

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New Action Framework for Transforming Traffic Safety Culture Released



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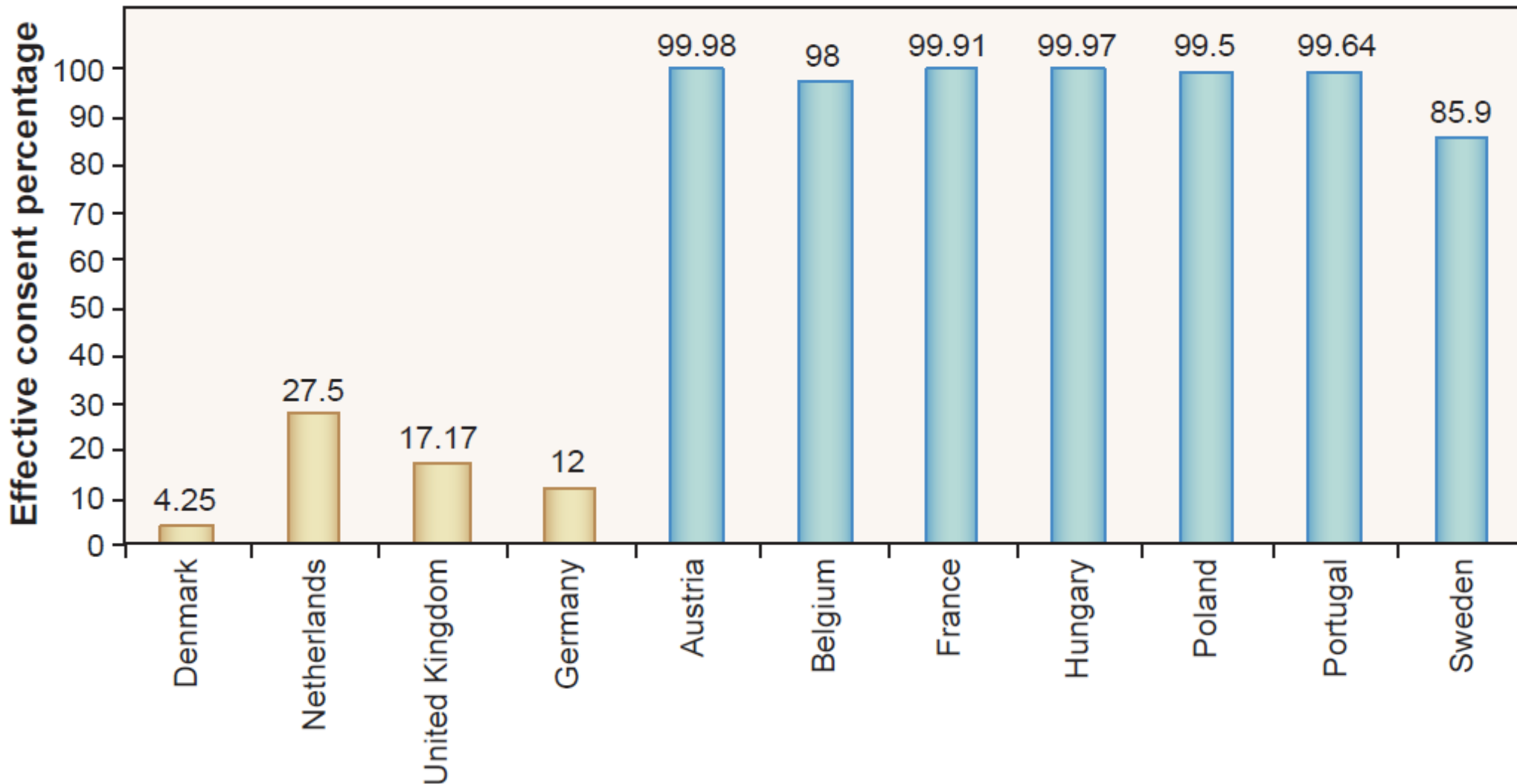


Positive Community Norms Stories

View More

4. Ironic Process Theory

5. Defaults



Effective consent rates, by country. Explicit consent (opt-in, gold) and presumed consent (opt-out, blue).

6. Context Beats Content



7. "Ulysses Contracts"*

- Individuals voluntarily deposit money into accounts which they can then only access upon reaching a specific goal
- They have been shown to help with:
 - weight loss,
 - healthier eating
 - and in one case increased the rate of successful smoking cessation by 40% after six months

* *Aka Monetary Contingency Contracts*

PART 3. CHANGING THE MODEL

So....

1. We need a new Theory of Influence
2. BE emphasises that telling people doesn't work
3. [Patients and professionals]
4. But nudges, unconscious signals, defaults and norms do seem to work
5. And more emotional approaches may also bear fruit

One Final Thought- Language

WHEN STROKE STRIKES, ACT F.A.S.T.

NHS

FACE.
HAS THEIR FACE FALLEN ON ONE SIDE?
CAN THEY SMILE?

ARMS.
CAN THEY RAISE BOTH ARMS AND KEEP THEM THERE?

SPEECH.
IS THEIR SPEECH SLURRED?

TIME.
TIME TO CALL **999**
IF YOU SEE ANY SINGLE ONE OF THESE SIGNS

nhs.uk/actfast

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Case study: Waldron *et al* (2014)¹⁶⁴

An automated minimum retest interval rejection rule reduces repeat CRP workload and expenditure, and influences clinician-requesting behaviour

Although not a nudge, Waldron *et al* demonstrate how a default setting can reduce waste and implement guideline recommended behaviour. Measuring and charting C-reactive Protein (CRP) values can be useful in determining disease progress or the effectiveness of treatments. However, guidelines recommend CRP should not be repeated within a 24-hour period and repeated measurement on the same or consecutive days are of limited clinical value. Waldron *et al* evaluated the effect of an automated IT-based 48-hour minimum retesting rejection rule for managing repeat CRP requests, looking at laboratory workload, expenditure and clinician requesting behaviour. Over one year, there was a 7% and 12.3% decrease in CRP requests and CRP tests respectively following the introduction of the rejection rule compared to control. They estimated that this equates to an annual saving of £10,500 in revenue costs and propose that this strategy offers a cheap and sustainable method for reducing unnecessary repeat testing, as well as making clinician test-requesting behaviour more appropriate.

