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DukeHealth

Introduction

INTRODUCTION

Surgery is expensive. The cost of a single operation must pay for use of the operating room, medications, supplies, instruments, personnel, implants, surgeon's fees, anesthesia fees, etc.

Insurance covers most of these costs for insured patients being treated in the United States. However, in recent years, discount plans with lower monthly payments and higher deductibles have become popular. These plans require much higher out-of-pocket costs for patients undergoing surgery. Furthermore, many Americans remain uninsured; therefore, responsible for the entirety of their healthcare costs.

With this in mind, it makes sense that patients would have an opinion on how much they are willing to pay out-of-pocket for an operation. This information is important to healthcare providers so that they can attempt to keep the cost of the services they provide acceptable to patients.

On the other hand, reduction in the price of an operation may also reduce the quality of care. For example, use of outdated implants or techniques may be cheaper but also potentially less effective than more modern alternatives. Thus, healthcare providers must balance their patient's desire to minimize cost with the demand for high quality care.

The purpose of this study is twofold: First, to understand how much patients are willing to pay for common operations. Second, to determine where during an operation patients are willing to sacrifice quality in order to save on cost.

YOUR ANSWERS ARE IMPORTANT

Your careful consideration of each question is essential to the success of this study. The answers to your questions will help doctors and hospital administrators understand how people weigh the costs and quality of operations.

This study is completely anonymous. We will not record any identifiable information that could be used to trace your answers back to you.

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Demographics

Please indicate your age in years.

Please indicate the gender you most identify with.

- Male
- Female
- I prefer not to answer

Please indicate your marital status.

- Single, Never Married
- Married or Domestic Partnership
- Widowed
- Divorced or Separated
- I prefer not to answer

Please indicate the ethnicity you most closely identify with (check all that apply).

- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- White; Non-Hispanic
- White; Hispanic or Latino
- I prefer not to answer

Which region below best describes where you currently reside more than 50% of the year.

- USA - Northeast
- USA - Southeast
- USA - Northwest
- USA - Southwest
- USA - Midwest
- USA - Alaska/Hawaii
- USA - Territory (Puerto Rico, Virgin Islands, etc.)

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I do not reside in the USA

Please indicate your highest level of education.

- Less Than High School
- Some High School
- High School Graduate or Equivalent (e.g. GED)
- Some Technical School/Community College
- Technical School/Community College Graduate
- Some College
- College Graduate
- Some Graduate School
- Masters Graduate
- Doctorate Graduate (MD, JD, PhD, etc.)

How do you get your health insurance (check all that apply).

- Through a State or Federal Insurance Exchange
- Through My (or Another Person's) Employer or Union
- Medicare
- Medicaid
- Veterans Affairs
- Other
- I Do Not Have Health Insurance

Please indicate an estimate of your current total per year household income from all sources prior to tax and other deductions.

- Less than \$25,000
- \$25,000 - \$49,999
- \$50,000 - \$99,999
- \$100,000 - \$149,999
- \$150,000 - \$199,999
- \$200,000 or More

Please indicate an estimate of your household's current total financial assets (total of all assets (e.g. retirement savings accounts, properties, etc.) minus the value of all liabilities (e.g. mortgages, loans, other debts, etc.)).

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- Less than \$25,000
- \$25,000 - \$49,999
- \$50,000 - \$99,999
- \$100,000 - \$249,999
- \$250,000 - \$499,999
- \$500,000 - \$999,999
- \$1,000,000 or More

Have you ever (including presently) worked in healthcare (e.g. nurse, nursing assistant, paramedic, doctor, etc.)?

- Yes
- No

Please indicate below your past or present career as a healthcare provider:

- Physician (MD/DO)
- Podiatrist (DPM)
- Chiropractor (DC)
- Dentist (DDS, DMD)
- Physician Assistant (PA)
- Nurse Practitioner (NP)
- Certified Registered Nurse Anesthetist (CRNA)
- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- Certified Nursing Assistant (CNA)
- Certified Medical Assistant (CMA)
- Athletic Trainer (ATC)
- Respiratory Therapist (RT)
- EMT/Paramedic
- Physical Therapist/Occupational Therapist (PT/OT)
- Pharmacist (Pharm.D)
- Other

Have you ever undergone a surgical procedure(s)?

- Yes
- No

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Were any of the surgical procedures that you have had on your upper extremity (hand, wrist, forearm, elbow, arm, or shoulder)?

- Yes
 No

Please write in the surgical procedure(s) that you have had. If you prefer not to answer this question, please write "I prefer not to answer."

Carpal Tunnel Surgery Prompt

CARPAL TUNNEL SYNDROME

The next set of questions will focus on a specific condition and operation, carpal tunnel syndrome. Please carefully read the following vignette. Questions will follow testing your comprehension of the information presented:

Carpal tunnel syndrome is a condition in which a nerve is compressed at the wrist causing pain and numbness in the hand, typically affecting the thumb, index, and middle fingers. Symptoms are often substantially troubling to patients. A common complaint is being woken up in the middle of the night by numbness and tingling in the hand resulting in lack of sleep. Severe cases of carpal tunnel can result in irreversible numbness and tingling in the fingers and weakness in muscles controlling motion at the thumb.

Carpal tunnel surgery is one of the most common surgeries performed. The operation involves cutting a tight band of tissue that causes constriction of the nerve at the wrist. This frees the nerve from compression and allows improved blood flow to it. The skin is then stitched closed and a bandage is placed. The risk of serious complications is considered to be less than 1%. The likelihood of symptom improvement or resolution after surgery is very high (90% or greater).

The next three questions will test your comprehension of the previous vignette regarding carpal tunnel syndrome. Please answer these questions carefully to ensure your understanding of the procedure.

Carpal tunnel syndrome involves compression of a nerve at the wrist.

- True
 False

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You are correct! Carpal tunnel syndrome involves compression of a nerve at the wrist.

Incorrect. Carpal tunnel syndrome does involve compression of a nerve at the wrist.

Carpal tunnel surgery is very risky.

- True
 False

You are correct! Carpal tunnel surgery is not considered to be very risky with a major complication rate of less than 1%.

Incorrect. Carpal tunnel surgery is not considered to be very risky with a major complication rate of less than 1%.

Carpal tunnel surgery has a high success rate.

- True
 False

You are correct! Carpal tunnel surgery has a high success rate and symptom improvement or resolution is very likely after surgery.

Incorrect. Carpal tunnel surgery has a high success rate and symptom improvement or resolution is very likely after surgery.

Carpal Tunnel Surgery Cost to You

Cost can affect a patient's decision to proceed with carpal tunnel surgery. In the following question we will ask how much you personally would pay for surgery.

In this study, when we say "cost" we mean the **total one-time cost** to you in dollars. This is the amount of money you would personally pay out-of-pocket and **separate** from whatever insurance, Medicare, Medicaid, etc. would pay on your behalf. This would be a **one-time payment** that covers the entire procedure and follow up. This one-time cost includes the surgery, the materials used in the surgery (drapes, instruments, implants if used, wound dressing, etc.), nursing and operating room staff, surgeon and anesthesiologist, three months of postoperative visits, and postoperative hand therapy.

You should assume that you and your family would have to pay the amount shown in the question.

Carpal Tunnel Cost Questions

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Let's suppose that your doctor has confirmed that you have severe carpal tunnel syndrome. You have tried a variety of non-operative treatments which haven't helped you. The condition substantially affects your daily life. Additionally, you wake up multiple times during the night with pain and numbness in your hand. **Your doctor recommends surgery.**

You are told by your doctor that you have less than 1% chance of a complication from the surgery (e.g. infection, nerve/vessel/tendon injury, worsening of your condition, etc.). There is a 90% chance or greater of substantial improvement in your symptoms with surgery. Your doctor counsels you that refusing surgery will likely result in **persistent numbness in your fingers and weakness in your thumb**, which may not be reversible.

Would you pay \$3,000 for the surgery?

- Yes
 No

Let's suppose that your doctor has confirmed that you have severe carpal tunnel syndrome. You have tried a variety of non-operative treatments which haven't helped you. The condition substantially affects your daily life. Additionally, you wake up multiple times during the night with pain and numbness in your hand. **Your doctor recommends surgery.**

You are told by your doctor that you have less than 1% chance of a complication from the surgery (e.g. infection, nerve/vessel/tendon injury, worsening of your condition, etc.). There is a 90% chance or greater of substantial improvement in your symptoms with surgery. Your doctor counsels you that refusing surgery will likely result in **persistent numbness in your fingers and weakness in your thumb**, which may not be reversible.

Would you pay \$2,000 for the surgery?

- Yes
 No

Let's suppose that your doctor has confirmed that you have severe carpal tunnel syndrome. You have tried a variety of non-operative treatments which haven't helped you. The condition substantially affects your daily life. Additionally, you wake up multiple times during the night with pain and numbness in your hand. **Your doctor recommends surgery.**

You are told by your doctor that you have less than 1% chance of a complication from the surgery (e.g. infection, nerve/vessel/tendon injury, worsening of your condition, etc.). There is a 90% chance or greater of substantial improvement in your symptoms with surgery. Your doctor counsels you that refusing surgery will likely result in **persistent numbness in your fingers and weakness in your thumb**, which may not be reversible.

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Would you pay \$1,500 for the surgery?

- Yes
 No

Let's suppose that your doctor has confirmed that you have severe carpal tunnel syndrome. You have tried a variety of non-operative treatments which haven't helped you. The condition substantially affects your daily life. Additionally, you wake up multiple times during the night with pain and numbness in your hand. **Your doctor recommends surgery.**

You are told by your doctor that you have less than 1% chance of a complication from the surgery (e.g. infection, nerve/vessel/tendon injury, worsening of your condition, etc.). There is a 90% chance or greater of substantial improvement in your symptoms with surgery. Your doctor counsels you that refusing surgery will likely result in **persistent numbness in your fingers and weakness in your thumb**, which may not be reversible.

Would you pay \$1,000 for the surgery?

- Yes
 No

Let's suppose that your doctor has confirmed that you have severe carpal tunnel syndrome. You have tried a variety of non-operative treatments which haven't helped you. The condition substantially affects your daily life. Additionally, you wake up multiple times during the night with pain and numbness in your hand. **Your doctor recommends surgery.**

You are told by your doctor that you have less than 1% chance of a complication from the surgery (e.g. infection, nerve/vessel/tendon injury, worsening of your condition, etc.). There is a 90% chance or greater of substantial improvement in your symptoms with surgery. Your doctor counsels you that refusing surgery will likely result in **persistent numbness in your fingers and weakness in your thumb**, which may not be reversible.

Would you pay \$250 for the surgery?

- Yes
 No

Cubital Tunnel Release Prompt

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CUBITAL TUNNEL SYNDROME

The next set of questions will focus on a specific condition and operation, cubital tunnel syndrome. Please carefully read the following vignette. Questions will follow testing your comprehension of the information presented:

Cubital tunnel syndrome is a condition in which a nerve is compressed at the elbow causing pain and numbness in the hand, most commonly in the small and ring fingers. Symptoms are often substantially troubling to patients. A common complaint is being woken up in the middle of the night by numbness and tingling in the hand resulting in lack of sleep. Severe cases of cubital tunnel can result in irreversible weakness in muscles of the hand important for finger motion. This can cause decreased movement in the fingers and weakness in the hand.

Cubital tunnel surgery is the second most common nerve decompression performed, after carpal tunnel surgery. The operation involves cutting a series of tight structures that cause constriction of the nerve at the elbow. This frees the nerve from compression and allows improved blood flow to it. The skin is then stitched closed and a bandage is placed. The risk of serious complications is considered to be around 3.8%. The likelihood of symptom improvement or resolution after surgery is about 70%-80%.

The next three questions will test your comprehension of the previous vignette regarding cubital tunnel syndrome. Please answer these questions carefully to ensure your understanding of the procedure.

Cubital tunnel syndrome involves compression of a nerve at the elbow.

- True
- False

You are correct! Cubital tunnel syndrome involves compression of a nerve at the elbow.

Incorrect. Cubital tunnel syndrome involves compression of a nerve at the elbow.

What can happen if severe cubital tunnel syndrome is left untreated?

- Irreversible numbness in the fingers and weakness in the hand
- Severe pain in the wrist
- Numbness and pain around the shoulder

You are correct! Irreversible numbness in the fingers and weakness in the hand can occur with untreated severe cubital tunnel syndrome.

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Incorrect. Irreversible numbness in the fingers and weakness in the hand can occur with untreated severe cubital tunnel syndrome.

Cubital tunnel release has a 100% success rate.

- True
 False

You are correct! Cubital tunnel release has a 70-80% success rate.

Incorrect. Cubital tunnel release has a 70-80% success rate.

Cubital Tunnel Release Surgery Cost to You

Cost can affect a patient's decision to proceed with cubital tunnel release surgery. In the following questions we will ask how much you personally would pay for surgery.

In this study, when we say "cost" we mean the **total one-time cost** to you in dollars. This is the amount of money you would personally pay out-of-pocket and **separate** from whatever insurance, Medicare, Medicaid, etc. would pay on your behalf. This would be a **one-time payment** that covers the entire procedure and follow up. This one-time cost includes the surgery, the materials used in the surgery (drapes, instruments, implants if used, wound dressing, etc.), nursing and operating room staff, surgeon and anesthesiologist, three months of postoperative visits, and postoperative hand therapy.

You should assume that you and your family would have to pay the amount shown in the question.

Cubital Tunnel Cost Questions

Let's suppose that you have been confirmed by your doctor to have cubital tunnel syndrome. You have tried a variety of non-operative treatments which haven't helped you. The condition substantially affects your daily life. Additionally, you find yourself with numbness in your ring and small finger whenever your elbow is bent. You wake up at night frequently with these symptoms. **Your doctor recommends surgery.**

You are told by your doctor that you have about a 3.8% chance of a complication from the surgery (e.g. infection, nerve/vessel/tendon injury, worsening of your condition, etc.). There is a 70-80% chance of substantial improvement in your symptoms with surgery. Your doctor counsels you that refusing surgery will likely result in a **persistent finger numbness and hand weakness** which may not be reversible.

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Would you pay \$3,000 for the surgery?

- Yes
 No

Let's suppose that you have been confirmed by your doctor to have cubital tunnel syndrome. You have tried a variety of non-operative treatments which haven't helped you. The condition substantially affects your daily life. Additionally, you find yourself with numbness in your ring and small finger whenever your elbow is bent. You wake up at night frequently with these symptoms. **Your doctor recommends surgery.**

You are told by your doctor that you have about a 3.8% chance of a complication from the surgery (e.g. infection, nerve/vessel/tendon injury, worsening of your condition, etc.). There is a 70-80% chance of substantial improvement in your symptoms with surgery. Your doctor counsels you that refusing surgery will likely result in a **persistent finger numbness and hand weakness** which may not be reversible.

Would you pay \$2,000 for the surgery?

- Yes
 No

Let's suppose that you have been confirmed by your doctor to have cubital tunnel syndrome. You have tried a variety of non-operative treatments which haven't helped you. The condition substantially affects your daily life. Additionally, you find yourself with numbness in your ring and small finger whenever your elbow is bent. You wake up at night frequently with these symptoms. **Your doctor recommends surgery.**

You are told by your doctor that you have about a 3.8% chance of a complication from the surgery (e.g. infection, nerve/vessel/tendon injury, worsening of your condition, etc.). There is a 70-80% chance of substantial improvement in your symptoms with surgery. Your doctor counsels you that refusing surgery will likely result in a **persistent finger numbness and hand weakness** which may not be reversible.

Would you pay \$1,500 for the surgery?

- Yes
 No

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Let's suppose that you have been confirmed by your doctor to have cubital tunnel syndrome. You have tried a variety of non-operative treatments which haven't helped you. The condition substantially affects your daily life. Additionally, you find yourself with numbness in your ring and small finger whenever your elbow is bent. You wake up at night frequently with these symptoms. **Your doctor recommends surgery.**

You are told by your doctor that you have about a 3.8% chance of a complication from the surgery (e.g. infection, nerve/vessel/tendon injury, worsening of your condition, etc.). There is a 70-80% chance of substantial improvement in your symptoms with surgery. Your doctor counsels you that refusing surgery will likely result in a **persistent finger numbness and hand weakness** which may not be reversible.

Would you pay \$1,000 for the surgery?

- Yes
 No

Let's suppose that you have been confirmed by your doctor to have cubital tunnel syndrome. You have tried a variety of non-operative treatments which haven't helped you. The condition substantially affects your daily life. Additionally, you find yourself with numbness in your ring and small finger whenever your elbow is bent. You wake up at night frequently with these symptoms. **Your doctor recommends surgery.**

You are told by your doctor that you have about a 3.8% chance of a complication from the surgery (e.g. infection, nerve/vessel/tendon injury, worsening of your condition, etc.). There is a 70-80% chance of substantial improvement in your symptoms with surgery. Your doctor counsels you that refusing surgery will likely result in a **persistent finger numbness and hand weakness** which may not be reversible.

Would you pay \$250 for the surgery?

- Yes
 No

Distal Radius Fracture Prompt

DISTAL RADIUS FRACTURE

The next set of questions will focus on a specific condition and operation, distal radius fracture. Please carefully read the following vignette. Questions will follow testing your comprehension of the information presented:

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A distal radius fracture occurs when the radius bone breaks just before or right at the wrist joint. This generally occurs after falling onto an outstretched hand or with other kinds of trauma (e.g. fall from height, car accident, sports injury, etc.). There is usually immediate swelling and deformity of the wrist along with pain. Patients typically seek immediate care either at an urgent care or an emergency department and x-rays are taken to confirm that the bone has been broken. At this time, the patient is placed into a splint or brace and sent for follow-up with an orthopaedist or fellowship-trained hand surgeon.

Depending on the nature of the fracture, the surgeon will determine if it can be treated in a cast or if it requires surgery. Surgery is often needed to correct the alignment of the fracture. Distal radius fractures that heal in poor alignment can result in pain and limited wrist/forearm motion. Furthermore, if the fracture enters the wrist joint it may create an uneven joint surface. If this is not corrected with surgery, painful wrist arthritis may develop.

If the fracture requires surgery, the operation usually takes place within 10-14 days of injury. If too much time elapses between the injury and surgery, the fracture may start to heal in poor alignment, which makes the surgery more difficult and potentially less successful.

The operation typically involves exposing the fractured bone, aligning the bone in the correct position, and applying a plate with screws to hold it in place. The skin is then stitched closed and the patient is placed in a splint or a brace. The risk of serious surgical complication is considered to be low, ranging from 0.3-6.2%. The likelihood of successful recovery after surgery is very high.

The next three questions will test your comprehension of the previous vignette regarding distal radius fractures. Please answer these questions carefully to ensure your understanding of the procedure.

A distal radius fracture involves breaking the radius bone just before or at the wrist joint.

- True
- False

You are correct! A distal radius fracture is when the radius bone breaks just before or at the wrist joint.

Incorrect. A distal radius fracture is when the radius bone breaks just before or at the wrist joint.

What is a common reason for surgery to be required when treating a distal radius fracture?

- To correct poor alignment which may otherwise result in wrist pain and reduced motion
- To improve blood flow to the forearm
- To improve numbness and tingling in the small finger

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You are correct! Surgery is commonly required when treating distal radius fractures to improve alignment and avoid wrist pain and poor range of motion.

Incorrect. Surgery is commonly required when treating distal radius fractures to improve alignment and avoid wrist pain and poor range of motion.

There is a high success rate after treating a distal radius fracture with surgery.

- True
 False

You are correct! There is a high success rate after treating a distal radius fracture with surgery.

Incorrect. There is a high success rate after treating a distal radius fracture with surgery.

Distal Radius Fracture Fixation Surgery

Cost can affect a patient's decision to proceed with distal radius fracture fixation surgery. In the following question we will ask how much you personally would pay for surgery.

In this study, when we say "cost" we mean the **total one-time cost** to you in dollars. This is the amount of money you would personally pay out-of-pocket and **separate** from whatever insurance, Medicare, Medicaid, etc. would pay on your behalf. This would be a **one-time payment** that covers the entire procedure and follow up. This one-time cost includes the surgery, the materials used in the surgery (drapes, instruments, implants if used, wound dressing, etc.), nursing and operating room staff, surgeon and anesthesiologist, three months of postoperative visits, and postoperative hand therapy.

You should assume that you and your family would have to pay the amount shown in the question.

Distal Radius Fracture Fixation Cost Questions

Let's suppose that you have been confirmed by your doctor to have a distal radius fracture that requires surgery. You are currently in a splint from the emergency department and have limited use of your hand due to pain from the injury. **Your doctor recommends surgery.**

Your doctor tells you that there is a less than 6% chance of a major complication from the surgery (e.g. infection, nerve/vessel/tendon injury, tendon irritation requiring plate/screw removal, etc.). There is a 90% chance or greater

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of substantial improvement in your symptoms with surgery. Your doctor counsels you that refusing surgery will likely result in **wrist deformity and reduced wrist motion** causing disability of the hand and wrist. Furthermore, your doctor notes that the fracture enters your wrist joint and without surgery this may result in **painful arthritis** in the long term.

Would you pay \$3,000 for the surgery?

- Yes
 No

Let's suppose that you have been confirmed by your doctor to have a distal radius fracture that requires surgery. You are currently in a splint from the emergency department and have limited use of your hand due to pain from the injury. **Your doctor recommends surgery.**

Your doctor tells you that there is a less than 6% chance of a major complication from the surgery (e.g. infection, nerve/vessel/tendon injury, tendon irritation requiring plate/screw removal, etc.). There is a 90% chance or greater of substantial improvement in your symptoms with surgery. Your doctor counsels you that refusing surgery will likely result in **wrist deformity and reduced wrist motion** causing disability of the hand and wrist. Furthermore, your doctor notes that the fracture enters your wrist joint and without surgery this may result in **painful arthritis** in the long term.

Would you pay \$2,000 for the surgery?

- Yes
 No

Let's suppose that you have been confirmed by your doctor to have a distal radius fracture that requires surgery. You are currently in a splint from the emergency department and have limited use of your hand due to pain from the injury. **Your doctor recommends surgery.**

Your doctor tells you that there is a less than 6% chance of a major complication from the surgery (e.g. infection, nerve/vessel/tendon injury, tendon irritation requiring plate/screw removal, etc.). There is a 90% chance or greater of substantial improvement in your symptoms with surgery. Your doctor counsels you that refusing surgery will likely result in **wrist deformity and reduced wrist motion** causing disability of the hand and wrist. Furthermore, your doctor notes that the fracture enters your wrist joint and without surgery this may result in **painful arthritis** in the long term.

Would you pay \$1,500 for the surgery?

- Yes

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No

Let's suppose that you have been confirmed by your doctor to have a distal radius fracture that requires surgery. You are currently in a splint from the emergency department and have limited use of your hand due to pain from the injury. **Your doctor recommends surgery.**

Your doctor tells you that there is a less than 6% chance of a major complication from the surgery (e.g. infection, nerve/vessel/tendon injury, tendon irritation requiring plate/screw removal, etc.). There is a 90% chance or greater of substantial improvement in your symptoms with surgery. Your doctor counsels you that refusing surgery will likely result in **wrist deformity and reduced wrist motion** causing disability of the hand and wrist. Furthermore, your doctor notes that the fracture enters your wrist joint and without surgery this may result in **painful arthritis** in the long term.

Would you pay \$1,000 for the surgery?

Yes

No

Let's suppose that you have been confirmed by your doctor to have a distal radius fracture that requires surgery. You are currently in a splint from the emergency department and have limited use of your hand due to pain from the injury. **Your doctor recommends surgery.**

Your doctor tells you that there is a less than 6% chance of a major complication from the surgery (e.g. infection, nerve/vessel/tendon injury, tendon irritation requiring plate/screw removal, etc.). There is a 90% chance or greater of substantial improvement in your symptoms with surgery. Your doctor counsels you that refusing surgery will likely result in **wrist deformity and reduced wrist motion** causing disability of the hand and wrist. Furthermore, your doctor notes that the fracture enters your wrist joint and without surgery this may result in **painful arthritis** in the long term.

Would you pay \$250 for the surgery?

Yes

No

Combined Cost Savings Questions

The cost of surgery can be reduced in a variety of ways. Some examples of cost reducing measures in surgery include use of generic medications instead of name-brand drugs, administration of anesthesia by a nurse anesthetist instead of a physician

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anesthesiologist, use of older generation implants instead of the latest models, having the surgery in a surgicenter or office instead of a hospital, having fewer follow up visits with the surgeon or other providers after surgery, etc.

A reduction in the cost of the surgery may translate into a **reduction in the out-of-pocket cost for the patient**. However, cost reduction in some instances **can result in reduced quality**. Therefore, it is important to be cautious when lowering costs to ensure that patients continue to have good results with surgery.

People are often just as concerned with the quality of their surgery as they are the cost of their surgery. Below are a few potential cost-cutting options that patients have indicated worry them. Pick the five that worry you the most.

- Use of a generic medications instead of a name-brand drugs (e.g. anesthesia, post-operative pain medications, antibiotics, etc.)
- Administration of anesthesia by a nurse anesthetist (CRNA) instead of a physician anesthesiologist (MD/DO)
- Having the surgery performed at a community hospital instead of at a major academic center
- Having the surgery performed in a procedure room or free-standing surgery center instead of a hospital operating room
- Use of the older generation implants/devices instead of the newest implants/devices
- One visit with a hand therapist with instructions for a home exercise program instead of weekly visits with a hand therapist during recovery
- Post-operative visits with the physician assistant (PA) or nurse practitioner (NP) instead of the surgeon (MD) in the absence of a complication
- Having video or telephone-based post-operative visit(s) instead of in-person post-operative visit(s) in the absence of a complication
- Forgoing advanced imaging such as a CT scan or MRI in favor of cheaper studies such as XRays
- Relying on your doctor's physical exam alone for diagnosis instead of confirmation of the diagnosis with further testing such as a nerve study
- None of the above worries me

Post Survey Questions

Please indicate below how easy it was to understand the questions and scenarios in this survey.

- Extremely easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Extremely difficult

Please write any constructive criticism in the box below that could be used to improve this survey:

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