# **Simple Decision Support**



NATIONAL INSTITUTE for RISK and RESILIENCE The UNIVERSITY & OKLAHOMA



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## **Decision Support Systems**

- Since 1960s
- Computer systems designed to support complex decision making
- Major successes (and failures) in:
  - Managerial
  - Clinical/Professional
  - Policy Level





Decision Support Systems for Business Intelligence | Second Edition

Vicki L. Sauter



For Review see: Gorry and Scott Morton (1971) Shim et al. (2002)



# **Defining Decision Support**

- Evolving Applications
- A Defining Feature of Decision Support Programs: GOALS
  - Efficiency
  - Efficacy
- Lots of ways to improve decision making...



Science for Informed Decision Making



### **Power of Simplicity**





## Organ Donation

- In the US, about 10,000 people per year die waiting for organ donations.
- Despite millions spent on advertising 29% of Americans are donors.



I want to live every second. Not fight for every breath. I urgently need a lung transplant.

Support Organ Donation Carry a Card

## Organ Donation

- In France (and many other EU countries) 99.9% of people are donors.
- What's the difference?





## Choice Architecture

- In the US, the default is NOT to donate organs
- In France, the default IS to donate organs
- HEURISTIC: If you trust, then go with the default
- "choice architectures" help people make better decisions
- Nudged EVERYTHING!
- From Retirement Plans
- To Toilet Behavior... NATIONAL INSTITUTE for RISK and RESILIENCE



Improving Decisions About Health, Wealth, and Happiness **Richard H. Thaler and Cass R. Sunstein** *Revised and Expanded Edition* 

I think about the world." -Steven D. Levitt, coauthor of Freakonomics



www.whitehouse.gov/the-press-office/2015/09/15/executive-order-using-behavioral-science-insights-better-serve-american



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EXECUTIVE ORDER

USING BEHAVIORAL SCIENCE INSIGHTS TO

BETTER SERVE THE AMERICAN PEOPLE

A growing body of evidence demonstrates that behavioral science insights -- research findings from fields such as behavioral

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### Science for Informed Decision Making

- Choice Architecture isn't primarily about:
  - Nudging
  - Tricking
  - Persuading
  - Framing
- Supporting Skilled and Informed Decision Making
  - Reducing Errors
  - Improving Understanding







## **Simple Tech: Checklists**

- Checklists save lives...
- A study of 100 hospitals in Michigan
- Adopted a 5 point checklist for placing central line IVs
- Reduced patient deaths by 100/month
- Saved \$13,000,000/month
- WHO estimates | New Surgical Checklist save about 500 people...
- EVERY DAY





Science for Informed Decision Making



### SURGICAL SAFETY CHECKLIST (FIRST EDITION)

#### Before induction of anaesthesia **EFFERENCE** Before skin incision **EFFERENCE**

### Before patient leaves operating room

#### SIGN IN

- PATIENT HAS CONFIRMED + IDENTITY
  - SITE
  - PROCEDURE
  - CONSENT
- SITE MARKED/NOT APPLICABLE
- ANAESTHESIA SAFETY CHECK COMPLETED
- PULSE OXIMETER ON PATIENT AND PUNCTIONING

#### DOES PATIENT HAVE A:

#### KNOWN ALLERGY7

- NO.
- YES

#### DIFRCULT AIRWAY/ASPIRATION RISK7

NO. YES, AND EQUIPMENT/ASSISTANCE AVAILABLE

#### RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)?

- NO
- YES, AND ADEQUATE INTRAVENOUS ACCESS. AND FLUIDS PLANNED

#### TIME OUT

- CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE
- SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM
  - PATIENT
  - \* 5FTE
  - PROCEDURE

#### ANTICIPATED CRITICAL EVENTS

- SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS. **OPERATIVE DURATION, ANTIOPATED** \$1000 L055?
- ANAESTHESIA TEAM REVIEWS: ARE THERE ANY PATIENT-SPECIFIC CONCERNS?
- NURSING TEAM REVIEWS: HAS STERLETY INCLUDING INDICATOR RESULTS) BEEN CONFIRMED! ARE THERE EQUIPMENT. ISSUES OR ANY CONCERNS)

#### HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES? YES

- NOT APPLICABLE
- IS ESSENTIAL IMAGING DISPLAYED?
- YES:
- NOT APPLICABLE

#### SIGN OUT

- NURSE VERBALLY CONFIRMS WITH THE TEAM
- THE NAME OF THE PROCEDURE RECORDED
- THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (DR NOT APPLICABLE
  - HOW THE SPECIMEN IS LABELLED INCLUDING PATIENT NAMEL
  - WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED
  - SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT

THIS CHECKLIST IS NOT INTENDED TO BE COMPREHENSIVE, ADDITIONS AND MODIFICATIONS TO FIT LOCAL PRACTICE ARE ENCOURAGED.



# What other simple factors promote skilled and successful decision making?





### **Risk Literacy**

"...the ability to evaluate and understand risk"



### For reviews see

Cokely et al. 2012, 2013, 2014, 2017 Garcia-Retamero et al., 2013, 2014 Gigerenzer, 2012





### **Simple Visual Aids**







## **INTERPRETING HOME HIV TEST RESULTS**

Porque sober es	An mejar	
	ORA	JUICK.
	TRUE	IN-HOME HOY TEST
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SENSITVITY STUDY FOR HOME HIV TEST

Detection of Antibody to HIV-1 in Oral Fluid Specimens from HIV-1 Seropositive Individuals

Test Group	Total Samples	OraQuick ADVANCE® Reactive	Licensed EIA Repeatedly Reactive	True Positive <sup>1</sup>	
Known HIV-1 Positive	767	762	764	767	
High-Risk	3150	722	743	73	
TOTAL	3917	834	838	840	

<sup>1</sup> Confirmation performed by licensed HIV-1 Western blot, with confirmation of indeterminate Western blot results by licensed immunofluorescence assay (IFA).

<sup>2</sup> Eight additional specimens were OraQuick ADVANCE® false positive (see Table 7).

<sup>3</sup> One specimen was EIA false positive, with a negative Western blot.

Combining the number of OraQuick ADVANCE® reactive results obtained from the study of confirmed positives with the number of OraQuick ADVANCE® reactive results obtained from the study of high-risk populations, the sensitivity of the OraQuick ADVANCE® Rapid HIV-1/2 Antibody Test in these studies was calculated to be 834/840 = 99.3% (95% C.I. = 98.4% - 99.7%).

#### SPECIFICITY STUDY FOR HOME HIV TEST

Performance of the OraQuick ADVANCE® Rapid HIV-1/2 Antibody Test on Oral Fluid Specimens from Individuals Presumed to be Negative for HIV Infection

Test Group	Total Samples	OraQuick ADVANCE <sup>®</sup> Non-Reactive	Licensed EIA Non-Reactive	True Negative <sup>1</sup>	
Low-Risk	605	605	599 <sup>2</sup>	605	
High-Risk	3150	30693	30764	3077	
TOTAL	3755	3674	3675	3682	

<sup>1</sup> Confirmation performed by licensed HIV-1 Western blot, with confirmation of indeterminate Western blot results by RIPA or IFA.

<sup>2</sup> Six specimens were EIA false positive, five with a negative Western blot and one with an indeterminate blot

which was confirmed negative by IFA. <sup>3</sup> One additional specimen was OraQuick ADVANCE® false negative (see Table 1).

<sup>4</sup> One specimen was EIA talse positive with a negative Western blot.

Combining the number of OraQuick ADVANCE® non-reactive results obtained from the study of the low-risk populations with the number of OraQuick ADVANCE @ non-reactive results obtained from the study of the high-risk populations, the specificity of the OraQuick ADVANCE® Rapid HIV-1/2 Antibody Test in these studies was calculated to be 3674/3682 = 99.8% (95% C.I. = 99.6% -99.9%).





## INTERPRETING HOME HIV TEST RESULTS

- Test Specificity is 99.8%
- Test Sensitivity is 99.3%
- If a random person gets a positive test result, what is the probability that they actually have HIV?
- Nearly everyone answers this question wrong... unless...







## Visual Aid HOME HIV TEST RESULTS

The following information represents 1,000 young adults in the United States tested for HIV with home HIV test.





0 -

### Prostate cancer screening with PSA and DRE tests

The data below represent men (50 years or older) participating or not in prostate cancer screening for 11 years. Each square represents one man.



\*Often with surgery to remove the prostate or radiation therapy which can cause incontinence or impotence.





### Breast cancer screening with mammography.

The data below represent women (50 years or older) participating or not in breast cancer screening for 10 years. Each square represents one woman.



\*Often with mastectomy (partial or complete removal of the breast), radiation therapy or chemotherapy, which can cause fatigue and pain.







### **2014 | WORST EBOLA OUTBREAK IN HISTORY**



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### September 29<sup>th</sup>, 2014



D.R. CONGO\* 68 cases (separate outbreak)



10-99

100+



Fig. 2.



Visual aids used to illustrate the risk of getting infected with Ebola (A) and the risk of dying once infected (B). Statistics are from the World Health Organization (28).



### **Behavioral Intentions**



### **Policy Recommendations**







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### **Simple Visual Aids**

- Particularly helpful among more vulnerable populations
- Non-native English speaking immigrant samples
- Older Adults
- High risk patients
- People with lower education levels
- As effective as best nudges
- As effective as leading 8 hour educational interventions





For Reviews See: Garcia-Retamero & Cokely, 2013 Garcia-Retamero & Cokely, 2017



## Simple Psychometric Assessments: Numeracy Tests

- Practical understanding of mathematics
- Numeracy is one of the strongest predictors of individual differences in *Risk Literacy...*

### For reviews see

Cokely et al. 2009, 2012, 2014 Peters et al. 2006, 2012 Reyna, et al. 2009





## **Measuring Numeracy**

- Which of the following numbers represents the biggest risk of getting a disease?
- \_\_\_\_1 in 100, \_\_\_\_1 in 1000, \_\_\_\_1 in 10
- 30% of Americans don't get it right...





### **Psychometrics: Item Response Theory**

### **Item Information Curves**



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### **Berlin Numeracy Components Test**



Y\_ORG

## **The Berlin Numeracy Test**

- Brief, Efficient Tests
- Adaptive Tests
  - Hard/easier depending on responses of user
- Takes < 2 minutes







### The Berlin Numeracy Test 21 Studies (n = 5036) (Cokely et al., 2012)

- Single best predictor of
  - Risk Literacy
  - General Decision Making Skill
- Doubled the predictive power of instruments predicting
  - Evaluating medical treatment risks
  - Interpreting forecasts
  - Evaluating **non-numeric claims** about consumer products
- Predicted decisions independent of other general abilities
  - Fluid and Crystallized Intelligence
  - Attentional control & impulsivity





## Cognitive **Process** Models via Structural Equation **Modeling**





### Predicting Behavior







### A Model of **Skilled & Expert Decision Making** (Cokely et al., 2017) Warning Awareness **Decision** Aids Deliberation Decision Confidence Quality Comprehension **Risk Literacy**

Affect



### **Simple Decision Support**

- Measurement
- Prediction
- Personalization
- Training
- Outreach











### Since 2012 > 100,000 | 166 Countries

Sessions +





Secondary dimension 🔻





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advanced

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### **RiskLiteracy.org** Coalition





### **Reverse Engineer Performance: Assess Decision Making Biases**



An Academic Project

## RiskLiteracy.org Adaptive Tutor

- Intelligent Risk and Science Comprehension Tutor
- Online Curriculum (e.g., K8-16 & beyond)







### Bloomberg Businessweek

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(an 8 item instrument testing your SciFi G

To learn more about your philosophical b PhilosophicalCharacter.org.

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The U.S. had a chance to stop the virus in its tracks. It missed.



#### About

or is a non-profit, university-based signed to help increase awareness s about science fiction and their reallications. This site features the Zombie d other interactive content, offering d scoring and feedback.



RISKLITERACY.ORG

# **Numeracy Predicts Heart Attack Risks**

- 1/3 of all deaths
- MANY people ignore heart attacks
- One numeracy question predicts risk of decision delay during ACS
- 2-3 times greater risk of death or major morbidity



### **Golden Hour**

- Maximum damage to heart muscle
- Maximum efficacy of treatment seen
- Survival is best if thrombolysis is given within this period

"Time is muscle and muscle is time"



#### Symptons Every Woman Should Know and Pay Attention to

Women and men may differ in their experience of heart attack symptoms, as women are more likely to have unusual or "aytpical" signs of a heart attack. Some of these may come and go before a heart attack occurs.



www.ACLSMedicalTraining.com



"Each minute of delay in the first 3 hours confers 10 lost days of survival<sup>39</sup>

### Numeracy IS a Vulnerability Index ~ "Risk Reading Level" ~

READING LE CORRELATIO		AGES	GRADE	guided Reading	R/R INTERVENTION	DRA	LEXILE
Foundation Level	Lilac	4-5	PreK-K	А	I	А	BR-70
Pre-Reading Level	Pink	4-5	PreK-K	А	l I	А	BR-70
Emergent Level	Magenta	5-6	K	A-B	I-2	I-2	BR-70
Early Level 1	Red	5-6	K	B-D	3-5	3-6	BR-70
Early Level 2	Yellow	5-7	1	C-F	6-8	6-8	80-450
Early Level 3	Blue	6-7	I	D-H	9-11	8-12	80-450
Early Level 4	Green	6-7	1	F-J	12-14	12-14	80-450
Fluency Level I	Orange	6-8	1	H-J	15-16	16	80-500
Fluency Level 2	Turquoise	6-8	I-2	I-K	17-18	18	80-500
Fluency Level 3	Purple	6-8	2	J-O	19-20	20-22	451-550
Fluency Level 4	Gold	6-8	2	K-N	21-22	20-28	501-650
Advanced Fluency I	Silver	7-10	3	N-O	23-24	30-34	651-770
Advanced Fluency 2	Emerald	7-10	4	P-Q	25-26	38-40	731-830
Advanced Fluency 3	Ruby	8-11	4	R-S	27-28	40	801-860
Advanced Fluency 4	Sapphire	8-11	5	T-U	29-30	50	861-980



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## **Understandability Indices**



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According to the graph, TAMIFLU prevents flu infections for 92 out of 100 people (92%)

There is an alternative medicine which competes with TAMIFLU. This medicine prevents infections for 22 out of 100 people. Imagine you are trying to prevent the flu. Taking into account the information on the graph, which medicine would you prefer to take?

What was the maximum value represented on the y axis?

(N = 422 residents of the United States, Amazon's Mechanical Turk)

	Graph Liter	Y-Axis Fixations	Total Fixations	Memory
Perfor	.342**	.366**	.350**	.556**
Memor	.463**	.412**	.476**	









## **Tornado Risk Literacy**

- What kinds of knowledge reduce risks and biases?
- How do people prepare and how should they prepare?
- What about other risk factors (e.g., age, lifestyle)
- What kinds of information is most useful and why?
- Do people actually get warning messages?







## Subjective Warning Awareness

- 1. I receive all important weather and hazard alerts issued in my area.
- 2. I never miss important weather or hazard warnings issued for my area.
- 3. I usually know about weather and hazard alerts as soon as they are issued.
- 4. I sometimes miss important weather and hazard warnings.\*





Ability









Ability



Warning Awareness

Vulnerability = Belief in Tornado Myths



## PREDICT & EXPLAIN BELIEF IN TORNADO MYTHS

![](_page_50_Figure_1.jpeg)

# Simple Decision Support can have a big impact...

![](_page_51_Picture_1.jpeg)

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![](_page_51_Picture_3.jpeg)

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# Simple Decision Support can have a big impact... IF

![](_page_52_Picture_1.jpeg)

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![](_page_52_Picture_3.jpeg)

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# Simple Decision Support can have a big impact... IF

1. Identify the decision we want to improve (and why)

![](_page_53_Picture_2.jpeg)

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![](_page_53_Picture_4.jpeg)

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![](_page_53_Picture_6.jpeg)

# Simple Decision Support can have a big impact... IF

Identify the decision you want to improve (and why)
Assess User Needs, Capabilities, and Processes

![](_page_54_Picture_2.jpeg)

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![](_page_54_Picture_4.jpeg)

![](_page_54_Picture_5.jpeg)

![](_page_54_Picture_6.jpeg)

## **Thanks!**

![](_page_55_Picture_1.jpeg)

MAX-PLANCK-GESELLSCHAFT

![](_page_55_Picture_4.jpeg)

![](_page_55_Picture_5.jpeg)

![](_page_58_Picture_0.jpeg)

## Funding

![](_page_58_Picture_2.jpeg)

JOHN TEMPLETON FOUNDATION

SUPPORTING SCIENCE ~ INVESTING IN THE BIG QUESTIONS

### FOUNDATION FOR INFORMED MEDICAL DECISION MAKING

## TRAVELERSJ

![](_page_58_Picture_7.jpeg)

Consumer Financial Protection Bureau

![](_page_58_Picture_9.jpeg)

Bristol-Myers Squibb

### OFHEALTY

![](_page_58_Picture_12.jpeg)

ctp

![](_page_58_Picture_13.jpeg)

### BlueCross BlueShield Association

### **RiskLiteracy.org** Coalition

![](_page_59_Picture_1.jpeg)

![](_page_59_Picture_2.jpeg)