



The CHEPA Seminar Series presents:

**Mark J. Schlesinger, PhD**  
**Health Policy and Administration**  
**School of Public Health**  
**Yale University**

## ***Bounded Rationality and the Conceptual Foundations of Health Policy***

**Thursday, November 1, 2007**

**MDCL-3022**

**12:30 - 1:30**

**Abstract:** This research explores both the promise and the potential pitfalls of adapting health policy to respond to consumer choice. A study of the literature on consumer behaviour in health settings suggests that increasing the number of choices or enhancing information about those options does not often result in a better performing system. Findings from research suggest that people frequently make choices that cause them to ignore relevant information about uncertain prospects, use information in ways that systematically bias their expectations about future events, partition their choices in ways that obscure vital trade-offs, and be perversely influenced and at times adversely affected by expanding their choice options. Yet policymakers in the U.S. continue to rely on expanded choices and more information for consumers as a means to improve program performance. Schlesinger will argue that policies that fail to account for the problems inherent in expanding these choices are likely to be ineffective, and in some cases, counterproductive.

**About the speaker:** Professor Schlesinger's research focuses on three topics. The first explores ways in which the general public and policymakers make sense of and communicate about complex social issues, as well as how they evaluate policies to address those issues. This research examines the determinants of public opinion, the role of political framing, and the importance of norms of fairness in policy assessment. The second set of research examines the impact of ownership on the delivery of health and social services. These studies explore the comparative performance of nonprofit, for-profit and public health care agencies, the nature of public expectations involving ownership, and the extent to which ownership is related to trust in and trustworthiness of medical care. The third set of research examines the attitudinal and behavioral underpinnings of medical consumerism, comparing the effectiveness of exit versus voice to improve medical markets, and identifying the barriers to effective consumer empowerment.