**Appendix. Randomized Question Evaluating Policy Support.**

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|  | **Survey Version** |
| **Language following clinical vignettes** | **Patient Harm** | **Societal Harm** | **Institutional Harm** |
| Randomized portion of question stem\* | “According to research and expert opinion, certain aspects of inpatient care (including those listed below) provide little benefit to patients *while increasing the costs to patients and the risk for clinical harms and complications*.” | “According to research and expert opinion, certain aspects of inpatient care (including those listed below) provide little benefit to patients *while increasing the costs to society and the utilization of limited health care resources*.” | According to research and expert opinion, certain aspects of inpatient care (including those listed below) provide little benefit to patients *while increasing the costs to hospitals and insurers*.” |
| Standard portion of question stem\*\* | * Placing, and leaving in, urinary catheters for urine output monitoring in non-critically ill patients
* Ordering continuous telemetry monitoring for non-ICU patients without a protocol governing continuation
* Prescribing stress ulcer prophylaxis for medical patients not at high risk for gastrointestinal complications

Do you agree or disagree with a policy that financially penalizes physicians for prescribing these services? |
| **Notes**: \*italicized text indicates differences in survey versions (italics were not used in surveys)\*\*All respondents were shown text in this section |