Enhanced Active Choice: A New Method to Motivate Behavior Change Abstract

High rates of medication non-adherence have significant public health and economic consequences. In other contexts such as savings behavior, opt-out policies, in which the alternative preferred by the policy maker is made the default, have gotten great traction but may not be feasible in health care settings. After reviewing previous applications, we present a series of studies, including two field experiments, that test the effectiveness of an alternative, 'active choice' policy in which there is no default, but decision makers are required to make a choice (Carroll et al., 2009; Spital, 1993; 1995). In addition, we propose and test a modified version of active choice, that we call 'enhanced active choice' that favors one alternative by highlighting losses incumbent in the in the non-preferred alternative. We recommend Enhanced Active Choice as a complement to automatic enrollment or when automatic enrollment is infeasible or unethical.