



\$6.8 Billion Spent Yearly On 12 Unnecessary Tests And Treatments

By **Michelle Andrews** | October 31, 2011

For many adults, a routine visit to a primary care physician might involve blood tests, a urinalysis, an electrocardiogram, maybe a bone density scan. Too often, however, these tests are inappropriate and they cost a bundle, according to a recent study, not only for the health care system but also for individuals, who are increasingly footing more of the bill for their care.

The study, led by physicians from the Mount Sinai Medical Center and the Weill Cornell Medical College in New York, was published online in October in the Archives of Internal Medicine. The researchers examined the cost of common primary care practices that were identified as being overused earlier this year in a study by another group of physicians, known as the Good Stewardship Working Group. .

The working group, for example, had noted that blood and other diagnostic tests were often ordered even for patients who had no related symptoms or risk factors and said they should be discontinued in those cases. Also included on its list were imaging studies such as CT scans or MRIs for low back pain and Pap tests to screen for cervical cancer in teenagers.

Among the frequently inappropriate pediatric practices were writing prescriptions for antibiotics for children with sore throats who didn't have a strep infection; recommending cough medicines for children with upper respiratory infections and ordering imaging tests for the heads of kids who took a spill but didn't exhibit red-flag symptoms such as dizziness or loss of consciousness.

The newest study, using data from federal medical surveys, estimated that 12 of those unnecessary treatments and screenings accounted for \$6.8 billion in medical costs in 2009. The activity most frequently performed without need was a complete blood cell count at a routine physical exam. In 56 percent of routine physicals, doctors inappropriately ordered such tests, accounting for \$32.7 million in unnecessary costs. In terms of dollars, the biggest-ticket item by far was physicians ordering brand-name statins before trying patients on a generic drug first: That accounted for a whopping \$5.8 billion of the \$6.8 billion total.

Minal Kale, an internist at Mount Sinai School of Medicine and lead author of the study, says \$6.8 billion was a conservative estimate of the cost of the inappropriate care. She notes, for example, that the study didn't evaluate the cost of additional testing or procedures that result from an

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abnormal blood test reading result or imaging scan, even though in the absence of symptoms or risk factors the follow-up may be unnecessary and even cause harm. “The financial and other emotional results of that can be significant,” she says.

The original list of primary care activities upon which Kale and her colleagues based their financial analysis was developed by the Good Stewardship Working Group under a grant from the American Board of Internal Medicine Foundation and published first online in May. Working group members were composed of internists, family physicians and pediatricians who are part of the National Physicians Alliance, a group of 22,000 doctors that advocates universal, affordable health care.

The working group focused on common activities that no physician would argue against, says Stephen Smith, a family physician and professor emeritus at Brown University’s Alpert Medical School, who co-authored that group’s paper. That’s why you don’t see more controversial practices like the PSA blood test for prostate cancer, which was recently removed from the U.S. Preventive Services Task Force’s list of recommended screenings for most men. “What we were trying to do was change [physicians’] mindset, not cause firestorms of controversy,” says Smith.

So why would physicians continue to order tests and prescribe pricey drugs when there’s clear evidence that they’re not necessary in many cases and may even cause harm by exposing people to unneeded care?

One of the main reasons is the way doctors are trained, Smith says. “I think all of us practicing in the U.S. were raised in an educational environment where we got dinged if we didn’t order certain tests,” he says.

Defensive medicine also plays a role. “Nobody ever gets sued for ordering unnecessary tests,” says Doug Campos-Outcalt, a family physician in Phoenix and a past president of the Arizona Academy of Family Physicians.

And patient expectations drive some of the spending as well, say physicians, who note that sometimes simple directives, such as drinking less alcohol or getting more exercise, aren’t what patients want to hear. “If a doctor says, ‘Let’s talk about weight control,’ patients aren’t usually too happy,” says Campos-Outcalt. “They feel like there should be some testing.”

Doctors alone can’t turn the tide. Improving patient education and communication with doctors is key to helping change practice patterns, says Smith.

Still, one expert is encouraged that doctors came up with this list of wasteful spending, rather than leaving it to government bean counters. “It’s only the doctors that can get into the clinical detail and find out what sorts of things are not producing a benefit and might cause harm,” says H. Gilbert Welch, a professor of medicine at the Dartmouth Institute for Health Policy and Clinical Practice, whose work has questioned whether much of the preventive screening people receive is helpful.

The dollar amounts identified in the current study may be a good start, but they don't even begin to address the country's spending issues, he says. In 2009, health spending grew to \$2.5 trillion and accounted for 17.6 percent of the gross domestic product.

Kale suggests that specialist care be the next target that physicians take aim at to identify inappropriate, overused activities. Specialist income, after all, is primarily generated through procedures, while primary care is often conversation-based. "We have more to gain by examining [specialist care] more closely," she says.

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