Why are there so many unneeded preop tests?

What preoperative tests does your facility require for a healthy 40-year-old having a knee arthroscopy? What about a healthy 82-year-old having an elective procedure? Do these patients need testing at all?

A good deal of testing is performed without clinical indications, studies have found.

Researchers at the University of Texas Medical Branch (UTMB), Galveston, are learning more about what drives overuse.

In 2 reports in the past year, they documented unnecessary testing in patients having elective hernia surgery and patients having noncardiac surgery who had cardiac stress testing.

They’re also finding wide geographic variations, similar to those seen for elective surgery. They’ve learned testing is more prevalent in areas with higher rates of malpractice suits.

The findings are leading to discussions about the need for standardized national guidelines, Taylor Riall, MD, PhD, associate professor in the Department of Surgery at UTMB, told OR Manager. She also holds the John Sealy Distinguished Chair in Clinical Research.

Studies document overttesting

In the study of elective hernia repair, 64% of 47,000 ambulatory surgery patients had preop laboratory testing. More than half of those with no documented comorbidities had testing. Yet test results didn’t make a difference in whether surgery went forward. In a subgroup tested on the day of surgery, 62% had at least one abnormal result, but hernia repair was performed anyway. Nor did the abnormal results predict postop complications these patients would develop.

In the second study of 75,000 Medicare patients having noncardiac surgery, 4% had a cardiac stress test though they had no indications for that test. Unnecessary testing rates varied geographically from 2.7% in the Pacific West to 4.7% in the Midwest.

This unneeded testing could be a significant cost to Medicare, which reimburses from $92 to $341 for a stress test, depending on the type, the authors commented.

Overtesting in the elderly

Overuse of testing is even more prevalent in healthy older patients, Dr Riall’s group has learned. An analysis of Medicare data showed 75% of those aged 81 to 90 having elective surgery had preop testing without an indication, compared to 33% of patients under age 20.

Focusing on Texas, they discovered testing patterns varied widely in the Medicare population.

“You would expect that 80-year-olds having hernia repair in an elective setting would be similar no matter where they live,” she says. Yet chest x-ray rates ranged from 10% in some locales to 90% in others. ECGs and other tests showed similar variations.
“This suggests physician or facility practice patterns and not patient characteristics are driving the use of laboratory testing,” she says.

**Communication gaps?**

Dr Riall has observed that there’s often miscommunication about which tests are needed. In her organization, 80% of the tests are ordered by surgeons.

“A lot of surgeons we talk to say, ‘We wouldn’t order the tests, but the hospital or facility requires it,’” she notes. “Or they say, ‘The anesthesiologist will cancel the case if we don’t order them.’ Then the anesthesiologists will say, ‘We don’t require these tests, but the surgeons order them.’

“Many are ordered by residents. They do it because they’re afraid the case will be canceled if they don’t,” she says.

The researchers plan to survey surgeons in Texas about tests they are required to perform.

Though many hospitals and health systems have developed their own consensus guidelines on testing, Dr Riall believes a national effort is needed.

“I think we have to develop clear and consistent guidelines that all of the groups would agree on,” she says. That might also help to alleviate worries about malpractice suits. 

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—Pat Patterson

**References**
