Tackling the Top-Five: **Unindicated Diagnostic Testing and Imaging in Low-Risk Patients Prior to Low-Risk Surgery**

WHAT

- Low-risk patients undergoing low-risk surgery do not need many commonly provided blood tests, imaging services, and more. The list of unnecessary tests recommended to avoid by choosing wisely is exhaustive. Examples include:
  - Tests before heart surgery
  - Heart stress tests before surgery
  - Medical tests before eye surgery
  - Echocardiogram before surgery
  - Stress tests before surgery
  - Lab tests before surgery
  - Chest x-rays before surgery

WHY

- Unneeded tests and imaging tests often come with risks that far outweigh any benefit:
  1. Rarely change patient management
  2. Identify clinically insignificant abnormalities (that lead to more cost and more harm)
  3. Delay needed care (opportunity cost)
  4. In some cases, risk exposure to radiation or other iatrogenic harm
- Unindicated diagnostic testing has a high "waste-index" (% of times the services is used divided by the % of times it used wastefully.)

BURDEN

- Nationwide in 2014: estimated 19 million unneeded pre-surgery tests/images performed, resulting in about **$9.5 billion** in spending.
- In 2018: Washington Health Alliance measured a combined **$85.2 million** in pre-operative baseline studies in otherwise healthy individuals across all Health Waste Calculator measures of potentially wasteful pre-operative testing.

How to measure:

- **Specifications for claims-based analyses** to measure wasteful utilization and spending in-house, based on previous studies to measure Top Five.
- **The Milliman MedInsight Health Waste Calculator**

Clinical Evidence and Choosing Wisely Guidelines: see the links at the top of the page.

Barriers to action and counterpoints:

- Pre-operative testing can be a significant source of revenue for providers and laboratory systems
- As with all Top Five services, there are clinical indications that would make a pre-operative test necessary.
- *"All patients should be assessed prior to surgery, but not all patients need pre-operative testing."* - IHA

DROP THE PRE-OP!

Physicians Agree: All patients need pre-op EVALUATION, but a low-risk patient having a low-risk procedure does not need pre-op TESTING.

Providing high-quality care to patients includes eliminating unnecessary tests, treatments and procedures.

A recent study in Washington State[1] reveals that at least 100,000 patients received unnecessary pre-op testing during a one-year period, at an estimated cost of over $92 million—a very conservative estimate.

Routine preoperative lab studies, pulmonary function tests, X-rays and EKGs are healthy patients before low-risk procedures are not recommended because they are unlikely to provide useful, actionable information.

Choosing Wisely® Recommendations

"Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery—specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is expected to be minimal."
—American Society of Anesthesiologists

"Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms."
—American Academy of Family Physicians

There are a variety of reasons why unnecessary pre-op tests are ordered, such as:

- Broadly ordering the same pre-op tests for all patients/procedures—based on habit without thoughtful reflection—regardless of a patient's health or a procedure's risk.
- A desire to be "thorough" and/or concern that an incomplete pre-op form may delay the procedure for the patient.
- Discomfort with uncertainty and concern about malpractice.
- A mistaken belief that all insurers require pre-op testing.

[1] Free, Do Harm. https://www.consumerwatchdog.org/media/4/13/2018-free-do-no-harm.pdf

Benefits of Reducing Unnecessary Pre-op Testing

For patients:

- Reduces unnecessary time spent at a lab or clinic.
- Reduces patient's financial burden.
- Reduces waiting for test results and anxiety from false positive results.
- Reduces unnecessary delay before procedure.

For physicians:

- Provides evidence-based care to patients and avoids unnecessary care.
- Reduces time spent reviewing, documenting and explaining test results that add no value and won't impact a decision regarding procedure.
- Reduces risk exposure from not carefully documenting follow-up on all pre-op tests.

Choosing Wisely | WASHINGTON STATE TASK FORCE

For more information and resources, visit: www.org/Choosing-Wisely.

Case studies, external resources, and model language:

- Washington Health Alliance: Drop the Pre-op
- American Medical Association: Drop the Pre-Op (Choosing Wisely: Canada)
- RFI language to discuss low-value care with your TPA or carrier.