Claims Act permits medical malpractice lawsuits against federally employed physicians, the substantial majority of claims are resolved through administrative processes. Only 3 judgments against the US government were recorded for tort claims in 2010. We did not detect a significant reduction in inappropriate testing in the VA environment, which suggests a lesser role of defensive medicine and self-referral in the inappropriate use of MPI. A recent survey of cardiologists did not find any association between ownership of diagnostic equipment (MPI, catheterization laboratory, computed tomography scanner, or echocardiography laboratory) and concordance with appropriateness categories.7

The magnitude and pattern of inappropriate testing in our investigation are similar to those in prior reports.3 Hendel et al8 observed similar common inappropriate MPI indications, as well as significant associations between asymptomatic patients and inappropriate testing (OR, 22.5 [95% CI, 15.2-33.2]) and lower likelihood of inappropriate testing in patients with diabetes mellitus (OR, 0.4 [95% CI, 0.4-0.5]).

Reasons for the observed patterns of ordering MPI are unclear. Conceivably, commonalities in medical training, independent of postgraduate practice environment, could contribute to an exaggerated perception of benefit of MPI in asymptomatic patients and those at low risk of coronary heart disease. This exaggerated perception of the benefit would also seem to hold true for preoperative risk assessment, with the majority of preoperative MPI in our study having been inappropriately ordered.

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Editor’s Note

Why Physicians Order Tests

In a Department of Veterans Affairs (VA) medical center, use of myocardial perfusion imaging was inappropriate in approximately 20% of studies, a proportion that is similar to that reported from other practice settings in the United States. The facts that VA physicians are salaried and malpractice claims are very uncommon suggest that there are other reasons that physicians order inappropriate tests. These might include exaggerated belief in the accuracy and clinical benefit of tests, lack of understanding of the potential harms (including radiation exposure and false-positive results), and a cultural value for “doing more.” This study was small and conducted at a single VA medical center, so the findings should be viewed as hypothesis generating. Nevertheless, it suggests that the culture of overordering is ingrained and we need to carefully consider approaches to reducing inappropriate care that focus on physician knowledge and culture.

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