The Problem of Overuse

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Many Veterans Affairs physicians are familiar with the steady stream of reminders generated by our electronic medical record system to order laboratory and screening tests. These reminders help clinicians meet guidelines and performance targets for screening and prevention. However, the article by Virani and colleagues demonstrating substantial overuse of repeated lipid testing in a Veterans Affairs network once again shows us how performance measurement may lead to overuse. As noted by Drozda in his commentary, although the cost of an individual lipid test is modest, the effect of high-volume, modest-cost tests on the health system is large. Furthermore, the price to a patient asked to take an additional hour or two off from work to sit in the laboratory waiting room may not be modest at all, especially if he or she needs to return for a fasting lipid panel.

Many veterans have greatly benefited from the focus of the Department of Veterans Affairs on quality and performance measurement. However, the evidence that performance measurement sometimes leads to overuse and overtreatment is accumulating. The Department of Veterans Affairs is a leader in quality of care and performance measurement. It should now lead a culture change to discourage overuse, per the suggestions by Virani and colleagues and by Drozda. Higher frequency does not always mean better care.

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