

# The LINGENFELTER LETTER



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## OVERTREATMENT CAN BE HARMFUL

In last month's Lingenfelter Letter, we reported that much of the emphasis of the Affordable Care Act was actually on early detection rather than the encouragement of a healthy lifestyle. This emphasis will create overuse of testing, which in itself can create much harm. Overtreatment, as well as under treatment for some, is a major problem in our healthcare system. According to a recent national survey conducted by a team of researchers at Dartmouth Medical School, more than 40 percent of primary care physicians in the United States think patients receive too much medical care and more than 25 percent believe they provide too much care to some patients.

According to the lead author, Brenda Sirovich, MD, the goal of the study was to help determine if unnecessary care being delivered could potentially be eliminated without harming patients. As she points out, eliminating some care would actually benefit patients since overtreatment can bring harm. For example, another study at Dartmouth determined that a two to six percent increase in deaths among Medicare recipients living in high cost regions was because those patients spent more time in hospitals exposing them to risks that include hospital-borne infections, medical errors, and complications that come with treatment.

Each year, approximately two million Americans receive an angioplasty, but studies indicate that only about 800,000 who are in the midst of a heart attack will likely benefit. The majority of these patients have other cardiac related conditions such as angina or shortness of breath, which can be more safely and effectively treated with the same drugs

that are given after an angioplasty. A federal-funded trial conducted in 2006 determined that the rate of death and heart attack was lower in those treated with multiple drug therapy alone, compared to those given an angioplasty plus multiple drug therapy. Not only was the angioplasty plus multiple drug therapy more risky for the patient, but angioplasty with a stent was costly at \$10,000 to \$15,000 per procedure.

The angioplasty example demonstrates doctors ignoring scientific evidence on who should get this treatment and who should not. Unfortunately, there is no definitive information about the majority of tests and treatments, and the Institute of Medicine estimates that only four percent of tests and treatments are backed up by strong scientific evidence. More than half of tests and treatments have very weak evidence.

In the Dartmouth study by Dr. Sirovich's team on the ubiquity of overtreatment, the physicians were asked about the cause of aggressive care. Seventy-six percent think malpractice contributes to overtreatment, 52% believe clinical performance measures lead to too much care, and 40 percent think that not having enough time with patients is a factor in overtreatment. All of this information highlights the importance of health literacy and knowledge on the part of patients, both important factors in a complete health engagement strategy.

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