

# Reduce Low-Value Pre-op Testing!

**All patients need pre-op EVALUATION, but low-risk patients undergoing low-risk procedures may not need routine pre-op TESTING.** Providing high-quality care to patients includes eliminating unnecessary tests, treatments and procedures.

“Low-Value Care: Services demonstrated to add no value in particular clinical circumstances which can also lead to subsequent unnecessary patient harm and higher total cost of care.” –*Smarter Care Virginia*

A recent study in Virginia<sup>1</sup> revealed more than \$586 million in unnecessary costs.

In a study examining ECG's prior to cataract surgery in Medicare patients, the total cost of ECGs was approximately \$3.3 million, while the cost for testing post-ECG was over ten-fold at \$35 million, demonstrating the potential financial impact of low value testing.<sup>2</sup>

## Benefits of Reducing Unnecessary Pre-op Testing

### For patients:

- » Reduces adverse downstream outcomes from false positive low value tests
- » Reduces patient's financial cost
- » Reduces waiting for test results and anxiety from false-positive results
- » Reduces unnecessary delay before procedure

### For physicians:

- » Provides evidence-based medicine which avoids unnecessary care
- » Reduces time spent reviewing, documenting and explaining test results that won't impact the planned procedure
- » Avoids the iatrogenic cascade of further testing and procedures

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

“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/are expected to be minimal.”

**American Society of Anesthesiologists**

“Avoid admission or pre-operative chest X-rays for ambulatory patients with unremarkable history and physical exam.”

**American College of Surgeons**

<sup>1</sup>Low-Cost, High-Volume Health Services Contribute the Most to Unnecessary Health Spending. [www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.0385](http://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.0385)

<sup>2</sup>Ganguli et al. *Jama IM*. 2019. doi:10.1001/jamainternmed.2019.1739



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