

Defensive medicine and malpractice: Analysis shows physicians order more tests after a colleague is sued



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News

Doctors are more likely to perform diagnostic tests on a patient in the quarter following a patient malpractice injury report being filed against one of their practice peers, according to a research letter published in *JAMA Internal Medicine's* August 2019 edition.

The data showed an increase in defensive medicine behaviors, namely a rise in the number of diagnostic scans in the quarter immediately following their colleague's malpractice report, with a steep drop-off in the

second quarter following the report.

The analysis was performed by Dan P. Ly, MD, MPP, of Harvard University, and specifically looked at the claims data of a random 20 percent of Medicare beneficiaries in Florida between 2009 and 2013 who were linked by physician to injury reports from 2010 to 2012.

This may be a sign that in the immediate aftermath of a peer being reported for injury, physicians find themselves willing to subject patients to a more rigorous testing out of fear.

Ly also notes the results are driven more by malpractice claims that resulted in death rather than those that did not.

“These results are consistent with prior research that suggests that perceived malpractice risk, rather than objective malpractice risk, may influence defensive medicine,” Ly writes in the letter.

In all, Ly looked at data from 361 physicians, with a specific look at the rate of non-extremity CT scans and MRIs that occurred within seven days of a Medicare patient’s evaluation and management visit to a primary care physician.

The sample size was limited to practices with a maximum number of one injury report within the examined time period, and by the beneficiaries being enrolled in Medicare Parts A and B for that calendar year.

The mean rate of advanced imaging in this group was 2.3 per 100 evaluation and management visits in the quarter immediately following an injury report filed against a peer, which is .78 per 100 evaluation and management visits higher than the quarter immediately preceding the injury report being filed, Ly found.

In the letter, Ly recognizes that his analysis was limited by the inability to distinguish “responses based solely on malpractice concerns from responses based solely on wanting to avoid similar injuries.”

Ly also noted that the results were limited to the Medicare population in Florida and do not necessarily indicate similar trends in other locations or populations.

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