

Study examines research on overuse of health care services

January 23 2012

The overuse of health care services in the United States appears to be an understudied problem with research literature limited to a few services and rates of overuse varying widely, according to an article published in the January 23 issue of *Archives of Internal Medicine*, one of the JAMA/Archives journals. This article is part of the journal's Less is More series.

Overuse of medical services (those services with no benefit or where the harm outweighs the benefit) can contribute to high health care costs, with some estimates attributing as much as 30 percent of U.S. health care spending to overuse, the authors write in the study background.

"An understanding of the prevalence of overuse of health care services across the U.S. health system is needed to improve <u>health care quality</u> and eliminate waste," the authors note.

Deborah Korenstein, M.D., of the Mount Sinai School of Medicine in New York, and colleagues reviewed medical literature for studies of overuse of therapeutic procedures, diagnostic tests and medications in the U.S. They identified 172 articles measuring overuse (53 on therapeutic procedures, 38 on diagnostic tests and 81 on medications).

The majority of the studies focused on four interventions: antibiotics for upper <u>respiratory tract infections</u> (URI) and three cardiovascular procedures. The researchers note rates of overuse varied among studies and the services studied.



Researchers suggest some overuse has declined over time, including rates for inappropriate <u>carotid endarterectomy</u> (CEA, a procedure to remove carotid artery plaque). They also note that inappropriate antibiotic use for viral URI has generally persisted despite universally accepted guidelines and other interventions, but it appears to have declined over time.

However, the authors note the limited literature on overuse is understandable because of the challenges of developing standards to measure overuse.

"Expanding the evidence base and establishing <u>appropriateness criteria</u> for a broader range of services could help target and eliminate overuse in health care services, which could reduce health care spending without adversely affecting the health of the public," the authors conclude.

More information: Arch Intern Med. 2012;172[2]:171-178.

Provided by JAMA and Archives Journals

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