

## Study suggests quality initiatives needed to reduce repeat lipid testing

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An analysis of patients with coronary heart disease (CHD) who attained low-density lipoprotein cholesterol (LDL-C) goals with no treatment intensification suggests that about one-third of them underwent repeat testing, according to a report published by *JAMA Internal Medicine*.

The authors note in the study background that the frequency and correlates of repeat lipid testing in [patients](#) with CHD who have already achieved Adult Treatment Panel III guideline-recommended LDL-C treatment targets and received no treatment intensification are unknown. The guideline-recommended LDL-C target is less than 100 mg/dL.

"In these patients, repeat lipid testing may represent health resource overuse and possibly waste of [health care resources](#)," according to the study.

Salim S. Virani, M.D., Ph.D., of the Michael E. DeBakey Veterans Affairs Medical Center Health Services Research and Development Center of Excellence, Houston, Texas, and colleagues analyzed a total of 35,191 patients with CHD in a VA network of seven medical centers. Of 27,947 patients with LDL-C levels less than 100 mg/dL, 9,200 (32.9 percent) had additional lipid tests without treatment intensification during the following 11 months, the study results indicate.

According to the authors, "Collectively, these 9,200 patients with CHD had a total of 12,686 additional lipid panels performed. With a mean lipid panel cost of \$16.08...this is equivalent to \$203,990 in annual costs

for one VA network and does not take into account the cost of the patient's time to undergo lipid testing and the cost of the provider's time to manage these results and notify the patient."

"Our results highlight areas to target for future quality improvement initiatives aimed at reducing redundant lipid testing in patients with CHD," the study concludes.

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