

# **Half of primary care doctors provide unnecessary specialty referrals upon patient request**

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Sapna Kaul. Credit: The University of Texas Medical Branch at Galveston

A study recently published in the *American Journal of Managed Care*

found that more than half of primary care providers reported that they made what they considered unnecessary referrals to a specialist because patients requested it. Many physicians said they yielded to patient requests for brand-name drug prescriptions when cheaper generics were available. This study was conducted by Sapna Kaul, assistant professor of health economics in The University of Texas Medical Branch at Galveston department of preventive medicine and community health, in collaboration with researchers from the Massachusetts General Hospital and Harvard Medical School.

Thirty percent of U.S. [health care expenses](#) each year are thought to be unnecessary. Physicians are increasingly expected to consider the costs of their treatment plans on the health care system when making medical decisions. However, little is known about how [physicians](#) balance cost-saving expectations in the face of patient requests.

Specialty referral rates have more than doubled in the last decade, raising questions about what is driving this pattern. Recent research shows that almost half of physicians report at least one patient request per week for what a doctor considers an unnecessary test or procedure.

In this study, researchers used data from a nationally representative survey of 840 [primary care physicians](#) in family practice, internal medicine and pediatrics.

In response to patient requests, 52 percent of the surveyed physicians reported making what they considered unnecessary referrals for a specialist and 39 percent prescribed brand-name drugs despite generic alternatives. Family physicians and internal medicine physicians were more likely than pediatricians to prescribe brand-name drugs and make unnecessary referrals. Other factors of giving into to patient demands included interactions with drug/device representatives, more years of clinical experience, seeing fewer underinsured patients and medical

practices with only one or two physicians.

"Unnecessary medical practices may cause unneeded emotional and financial stress for patients and their loved ones," said Kaul. "Both physician and patient-level strategies are required to limit wastage of medical resources. Efforts to reduce unnecessary practices could include educating physicians about the benefits that result from avoidance of over/under use of medical services and implementing incentives to create a system of value seeking [patients](#)."

**More information:** [www.ajmc.com/journals/issue/20 ... unnecessary-care/P-3](http://www.ajmc.com/journals/issue/20...unnecessary-care/P-3)

Provided by University of Texas Medical Branch at Galveston

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