What do German GPs think about overdiagnosis? - a questionnaire study

This study is part of the research network Pro Pricare - PReventing Overdiagnosis in PRImary CARE

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Study question & methods

What do German GPs know and think about overdiagnosis?

Methods:
- Online questionnaire study with GPs in northern Bavaria based on the results of a previous qualitative study
(preliminary) Results:

- N = 135 (response rate: 18%)
- 79% were male
- Mean age: 55 years
- 68% work longer than 15 years as a GP
- 49% working in a rural area
- 63% with practice volume larger than 1000 patients/quarter
Relevance in practice

Against what do you think it is more important to take action?

How do you estimate the amount of medical overuse in all medical services?

Overdiagnosis is seen as a very relevant problem
What do you think are the three main causes leading to overdiagnosis?

- Disease mongering: 34%
- Advances in medical technology: 22%
- Marketing activities of the pharmaceutical industry: 27%
- Patients' expectations: 76%
- Defensive medicine: 53%
- Economic constraints of GPs: 13%
- Disregard of evidence / guidelines: 15%
- Lack of a primary care system: 61%
Attitudes in favour of/in agreement with overdiagnosis

Selection of Statements with highest agreement

- Medical malpractice litigation is leading to overdiagnosis because GPs want to protect themselves against consequences.

- Patients are more satisfied by GPs action than by GPs words.

- The more diagnostics a GP carries out, the more a GP is considered to be competent.

- Patients with unspecific low back pain are dissatisfied when their symptoms are not clarified with imaging.

Higher agreement to items related to patients’ expectations and defensive medicine.
Solutions:

- Most known campaigns: “Choosing Wisely” (32%) and “Klug entscheiden” (30%). Fifty percent took a closer look.

- **Fifty percent never heard of any campaigns.** Those GPs also see medical underuse as a bigger problem compared to overdiagnosis.
Acceptance of recommendations

Do you agree with the following „Choosing wisely“ recommendations?

- Use only generic statins when initiating lipidlowering drug therapy.
- Don’t obtain blood chemistry panels or perform urinalyses for screening in asymptomatic, healthy adults.
- Don’t screen adolescents for scoliosis.
- Don’t use DEXA screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors.
- Don’t order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.
- Don’t do imaging for low back pain within the first six weeks, unless red flags are present.

High agreement, except for screening in asymptomatic patients. Higher agreement in group of GPs who know the campaigns.
Summary

- Overdiagnosis is perceived as relevant
- Patient expectations, defensive medicine and lack of a primary care based health care system are seen as the main drivers (we are innocent)
- Half of GPs don’t know about the problem
- “Choosing wisely“ recommendations are widely acceptable, except for laboratory screening tests
Conclusion

- Concerning problem awareness the glass is half full! How can we get the rest informed and convinced?

- GPs seem to perceive themselves as innocent. How can we overcome the blind spots?

- That GPs widely disagree with the recommendation not to obtain blood and urine chemistry panels for screening might point to a knowledge deficit of the reason for this recommendation. How can we fill the knowledge gaps?
Thank you for your attention!