Commentary: Beyond appropriate use, excluding the useless

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The costs of delivering health care in the United States continue to escalate at alarming rates, with projections of health care representing 20% of gross domestic product by 2020.¹ Although technology and medicolegal issues play significant roles, money spent on useless testing remains substantial, contributing as much as 20%-30% of wasted health care dollars.^{2,3} The reason for ordering these less beneficial tests is usually lack of awareness of test utility. The accompanying document is the second multidisciplinary document that attempts to address gaps in familiarity with optimal testing in nonvalvular heart disease.⁴ The first document addressed valvular heart disease, and the second document addressed the majority of other common pathologies seen in cardiology and cardiac surgery.⁵

The American College of Cardiology spearheaded the coordination of this document to include input from the full spectrum of physicians who care for cardiac pathologies. All parties had the specifics of studies within their comfort zone down, but there were many topics that even the rating group had to learn about best practices. For instance, the surgeons were very vocal about the current standards for dissection care, but other aspects were not as familiar. In these cases, evidenced-based arguments were made from the experts from subspecialties before voting on the appropriateness of different modalities specific to clinical scenarios. As with the valve-based criteria, the goal of this document is to help direct testing into modalities that provide some value to the patient and provider. As such, the recommendations allow for a variety of approaches for most every clinical scenario so that facilities or providers have options available to them.

The appropriate use guidelines should be viewed as resources to reduce wasted tests on patients. The development of these types of resources is intended to be beneficial for patients and providers rather than creating any restrictions on ordering. All of us want to do what is best for our patients, so hopefully this article aids in the optimal care of patients with nonvalvular heart disease both before and after

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Central Message

Escalating the cost of health care can be exacerbated by the performance of unsuitable tests. Appropriate use guidelines should expedite beneficial testing for patients, while limiting health care costs.

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they are seen by cardiac surgeons with minimization of costly diagnostic testing that provides little to the optimal care of these patients.

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