Background
- Healthcare spending >20% of US GDP
- Unnecessary testing contributes to costs
- Multiple professional initiatives to address
- We surveyed a cohort of military and civilian family physicians regarding appropriate utilization of five common diagnostic and screening tests

Methods
- Focus group developed five primary care cases associated with unnecessary testing
- Cases distributed electronically to members of Uniformed Services Academy of Family Physicians (USAFP) and Council of Academic Family Medicine (CAFM)
- Descriptive statistics and chi-square to compare differences in proportion correct between groups

Results
- 236/2165 (11%) USAFP responded
- 519/1099 (47%) CAFM responded
- Overall response: 755/3264 (23%)
- No statistical difference between groups
  - Sinusitis: 66.5% correct
  - Preop EKG screening: 61.4% correct
  - Pap smear: 90.1% correct
  - DEXA: 85.4% correct
  - Low back pain: 86.7% correct

Discussion
- Response trends similar between groups
- Incorrect more often on sinusitis management and preop EKG screening
- Ordering unnecessary tests: prevalent
- Consequences: medical harm and costs
- Two areas where ongoing physician education may be helpful
- Limitations:
  - Overall response rate of 23%
  - Low USAFP response rate of 11%
  - Case scenarios hypothetical

Conclusions
- Exploratory findings suggest a knowledge gap in cost conscious care
- Preop EKG screening and sinusitis management is most commonly associated with unnecessary testing in our cohort
- Sinusitis management and preop EKG screening may warrant further education

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