

# Too many unnecessary CT and MRI scans

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The number of CT scans per patient has doubled over the last 10 years, while the number of MRI scans has tripled, according to a recent study in the journal Health Affairs.

No wonder a growing chorus of critics wonder if all of these expensive medical tests are necessary.

There's reason to be concerned, said Dr. John Anastos, chair of radiology at Advocate Lutheran Hospital. He spoke to me today after attending the annual meeting of the Radiology Society of America in Chicago.

Too many scans repeat tests that doctors don't know about because of breakdowns in communication, Anastos says.

A small new survey sponsored by the radiology group confirms the doctor's assessment. Of 101 radiologists who responded, 69 percent said they had encountered "unnecessary or duplicative scans" in the last six months.

It's a vivid example waste in the health care system.

Anastos gives a fictional example to illustrate the problem. Take a college student who has abdominal pain and whose doctor orders an ultrasound of the gallbladder, he says.

Assume the ultrasound comes back showing the gallbladder is normal but there's a mass in the liver. The young woman's doctor then orders a high-powered CT scan to see if the tumor is malignant. When results are inconclusive, he orders follow-up scans at six months and a year.

Then, assume that the patient had a MRI a year earlier when she had a kidney infection--and that she doesn't mention this to the doctor who's currently treating her abdominal ailment. (Patients often forget to mention tests.) Because the specialist who treated her is in a different location and there's no shared medical record, her current doctor doesn't know.

There's the rub. If the physician had access to the MRI, he wouldn't need to order three CT scans that expose the young woman to radiation and potential complications associated with the chemicals used to produce color contrast in the scans, Anastos said. The MRI would have been enough to determine whether the tumor was benign.

"None of these (CT) scans needed to be done, but the doctor had no way of knowing that," Anastos says.

The solution is to create linkages between health care facilities, even those not joined by common ownership, so physicians in different locations can have joint access to archived scans, Anastos suggests.

He's helped bring the concept to Chicago's northwest suburbs, where nine medical organizations--including Advanced Radiology Professionals of Buffalo Grove, Advanced Radiology Consultants of Park Ridge, Oak Mill Imaging in Niles, and others--have been doing just that since last year. Anastos said he hopes to bring Advocate Lutheran General Hospital into the network by the end of the year.

This is how the system works: Before a patient comes in for an appointment, a doctor can enter her identifying information in a database and discover whether any of the participating groups have already performed scans on the patient. If so, he can review those images.

I asked the doctor what people should do to make sure they don't get unnecessary scans.

"Ask your doctor: 'Is this test medically necessary and are there other imaging options that don't use ionizing radiation?'" he suggests. (The radiation is used in X-rays and CT scans.)

Also, keep a record of each scan you receive, where it was taken and when.

Treat that component of your medical history like you would medications, Anastos says. Just as it's important to let every doctor know what drugs you're taking, it's important to tell every doctor what scans you've had so tests aren't duplicated. If a patient is older and perhaps forgetful, a family member should have this information on hand, especially when a new doctor is consulted.