Appendix E: Detailed Results of the OTA Clinical Scenario Surveys

he main features of the results of the Office of Technology Assessment (OTA) clinical scenario surveys 'are highlighted in chapter 3. This appendix contains:

- •for each clinical option in each "case" scenario, weighted frequencies and percentages of responses using six different definitions of defensive medicine (tables E–1 through E–8); and
- a comparison of attitude scale scores between respondents who cited malpractice concerns as the primary reason for choosing procedures and those who did not (table E-9).

The following additional results are presented in a technical appendix available from OTA upon request:

•unweighed frequencies and percentages of respondents who single-checked or double-

- checked malpractice concerns for each clinical option;
- detailed comparisons of results for case and control versions of the scenarios, showing unadjusted as well as adjusted odds ratios and confidence intervals;
- weighted crosstabulations between each of the demographic items and our primary measure of defensive medicine (see appendix D);
- descriptive measures of our attitude scales for malpractice concern, cost consciousness, and discomfort with clinical uncertainty (see appendix D); and
- detailed results of comparison of the proportion of respondents who chose clinical actions in the open- and closed-ended versions of the scenario surveys of the American College of Surgeons.

¹These results were compiled in collaboration with Dr. Russell Localio of Pennsylvania State University.

TABLE E-1: Percentage of Respondents Who Chose a Clinical Action for Malpractice Concerns, Cardiologists^a

vocal respondents who chose the clinical action % of respondents who chose the clinical action Definition			Most restric	Most restrictive definition			Least restrictive definition	ve definition
6) 66.3% 0.6% 7.2% 8.3% 15.6% 37 107 0.0 0.3 2.1 2.4 4.8 8 107 0.0 0.0 0.3 0.3 1.2 3 107 0.0 0.0 0.3 0.3 1.2 3 83.0 0.0 0.0 0.0 0.9 0.9 5.4 20 all echo 0.8 0.0	0	င် ဝ	Definition 1	Definition 2	Definition 3		Definition 5	Definition 6
66.3% 06% 06% 72% 83% 156% 37 298 00 03 21 24 48 88 107 00 00 03 21 24 48 88 107 00 00 00 03 03 12 30 830 00 00 00 09 09 54 20 835 06 06 18 18 18 38 10 835 00 00 00 00 00 03 835 039 09 09 54 20 835 00 00 00 00 00 00 00 835 00 00 00 00 00 00 00 836 00 00 00 00 00 00 00 837 00 00 00 00 00 00 00 00 00 838 00 00 00 00 00 00 00 00 00 00 00 00 00	Syncope (N=346)							
298 000 03 21 2.4 48 8 8 830 000 00 000 003 003 12 33 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14	Admit	98:3%	%9.0		7.2%		15.6%	37.9%
10.7 10.7 10.0 10.0 10.3 10.2 12 13 13 14 14 14 14 12 14 14 14	Exercise ECG	29.8	0.0					8.3
83.0 0.0 0.0 0.9 0.9 5.4 2.0 67.0 0.2 0.2 1.4 1.4 3.5 1.4 14.0 0.2 0.2 1.4 1.4 3.5 1.4 18.0 0.0 0.0 0.0 0.0 0.0 26.5 0.9 0.0 0.0 0.0 0.0 20.5 0.9 1.9 3.6 4.3 7.0 1.0 23.1 1.7 2.0 3.4 3.8 6.9 1.1 23.1 1.7 2.0 3.4 3.8 6.9 1.1 23.1 1.7 2.0 3.4 3.8 6.9 1.1 23.1 1.7 2.0 0.0 0.0 0.0 20.0 0.0 0.0 0.0 0.0 20.0 0.0 0.0 0.0 20.0 0.0 0.0 0.0 20.0 0.0 0.0 0.0 20.0 0.0 0.0 0.0 2	Stress thallium	10.7	0.0				1.2	3.3
ler 562 0.2 0.2 1.4 1.4 3.5 14. ler 562 0.6 0.6 1.8 1.8 3.8 10. all echo 0.8 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 83.5 0.3 0.8 2.8 3.5 9.0 2.2 28.5 0.9 1.9 3.6 4.3 7.0 1.0 23.1 1.7 2.0 3.4 3.8 6.9 1.1 7.6 0.0 0.0 0.0 0.0 0.0 0.0 2.5 8.8 1.1 INCHESTAL 1.1 3.0 0.0 0.0 0.0 0.8 1.2 4.0 6.5 1.3 INCHESTAL 1.1 3.0 4.4 5.8 81 1.4 2.1 INCHESTAL 1.1 3.0 0.0 0.0 0.0 0.8 0.8 1.1 1.4 2.1 INCHESTAL 1.2 2.5 2.5 8.6 0.1 1.4 1.4 2.1 2.1 INCHESTAL 1.4 2.1 INCHESTAL 1.	2 D/M mode	83.0	0.0				5.4	20.6
selection 562 06 06 06 1.8 1.8 1.8 38 10 selection 0.8 2.8 3.5 90 22 396 0.0 0.0 0.0 0.0 0.0 0.0 r 26.5 0.9 1.9 3.6 4.3 7.0 1.7 3.0 1.7 3.0 2.2 9.0 2.2 3.4 3.8 6.9 1.1 3.0 1.7 3.0 1.0	Doppler	67.0	0.2				3.5	14.5
ral echo 0.8	Color flow doppler	56.2	9.0		1.8		3.8	10.8
83.5 0.3 0.8 2.8 3.5 9.0 2.2 39.6 0.0 0.0 0.0 0.3 1.7 3 39.6 0.0 0.0 0.0 0.0 0.0 0.0 0.0 39.6 0.0	Transesophageal echo		0.0				0.0	0.2
39.6 0.0 0.0 0.0 0.1 0.0 <td>Holter monitor</td> <td>83.5</td> <td>0.3</td> <td></td> <td></td> <td></td> <td>0.6</td> <td>22.7</td>	Holter monitor	83.5	0.3				0.6	22.7
r 265 0.9 1.9 36 43 7.0 10 23.1 1.7 20 3.4 3.8 6.9 11 76 0.7 1.0 1.5 2.2 2.8 4 rew/NSAID 678 0.0 0.0 0.0 0.0 0.0 2.5 2.8 4 ew/NSAID 678 0.0	Tilt table	39.6	0.0				1.7	3.7
23.1 17 20 34 38 69 11 7.6 0.7 10 15 2.2 2.8 4 7.6 0.7 10 0.0 0.0 0.0 2.5 8 8.8 0.0 0.0 0.0 0.8 0.8 1.2 4 8.5 0.0 0.0 0.0 0.8 0.8 1.5 2.1 7.8 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0	Carotid doppler	26.5	6.0				7.0	10.5
7.6 0.7 1.0 1.5 2.2 2.8 4 NSAID 67.8 0.0 0.0 0.0 0.0 2.5 8 8.8 0.0 0.0 0.0 0.8 0.8 1.2 4.3 SQL 22.4 0.5 1.1 4.4 5.8 81 14.0 23. SQL 22.4 0.0 0.0 0.0 0.8 0.8 1.5 2.7 7. 1.8 0.7 0.7 1.4 1.4 2.1 2.1 2.1 2.1 2.1 2.1 3.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	EEG	23.1	1.7				6.9	11.3
uSAID 67.8 00 0.0 0.0 0.0 25 8 symes 21.5 00 0.0 0.0 0.8 1.2 4 zymes 21.5 05 1.1 3.0 4.9 65 13 3C 22.4 05 1.1 4.4 5.8 8.1 14 50.2 2.5 2.5 8.6 1.1 14.0 23 8.5 0.0 0.0 0.0 0.8 0.8 1.4 2.7 7 8 0.7 0.7 0.7 1.4 1.4 2.1 2. 7 8 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 10 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	Brain MRI	2.6	0.7				2.8	4.0
NSAID 678 0.0 0.0 0.0 0.0 25 8 8 0.0 0.0 0.0 0.8 1.2 4 8 8 0.0 0.0 0.0 0.8 1.2 4 2 22.4 0.5 1.1 3.0 4.9 65 13 50.2 22.4 0.5 1.1 4.4 5.8 8.1 14.0 23 8.5 0.0 0.0 0.0 0.8 0.8 1.5 2.7 7.7 8.4 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0	Chest pain (N=162)							
8.8 0.0 0.0 0.8 1.2 4 anzymes 21.5 0.5 1.1 3.0 4.9 6.5 13 ECG 22.4 0.5 1.1 4.4 5.8 8.1 14 8.5 0.0 0.0 0.0 0.8 0.8 1.5 2.3 1.8 0.0 0.0 0.0 0.8 0.8 1.5 2.7 7.8 18.8 0.0 0.0 0.0 0.8 0.8 1.4 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1	Discharge home w/NSAID	67.8	0.0	0.0		0.0	2.5	8.8
ECG 22.4 0.5 1.1 3.0 4.9 6.5 13 13 5.0 4.9 6.5 13 5.0 4.9 6.5 13 5.0 4.9 6.5 13	Admit and observe		0.0	0.0		0.8	1.2	4.9
ECG 22.4 0.5 1.1 44 5.8 81 14 14 14 0 23 25.2 2.5 8.6 1.1 14.0 23 8.5 0.0 0.0 0.0 0.8 0.8 1.5 2 2 23 8.5 0.0 0.0 0.0 0.0 0.8 0.8 1.5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Admit and obtain enzymes		0.5	1.1		4.9	6.5	13.4
50.2 2.5 2.5 8.6 1.1 14.0 23 8.5 0.0 0.0 0.8 0.8 1.5 2 18.8 0.0 0.0 1.4 1.4 2.7 7 7.8 0.7 0.7 1.4 1.4 2.1 2 8.4 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0	Admit and obtain ECG		0.5	1.1		5.8	8.1	14.0
8.5 0.0 0.0 0.8 0.8 1.5 2 18.8 0.0 0.0 1.4 1.4 2.7 7 7.8 0.7 0.7 1.4 1.4 2.1 2 8.4 0.0 0.0 0.0 0.8 0.8 1.4 2 scho 0.6 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	Exercise ECG	50.2	2.5	2.5		1.1	14.0	23.9
18.8 0.0 0.0 1.4 1.4 2.7 7. 7. 8.4 0.7 0.7 1.4 1.4 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1	Stress thallium	8.5	0.0	0.0		0.8	1.5	5.6
7.8 0.7 0.7 1.4 1.4 2.1 2 8.4 0.0 0.0 0.8 0.8 1.4 2 echo 0.6 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	2 D/M mode		0.0	0.0		1.4	2.7	
scho 0.6 0.0 0.0 0.8 0.8 1.4 2 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0	Doppler		0.7	0.7	1.4	1.4	2.1	
ocho 0.6 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	Color flow doppler	8.4	0.0	0.0		0.8	1.4	
0 0.0 0.0 0.0 0.0 0.0 9.0	Transesophageal echo		0.0	0.0		0.0	0.0	
	Anaioaram		0.0	0.0		0.0	0.0	

^a Results are weighted to reflect the total population of professional society members on which the survey sample was based (see appendix D for details)

^b Results shown for "case" versions of scenarios only (see appendix D for explanation)

KEY, 2 D/M = 2 dimensional/time-motion mode, ECG = electrocardiogram, EEG = electroencephalogram, NSAID = nonsteroidalanti-inflammatory drug

NOTE: Starting with definition 1, the data are cumulative.

SOURCE: Office of Technology Assessment, 1994. Data compiled in collaboration with Dr. Russell Localio of Pennsylvania State University

Definition 1 Majoractice Concerns double-checked with no checks for any other reason
 Definition 2 definition 1 plus Majoractice Concerns double-checked, no checks for Medical Indications, but single checks for other reasons allowed
 Definition 3 definition 2 plus Majoractice Concerns double-checked, a single check for Medical Indications, and single checks for other reasons allowed
 Definition 4 definition 3 plus Majoractice Concerns single-checked, no checks for Medical Indications, usingle or double checks allowed for other reasons allowed
 Definition 6 definition 4 plus Majoractice Concerns single-checked, Medical Indications and single checks for other reasons allowed
 Definition 6 definition 5 plus Majoractice Concerns single-checked, Medical Indications double checked, and single checks for other reasons allowed

TABLE E-2: Pe	ercentage of	Clinical Actions	Chosen	for Ma	Ipractice (Concerns, (Cardiologists ^a
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Of clinical actions chosen, percent done for malpractice concerns Most restrictive definition Least restrictive definition Scenario 1/ % of respondents who clinical action chose the clinical action Definition 2 Definition 1 Definition 3 **Definition 4** Definition 5 Definition 6 Syncope(N=346) Admit 66.3% 0.8% 0.8% 10 8% 12 5% 23.5% 57 2% Exercise ECG 29.8 0.0 1.0 71 8 0 16.2 278 Stress thallium 10.7 0.0 0.0 23 23 11.4 310 2 D/M mode 0.0 83.0 0.0 11 11 6.5 249 0.3 Doppler 67.0 0.3 22 22 5.2 216 Color flow doppler 56.2 1.0 1.0 3 2 32 6.8 192 Transesophageal echo 0.8 0.0 0.0 0.0 0 0 0 0 299 Hotter monitor 83.5 0.41.0 33 4 2 10.8 272 Tilt table 39.6 0.0 0.0 4.4 0 0 06 94 Carotid doppler 26.5 3.5 7.1 137 26.4 162 39.8 EEG 23.1 7.2 8.7 14.9 29.7 163 489 Brain MRI 7.6 8.6 12.7 203 289 36.3 53.0 Chest pain (N=162) Discharge home w/NSAID 67.8 0.0 0.0 0.0 0.0 3.7 13.0 8.8 0.0 0.0 8.7 8.7 13.8 Admit and observe 556 2.1 Admit/obtain enzymes 21.5 5.1 13.9 23.0 30.2 62.3 2.0 Admit and obtain ECG 22.4 2.0 19.5 25.7 36.1 624 5.0 Exercise ECG 50.2 5.0 17.2 22.1 27.8 477 Stress thallium 8.5 0.0 0.0 9.0 9.0 17.9 307 2 D/M mode 18.8 0.0 0.0 7.6 7.6 14.5 391 Doppler 7.8 8.7 8.7 18.4 18.4 26.6 346 8.4 0.0 0.0 Color flow doppler 9.1 9.1 16.7 24.1 Transesophageal echo 0.6 0.0 0.0 0.0 0.0 0.0 00" 0.6 0.0 0.0 0.0 Angiogram 0.0 0.0 1000

 $KEY\ 2\ D/M=2\ dimensional/time-motion\ mode,\ ECG=electrocardiogram,\ EEG=electrocardegram,\ NSAID=nonsteroidal\ anti-inflammatory\ drug$

SOURCE Office of Technology Assessment, 1994 Data compiled in collaboration with Dr Russell Localio of Pennsylvania State University

^{*}Results are weighted to reflect the total population of professional society members on which the survey sample was based (see appendix D for details) b Results shown for "Case" versions of scenarios only (see appendix D for explanation)

NOTE Starting with definition 1, the data are cumulative.

[•]Definition 1 Malpractice Concerns double checked with no checks for any other reason

[•] Definition 2 definition 1 plus Malpractice Concerns double-checked no checks for Medical Indications, but single checks for other reasons allowed

[■] Definition 3 definition 2 plus Malpractice Concerns double-checked, a single check for Medical Indications, and single checks for other reasons allowed

[•] Definition 4 definition 3 plus Malpractice Concerns single-checked, no checks for Medical Indications, but single or double checks for other reasons allowed

[■] Definition 5 definition 4 plus Malpractice Concerns single-checked, Medical Indications single-checked, and single or double checks allowed for other reasons

[■] Definition 6 definition 5 plus Malpractice Concerns single-checked, Medical Indications double-checked, and single checks for other reasons allowed

TABLE E-3: Percentage of Respondents Who Chose a Clinical Action for Malpractice Concerns, General Surgeons^a

		Perc	ent of responde	ents who chose	clinical action fo	r malpractice c	oncerns
		Most restric	tive definition		<u> </u>	Least restrictiv	ve definition
Scenario ^b / clinical action	% of respondents who chose the clinical action	Definition 1	Definition 2	Definition 3	Definition 4	Definition 5	Definition 6
Breast pain (N=1,412)							
Needle biopsy	13 3%	0.2%	0.3%	2.7%	3.0%	4.6%	9.7%
Open biopsy	8.4	0.2	0.5	2.1	2.1	3.0	6.3
Other	14.5	0.0	0.1	1.0	1.1	1.8	6.2
Rectal bleeding (N=738)							
Air contrast barium enema	a 19.2	0.0	0.5	2.3	2.4	4.8	11.5
Colonoscopy	26.2	0.6	1.3	5.0	5.0	7.1	16.5
Other	9.7	0.0	0.0	0.3	0.4	1.1	2.0

³ Results are weighted to reflect the total population of professional society members on which the survey sample was based (see appendix D for details).

NOTE Starting with Definition 1, the data are cumulative

- •Definition 1 Malpractice Concerns double-checked with no checks for any other reason
- ■Definition 2 definition 1 plus Malpractice Concerns double-checked, no checks for Medical Indications, but single checks for other reasons allowed
- ■Definition 3 definition 2 plus Malpractice Concerns double-checked, a single check for Medical Indications, and single checks for other reasons allowed
- Definition 4 definition 3 plus Malpractice Concerns single-checked, no checks for Medical Indications, but single or double checks for other reasons allowed
- ■Definition 5 definition 4PM Malpractice Concerns single-checked Medical Indications single-checked and single or double checks allowed for other reasons
- ■Definition 6 definition 5 plus Malpractice Concerns single-checked, Medical Indications double-checked and single checks for other reasons allowed

SOURCE Off Ice of Technology Assessment, 1994 Data compiled in collaboration with Dr Russell Localio of Pennsylvania State University

⁹ Results shown for "case" versions of scenarios only (see appendix D for explanation).

TABLE E-4: Percentage of Clinical Actions Chosen for Malpractice Concerns, General Surgeons^a

Of clinical actions chosen, percent done for malpractice concerns

		Most restric	tive definition			Least restrictive	ve definition
Scenario ^b / clinical action	% of respondents who chose the clinical action	Definition 1	Definition 2	Definition 3	Definition 4	Definition 5	Definition 6
Breast pain (N=1,412)							
Needle biopsy	13.3%	1.7%	2.1%	20.3%	22.5%	34.7%	73.5%
Open biopsy	8.4	2.4	6.5	24.5	25.5	35.4	75.5
Other	14.5	0.0	0.4	6.6	7.6	12.2	42.6
Rectal bleeding (N=738)							
Air contrast barium enema	a 19.2	0.0	2.5	11.8	12.4	25.1	60.0
Colonoscopy	26.2	2.4	4.9	19.0	19.0	27.0	63.1
Other	9.7	0.0	0.0	2.8	3.8	11.8	20.7

^a Results are weighted to reflect the total population of professional society members on which the survey sample was based (see appendix D for details).

NOTE: Starting with definition 1, the data are cumulative.

- Definition 1: Malpractice Concerns double-checked with no checks for any other reason.
- Definition 2. definition 1 plus Malpractice Concerns double-checked, no checks for Medical Indications, but single checks for other reasons allowed
- Definition 3: definition 2 plus Malpractice Concerns double-checked, a single check for Medical Indications, and single checks for other reasons allowed.
- Definition 4 definition 3 plus Malpractice Concerns single-checked, no checks for Medical Indications, but single or double checks for other reasons allowed
- Definition 5 definition 4 plus Malpractice Concerns single-checked, Medical Indications single-checked, and single or double checks allowed for other reasons.
- Definition 6. definition 5 plus Malpractice Concerns single-checked, Medical Indications double-checked, and single checks for other reasons allowed

SOURCE Office of Technology Assessment, 1994 Data compiled in collaboration with Dr Russell Localio of Pennsylvania State University

b Results shown for "case" versions of scenarios only (see appendix D for explanation).

FABLE E-5: Percentage of Respondents Who Chose a Clinical Action for Malpractice Concerns, Neurosurgeons

	Perce	ent of responde	Percent of respondents who chose clinical action for malpractice concerns	linical action fo	r malpractice co	oncerns
	Most restrict	Most restrictive definition			Least restrictive definition	e definition
the clinical action Definition 1 Definition 2 Definition 3 Definition 4 Definition 5 Definition	Definition 1	Definition 2	Definition 3	Definition 4	Definition 5	Definition

		MOSI JESTIJCI	ive delitiidori			רבמאו ובאווורווגב חבו	ם מכווו ווווכניו
Scenario ^b / clinical action	% of respondents who chose the clinical action	Definition 1	Definition 2	Definition 3	Definition 4	Definition 5	Definition 6
Head trauma (N=503							
Skull x-ray	33 7%	1.4%	3.5%	10.0%	10.3%	12.4%	22.6%
C-spine x-ray	212	2.4	3.1	11.2	114	13.0	17.5
CT of head	488	52	7.9	21.8	22 5	27.0	40.0
Other	3.9	0 4	0.4	0.4	0 4	0.4	1.3
Back pain (N=252)							
umbosacral x-ray	24.4	0.3	9.0	3.4	4.1	5.0	2.3
CT	3.4	0.0	0.0	1.0	1.2	1.2	1,7
M.	12.6	0.7	0.7	2.0	2.0	4 3	9.9
Other	9.3	0.0	0.0	0.0	0.0	0.0	0.0
^a Results are weighted to reflect the total	ect the total population of professional society members on which the survey sample was based (see appendix D for details)	al society members	on which the survey	sample was based ((see appendix D for d	letails)	

KEY CT = computed tomography, C-spine = cervical spine, MRI = magnetic resonance image

^b Results shown for "case" versions of scenarios only (see appendix D for explanation)

<sup>NOTE: Starting with definition 1, the data are cumulative
Definition 1 Majpractice Concerns double-checked with no checks for any other reason
Definition 2 definition 2 plus Majpractice Concerns double-checked, no checks for Medical Indications, and single checks for other reasons allowed.
Definition 3 definition 2 plus Majpractice Concerns double-checked, a single check for Medical Indications. But single checks for other reasons allowed.
Definition 4 definition 3 plus Majpractice Concerns single-checked, in checks for Medical Indications but single or double checks allowed for other reasons.
Definition 5 definition 4 plus Majpractice Concerns single-checked. Medical Indications single-checked, and single checks for other reasons allowed.
Definition 6 definition 5 plus Majpractice Concerns single-checked. Medical Indications double-checked, and single checks for other reasons allowed.</sup>

SOURCE: Office of Technology Assessment, 1994. Data compiled in collaboration with Dr. Russell Localio of Pennsylvania State University

TABLE E-6: Percentage of	Clinical Actions Chosen for Mal	practice Concerns, Neurosurgeonsa

			Of clinical actio	ons chosen, perc	ent done for ma	alpractice conce	erns
		Most restric	tive definition			Least restrictiv	ve definition
Scenario ^b /	°/o of respondents who						
clinical action	chose the clinical action	Definition 1	Definition 2	Definition 3	Definition 4	Definition 5	Definition 6
Head trauma (N=503)							
Skull x-ray	33.7%	4.3%	10.5%	29.6%	30.6%	36.8%	67.0%
C-spine x-ray	21.2	11.3	14.7	52.9	53.9	61.4	82.6
CT of head	48.8	10.7	16.1	44.7	46.0	55.3	81.8
Other	3.9	9.3	9.3	9.3	9.3	9.3	33.3
Back pain (N=252)							
Lumbosacral x-ray	244	1.2	2 4	139	169	204	503
CT	3,4	0 0	0 0	298	36.2	36.2	51 1
MRI	12,6	5 7	5 7	16.0	16.0	337	520
Other	9 3	0 0	0.0	0.0	0 0	0 0	0 0

^{*}Results are weighted to reflect the total population of professional society members on which the survey sample was based (see appendix D for details)

KEY CT = computed tomography, MRI = magnetic resonance image

- NOTE Starting with Definition 1, the data are cumulative

 Definition 1 Malpractice Concerns double-checked with no checks for any other reason
- Definition 2 definition 1 plus Malpractice Concerns double-checked, no checks for Medical Indications, but single checks for other reasons allowed
- ■Definition 3 definition 2 plus Malpractice Concerns double-checked, a single check for Medical Indications, and single checks for other reasons allowed
- Definition 4 definition 3 plus Malpractice Concerns single-checked, no checks for MedicalIndications, but single or double checks for other reasons allowed
- Definition 5 definition 4 plus Malpractice Concerns single-checked, Medical Indications single-checked, and single or double checks allowed for other reasons
- Definition 6 definition 5p/us Malpractice Concerns single-checked, Medical Indications double-checked, and single checks for other reasons allowed

SOURCE. Off Ice of Technology Assessment, 1994 Data compiled in collaboration with Dr Russell Localio of Pennsylvania State University

b Results shown for "case" versions of scenarios only (see appendix D for explanation)

TABLE E-7: Percentage of Respondents Who Chose a Clinical Action for Malpractice Concerns, Obstetricians and Gynecologists^a

Percent of respondents who chose clinical action for malpractice concerns

Sconariob/	% of reconnected who	Most restrict	Most restrictive definition			Least restrictive definition	e definition
clinical action	chose the clinical action	Definition 1	Definition 2	Definition 3	Definition 4	Definition 5	Definition 6
Breast lump (N=1,230)							
Breast sonography	23.6%	0.2%	0.4%		2.5%	6.3%	13.1%
Mammography		0.2	0.8		6.3	11.4	28.8
Needle aspiration		0.2	0.2		1.2	2.5	9 8
Fine needle biopsy	7.0	0.2	0.2		0.5	9.0	2.9
Open biopsy		00	0.0		0.0	0.1	9.0
Refer to surgeon		1.8	2.4		6.7	9.6	20.1
Other		0.0	0.0	0.0	0.0	0.0	0.3
Complicated delivery (N=1,230)	N=1,230)						
Continue pushing now	8.8	0.1	@ 0		0.2	9.0	2.2
Rest for 30 minutes	8.1	0.1	. J 0		0.2	0.8	1.4
Operative vaginal delivery		0.2	- o 0		1.5	5.0	20.4
Caesarean section	23.8	0.4	J - :		0.9	8.6	18.0
Other	4.8	0.1	3 - 0	0.2	0.2	0.4	1.0
Perimenopausal bleeding (N=634)	ing (N=634)						
Hematocrit/hemoglobin		0.2	0.3		1.5	0.9	12.2
Pregnancy test	49.5	2.7	2.8	5.5		10.0	22.5
Endometrial sampling	85.4	0.0	0.1			6.4	35.2
Pelvic ultrasound	54.3	1.1	1.3	4.2		9.5	21.0
Hysteroscopy	14.3	0.1	0.1			6.0	4.0
D&C		0.0	0.0	0.5		1.0	2.0
Hysterectomy	0.2	0.0	0.0	0.0		0.2	0.2
Other	4.5	0.0	0.0	0.0		0.0	0.5
			- The state of the				

a Results are weighted to reflect the total population of professional society members or which the survey sample was based (see appendix D for details)

KEY D & C = dilation and curettage

NOTE. Starting with Definition 1, the data are cumulative.

SOURCE: Office of Technology Assessment, 1994. Data compiled n collaboration with Dr. Russell Localio of Pennsylvania State University

^b Results shown for "case" versions of scenarios only (see appendix D for explanation)

Definition 1 Majpractice Concerns double-checked with no checks for any other reason
 Definition 2 definition 1 plus Majpractice Concerns double-checked, no checks for Medical Indications, and single checks for other reasons allowed
 Definition 3 definition 2 plus Majpractice Concerns double-checked, a single check for Medical Indications, and single checks for other reasons allowed
 Definition 4 definition 3 plus Majpractice Concerns single-checked in ochers for Medical Indications but single or double checks for other reasons allowed
 Definition 5 definition 4 plus Majpractice Concerns single-checked, Medical Indications and single checks for other reasons allowed
 Definition 6 definition 5 plus Majpractice Concerns single-checked, Medical Indications double-checked, and single checks for other reasons allowed

			Of clinical actio	ns chosen, perc	ent done for ma	Ipractice conce	rns
a . h.		Most restric	tive definition			Least restrictiv	ve definition
Scenario ^b / clinical action	% of respondents who chose the clinical action	Definition 1	Definition 2	Definition 3	Definition 4	Definition 5	Definition 6
Breast lump (N=1,230)							
Breast sonography	23.6%	0.7%	1.8%	9.7%	10.4%	26.9%	55.6%
Mammography	45.6	0.3	1.8	12.3	13.8	24.9	63.2
Needle aspiration	24.6	0.7	0.7	4.5	4.8	10.4	38.8
Fine needle biopsy	7.0	2.5	2.5	6.5	6.5	9.2	41.9
Open biopsy	1.0	0.0	0.0	0.0	0.0	8.1	57.4
Refer to surgeon	29.2	6.3	8.3	21.4	23.1	32.4	68.8
Other	2.0	0.0	0.0	0.0	0.0	0.0	16.7
Complicated delivery (N	=1,230)						
Continue pushing now	8.8	0.9	1.9	1.9	1.9	7.1	24.5
Rest for 30 minutes	8.1	0.9	0.9	2.1	3.1	9.4	17.4
Operative vaginal deliver	y 67.7	0.3	0.4	2.0	2.2	7.5	30.1
Caesarean section	23.8	1.8	6.1	25.0	25.4	35.9	75.5
Other	4.8	2.0	2.0	3.7	3.9	9.0	20.0
Perimenopausal bleedin	g (N=634)						
Hematocrit/Hemoglobin	73.4	0.2	0.5	1.8	2.0	8.2	16.6
Pregnancy Test	49.5	5.4	5.7	11.1	11.7	20.2	45.4
Endometrial Sampling	85.4	0.0	0.2	1.9	2.3	7.5	41.2
Pelvic Ultrasound	54.3	2.0	2.3	7.6	8.0	17.6	38.7
Hysteroscopy	14.3	1.0	1.0	4.4	4.4	10.5	27.6
D&C	4.2	0.0	0.0	10.9	10.9	23.3	46.3
Hysterectomy	0.2	0.0	0.0	0.0	0.0	100.0	100.0
Other	4.5	0.0	0.0	0.0	0.0	0.0	10.9

^{*}Results are weighted to reflect the total population of professional society members on which the survey sample was based (see appendix D for details) b Results shown for "case" versions of scenarios only (see appendix D for explanation)

KEY D & C = dilation and curettage

NOTE Starting with Definition 1, the data are cumulative

SOURCE Office of Technology Assessment, 1994 Data compiled in collaboration with Dr Russell Localio of Pennsylvania State University

[■] Definition 1 Malpractice Concerns double-checked with no checks for any other reason

[•]Definition 2 definition 1 plus Malpractice Concerns double-checked, no checks for Medical Indications, but single checks for other reasons allowed

[■]Definition 3 definition 2 plus Malpractice Concerns double-checked, a single check for Medical Indications, and single checks for other reasons allowed

[•]Definition 4 definition 3 plus Malpractice Concerns single-checked, no checks for Medical Indications, but single or double checks for other reasons allowed

[•]Definition 5 definition 4 plus Malpractice Concerns single-checked, Medical Indications single-checked, and single or double checks allowed for other reasons

[■]Definition 6 definition 5 plus Malpractice Concerns single-checked, Medical Indications double-checked, and single checks for other reasons allowed

TABLE E-9: Differences in Attitude Scale Scores in the OTA Clinical Scenario Surveys

	Me	ean attitude scale	scores	
Attitude scale/scenario	Respondents citing malpractice concerns as primary reason for choosing "one or-more clinical actions"	All other respondents	Difference	950/o confidence limits
Malpractice concern				
(5 items, range 5-25)				
ACC syncope (N-339)	15.55	16.18	-0 63	(-1.39, 0.13))
ACS breast pain (N-1 377)	1442	15.24	-0.82*	(-1.40, -0.24)
ACS head trauma (N-492)	1774	15.61	2.13*	(1.51, 2.75)
ACOG breast lump (N-1 192)	1403	15.17	-1 14*	(-1.62, -0.66)
Cost consciousness (6 items, range 6-30):				
ACC syncope (N-340)	1841	1890	-049	(-1.49, 0.51)
ACS breast pain (N -1 369)	1874	1886	-012	(-0.72, 0.48)
ACS head trauma (N - 488)	2191	2263	-072	(-1.45. 0.03)
ACOG breast lump (N-1 185)	1842	1846	-004	(-0.52, 0.44)
Discomfort with clinical uncertainty (3 items, range 3-15)				
ACC syncope (N-330)	794	9.07	-1.13*	(-1.93, -0.33)
ACS breast pain (N - 1,368)	770	8.39	-0.69	(-1.41, 0.03)
ACS head trauma (N-486)	955	9.51	0 04	(-0 56, 0.64)

^{*}Statistically significant at the p < 05 level

KEY ACC = American College of Cardiologists ACOG = American College of Obstetricians and Gynecologists ACS American College of Surgeons

SOURCE Off Ice of Technology Assessment 1994 Data analyzed in collaboration with Dr Russell Local io of Pennsylvania State University

^a Excludes respondents who did not complete the attitude questionnaire

^bBecause the ACOG survey Included only one item on discomfort with clinical uncertainty rather than three (see appendix D), ACOG attitude scale scores for discomfort with clinical uncertainty are not included in the comparison