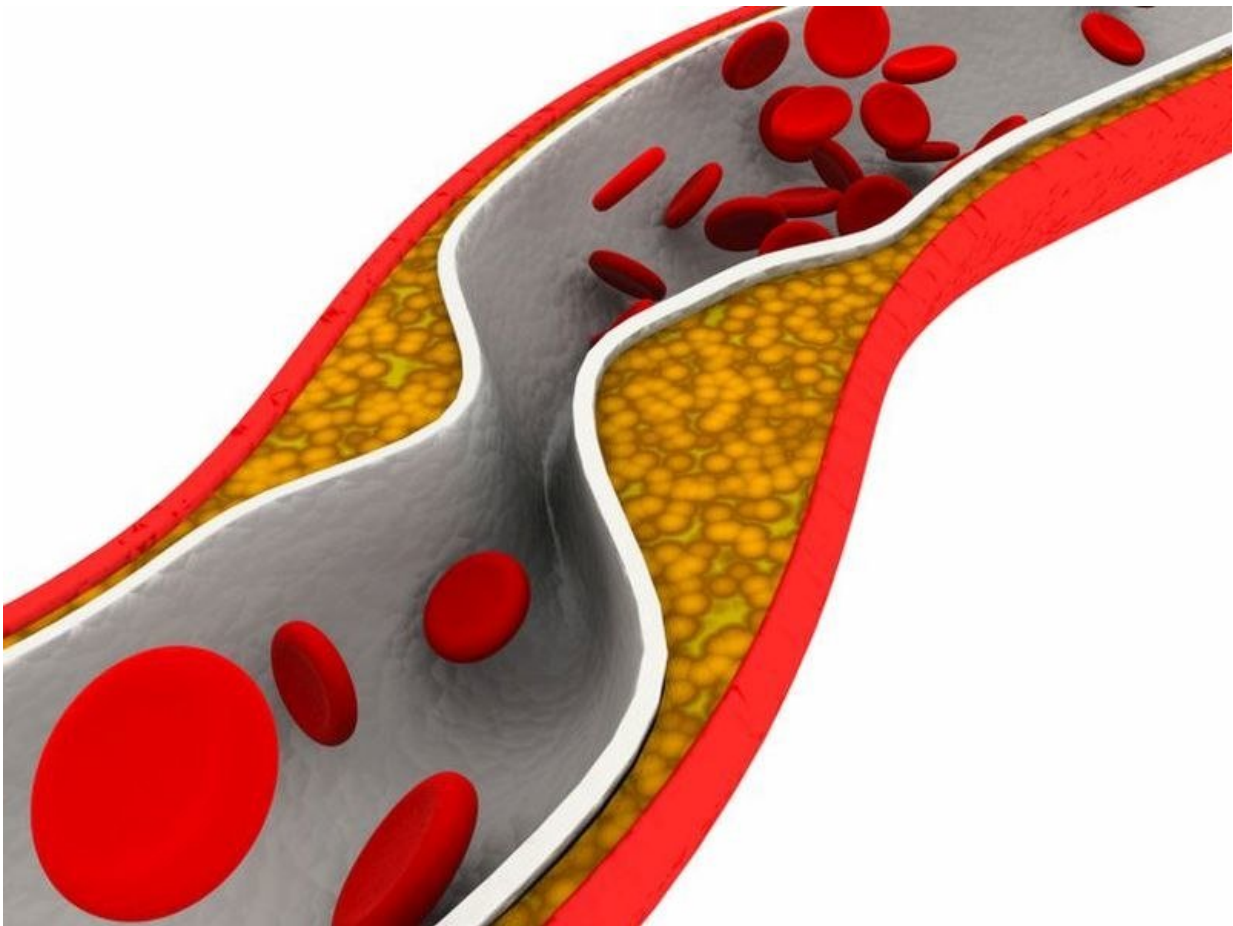


Malpractice damage caps associated with change in CAD testing, Tx

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(HealthDay)—Following adoption of damage caps, physicians alter their

approach to coronary artery disease testing and follow-up after initial ischemic evaluations, according to a study published online June 6 in *JAMA Cardiology*.

Steven A. Farmer, M.D., Ph.D., from George Washington University in Washington, D.C., and colleagues examined whether reducing malpractice risk is associated with clinical decisions involving [coronary artery disease](#) testing and treatment. Physician-specific changes in coronary artery disease testing and treatment were compared in nine new-cap states that adopted damage caps between 2003 and 2005 and 20 states without caps. Data were included for 36,647 physicians in new-cap states and 39,154 physicians in no-cap states.

The researchers observed a reduction in invasive testing as a first diagnostic [test](#) among new-cap physicians after cap adoption compared with control physicians (relative change, -24 percent), with an offsetting non-significant increase in non-invasive stress testing (7.8 percent); in addition, fewer patients were referred for angiography after stress testing (-21 percent). Reduced revascularization rates were seen after ischemic evaluation among new-cap physicians (-23 percent), driven by fewer percutaneous coronary interventions. Similar changes in overall ischemic evaluation rates were seen for new-cap and control physicians.

"These findings suggest that physicians tolerate greater clinical uncertainty in coronary artery [disease](#) testing and treatment if they face lower malpractice risk," the authors write.

More information: [Abstract/Full Text](#)

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