



# Quest Physician Update

July 2009

## Transforming Healthcare-Together.

Dear Colleagues,

If you are like many physicians, more than one patient has asked if you recommend ultrasound screenings being offered in their place of worship or community center.

Over the past 15 years, several companies have developed a successful business model marketing ultrasound screening directly to patients. It appears to be working. One company that was started in Florida in 1993 has sold more than 5 million screens and now employs over 1000 people.

They offer carotid artery disease, heart arrhythmia, abdominal aortic aneurysm and peripheral vascular disease screening for \$139. For another \$10 they will add a heel scan for osteoporosis. Another offers screening for "heart, stroke, arms and legs, deep leg veins, aorta, pancreas, gallbladder, liver, kidney, thyroid, and pelvis" priced individually, and screening packages ranging from \$275 to \$500.

Offering screening services in places of worship and local community centers causes many patients to trust that these companies are credible and offer a valuable service - but do they?

If you haven't had this question, it may be just a matter of time. The two companies noted above are marketing heavily in our communities. One has over 100 screening sessions scheduled within 100 miles of Peoria over the next three months. Quest's young summer intern called one company's phone number and answered questions about risk factors for abdominal aortic artery screening. They were all negative but he was encouraged to consider screening nonetheless because aneurysms often don't cause any symptoms but can be deadly.

Which, if any, of these screens does science support? The answer is, only one.

Men between the ages of 65 and 75 who have ever smoked benefit from being screened once for abdominal aortic aneurysm. The United States Preventive Services Task Force and the ICSI (Institute for Clinical Systems Improvement) Preventive Care guidelines both recommend against all of the other screens in people without symptoms.

They aren't recommended because they don't work. On balance they cause more harm than good. This is how. Screening leads to needless worry, needless tests, and needless procedures. As nothing in medicine is without risk, these services can lead to needless complications like stroke, infection and even death. On the flip side, negative tests can lull people into a false sense of security and cause them to ignore early warning signs.

When you are asked, encourage your patients to keep their money in their pocket where it will do more good. Healthy eating, not smoking and being active are much better investments.

Join Quest on September 30, 2009 for a CME conference, "An Ounce of Prevention – Is a Ton of Work". Speakers will be busting preventive care myths and reporting on local results.

Thank you for all you do to make healthcare better in our communities.

Respectfully

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