



Quality of Care and Outcomes Assessment

IMPACT OF REFERRING PHYSICIAN SPECIALTY ON DOWNSTREAM TESTING AFTER EXERCISE TREADMILL TESTING

Poster Contributions

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Background: Our objective was to evaluate whether referring physician specialty impacts the use of non-invasive as well as invasive downstream testing after exercise treadmill testing (ETT).

Methods: All consecutive patients with no prior history of CAD (N=3, 651) who were referred for clinical ETT at a large academic medical center over a 2 year period were included. Downstream imaging tests included nuclear perfusion imaging, coronary CT angiography, stress echocardiography, stress MRI, and invasive coronary angiography (IA) performed up to 6 months after the initial ETT. Referring physicians were categorized as cardiologists and non-cardiologists.

Results: The ETT results were negative in 2876 (79%), positive in 132 (3.6%) and inconclusive in 643 (18%) of patients. Patients referred by non-cardiologists had a similar number of normal (78.8% vs. 78.8%), positive (3.6% vs. 3.7%) and inconclusive ETT results (17.7% vs. 17.5%) ($p=0.998$). The rates of downstream testing after initial ETT is presented in figure 1.

Conclusion: Patients referred for ETT by cardiologists are less likely to have additional downstream testing, particularly non-invasive imaging tests, than those referred by non-cardiologists. The lower rate of testing is mainly driven by a lower rate of downstream testing following positive or inconclusive ETT Results. While further outcomes data are needed, these findings may have important potential implications on resource utilization and cost.

