

## ... LETTERS TO THE EDITOR ...

### TO THE EDITOR:

I was indeed troubled when I reviewed the methodology of the study by Bloom and colleagues<sup>1</sup> and I pose several concerns about its validity.

Of the 2,490 episodes (office visits), pneumonia was diagnosed in 348 cases (14.3%). However, only 83 (24%) of those patients had a chest x-ray. How accurate is the diagnosis of pneumonia without a chest x-ray? Of the group of patients who had a chest x-ray (83 of 2,490 [3.3%]), what percentage had an infiltrate? How many had a normal chest x-ray?

I think the study has the intrinsic limitation of being based on claims data and not on clinical information, and the conclusion that physicians "appear to be 'successful' with initial empiric treatment and seem to be appropriately judicious in their use of services" is invalid.

*Albert Mateo, MD*

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1. Bloom BS, Smith WP, Weitz D, Lamont B. The diagnostic and treatment approach to two common conditions by the physician members of a community health maintenance organization. *Am J Man Care* 1997;3:733-736.

### AUTHOR'S REPLY:

Dr. Mateo has clearly identified the central dilemma of empiric treatment—not *really* knowing the diagnosis prior to treatment, but relying on symptoms, signs, and physical examination to guide treatment. In our study, we described and analyzed physician and patient behavior when a diagnosis of acute bronchitis or pneumonia was made (only 6.8% of patients had a diagnostic test at any visit).

General physicians, we posit, diagnose and treat common conditions empirically in a large percent, if not a majority, of instances. The question is whether this is best in terms of clinical and economic outcomes. Ideally, a diagnostic test, when an accurate one is available, should be done. But is it worth it? How much more would be learned, how frequently would this additional information change treatment, how much would it cost, and to what other more valuable alternatives could this money be put?

Only 9.2% of patients returned for a subsequent visit, treatment failures by our criteria. We assumed patients who did not return felt better and their symptoms were better, which of course is a primary treatment goal. Of course, we could be mistaken in our assumption. But if we are correct, and 90.8% of patients were correctly treated (or at least got better by their own standards), then it seems reasonable to assume that physicians "did it right," even if the strictest scientific criteria or guidelines for treatment were not met.

*Bernard S. Bloom, PhD*

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