# A Appendix: For Online Publication

Table A.1: Distribution of test thresholds and misweighting under alternative estimation strategies: Robustness to varying definition of marginal tested patient

| | **Strict definition** | **Baseline definition** | **Lax definition** |
|---|---|---|---|
| | (1) | (2) | (3) |
| Fraction of tested patients defined as marginal | 5% | 10% | 15% |
| Mean of $\tau_d$ | 0.0492 | 0.0563 | 0.0620 |
| Standard deviation of $\tau_d$ | 0.0497 | 0.0540 | 0.0582 |
| Average absolute value of PE misassessment | 0.0228 | 0.0226 | 0.0227 |
| Standard deviation of PE misassessment | 0.0344 | 0.0347 | 0.0353 |
| Number of observations | 1,890,660 | 1,890,660 | 1,890,660 |

Notes: Recall that the test yield among each doctor's marginal tested patients (those just barely worth testing) is used to estimate the doctor's test thresholds and form exclusion restrictions that identify the model. Each column of this table reports estimation results under an alternative definition of the marginal tested patient. The baseline results, reported in column 2 for easy comparison, define a patient as marginal if they are in the bottom 10% of tested patients on the basis of their estimated testing propensity index. Column 1 employs a stricter definition, allowing only the bottom 5% of tested patients to be counted as marginal; column 3 employs a weaker definition, allowing the bottom 15% of testd patients to be counted as marginal. Each column reports the estimated posterior mean and standard deviation of physician testing thresholds $\tau_d$ from the model, after applying the Bayesian shrinkage described in Appendix F. Recall that $\tau_d$ is the threshold probability of a positive test at which a physician determines it is worthwhile to test a patient. The average absolute value of PE risk misassessment calculates the absolute value of the difference between physicians' assessment of the patient's PE probability and the estimated risk associated with the patient's comorbidities, and then averages this value across all patients. The standard deviation of PE misassessment describes how the total amount of misweighting varies across patients.

Table A.2: Comorbidities with no significant misweighting:
Impact of comorbidity on testing decisions and estimated misassessment of PE risk (continued)

| | Marginal effect from testing eqn (1) | Misassessment of PE risk (2) | Std. error of misassessment (3) | T statistic of misassessment (4) |
|---|---|---|---|---|
| *Other comorbidities* | | | | |
| History of hip fracture (CCW) | -0.0035 | 0.0192 | 0.0116 | 1.6552 |
| Alzheimer's related dementias (CCW) | -0.0060 | 0.0077 | 0.0047 | 1.6383 |
| Anemia (CCW) | -0.0023 | 0.0038 | 0.0024 | 1.5833 |
| Depression (CCW) | -0.0008 | 0.0042 | 0.0031 | 1.3548 |
| Hypertension (CCW) | 0.0008 | 0.0033 | 0.0025 | 1.3200 |
| Solid tumor w/o metastisis (Elixhauser) | -0.0066 | 0.0145 | 0.0112 | 1.2946 |
| Benign prostatic hyperplasia (CCW) | -0.0014 | 0.0046 | 0.0038 | 1.2105 |
| Hypothyroidism (Elixhauser) | -0.0009 | 0.0068 | 0.0060 | 1.1333 |
| Liver disease (Elixhauser) | -0.0066 | 0.0219 | 0.0195 | 1.1231 |
| Prior surgery within 1 year | 0.0136 | 0.0239 | 0.0215 | 1.1116 |
| Blood loss anemia (Elixhauser) | -0.0044 | 0.0126 | 0.0118 | 1.0678 |
| Breast cancer (CCW) | 0.0066 | 0.0046 | 0.0049 | 0.9388 |
| Stroke / Transient ischemic attack (CCW) | -0.0099 | 0.0035 | 0.0046 | 0.7609 |
| Chronic kidney disease (CCW) | -0.0091 | 0.0024 | 0.0042 | 0.5714 |
| Psychoses (Elixhauser) | -0.0057 | 0.0046 | 0.0126 | 0.3651 |
| Congestive heart failure (Elixhauser) | -0.0022 | 0.0018 | 0.0056 | 0.3214 |
| Congestive heart failure (CCW) | -0.0006 | 0.0008 | 0.0028 | 0.2857 |
| Drug abuse (Elixhauser) | 0.0059 | 0.0060 | 0.0304 | 0.1974 |
| Alcohol abuse (Elixhauser) | 0.0008 | 0.0020 | 0.0149 | 0.1342 |
| Pulmonary circulation disease (Elixhauser) | -0.0035 | 0.0009 | 0.0107 | 0.0841 |
| Acute myocardial infarction (CCW) | -0.0058 | 0.0002 | 0.0090 | 0.0222 |
| Lymphoma (Elixhauser) | -0.0174 | -0.0005 | 0.0220 | -0.0227 |
| Coagulation deficiency (Elixhauser) | -0.0001 | -0.0006 | 0.0109 | -0.0550 |
| Weight loss (Elixhauser) | -0.0054 | -0.0021 | 0.0119 | -0.1765 |
| Prior surgery within 30 days | 0.0151 | -0.0047 | 0.0191 | -0.2461 |
| Arthritis (Elixhauser) | 0.0044 | -0.0032 | 0.0096 | -0.3333 |
| Fluid & electrolyte disorders (Elixhasuer) | -0.0013 | -0.0022 | 0.0047 | -0.4681 |
| Acquired hypothyroidism (CCW) | 0.0022 | -0.0020 | 0.0035 | -0.5714 |
| Hyperlipidemia (CCW) | 0.0054 | -0.0017 | 0.0024 | -0.7083 |
| Hypertension (CCW) | 0.0012 | -0.0051 | 0.0040 | -1.2750 |
| Diabetes w/chronic complications (Elixhauser) | -0.0080 | -0.0176 | 0.0115 | -1.5304 |
| Glaucoma (CCW) | -0.0003 | -0.0047 | 0.0029 | -1.6207 |
| Diabetes w/o chronic complications (Elixhauser) | -0.0023 | -0.0085 | 0.0051 | -1.6667 |
| Lung cancer (CCW) | -0.0142 | -0.0198 | 0.0113 | -1.7522 |
| Cataracts (CCW) | -0.0010 | -0.0037 | 0.0021 | -1.7619 |
| Valvular disease (Elixhauser) | -0.0031 | -0.0116 | 0.0060 | -1.9333 |

Notes: Results continued from Table 4; this table includes only covariates without significant evidence of misweighting. Column 1 reports marginal effects from coefficient estimates of the testing equation (i.e. equation 2); for example, patients with hip fracture history are 0.35 percentage points less likely to be tested, after controlling for included PE risk factors and physicians' testing thresholds. Column 2 reports estimates of physicians' misweighting of these PE risk factors estimated from equation 14; for example, physicians' observed testing patterns suggest they are overestimating the PE risk associated with hip fracture history by 1.92 percentage points. Column 3 reports standard errors for coefficients in column 3. Column 4 reports t-statistics. Variables are sorted by statistical significance.

Table A.3: Part 1: Assessment of misweighting with varying included covariates

| | *All comorbidities* | | *Excluding Elixhauser comorbidities* | | *Excluding Elixhauser comorbidities and demographics* | |
|---|---|---|---|---|---|---|
| | Misassessment of PE risk | Standard error | Misassessment of PE risk | Standard error | Misassessment of PE risk | Standard error |
| | (1) | (2) | (3) | (4) | (5) | (6) |
| *Underweighted risk factors* | | | | | | |
| Prior hospital visit w/in 30 days | 0.1070 | 0.0121 | 0.1025 | 0.0125 | 0.1045 | 0.0125 |
| Prior hospital visit w/in 7 days | 0.1128 | 0.0130 | 0.1091 | 0.0133 | 0.1105 | 0.0133 |
| Prostate cancer (CCW) | 0.0298 | 0.0048 | 0.0311 | 0.0048 | 0.0318 | 0.0046 |
| Cancer metastisis (Elixhauser) | 0.0726 | 0.0128 | 0.0843 | 0.0134 | 0.0892 | 0.0134 |
| History of deep vein thrombosis | 0.0571 | 0.0114 | 0.0560 | 0.0113 | 0.0570 | 0.0113 |
| History of pulmonary embolism | 0.0666 | 0.0145 | 0.0800 | 0.0142 | 0.0827 | 0.0141 |
| Rhumatoid arthritis, osteoarthritis (CCW) | 0.0091 | 0.0024 | 0.0097 | 0.0025 | 0.0108 | 0.0024 |
| Endometrial cancer (CCW) | 0.0547 | 0.0153 | 0.0438 | 0.0154 | 0.0405 | 0.0153 |
| Obesity (Elixhauser) | 0.0218 | 0.0076 | | | | |
| Paralysis (Elixhauser) | 0.0331 | 0.0117 | | | | |
| Other neurological conditions (Elixhauser) | 0.0194 | 0.0075 | | | | |
| Any prior admission history | 0.0102 | 0.0041 | 0.0033 | 0.0029 | 0.0028 | 0.0029 |
| Alzheimer's disease (CCW) | 0.0152 | 0.0064 | 0.0158 | 0.0065 | -0.0036 | 0.0092 |
| Colorectal cancer (CCW) | 0.0136 | 0.0067 | 0.0166 | 0.0067 | 0.0163 | 0.0067 |
| *Overweighted risk factors* | | | | | | |
| Ischemic heart disease (CCW) | -0.0226 | 0.0023 | -0.0233 | 0.0023 | -0.0226 | 0.0023 |
| Chronic obstructive pulmonary disease (CCW) | -0.0182 | 0.0036 | -0.0158 | 0.0037 | -0.0159 | 0.0037 |
| Atrial fibrillation (CCW) | -0.0156 | 0.0036 | -0.0172 | 0.0036 | -0.0175 | 0.0036 |
| Depression (Elixhauser) | -0.0208 | 0.0069 | | | | |
| Peripheral vascular disease (Elixhauser) | -0.0214 | 0.0071 | | | | |
| Diabetes (CCW) | -0.0087 | 0.0029 | -0.0115 | 0.0028 | -0.0105 | 0.0028 |
| Osteoperosis (CCW) | -0.0087 | 0.0033 | -0.0079 | 0.0033 | -0.0075 | 0.0032 |
| Deficiency anemias (Elixhauser) | -0.0142 | 0.0056 | | | | |
| Asthma (CCW) | -0.0088 | 0.0040 | -0.0086 | 0.0040 | -0.0072 | 0.0040 |
| Chronic pulmonary disease (Elixhauser) | -0.0094 | 0.0048 | | | | |
| *Demographic factors* | | | | | | |
| Black | 0.0257 | 0.0044 | 0.0189 | 0.0045 | | |
| Asian | -0.0386 | 0.0118 | -0.0392 | 0.0118 | | |
| Hispanic | -0.0168 | 0.0097 | -0.0142 | 0.0100 | | |
| Female | 0.0000 | 0.0024 | 0.0000 | 0.0024 | | |
| Age 65-69 | 0.0119 | 0.0037 | 0.0103 | 0.0037 | | |
| Age 70-74 | 0.0129 | 0.0052 | 0.0092 | 0.0053 | | |
| Age 75-79 | 0.0140 | 0.0038 | 0.0122 | 0.0038 | | |
| Age 80-84 | 0.0166 | 0.0039 | 0.0133 | 0.0039 | | |
| Age 85-89 | 0.0208 | 0.0042 | 0.0181 | 0.0042 | | |
| Age 90-94 | 0.0132 | 0.0078 | 0.0075 | 0.0081 | | |

Notes: Table continued on next page. Column 1 reports estimates of physicians' misweighting of these PE risk factors estimated from equation 14 under the baseline specification with full set of included covariates. Column 2 reports standard errors on these misweighting terms. (Columns 1 and 2 replicate results reported in Table 4 for purposes of comparison.) Columns 3 and 4 also report misweighting terms and standard errors, now from the model that excludes the Elixhauser comorbidity set. Columns 5 and 6 report results from the model that excludes both Elixhauser comoribidites and demographic factors.

Table A3 Part 2: Assessment of misweighting with varying included covariates

| | *All comorbidities* | | *Excluding Elixhauser comorbidities* | | *Excluding Elixhauser comorbidities and demographics* | |
|---|---|---|---|---|---|---|
| | Misassessment of PE risk | Standard error | Misassessment of PE risk | Standard error | Misassessment of PE risk | Standard error |
| *Other comorbidities* | (1) | (2) | (3) | (4) | (5) | (6) |
| History of hip fracture (CCW) | 0.0192 | 0.0116 | 0.0025 | 0.0118 | 0.0042 | 0.0117 |
| Alzheimer's related dementias (CCW) | 0.0077 | 0.0047 | 0.0070 | 0.0048 | 0.0070 | 0.0049 |
| Anemia (CCW) | 0.0038 | 0.0024 | 0.0014 | 0.0024 | 0.0024 | 0.0024 |
| Depression (CCW) | 0.0042 | 0.0031 | -0.0006 | 0.0029 | -0.0010 | 0.0029 |
| Hypertension (CCW) | 0.0033 | 0.0025 | 0.0042 | 0.0024 | 0.0052 | 0.0024 |
| Solid tumor w/o metastisis (Elixhauser) | 0.0145 | 0.0112 | | | | |
| Benign prostatic hyperplasia (CCW) | 0.0046 | 0.0038 | 0.0062 | 0.0038 | 0.0070 | 0.0035 |
| Hypothyroidism (Elixhauser) | 0.0068 | 0.0060 | | | | |
| Liver disease (Elixhauser) | 0.0219 | 0.0195 | | | | |
| Prior surgery within 1 year | 0.0239 | 0.0215 | 0.0352 | 0.0217 | 0.0293 | 0.0218 |
| Blood loss anemia (Elixhauser) | 0.0126 | 0.0118 | | | | |
| Breast cancer (CCW) | 0.0046 | 0.0049 | 0.0089 | 0.0049 | 0.0095 | 0.0049 |
| Stroke / Transient ischemic attack (CCW) | 0.0035 | 0.0046 | 0.0027 | 0.0047 | 0.0050 | 0.0047 |
| Chronic kidney disease (CCW) | 0.0024 | 0.0042 | 0.0031 | 0.0044 | 0.0014 | 0.0044 |
| Psychoses (Elixhauser) | 0.0046 | 0.0126 | | | | |
| Congestive heart failure (Elixhauser) | 0.0018 | 0.0056 | -0.0053 | 0.0056 | -0.0055 | 0.0056 |
| Congestive heart failure (CCW) | 0.0008 | 0.0028 | 0.0007 | 0.0028 | 0.0020 | 0.0028 |
| Drug abuse (Elixhauser) | 0.0060 | 0.0304 | | | | |
| Alcohol abuse (Elixhauser) | 0.0020 | 0.0149 | | | | |
| Pulmonary circulation disease (Elixhauser) | 0.0009 | 0.0107 | | | | |
| Acute myocardial infarction (CCW) | 0.0002 | 0.0090 | -0.0026 | 0.0092 | 0.0153 | 0.0066 |
| Lymphoma (Elixhauser) | -0.0005 | 0.0220 | | | | |
| Coagulation deficiency (Elixhauser) | -0.0006 | 0.0109 | | | | |
| Weight loss (Elixhauser) | -0.0021 | 0.0119 | | | | |
| Prior surgery within 30 days | -0.0047 | 0.0191 | -0.0066 | 0.0192 | -0.0031 | 0.0192 |
| Arthritis (Elixhauser) | -0.0032 | 0.0096 | | | | |
| Fluid & electrolyte disorders (Elixhasuer) | -0.0022 | 0.0047 | | | | |
| Acquired hypothyroidism (CCW) | -0.0020 | 0.0035 | 0.0007 | 0.0030 | 0.0013 | 0.0030 |
| Hyperlipidemia (CCW) | -0.0017 | 0.0024 | -0.0005 | 0.0025 | -0.0013 | 0.0025 |
| Hypertension (CCW) | -0.0051 | 0.0040 | | | | |
| Diabetes w/complications (Elixhauser) | -0.0176 | 0.0115 | | | | |
| Glaucoma (CCW) | -0.0047 | 0.0029 | -0.0043 | 0.0029 | -0.0023 | 0.0029 |
| Diabetes w/o complications (Elixhauser) | -0.0085 | 0.0051 | | | | |
| Lung cancer (CCW) | -0.0198 | 0.0113 | -0.0219 | 0.0117 | -0.0266 | 0.0116 |
| Cataracts (CCW) | -0.0037 | 0.0021 | -0.0029 | 0.0021 | -0.0017 | 0.0020 |
| Valvular disease (Elixhauser) | -0.0116 | 0.0060 | | | | |

Notes: Table continued from previous page. Column 1 reports estimates of physicians' misweighting of these PE risk factors estimated from equation 14 under the baseline specification with full set of included covariates. Column 2 reports standard errors on these misweighting terms. (Columns 1 and 2 replicate results reported in Table 4 for purposes of comparison.) Columns 3 and 4 also report misweighting terms and standard errors, now from the model that excludes the Elixhauser comorbidity set. Columns 5 and 6 report results from the model that excludes both Elixhauser comorbidities and demographic factors.

Table A.4: Part 1: Assessing the costs of misweighting by variable

| | *Net Benefits* | *Change in net benefits* |
|---|---|---|
| **Original** | **13.279** | |
| Age 65-69 | 12.323 | -0.956 |
| Age 70-74 | 12.078 | -0.245 |
| Age 75-79 | 11.580 | -0.498 |
| Age 80-84 | 11.988 | 0.408 |
| Age 85-89 | 13.560 | 1.572 |
| Age 90-94 | 13.695 | 0.135 |
| Black | 15.486 | 1.791 |
| Asian | 15.707 | 0.221 |
| Hispanic | 15.802 | 0.095 |
| Acute myocardial infarction (CCW) | 15.802 | 0.000 |
| Alzheimer's disease (CCW) | 16.712 | 0.910 |
| Chronic obstructive pulmonary disease (CCW) | 18.879 | 2.167 |
| Congestive heart failure (CCW) | 18.815 | -0.064 |
| History of hip fracture (CCW) | 18.980 | 0.165 |
| Anemia (CCW) | 19.164 | 0.184 |
| Asthma (CCW) | 19.343 | 0.179 |
| Hyperlipidemia (CCW) | 19.516 | 0.173 |
| Benign prostatic hyperplasia (CCW) | 19.591 | 0.075 |
| Hypertension (CCW) | 19.432 | -0.159 |
| Acquired hypothyroidism (CCW) | 19.426 | -0.006 |
| Alzheimer's related dementias (CCW) | 19.644 | 0.218 |
| Atrial fibrillation (CCW) | 20.498 | 0.854 |
| Cataracts (CCW) | 20.625 | 0.127 |
| Chronic kidney disease (CCW) | 20.611 | -0.014 |
| Diabetes (CCW) | 21.392 | 0.781 |
| Glaucoma (CCW) | 21.484 | 0.092 |
| Ischemic heart disease (CCW) | 23.516 | 2.032 |
| Depression (CCW) | 23.616 | 0.100 |
| Osteoperosis (CCW) | 23.677 | 0.061 |
| Rhumatoid arthritis, osteoarthritis (CCW) | 24.503 | 0.826 |
| Stroke / Transient ischemic attack (CCW) | 24.603 | 0.100 |
| Breast cancer (CCW) | 24.664 | 0.061 |
| Colorectal cancer (CCW) | 25.079 | 0.415 |
| Prostate cancer (CCW) | 26.588 | 1.509 |
| Lung cancer (CCW) | 26.541 | -0.047 |
| Endometrial cancer (CCW) | 27.117 | 0.576 |

Notes: This table is continued on the next page. This table reports results of a series of simulation exercises where we test the welfare impact of correcting for physician misweighting of observed risk factors, one variable at a time. This exercise allows us to assess which specific risk factors are the biggest contributors to the welfare costs associated with misweighting. We proceed in the order listed in the table and show how the total net benefits of testing (in $ millions) change from their observed value of 13.279 to the final value 49.132 in the absence of any misweighting, by correcting one additional variable in each row. Note that because we continue to allow physician thresholds to vary and do not correct for all risk factors at once, correcting a single additional risk factor occasionally leads to a small decline in net benefits. The results of this exercise may be sensitive to the order in which risk factors are corrected.

Table A3 Part 2: Assessing the costs of misweighting by variable

| | *Net Benefits* | *Change in net benefits* |
|---|---|---|
| Prior surgery within 30 days | 26.311 | -0.806 |
| Prior surgery within 1 year | 30.794 | 4.483 |
| Any prior admission history | 32.632 | 1.838 |
| Valvular disease (Elixhauser) | 32.534 | -0.098 |
| Pulmonary circulation disease (Elixhauser) | 32.546 | 0.012 |
| Peripheral vascular disease (Elixhauser) | 32.496 | -0.050 |
| Paralysis (Elixhauser) | 32.927 | 0.431 |
| Other neurological conditions (Elixhauser) | 33.271 | 0.344 |
| Diabetes w/o chronic complications (Elixhauser) | 33.100 | -0.171 |
| Diabetes w/chronic complications (Elixhauser) | 33.058 | -0.042 |
| Hypothyroidism (Elixhauser) | 33.195 | 0.137 |
| Liver disease (Elixhauser) | 33.287 | 0.092 |
| Lymphoma (Elixhauser) | 33.286 | -0.001 |
| Solid tumor w/o metastisis (Elixhauser) | 33.518 | 0.232 |
| Arthritis (Elixhauser) | 33.509 | -0.009 |
| Coagulation deficiency (Elixhauser) | 33.504 | -0.005 |
| Obesity (Elixhauser) | 33.840 | 0.336 |
| Weight loss (Elixhauser) | 33.825 | -0.015 |
| Fluid & electrolyte disorders (Elixhasuer) | 33.770 | -0.055 |
| Blood loss anemia (Elixhauser) | 33.866 | 0.096 |
| Deficiency anemias (Elixhauser) | 33.668 | -0.198 |
| Alcohol abuse (Elixhauser) | 33.673 | 0.005 |
| Drug abuse (Elixhauser) | 33.675 | 0.002 |
| Psychoses (Elixhauser) | 33.687 | 0.012 |
| Depression (Elixhauser) | 33.706 | 0.019 |
| Hypertension (Elixhauser) | 33.176 | -0.530 |
| History of deep vein thrombosis | 34.174 | 0.998 |
| History of pulmonary embolism | 35.186 | 1.012 |
| Prior hospital visit w/in 30 days | 43.135 | 7.949 |
| Prior hospital visit w/in 7 days | 47.871 | 4.736 |
| Female | 47.871 | 0.000 |
| Chronic pulmonary disease (Elixhauser) | 47.903 | 0.032 |
| Congestive heart failure (Elixhauser) | 47.914 | 0.011 |
| Cancer metastisis (Elixhauser) | 49.132 | 1.218 |

Notes: This table is continued from the previous page. This table reports results of a series of simulation exercises where we test the welfare impact of correcting for physician misweighting of observed risk factors, one variable at a time. This exercise allows us to assess which specific risk factors are the biggest contributors to the welfare costs associated with misweighting. We proceed in the order listed in the table and show how the total net benefits of testing (in $ millions) change from their observed value of 13.279 to the final value 49.132 in the absence of any misweighting. Note that because we continue to allow physician thresholds to vary and do not correct for all risk factors at once, correcting a single additional risk factor occasionally leads to a small decline in net benefits. The results of this exercise may also be sensitive to the order in which risk factors are corrected.

Table A.5: Sensitivity of welfare simulations to calibration parameters

| | A. Counterfactual with no overtesting | | |
|---|---|---|---|
| | *Percent tested* | *Test yield* | *Change in net benefits* |
| *False positive rate* | | | |
| 0.00 | 0.037 | 0.071 | 0.093 |
| 0.03 | 0.026 | 0.083 | 3.802 |
| **0.04** | 0.019 | 0.090 | 8.144 |
| *Value of a statistical life* | | | |
| $500,000 | 0.005 | 0.137 | 15.748 |
| **$1,000,000** | 0.019 | 0.090 | 8.144 |
| $1,500,000 | 0.025 | 0.081 | 5.249 |
| *Test sensitivity* | | | |
| 0.75 | 0.019 | 0.090 | 8.080 |
| **0.83** | 0.019 | 0.090 | 8.144 |
| 0.90 | 0.018 | 0.090 | 8.191 |
| *Financial cost of testing* | | | |
| $0 | 0.033 | 0.075 | 0.725 |
| **$300** | 0.019 | 0.090 | 8.144 |
| $500 | 0.012 | 0.104 | 16.872 |
| | **B. Counterfactual with no misweighting** | | |
| | *Percent tested* | *Test yield* | *Change in net benefits* |
| *False positive rate* | | | |
| 0.00 | 0.043 | 0.090 | 44.134 |
| 0.03 | 0.043 | 0.090 | 38.094 |
| **0.04** | 0.043 | 0.090 | 35.853 |
| *Value of a statistical life* | | | |
| $500,000 | 0.043 | 0.090 | 13.184 |
| **$1,000,000** | 0.043 | 0.090 | 35.853 |
| $1,500,000 | 0.043 | 0.090 | 58.522 |
| *Test sensitivity* | | | |
| 0.75 | 0.043 | 0.090 | 36.120 |
| **0.83** | 0.043 | 0.090 | 35.853 |
| 0.90 | 0.043 | 0.090 | 35.660 |
| *Financial cost of testing* | | | |
| $0 | 0.043 | 0.090 | 38.882 |
| **$300** | 0.043 | 0.090 | 35.853 |
| $500 | 0.043 | 0.090 | 33.834 |

Notes: This table supplements Tables 7 and 8 and displays the simulated welfare benefits of changing physician practice patterns under a range of calibration parameters. Each row represents a separate simulation exercise; bold rows indicate the baseline parameter values used for our main welfare analysis. The changes in net benefits (column 3) are reported in millions of dollars, compared to welfare under observed testing thresholds and misweighting. In any given row, all parameters aside from the one in question are kept constant at the values listed in Table 6. Panel A displays testing behavior and the improvement in social welfare under simulations assuming all physicians with thresholds below the calibrated optimum are reassigned to the optimal testing threshold of $\tau_d = \tau^*$ (but maintaining the observed degree of misweighting). Panel B displays testing behavior and the improvement in social welfare under simulations assuming that physicians target testing to patients with the highest expected probability of a positive test based on observable demographics and comorbidities (but maintaining the observed degree of overtesting).