Society of General Internal Medicine

View Abstract

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TITLE: Think Before You Test: Optimizing Metabolic Panel Lab Testing in an Urban Underserved Resident Primary Care Practice

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ABSTRACT BODY:

Background: Patients often receive "routine" tests, like metabolic panels (MP), that may offer limited clinical benefit and lead to more unnecessary testing, anxiety, and increased healthcare costs. Our objective is to observe resident documentation of clinical reasoning behind ordering MPs to facilitate high value care and inform future interventions.

Methods: A retrospective chart review was performed on patients in an urban hospital-based resident practice. The use of MP in the initial and follow-up visits and documentation of reason for ordering were noted. "Documentation" was defined as any mention of a disease process in relation to a lab test in the visit note plan section. An online survey was given to residents to ascertain reasons for ordering MPs. Results from this study will be used to plan targeted interventions around high value testing.

Results: Total 65 charts reviewed; 59 had MPs ordered on initial visit, and had a subsequent visit (missed follow ups were excluded)

Total with Documentation = 12 (12/59) = 20.3%

Total without Documentation = 47 = (47/59) = 79.7%

Documentation group (DG): 12 charts

Initial visit: 12 orders with results: 3 normal, 9 abnormal (75%)

Repeat visits: 2 reorders of MP (2 initially abnormal) 100%

No Documentation Group (NDG): 47 charts

Initial visit: 26 normal, 21 abnormal (44.7%)

Repeat visits: 27 reordered (16 initially normal, 11 initially abnormal) 40.7%

Of 14 residents surveyed, 50% ordered MPs as a "routine" screening test. Top other reasons for testing were varied, and included: renal/liver disease, statin use, obesity, or known chronic disease like hypertension/diabetes.

Conclusions: Mindfulness of test ordering leads to more efficient use of resources and reduction in potential

patient anxiety. 50% of surveyed residents used MPs for screening purposes despite the lack of supporting evidence. Encounters without documentation of testing reasoning correlated with more subsequent MP orders despite initial normal results.

Documentation of reasoning appears to be correlated with less unnecessary testing and greater diagnostic accuracy. Based on survey results and this preliminary data, our next step will be to focus on evaluating and educating on the utility, cost-effectiveness of "screening" MPs based on the survey results above. This will be a quality improvement project to optimize high value care.

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