



One-Third of Lab Tests Not Needed



Despite the fact that lab tests are one of the most common orders placed by doctors and most patients get stuck for a blood draw every time they are admitted to a hospital, research shows that almost one-third of these tests are unnecessary.

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As hospitals seek new ways to use price transparency, it seems logical that doctors would consider whether the benefits of lab tests are worth the cost. However, results of a new study show that displaying the Medicare allowable fees did not have an overall impact on how clinicians order lab tests. The findings are published in *JAMA Internal Medicine*.

As senior author Mitesh S. Patel, MD, MBA, MS, an assistant professor of Medicine and Health Care Management in Penn's Perelman School of Medicine and the Wharton School, and director of the Penn Medicine Nudge Unit explains, price transparency may be an important element for most hospitals and healthcare organisations but the best way to design these types of interventions has not been well-tested so far. Study findings suggest that price transparency alone may not be enough to change clinical behaviour and better and more effective interventions may be needed that are more targeted, framed or combined with other approaches.

The study is the largest of its kind in which the researchers assigned 60 groups of inpatient laboratory tests to either display Medicare allowable fees in the patient's electronic health record (intervention group) or not (control group). The trial was conducted over a one-year period at three hospitals and changes in the number of tests ordered per patient per day and the associated fees were compared.

Findings showed that in the year prior to the study when the cost information was not displayed, the average number of tests and associated fees per patient days was 2.31 tests totalling \$27.77 in the control group and 3.93 tests totalling \$37.84 in the intervention group. After the intervention, researchers found that the average number of tests and associated fees order per patient per day did not change significantly even with the cost information displayed for the intervention group. Findings show 2.34 tests totalling \$27.59 in the control group and 4.01 tests totally \$38.85 in the intervention group.

The authors note that there was a slight decrease in the tests ordered for patients in the Intensive Care Unit. It was also observed that the most expensive tests were ordered less and the cheaper tests were ordered more.

"Price transparency continues to be an important initiative, but the results of this clinical trial indicate that these approaches need to be better designed to effectively change behavior" said Patel, who is also a staff physician at the Crescenz VA Medical Center, and whose work is supported by the Penn Center for Health Incentives and Behavioral Economics.

Source: [University of Pennsylvania School of Medicine](#)

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