

Potentially Unnecessary Biochemical Testing by Family Physicians in NL

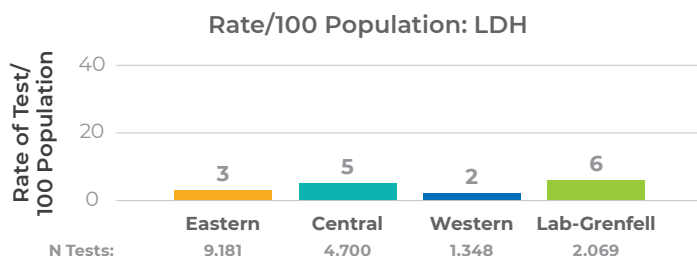
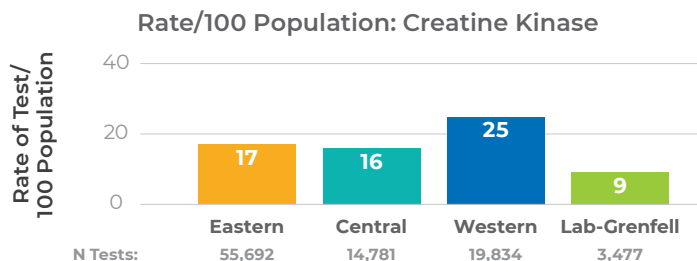
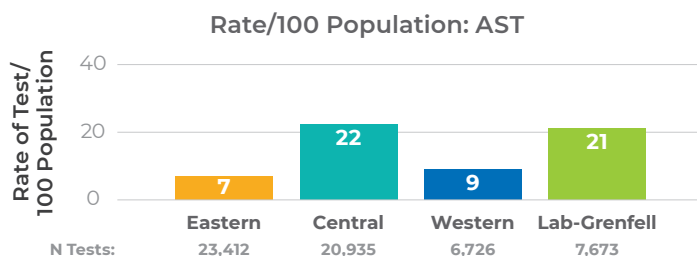
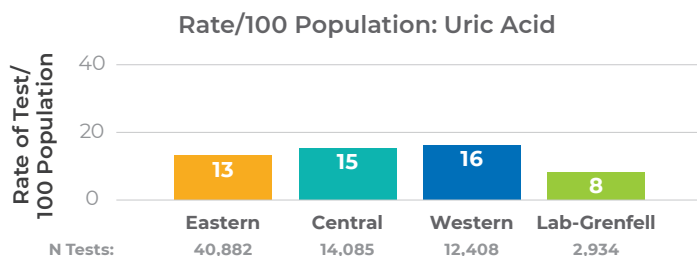
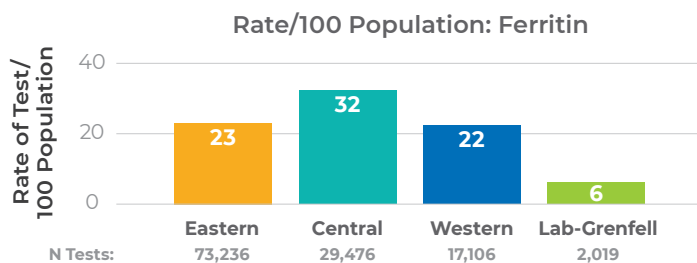
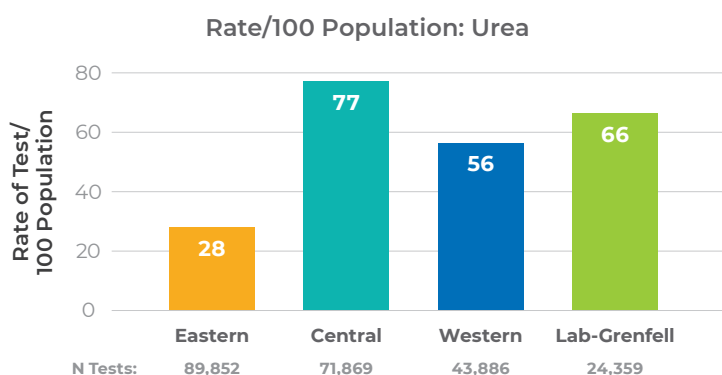
Practice Points

1. Blood urea is not a necessary test to measure kidney function in stable patients if serum creatinine and eGFR are measured.
2. Serum ferritin is likely not indicated as screening test for iron status in patients with normal hemoglobin and MCV/MCH, except maybe in females of reproductive age where oral iron may be prescribed.
3. Creatine Kinase is no longer recommended for monitoring asymptomatic patients on statins.
4. Bilirubin and ALT are reasonable tests to evaluate liver function and AST is usually unnecessary.
5. Other than on occasions in the management of gout and cell breakdown disorders, uric acid is not usually clinically helpful.
6. LDH is generally indicated only in growth disorders and hemolytic anemia.
7. The volume of testing for these six tests reduced in Eastern Health following the provision of a new requisition form in 2016 and academic detailing in 2017.

Methods

1. Tests ordered by family physicians in the four Regional Health Authorities (RHAs) for the fiscal year 2017–2018 were obtained from NL Centre for Health Information.
2. The rate of testing was calculated as volume per 100 people in each region.

Results



Conclusions

1. Across the province there is potential for the reduction of potentially unnecessary biochemical testing.
2. A requisition form omitting blood urea, creatine kinase, AST, uric acid, and LDH may be helpful.
3. Reflex testing for ferritin in patients with anemia or microcytosis may be helpful.