

Health Policy Newsletter

Volume 14 Number 3

September, 2001

Article 6

Helping Doctors to Choose the Best Test

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Suggested Citation:

Wender RC. Helping doctors to choose the best test. *Health Policy Newsletter* 2001; 14(3): Article 6. Retrieved [date] from <http://jdc.jefferson.edu/hpn/vol14/iss3/6>.

Helping Doctors to Choose the Best Test

In the face of an expanding menu of diagnostic test options, conducting cost-effective evaluations of patients poses a daunting clinical challenge. In order to help primary care clinicians improve their skills in diagnostic evaluation, the Jefferson HealthCare College conducted Diagnostic Dilemmas: Choosing the Best Test II. On May 18, 2001, 35 primary care clinicians from the Philadelphia region participated in this spring entry in the ongoing HealthCare College curriculum. The course utilized an interactive keypad audience response system; presenters framed their presentations around clinical cases and questions. The participants were asked to respond to a wide array of clinical dilemmas. Faculty, which consisted of primary care and specialist partnerships, used the audience responses as a guide for discussion and learning. This technique was particularly powerful during a presentation by Robert Perkel, MD, on "When the patient wants the test." Participants responded to a series of case scenarios around the ordering of chest imaging in a worried, asymptomatic patient. In successive cases, Dr. Perkel varied the type of insurance as well as other clinical cues. The impact of out-of-pocket expense and patient preference on test ordering decisions was illustrated and generated a provocative discussion.

Test ordering in patients with abdominal pain, hematuria, peripheral arterial disease, cough, and chest pain comprised the rest of the curriculum. The strength of available evidence to guide testing is not consistent. One of the most important take home points from the conference was the critical role of clinical assessment as the key method in estimating clinical probability of disease. In turn, the clinical probability, or pre-test probability, determines the predictive value of test results.

In addition to strong evaluations of the value of the conference, participants expressed a clear preference for interactive learning. Jefferson Medical College now owns an audience response system. Figuring out how to effectively use this technology presents an excellent opportunity to improve teaching in the traditional large group, didactic format.

About the Author

Richard C. Wender, MD, is a Clinical Professor and Vice Chairman of the Department of Family Medicine at Thomas Jefferson University.