Improving inappropriate laboratory test ordering

The Belgian experience on closing the loop

Nicolas Delvaux
Practitioners
- Decentralised
- Fee for service
- Time constrained
- 5 different EHR systems

EBP actors
- Poorly funded
- Silos
- Redundancy
- Lacking comprehensiveness

Governance
- Multiple funding bodies
- Redundancy
- Little leverage
50 local guidelines

1000 (POC) EBM Guidelines

Database of > 1000 primary care practice guidelines

600 guidelines screened on context

15% adapted

85% adopted

100 guidelines screened on content

70% adapted

30% adopted
Kies een beroep voor meer specifieke informatie

- Huisarts
- Verpleegkundige
- Ergotherapeut
- Tandarts
- Diëtist
- Apotheek
- Kinesitherapeut
- Logopedist
- Vroedvrouw
- Podoloog
Evidence synthesis

Evidence production

Evidence dissemination

Evaluation and practice improvement

Evidence implementation
Pseudonymisation

Datawarehouse for analytics
Guidelines on lab testing

Evidence on diagnostic error

Available through platforms

High number of inappropriate laboratory tests in primary care

Evaluation of practice variation

Decision support through CPOE
9683 patients
10270 lab panels
≈ 300 000 lab tests

280 primary care physicians
72 primary care practices

Volume
(tests per panel)

Appropriateness
(proportion)

Cost
(€ per panel)

6 tests less per panel
Control: 31
Intervention: 25

19% increase appropriateness
Control: 0.38
Intervention: 0.57

€ 7.37 less per panel
Control: € 50.27
Intervention: € 42.90