

# Evaluation of low value prenatal TSH testing in Alberta

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## Has a lack of a clear guideline led to the over ordering of low value prenatal TSH tests?

### TOP Practice Point

April 2014 Subclinical hypothyroidism in the mother may lead to cognitive impairment in the infant. Achieving euthyroidism prior to pregnancy is ideal.

### ACOG Recommendation Change

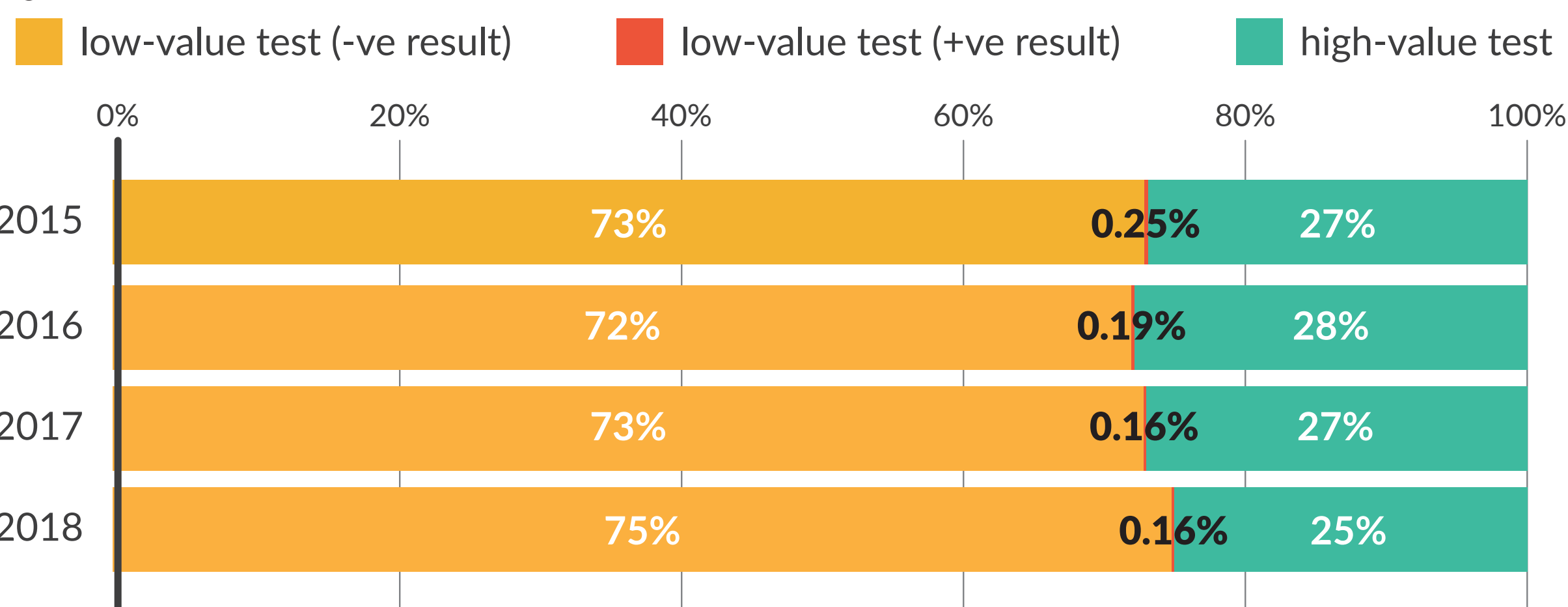
April 2015 The American College of Obstetrics and Gynecology moved their recommendation to not perform routine screening for thyroid disease in pregnancy from a Level C recommendation to a Level A recommendation.

## Objectives

1. Evaluate the value of prenatal TSH tests performed in Alberta on women who have no prior personal history of thyroid disease.
2. Support physicians to identify unperceived learning needs by providing personalized data reports on current TSH testing practice in this population with a suitable peer comparator.
3. Development of facilitated group learning sessions utilizing the Calgary Audit and Feedback Framework (CAFF) model to embed current best evidence and promote a reduction in low value TSH testing through informed practice change.

## Preliminary data shows that low value testing finds positive results 0.2% of the time

### High-Value vs Low-Value tests



## Study Design

Practice evaluation of any Alberta physician who ordered a prenatal TSH test after November 2014 for a woman who delivered between August 2015 and March 2018.

Low value tests were defined as tests ordered for women who had never had a TSH test outside the normal range, never been prescribed a thyroid related medication, or had never been diagnosed with a thyroid related illness. These low value tests were then split into positive and negative results.

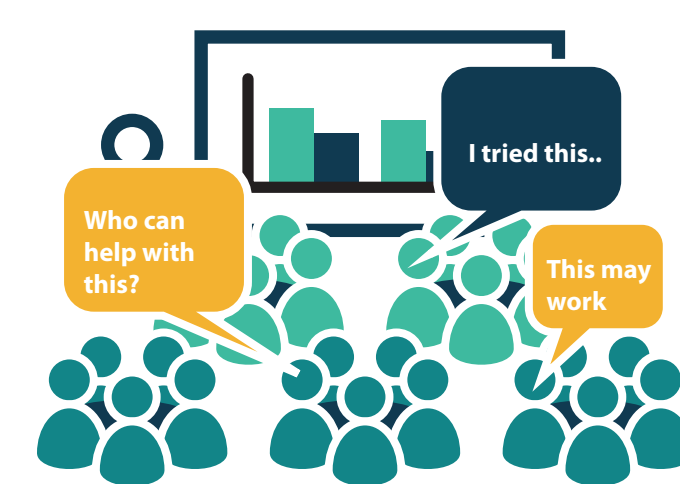
Data was collected from administrative datasets by analysts embedded within the Alberta Health Services' Analytics unit.

## Intervention



### Pre-Intervention

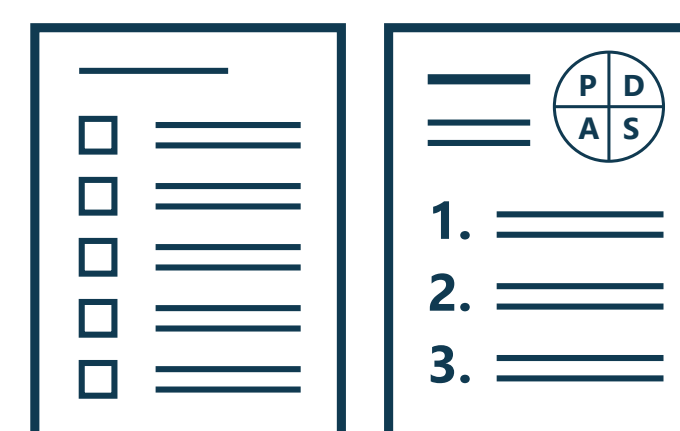
Consenting physicians will receive their individualized practice report detailing TSH testing rates of pregnant women. They will also receive education materials on best practices for prenatal TSH testing



### During

The one-hour facilitated intervention will move the group through five phases of self-reflection and learning:

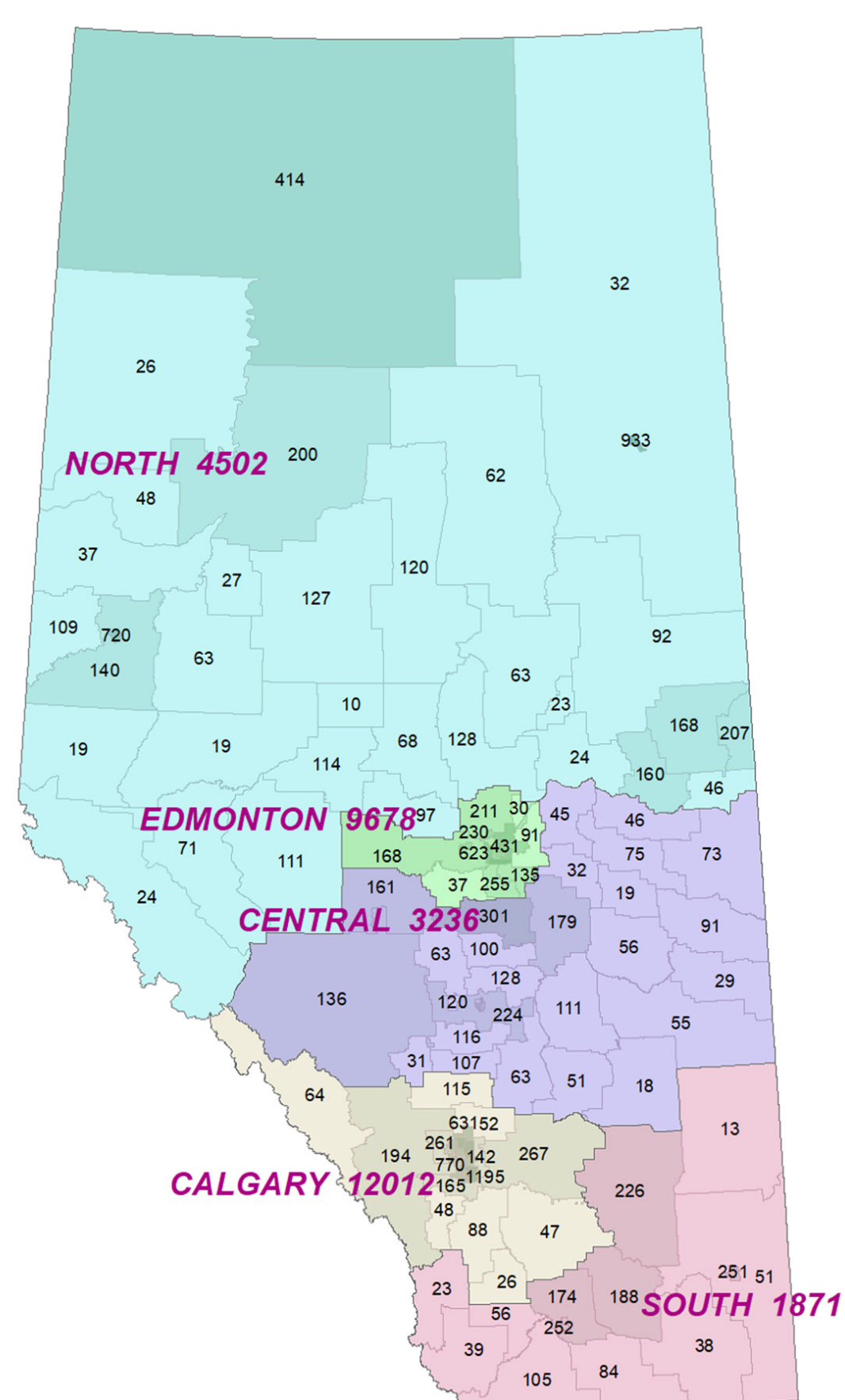
1. reaction to the data
2. reflection on the data
3. discussion of barriers & facilitators to change
4. coaching to develop a plan for practice change
5. commitment to change



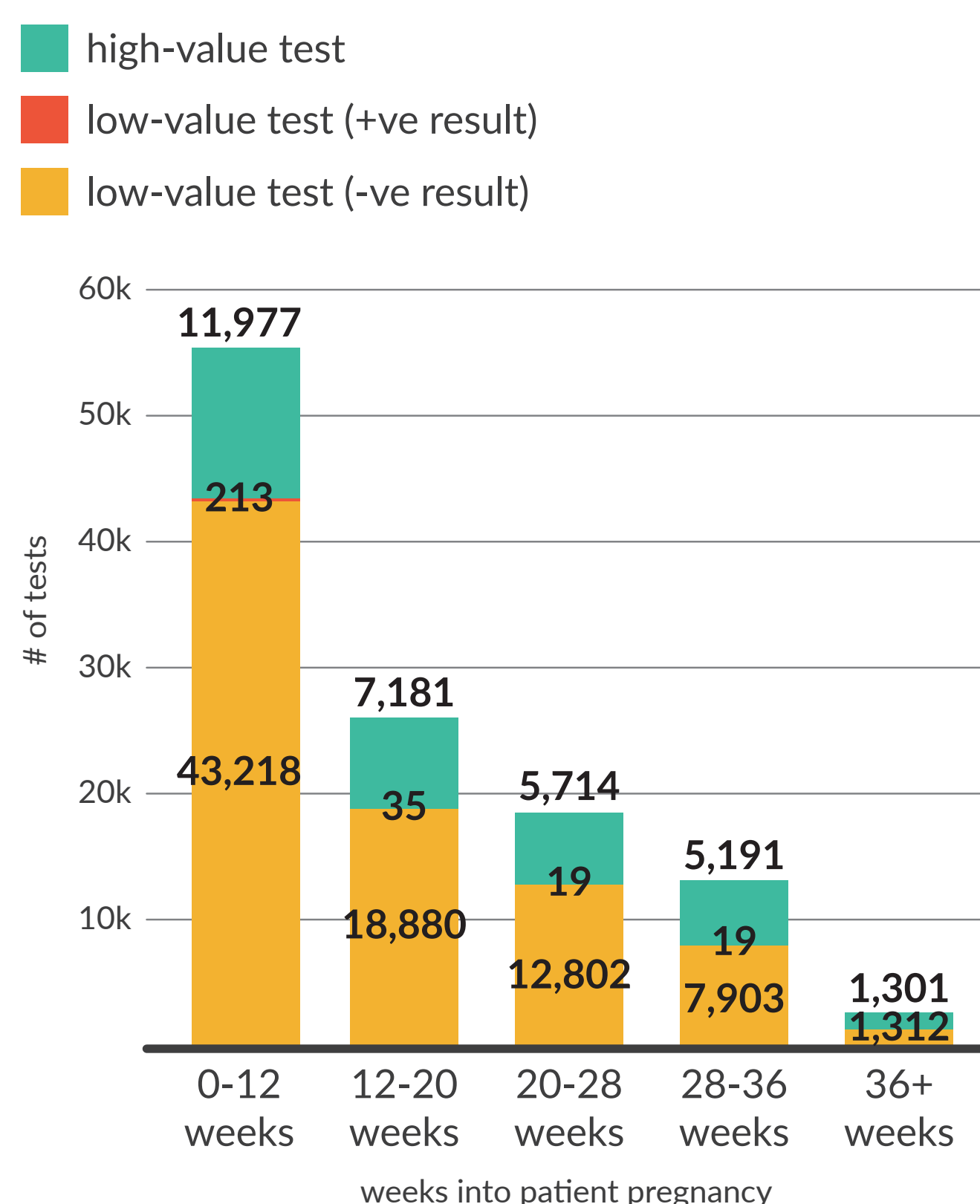
### Post-Intervention

Participants will implement their action plan and evaluate the usefulness of receiving their data and comparator data to inform practice change.

### Distribution of Tests in Alberta Pregnancies (Fiscal Year 2016/2017)



### Timing of Tests in Alberta Pregnancies (Aug 2015 - Mar 2018)



Timing of testing in Alberta pregnancies suggests the majority of tests are done in primary care, before 20 weeks

## Outcome Measures & Anticipated Results

A qualitative survey of the report will measure the participant's comfort level with data to inform practice, their ability to review data objectively, and ability to identify areas for change.

A qualitative survey will also measure the increased clarity on the utility of TSH testing in this population, the time spent reflecting on improving identification of the at risk population for testing, and action planning for change gained from the facilitated education session.

Based on prior PLP interventions an anticipated >90% of participants will find the use of data to inform practice change useful and an increased comfort level with data to inform practice change. Participants will also have an increased clarity over decision making around testing.

6 and 12 month data pulls post-intervention are anticipated to show a substantial reduction in low value testing.