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.

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

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.

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.

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.