HealthAffairs

At the Intersection of Health, Health Care and Policy

Cite this article as: Clement J. McDonald and William M. Tierney The Effect Of Electronic Health Records On Test Ordering Health Affairs, 31, no.6 (2012):1365

doi: 10.1377/hlthaff.2012.0471

The online version of this article, along with updated information and services, is available at: http://content.healthaffairs.org/content/31/6/1365.1.full.html

For Reprints, Links & Permissions: http://healthaffairs.org/1340_reprints.php E-mail Alerts : http://content.healthaffairs.org/subscriptions/etoc.dtl To Subscribe: http://content.healthaffairs.org/subscriptions/online.shtml

Health Affairs is published monthly by Project HOPE at 7500 Old Georgetown Road, Suite 600, Bethesda, MD 20814-6133. Copyright © 2012 by Project HOPE - The People-to-People Health Foundation. As provided by United States copyright law (Title 17, U.S. Code), no part of *Health Affairs* may be reproduced, displayed, or transmitted in any form or by any means, electronic or mechanical, including photocopying or by information storage or retrieval systems, without prior written permission from the Publisher. All rights reserved.

Not for commercial use or unauthorized distribution

LETTERS

There is a limit of 300 words for letters to the editor. Health Affairs reserves the right to edit all letters for clarity, length, and tone. Letters can be submitted by e-mail, letters@healthaffairs.org, or the Health Affairs website, http://www.healthaffairs.org.

DOI: 10.1377/hlthaff.2012.0471

The Effect Of Electronic Health Records On Test Ordering

Danny McCormick and coauthors assessed the effects of electronic health records (EHRs) on physician test ordering (Mar 2012). Surprisingly, their careful analysis of national survey data showed greater ordering of imaging studies and laboratory tests among clinicians with computerized access to test results. We were pleased that the authors cited five of our studies regarding EHR test ordering interventions.

We see three explanations for McCormick and coauthors' results. First and most fearsome, simply looking at test data might beget more testing. Minor, asymptomatic abnormalities when highlighted by a computer system could trigger diagnostic workups. For example, an old granuloma seen on a chest x-ray could generate a follow-up x-ray "just to be sure." Marginally justifiable screening tests can stimulate bursts of follow-up testing.

Second, electronic imaging results might be most available to tertiary care organizations. They care for more complicated patients and may order more tests in general. The authors found higher rates of testing in hospital-owned practices, which supports this hypothesis. Finally, increased testing among providers with access to EHRs could be an artifact of measurement bias. Practices fill out National Ambulatory Medical Care Survey forms by hand—a process shown to capture fewer than 35 percent of outpatient chest x-rays and 40 percent of cholesterol tests.¹ A practice with computerized test results data might be able to find and capture a greater percentage of the studies actually done, creating the appearance that such a practice ordered more tests than practices without such data.

Einstein said, "A man should look for what is, and not for what he thinks should be."² We are glad that McCormick and coauthors followed Einstein's advice. In the long run, their work will stimulate better understanding of EHR effects in everyday practice.

> Clement J. McDonald National Library of Medicine BETHESDA, MARYLAND

William M. Tierney Indiana University School of Medicine INDIANAPOLIS, INDIANA

NOTES

- 1 Gilchrist VJ, Stange KC, Flocke SA, McCord G, Bourguet GC. A comparison of the National Ambulatory Medical Care Survey (NAMCS) measurement approach with direct observation of outpatient visits. Med Care. 2004;42:276–80.
- **2** QuotationsBook.com [home page on the Internet] [cited 2012 Apr 25]. Available from: http://quotationsbook.com/