

Pre-referral workup for GI, liver conditions can be optimized

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(HealthDay)—Pre-referral workup for gastroenterology and hepatology conditions can be optimized using Delphi methodology, according to research published online July 30 in the *Journal of Evaluation in Clinical Practice*.

Chanda K. Ho, M.D., M.P.H., from the University of California in San Francisco, and colleagues used the Delphi method to establish local consensus for appropriate pre-referral workup for 13 common gastrointestinal and liver conditions. An expert panel consisting of three [primary care physicians](#) and nine gastroenterologists participated in three iterative rounds of electronic surveys. The University of Michigan outpatient referral guidelines were used as a baseline; each panelist used a five-point Likert scale to rank each test. Panelists could recommend

additional tests for the initial diagnoses and additional diagnoses that needed guidelines.

The researchers found that there were considerable modifications with the application of Delphi methodology to extrapolate externally developed referral guidelines for local implementation. Many tests from the external group were eliminated in the local group for some conditions, including abdominal bloating, [iron deficiency anemia](#), and [irritable bowel syndrome](#). For chronic diarrhea, abnormal liver enzymes, and viral hepatitis, all or most original tests were retained, with the addition of extra tests. There was high concordance among the panel for liver mass, [fatty liver disease](#), and cirrhosis, with few tests added or eliminated.

"Consideration of externally developed referral guidelines using a consensus-building process leads to significant local tailoring and adaption," the authors write.

More information: [Abstract](#)
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