

# Clinician decision support can reduce unspecified testing in primary care, study suggests

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For older primary care patients, clinician decision support can reduce unspecified testing compared with traditional case-based education alone, according to a study published online Feb. 6 in the *Annals of*

*Internal Medicine.*

Stephen D. Persell, M.D., M.P.H., from the Northwestern University Feinberg School of Medicine in Chicago, and colleagues examined the effect of clinician decision support redirecting attention to harms and engaging social and reputational concerns on overuse in older patients from 60 [primary care](#) internal medicine, family medicine, and geriatrics practices.

The [analyses](#) compared behavioral science-informed, point-of-care, clinical decision support tools plus brief case-based education (187 clinicians from 30 clinics) with brief case-based education alone (187 clinicians from 30 clinics).

The researchers found that after 18 months, the [intervention group](#) had lower adjusted difference-in-differences in annual rates (per 100 patients) of prostate-specific antigen testing, unspecified urine testing, and diabetes overtreatment compared with the education-only group (−8.7, −5.5, and −1.4, respectively).

No increase in [emergency care](#) related to urinary tract infections or hyperglycemia was seen. Among previously overtreated diabetes patients, a hemoglobin A1c >9.0 percent was more common with the intervention (adjusted difference-in-differences, 0.47 per 100 patients).

"These findings suggest that point-of-care behaviorally informed interventions can reduce overtesting and overuse among [older patients](#) of primary care clinicians while preserving clinician discretion," the authors write.

**More information:** Stephen D. Persell et al, Reducing Care Overuse in Older Patients Using Professional Norms and Accountability, *Annals of Internal Medicine* (2024). [DOI: 10.7326/M23-2183](https://doi.org/10.7326/M23-2183)

Jodi B. Segal, Reducing Low-Value Health Care, *Annals of Internal Medicine* (2024). [DOI: 10.7326/M24-3501](https://doi.org/10.7326/M24-3501)

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