Background
Inaccurate diagnoses and diagnostic delays are leading causes of harm in ambulatory care, estimated to affect 1 in 20 outpatients per year. Inadequate management of test results contributes substantially to these harms through delays in diagnosis or provision of evidence-based treatment.

Objectives
Understand patient characteristics associated with delayed follow up after diagnostically significant TSH test:
• Relationship between age and delayed follow up
• Relationship between sex and delayed follow up
• Relationship between TSH result value and delayed follow up

Methods
Patients were identified as at risk for delays in care through the use of an Epic report ("trigger") that identifies patients with abnormal TSH test results without follow up testing within 6 months. Participants were above age 18, with an initial test result ordered by a primary care provider at Johns Hopkins Community Physicians or Johns Hopkins School of Medicine general internal medicine practice between 01/01/2016 and 12/31/2016.

Results
Overall decrease in mean and median TSH value when comparing the qualifying test TSH values to the follow up TSH values.

Patients with the lowest qualifying tests (Q1) and highest qualifying tests (Q4) have the highest number of non-repeat tests.

Patients with the highest qualifying TSH values (Q4) have the largest number of non-repeat tests.

Patients with qualifying tests between 11.56 mIU/L and 16.53 mIU/L (Q2) have the highest number of repeat tests falling out of range, <0.5 mIU/L or > 4.5 mIU/L.

Conclusions
• Relationship between TSH value and follow up time or no follow up within 1 year
• Validity of Epic data
• Pattern of age/sex with failed follow up

Future Directions
The next phase of this study will incorporate chart review to determine patient and provider factors associated with failed follow up.

References

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