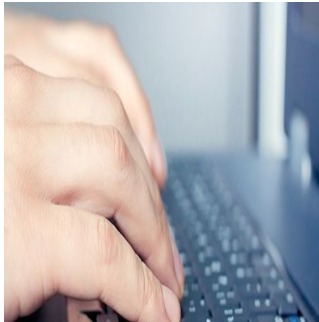# Decision Support and Imaging for Suspected Coronary Artery Disease

Using a point of order decision support tool to order imaging tests for patients with suspected coronary artery disease enabled fast decision-making on what test to order and led to increased testing for appropriate indications and decreased testing for inappropriate indications

The study, published in the American Journal of Cardiology evaluated physicians who ordered CAD imaging tests for consecutive patients. An Appropriate Use Criteria Decision Support Tool (AUC-DST) was employed to determine appropriateness ratings for myocardial perfusion scintigraphy (MPS), stress echocardiography (STE) or coronary computed tomographic angiography (CCTA), as well as intended downstream testing and therapy.

100 physicians used the AUC-DST for 472 patients over a period of 8 months for MPS (72%), STE (24%) and CCTA (5%). The AUC-DST required an average of 137 + 360 seconds to determine appropriateness category that, by American College of Cardiology AUC were considered appropriate in 241 (51%), uncertain in 96 (20%), inappropriate in 85 (18%) and not addressed in 50 (11%). For tests ordered in the first 2 months compared to the last 2 months, appropriate tests increased from 49% to 61%, while inappropriate tests decreased from 22% to 6%. Intended changes in medical therapy increased from 11% to 32%.

Reference

Lin FY, Dunning AM, Narula J, Shaw LJ, Gransar H, Berman DS, Min JK, Impact of an Automated Multimodality Point-of-Order Decision Support Tool on Rates of Appropriate Testing and Clinical Decision Making for Individuals with Suspected Coronary Artery Disease: A Prospective Multicenter Study, Journal of the American College of Cardiology (2013), doi: 10.1016/ j.jacc.2013.04.059.

Published on : Tue, 4 Jun 2013