

Molecular Tests Not Ordered for Eligible Patients

Potential Action Items

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- Review individual charts to determine why patients were not tested
- Discuss findings with team and consider ways to make improvements for future patients
- Review how disease staging impacts reflexive molecular testing process
- Create a reflexive molecular testing process

Ideas for Process Improvement

During the learning lab workshops, some attendees were puzzled when the discussion led to the following: “Some of our eligible lung cancer patients did not receive molecular testing on their biopsies. Why was molecular testing not performed?”. This question provided an opportunity for each team to perform a root cause analysis to better understand why those patients did not receive molecular testing and the teams identified these reasons:

- The amount of biopsy tissue was inadequate for testing
- The physician forgot to order the molecular test
- The patient decided not to receive any further treatment
- The physician did not feel that the test would change treatment options

When biopsy samples are extremely limited in quantity, it becomes increasingly important to communicate the priority of molecular testing to the pathologist who will be processing the biopsy material. Several pathologists shared how they would handle the biopsy sample differently and preserve tissue for molecular testing if they knew that molecular testing was a priority. These discussions led some centers to create new policies designed to improve communication between the physician performing the biopsy and the pathologist. Other centers even modified their pathology requisition form to include more clinical information about the patient and the priority for molecular testing.

Several learning lab participants spent time reviewing charts to better understand why their eligible lung cancer patients did not receive molecular testing. As suspected, the reasons were variable and they found that some patients were not eligible for further treatments. In one case, a molecular test result was overlooked because it had been incorrectly filed as a “lab” result and not as a “pathology” result. In a few cases, physicians simply forgot to order the test or they did not think that the test was necessary or beneficial. When centers realized that sometimes a physician may forget to order molecular tests on lung cancer patients, they focused their efforts on building or improving their reflex molecular testing pathway.