There are already 175,000 gene-based health tests available of uneven value. How do patients, doctors and insurance companies separate the wheat from the chaff?

It’s been only 20 years since the completion of the Human Genome Project opened the door for genetic testing and its promise for more lifesaving screenings and precise, personalized medicine. There are now 175,000 genetic tests on the clinical market, and 10 new tests are introduced every day. That is an overwhelming number, more than any clinician or health plan is equipped to deal with — and it doesn’t even include the growing number of direct-to-consumer tests patients have performed and then present to their providers. Few clinicians have the training or education necessary to evaluate the necessity, accuracy, and worth of all possible tests, let alone to incorporate the results into practice.

Because genetic tests are newer, clinicians and health plans are less able to evaluate their worth. The inability to better manage genetic testing also stands in the way of health care’s transition to value-based care. Without better knowledge of which tests deliver true value, it’s hard for providers and health plans to use these amazing tools to their greatest effect.

If health care is to realize the full benefits of genetic tests, it needs a better way of managing how they are ordered.

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