

# Tackling Low-Value Clinical Care

Task Force on Low-Value Care

March 2018

# Outline

- 1 Background on Issue
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# A Taxonomy of Waste

## Administrative Waste

- Complexity
- Fraud
- Pricing failures

## Operational Waste

- Inefficiencies in care delivery
- Unduly expensive inputs
- Errors
- Duplicative services

## Clinical Waste

- Care that does not deliver net benefit (overtreatment)
- Care that offers no benefit over less costly alternatives
- Care that delivers benefit, but does not meet standards of cost-effectiveness

# Why Waste?

## 2012 Analysis: 34% of Spend Wasted

## 2017 Physician Survey: 21% of Care Unneeded

**SPECIAL COMMUNICATION**

**ONLINE FIRST**

### Eliminating Waste in US Health Care

Donald M. Berwick, MD, MPP  
Andrew D. Hackbart, MPhil

**The need is urgent to bring US health care costs—both public and private payers. Common cuts, such as reductions in payment rates, are likely to be insufficient. A less harmful strategy would be to focus on reducing the waste that is inherent in the system. The opportunity is immense. In just a few years, the waste that is inherent in the system could be reduced by 34%. The potential savings are enormous. The waste that is inherent in the system could be reduced by 34%. The potential savings are enormous.**

**Reducing Waste in Health Care Spending**

Here is a better idea: cut waste. That is a basic strategy for survival in most industries today, ie, to keep processes, products, and services that actually help customers and systematically remove the elements of work that do not.

The opportunity for waste reduction in health care is enormous. The literature in this area identifies many potential sources of waste and provides a broad range of estimates of the magnitude of excess spending.<sup>1-6</sup> Six categories, at least,

**Check for updates**

**OPEN ACCESS**

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**Data Availability Statement:** All of our data is owned by a third party. The authors had no special access privileges to the data. The third party is Qualtrics and their contact information is [info@qualtrics.com](mailto:info@qualtrics.com) or +1.800.774.4682.

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**JAMA, April 11, 2012;307:1411–1419**

**PLOS ONE**

**RESEARCH ARTICLE**

### Overtreatment in the United States

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**OPEN ACCESS**

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**Data Availability Statement:** All of our data is owned by a third party. The authors had no special access privileges to the data. The third party is Qualtrics and their contact information is [info@qualtrics.com](mailto:info@qualtrics.com) or +1.800.774.4682.

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**Competing Interests:** The authors have declared that no competing interests exist.

**Abstract**

Overtreatment is a cause of preventable medical care that is unnecessary, including unnecessary tests, procedures, and overutilization of services. We examined physician perspectives on the prevalence, causes, and implications of overtreatment in the United States.

**Methods**

2,106 physicians from an online national Association (AMA) masterfile participated in a survey. Outcome measures included: percent of respondents who believed that overtreatment was a problem, percent of respondents who believed that overtreatment was a problem, percent of respondents who believed that overtreatment was a problem, percent of respondents who believed that overtreatment was a problem.

**Findings**

The response rate was 70.1%. Physicians reported that overtreatment was a problem in 85.2% of respondents, with 52.0% of respondents (51.5%) most respondents (70.8%) believed that physicians are necessary procedures when they profit from them. Most respondents believed that reducing fee-for-service physician compensation would reduce health care utilization and costs.

**Conclusion**

From the physician perspective, overtreatment is common. Efforts to address the problem should consider the causes and solutions offered by physicians.

# Why Low-Value Care?

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Harm to  
Patients

Direct physical harm and worry

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Cascading downstream harm

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Opportunity cost and time

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17-33% of costs borne OOP

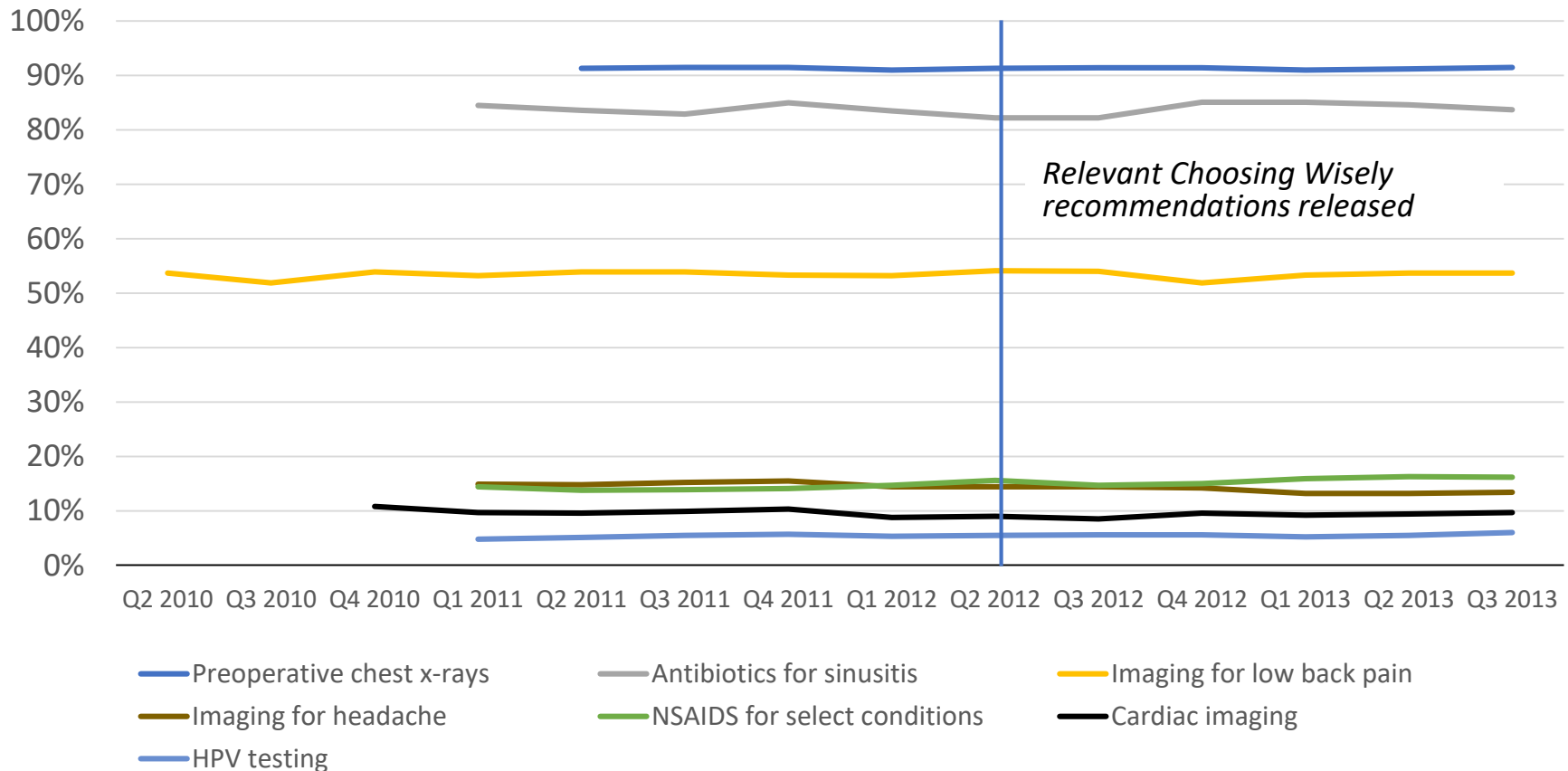
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# Why a Task Force?

## ...But Minimal Progress from Information-Only...

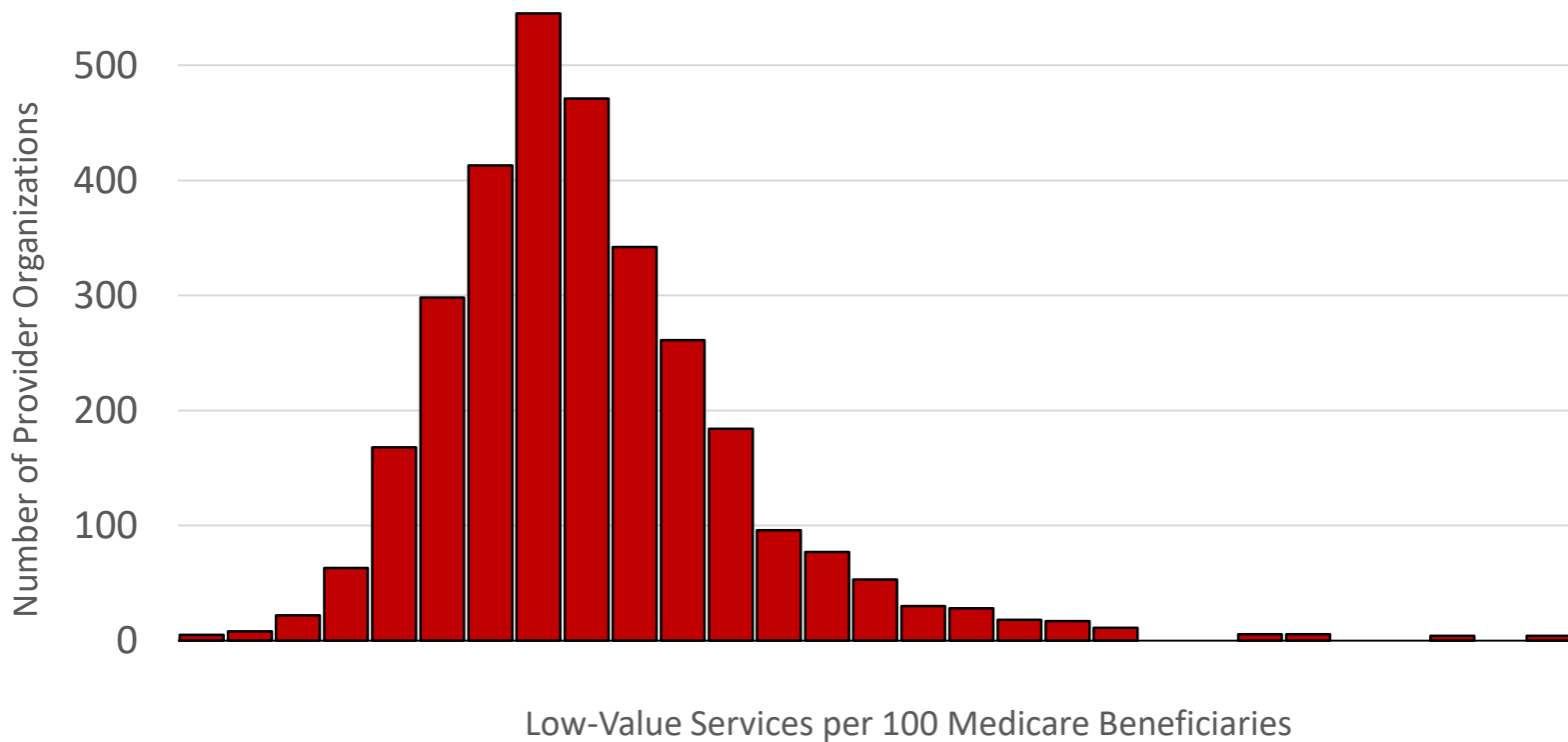
Prevalence and Trends for Six Commonly Overused Services (2010-2013)



# Why a Task Force?

We know we can do better.

**Distribution of Provider Organizations by Count of Low-Value Services Delivered per Medicare Beneficiary Per Year**





# Payer Levers

<b>Provider-Facing</b>
<b>Coverage Policies</b>
<b>Payment Policies</b>
<b>Alternative Payment Models (APMs)</b>
<b>APM Performance Measures</b>
<b>Prior Authorization</b>
<b>Learning Collaboratives</b>
<b>Provision of Profiling Data</b>
<b>Incentives for Use of Clinical Decision Support</b>

<b>Patient-Facing</b>
<b>Value-Based Insurance Design</b>
<b>Network Design</b>
<b>Support for Shared Decision-Making</b>

# Building a Top Five List

## Key Criteria

Unit Price

Volume

Aggregate  
Cost

Harm

Political  
Sensitivity

High Waste  
Index

# 5 Commonly Overused Services Ready for Purchaser Action



1. Diagnostic Testing and Imaging Prior to Surgery



2. Vitamin D Screening



3. PSA Screening in Men 75+



4. Imaging in First 6 Weeks of Low Back Pain



5. Branded Drugs When Identical Generics Are Available

# 1. Unindicated Diagnostic Testing and Imaging in Low-Risk Patients Prior to Low-Risk Surgery



## WHAT

Low-risk patients undergoing low-risk surgery do not need many commonly provided blood tests, imaging services, and more.

## WHY

Unneeded tests and imaging services:

- Rarely change patient management
- Delay needed care
- Identify clinically insignificant abnormalities

## BURDEN

Nationwide in 2014:

- About **19 million** unneeded pre-surgery tests/images performed
- About **\$9.5 billion** in spending resulted

## 2. Vitamin D Screening



### WHAT

Population-based screening for 25-OH-Vitamin D deficiency should be avoided.

### WHY

Vitamin D deficiency is rare. If deficiency suspected, patients should simply be advised to take an over-the-counter supplement and increase sun exposure.

### BURDEN

Nationwide in 2014:

- About **6.3 million** unneeded screening tests performed
- About **\$800 million** in spending resulted

### 3. Prostate-specific antigen (PSA) screening in men 75 and older



#### WHAT

In men 75 and older, screening for prostate cancer through the PSA blood test should almost never be performed.

#### WHY

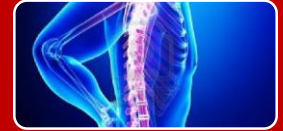
- Over-diagnosis associated with serious harm
- Harms of screening in men 75+ unambiguously outweigh benefit

#### BURDEN

Nationwide in 2014:

- At least **1 million** unneeded screenings in men 75+ performed
- Tests alone resulted in at least **\$44 million** in spending

## 4. Imaging for acute low-back pain for first six weeks after onset, unless clinical warning signs are present



### WHAT

X-rays, computed tomography (CT), and magnetic resonance imaging (MRI) should be avoided during first six weeks of low-back pain, unless a specific clinical warning sign is present.

### WHY

- Rarely changes patient management
- X-rays and CT expose patients to unneeded radiation
- Detects clinically insignificant abnormalities

### BURDEN

Nationwide in 2014:

- About **1.6 million** avoidable imaging services performed
- About **\$500 million** in spending resulted

## 5. Use of more expensive branded drugs when generics with identical active ingredients are available



### WHAT

Branded medications should not be prescribed when less expensive, chemically identical generics are available. (This is distinct from therapeutic substitution, when non-equivalent medications are substituted for one another.)

### WHY

Prescribing of more expensive, chemically identical medications buys no extra health per dollar.

### BURDEN

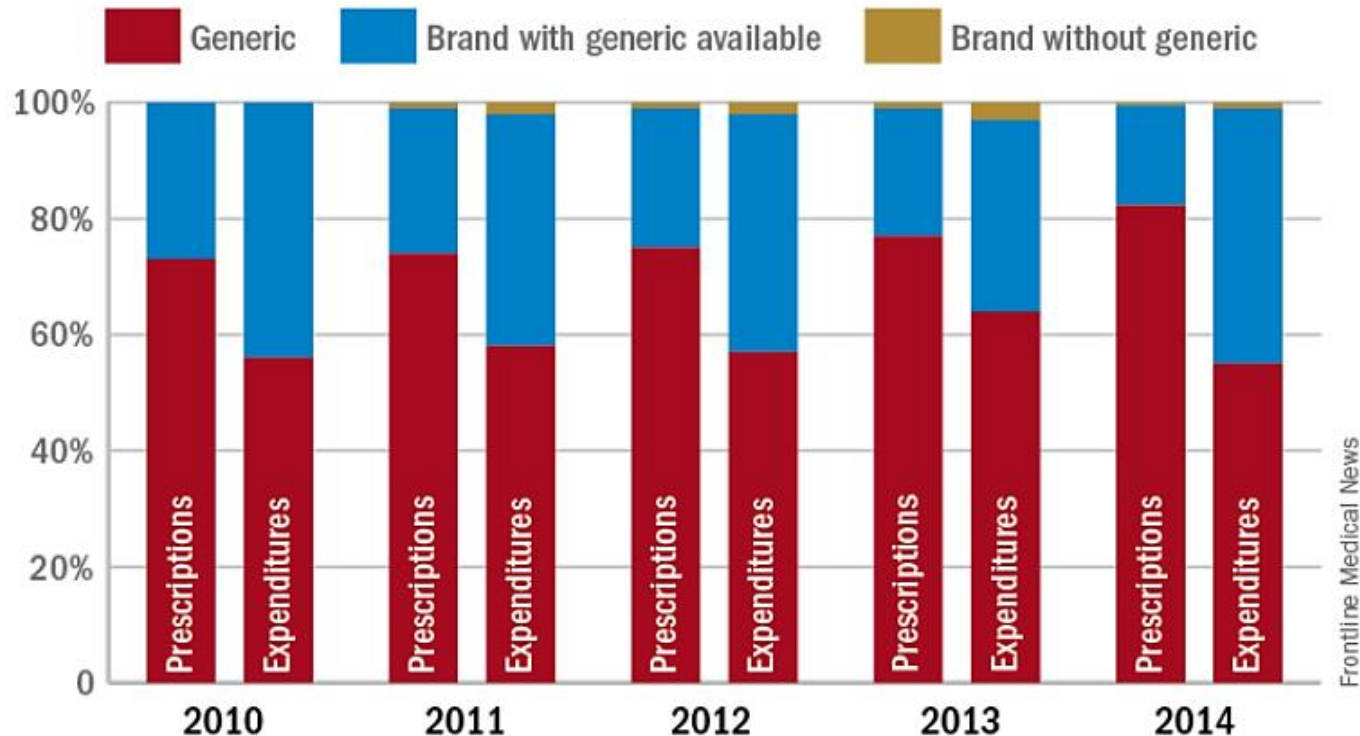
Purchasers would have saved \$14.7 billion in 2016 had 100% of prescriptions with generics available been dispensed as generics



## 5. Use of more expensive branded drugs when generics with identical active ingredients are available



# Distribution of Oral Contraceptive Prescriptions and Expenditures



Note: Based on data for 19,944 prescribing events from the Medical Expenditure Panel Survey.

Source: JAMA Intern Med. 2018 Jan 16. doi: 10.1001/jamaInternmed.2017.7849

# Outreach



## Media

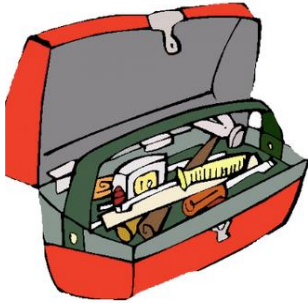
- Press Release
- Modern Healthcare References
- American Journal of Managed Care
- New York Times Reference
- Twitter
- More



## Presentations

- AcademyHealth National Health Policy Conference
- Health Affairs briefing
- AcademyHealth Webinar
- Mid-America Coalition on Health Care
- American College of Preventive Medicine (Upcoming)

# Materials



## Resources

- Materials for distribution
- Specifications for claims-based analyses
- Sample RFI language for purchaser use with health plans
- Health Affairs Blog post – outline of levers

# Materials



## Google “Task Force on Low-Value Care”

A collage of overlapping documents and reports related to low-value care. The documents include:

- Vitamin D Screening Tests**: A document discussing the universe of likely wasteful tests, listing CPT codes 82306 and 82652, and exclusion criteria for members who had a test within a year or members who had a test days on or prior to a certain date.
- HEALTH AFFAIRS BLOG**: A blue banner with the text 'HEALTH AFFAIRS BLOG' and 'RELATED TOPICS: PATIENT HARM'.
- Task Force on Low-Value Care**: A document titled 'Model Language Specific to Low-Value Care for Use in Purchaser-Issued Health Plan Requests for Information (RFIs)'. It includes a version date of January 16, 2018, and a request for feedback via email at [buxbaum@vbidhealth.com](mailto:buxbaum@vbidhealth.com). It also lists questions related to health plans' policies and procedures to avoid the delivery of commonly overused services.
- Top 5 Low-Value Services for Purchaser Action**: A report with a dark blue header. It states that the United States spends more per capita on health than any other nation but does not achieve outcomes. It lists the top 5 low-value services.
- Payment | Medicare | Elderly Care | Organizations**: A document with a white background and blue text, partially obscured.
- Care: A Purchaser**: A document with a white background and blue text, partially obscured.
- 2** and **4**: Large numbers in blue circles, likely indicating page numbers or steps in a process.