

## May and June Update



# VBIDHEALTH

The last few weeks have been **full** of news about low-value care! Hopefully the trend continues. Below is a list of upcoming events, news, and research. Please let me know if there's anything I missed.

### Upcoming Events (3 webinars on June 13 -- this week!):

- [Milliman Webinar](#)
  - Health Waste Calculator Product Training: Engaging Providers to Reduce Low Value Care
  - June 13, 2-3PM EST
- [Academy Health Webinar](#)
  - Research Community on Low Value Care Webinar: Data Linkages and Applications for Low-Value Care
  - June 13, 1:30PM-2:30PM EST
  - **RSVP BY JUNE 12**
- [Patient-Centered Primary Care Collaborative Webinar](#)
  - Choosing Wisely Implementation across Georgia
  - June 13, 1-2PM EST

### News and Noteworthy Reads about the Task Force or Top Five

- Aetna releases a new [Vitamin D policy](#) to reduce utilization of unnecessary tests.
- [Industry still determining what services are worth doing](#) (Modern Healthcare): a huge shout-out to the Task Force, the Top Five, and a number of Task Force member efforts to reduce low-value care (Beth Bortz, Lauren Vela, John Keats).
- [Calculating the cost of waste](#) (Modern Healthcare): a shoutout to the Health Waste Calculator and efforts to measure low-value care.

- [Addressing Inappropriate Care: Employers Innovating To Reduce Waste](#) (Health Affairs Blog): HA blog post highlights current employer efforts (eg, Walmart) and concludes employers are well positioned to mitigate overuse, especially by steering patients to high-value sites of care.
- [Eroding Trust and Conflicts of Interest](#) (ABIM): "Vitamin D offers a prime example of how conflicts and overuse are intertwined... examples like this erode the public's trust in physicians and the health care system as a whole...In March 2018, Cigna became the first to deny coverage for vitamin D testing unless medically necessary for specific age groups."

## Research on Low-Value Care

- Using the Task Force's Top Five list, the Value Consortium released [a research brief](#) detailing spending on Top Five low- and high-value services, as an indicator of progress towards better allocating health care resources.
- [Prevalence and Cost of Care Cascades After Low-Value Preoperative Electrocardiogram for Cataract Surgery in Fee-for-Service Medicare Beneficiaries](#) (JAMA): "Care cascades after low-value preoperative electrocardiograms are infrequent yet costly [(\$35 million in extra care after \$5 million in initial tests)]; policy and practice interventions to mitigate such cascades could yield substantial savings.
- [Low-Value Diagnostic Imaging Use in the Pediatric Emergency Department in the United States and Canada \(JAMA\)](#): this study found more use of low-value diagnostic imaging in the United States compared to Ontario, with no difference in outcomes.
- [Overuse of Health Care by Commercially Insured Adults Varies Persistently by Region](#) (NIHCM): Systemic overuse of health care follows regional patterns that are highly persistent over time, according to a new study of commercial health insurance claims from 2010 to 2015.
- [Children often receive unnecessary diagnostic tests, treatment for pneumonia](#) (Healio)
- [The Upcoming U.S. Health Care Cost Debate — The Public's Views](#) (NEJM): in short, the public does not view mitigating low-value care or overuse as a source of savings.