



VBIDHEALTH

Upcoming Events

- **DEADLINE APPROACHING: [RSVP by May 16](#) for the Academy Health Research Community on Low Value Care Webinar: Reducing Low-Value Care - A Focus on De-implementation**
 - **When:** May 17, 3:00-4:00PM EST
 - **What:** Speakers will include Dr. Wynne Norton (National Cancer Institute) and Dr. Shireen Atabaki (Children's National Medical Center). Dr. Norton will present on the current state of the science in de-implementation research and a framework she and her colleagues developed to conceptualize de-implementation of ineffective health services. Dr. Atabaki will highlight her work on reducing unnecessary CT scans and radiation in children with traumatic brain injury.

Recent News and Noteworthy Reads

- Read (or watch) the ["Taking Action on Overuse" framework](#) developed for provider organizations "to engage their care teams" regarding low-value care de-implementation, with a specific focus on unnecessary diagnostic testing.
- In a CBO report, ["Key Design Components and Considerations for Establishing a Single-Payer Health Care System,"](#) value-based insurance design noted as a lever to increase access to high-value care and reduce low-value care.
- [Doctors More Likely to Overprescribe Antibiotics for Children During Telemedicine Visits \(AJMC\)](#) -- A study found that children with respiratory infections were more likely to receive antibiotics and less likely to receive guideline-concordant antibiotic management during a telemedicine visit compared with an urgent care or primary care visit. The article was published in the April issue of *Pediatrics*. (Also reported in [WaPo](#), but the link is broken currently).
- [Fewer tests, treatments for NICU babies reduces infections, cuts cost](#) (Modern Healthcare) -- Research ([original article in Pediatrics](#)) shows that preterm babies are three times more likely to get a healthcare-associated

infection than full-term babies in part because invasive monitoring and procedures are tough on their weak immune systems.

- **Editorial: Yet another voluntary, value-based reimbursement program** (Modern Healthcare) -- Most evaluations have concluded that voluntary, value-based primary care models have not increased PCP salary, reduced hospitalizations, reduced specialist visits, or reduced spending, so will the new Azar-proposed model work?
- **To build successful health care programs (including those to reduce low-value care provision and utilization), trust is key**, according to panel at the Midwest Business Group on Health conference in early May.
- Price variation was a hot topic in April/ early May:
 - **They Want It to Be Secret: How a Common Blood Test Can Cost \$11 or Almost \$1,000: Huge price discrepancies like that are unimaginable in other industries. Also unusual: not knowing the fee ahead of time.** (NYT Upshot)
 - **A Proposal For Reducing Payment Variation In Private-Sector Health Care Markets** (HA Blog)
- March throwback: Eliminating Low-Value Health Care: Where Pathways Approaches Have Succeeded (Journal of Clinical Pathways, written by Task Force sponsor Ira Klein) -- "The Institute for Healthcare Improvement and others have shown that a mechanistic problem-solving approach, codified in pathway-like modules, can be successful. Recently, the precepts of the Choosing Wisely campaign have been utilized by the Low Value Waste Task Force to focus employers on health care waste interventions."

Research

- **January throwback: Medical Overuse as a Physician Cognitive Error: Looking Under the Hood.** (JAMA)
- **February throwback: Measuring Hospital-Acquired Complications Associated With Low-Value Care** (JAMA) -- "... findings suggest that use of these 7 procedures [, ranging from spinal fusions and knee arthroscopy or carotid endarterectomy in asymptomatic, high-risk patients,] in patients who probably should not receive them is harming some of those patients, consuming additional hospital resources, and potentially delaying care for other patients for whom the services would be appropriate.
- **March throwback (attached): Evaluation of an Intervention to Reduce Low-Value Preoperative Care for Patients Undergoing Cataract Surgery at a Safety-Net Health System.** (JAMA)