

Dear Task Force colleagues:

The summer continues to be fruitful for low-value care news and research. See a summary of the latest below. Please let me know if anything is missing or if you'd like me to include an event in the future.

Upcoming (or past) Events:

- On July 24, the [Center for Value-Based Insurance Design](#) hosted a [webinar on V-BID X](#). V-BID X is a novel plan design for the exchange market that increases access to high-value services without increasing premiums or deductible. The template increases cost-sharing on commonly overused service categories to offset the increased use of high-value services.

News and Noteworthy Reads about the Task Force or Top Five

- [Question Rarely Asked: What Would Medicare for All Cover?](#) (NYT UpShot) – a growing body of evidence shows that blunt efforts to [increase “high-value care”, eg. PCP access](#), can also lead to increases in low-value care. Medicare covers a number of (expensive) treatments with little clinical benefit. [MedPAC](#) has shown low-value care spending in the billions for Medicare FFS. The debate over what Medicare For All will cover should include a discussion about low-value care.
- [Why High-value Care Adoption is Stagnant](#) (Managed Healthcare Executive) – the [Research Consortium on Health Care Value Assessment's](#) (a collaboration between VBID Health and Altarum) research brief details spending trends on five low-value and five high-value services. *The Task Force's Top Five low-value services are used in the analysis* in addition to five high-value services collected from NCQA measures and USPSTF recommendations.
- The USPSTF [released new grade A recommendations](#) on HIV screening and pre-exposure prophylaxis (PrEP) – similar to its draft recommendation released in November, the task force is recommending that clinicians offer PrEP with effective antiretroviral therapy (ART) and screenings for at-risk patients. Note: PrEP was included in the V-BID X template above as a high-value brand drug.
- [The Elderly are Getting Complex Surgeries. Often it Doesn't End Well](#) (NYT) – complication rates are high among the elderly and a surgeon's group will propose new standards of care for geriatric surgery.
- [Healthcare Triage News: Vitamin D Supplements Continue to Be Unnecessary](#) (Incidental Economist) – new research agrees that Vitamin D supplements (different but related to our Top Five recommendation) is unnecessary for just about everyone.

Research on Low-Value Care and the Top Five

- [Measures Used to Assess the Impact of Interventions to Reduce Low-Value Care: a Systematic Review](#) (JGIM) – “Most published studies focused on reductions in utilization rather than on clinically meaningful measures (e.g., improvements in appropriateness, patient-reported outcomes) or unintended consequences. Investigators should systematically incorporate more clinically meaningful measures into their study designs, and sponsors should develop standardized guidance for the evaluation of interventions to reduce low-value care.”
- [Clinical decision support for high-cost imaging: A randomized clinical trial](#) (PLoS) – “CDS reduced targeted imaging orders by a statistically significant 6%, however there was no statistically significant change in the total number of high-cost scans or of low-cost scans.”
- [Measuring Hospital-Acquired Complications Associated With Low-Value Care](#) (JAMA) – a critical component of extending the waste agenda is measuring the full cost and care cascades associated with low-value care. This study found: “the use of 7 low-value procedures [(eg, low-value spinal fusions and knee arthroscopies)] is harming patients, consuming additional hospital resources, and potentially delaying care for other patients for whom the services would be appropriate.”
- [Low-Value Prostate Cancer Screening Among Older Men Within the Veterans Health Administration](#) (JAGS) - In a national cohort of older veterans, more than one in six received low-value PSA screening, with greater than *10-fold variation across VAMCs and high rates of screening among those with the greatest mortality risk.*
- [Decision Aids for Prostate Cancer Screening Choice: A Systematic Review and Meta-analysis](#) (JAMA) – decision supports are not necessarily working to reduce the overuse of unnecessary PSA testing. The [accompanying editorial](#) details how decision aids can vary significantly in their content and style, and likely their effectiveness. The Lown Institute also wrote an [accompanying article](#).
- [Prevalence, severity, and nature of preventable patient harm across medical care settings: systematic review and meta-analysis](#) (BMJ) – “Around one in 20 patients are exposed to preventable harm in medical care...Developing and implementing evidence-based mitigation strategies specifically targeting preventable patient harm could lead to major service quality improvements in medical care which could also be more cost effective.” – [an accompanying editorial in the BMJ](#) discusses the challenge of patient harm.

- [Effect of Introducing a Default Order in the Electronic Medical Record on Unnecessary Daily Imaging During Palliative Radiotherapy for Adults With Cancer](#) (JAMA)

Best,
Michael

