

## Task Force on Low-Value Care

October 17, 2019

Detroit Metro Airport Westin Hotel

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IDENTIFY.



MEASURE.



REPORT.



REDUCE.

### Key lessons, themes or takeaways:

1. Momentum is growing (published research, media attention, events, and convenings)
2. We need to message low-value care differently to different audiences, especially to patients, caregivers, consumers and their advocates
  - Harm message > financial message, but reduced opportunity cost and botheredness are important to consumers/patients/caregivers
  - Connect messaging to outcomes and individual costs to patients
  - Connect messaging to headroom for employers and policymakers
3. We need better point of care tools to reduce initial use of initial low-value services (eg, better CDS to stop unnecessary imaging) and the current EHR market is lacking
4. Proper evaluation design should be included in development/design of any low-value care initiative to build evidence around meaningful measures of low-value care
5. Seek opportunities for large-scale measurement to perpetuate current momentum beyond academic estimates, such as using powerful tools like the Health Waste Calculator and state APCDs
6. Drivers of low-value care may be different across different services and initiatives to reduce low-value care could exacerbate existing health disparities if not nuanced
7. We need aligned financial incentives to reduce low-value care (eg, unnecessary pre-operative tests to generate revenue, even in capitated systems)
8. Encourage and amplify state-wide efforts and multi-stakeholder efforts
9. We should continue to be engaged in:
  - developing new or amplifying existing tools across different stakeholders,
  - supporting policy efforts (eg., section 4105),
  - convening satellite meetings like the consumer meeting in October to increase support and perspective, and
  - amplifying research on the cascading effects of low-value care to increase the visibility of the total cost of low-value care