



## MULTI-STAKEHOLDER TASK FORCE IDENTIFIES “TOP FIVE” LOW-VALUE SERVICES FOR PURCHASER ACTION

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**ANN ARBOR, MI** – Billions are spent annually on health care services that offer no clinical benefit. Although there is broad agreement that this low-value care must be identified and eliminated, translating this consensus into focused action has proven challenging. To catalyze purchasers to more effectively address the clinical and financial burden of low-value care, a multi-stakeholder task force is calling attention to [five easily-identified health care services](#). All have broad scientific consensus advising against their use.

The five commonly overused services are:

- Diagnostic testing and imaging for low-risk patients prior to low-risk surgery;
- Vitamin D screening;
- Prostate-specific antigen (PSA) screening in men 75 and older;
- Imaging for acute low-back pain for the first six weeks after onset, unless clinical warning signs are present (“red flags”); and
- Use of more expensive branded drugs when generics with identical active ingredients are available.

The [Task Force on Low-Value Care](#), comprised of leading purchasers, patient advocates, employer coalitions, and other healthcare stakeholders, developed this “Top Five” list, after carefully considering the potential for harm, cost, prevalence, and the availability of levers for purchasers to help reduce their delivery. Further detail on each of these five services is available at [www.vbidhealth.com/low-value-care-task-force.php](http://www.vbidhealth.com/low-value-care-task-force.php). Together, these services account for more than \$25 billion in avoidable annual expenditures.

“While the *Choosing Wisely* initiative has played a critical role in promoting discussions between patients and their clinicians around low-value care, purchasers have a responsibility to be good stewards of health care resources and to protect their members from services that are unsafe, unhelpful, or both,” said Task Force co-director A. Mark Fendrick, MD. “We hope that this list of ‘no-brainers’ will galvanize new, clinically nuanced efforts to eliminate low-value spending.” Task Force co-director Michael Chernew, PhD added, “The only way we can create headroom for innovation is to eliminate low-value care. The Task Force is dedicated to making the challenging notion of waste removal more concrete.”

“By targeting a focused set of services, we believe we can achieve some early wins, improve patient care, and save much needed resources that can be redirected into higher value health care services,” said Task Force member Beth Bortz, President and CEO of the Virginia Center for Health Innovation. “In 2015, Virginia spent more than \$247 million on diagnostic testing and imaging for low-risk patients before low-risk surgery. We consider reducing the use of this service, and the other four identified, just the tip of the spear.”

**About the Task Force on Low-Value Care:** this multi-stakeholder effort was established by VBIDHealth to catalyze health care purchaser action around the identification, measurement and elimination of low-value health care services. Financial support is provided by Amgen, Johnson & Johnson, Pfizer, and Sanofi. Further information is available at <http://www.vbidhealth.com/low-value-care-task-force.php>.