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# The Utilization and Costs of USPSTF Grade D Services in Medicare

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# Low-value services can lead to preventable harm to patients

**88 year old man, independent, history of HTN, dyslipidemia**

Undergoes screening colonoscopy

Observed overnight due to large polyp removal and GIB

In-hospital cardiac arrest

Discharged to nursing home

# Low Value Care Is Costly and Prevalent in Medicare

Benefits Do Not Exceed Potential Harms

Consumes **\$101 billion** in health care dollars every year

**43% of older adults** in Medicare FFS are affected

# USPSTF Services

**A**

Substantial  
benefit

Order

**B**

Moderate to  
substantial  
benefit

Order

**C**

Small benefit

Order in select  
cases

**D**

No net benefit

Do not order

**I**

Evidence  
unclear whether  
benefits exceed  
harms

Discuss with  
patient

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# Objective

To estimate the **utilization** and **costs** of seven USPSTF Grade D services in the Medicare population from 2007 to 2016.

# Methods: Study Design

## **National Ambulatory Medical Care Survey**

Descriptive analysis of visits to outpatient clinics

Nationally representative survey, 2007-2016

Detailed data for each patient and encounter



**Utilization of 7 Grade D services calculated based on eligible encounters**

**Estimated spending based on Medicare-allowed prices**

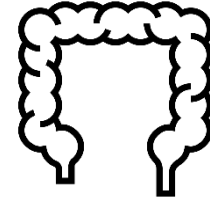
# USPSTF Grade D Services



Prostate cancer screening in men  $\geq 75$  years



Cervical cancer screening  $> 65$  years



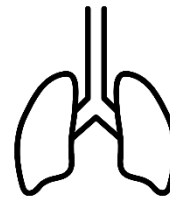
Colon cancer screening  $> 85$  years



Cardiovascular screening in low risk patients



Asymptomatic bacteriuria screening



COPD screening



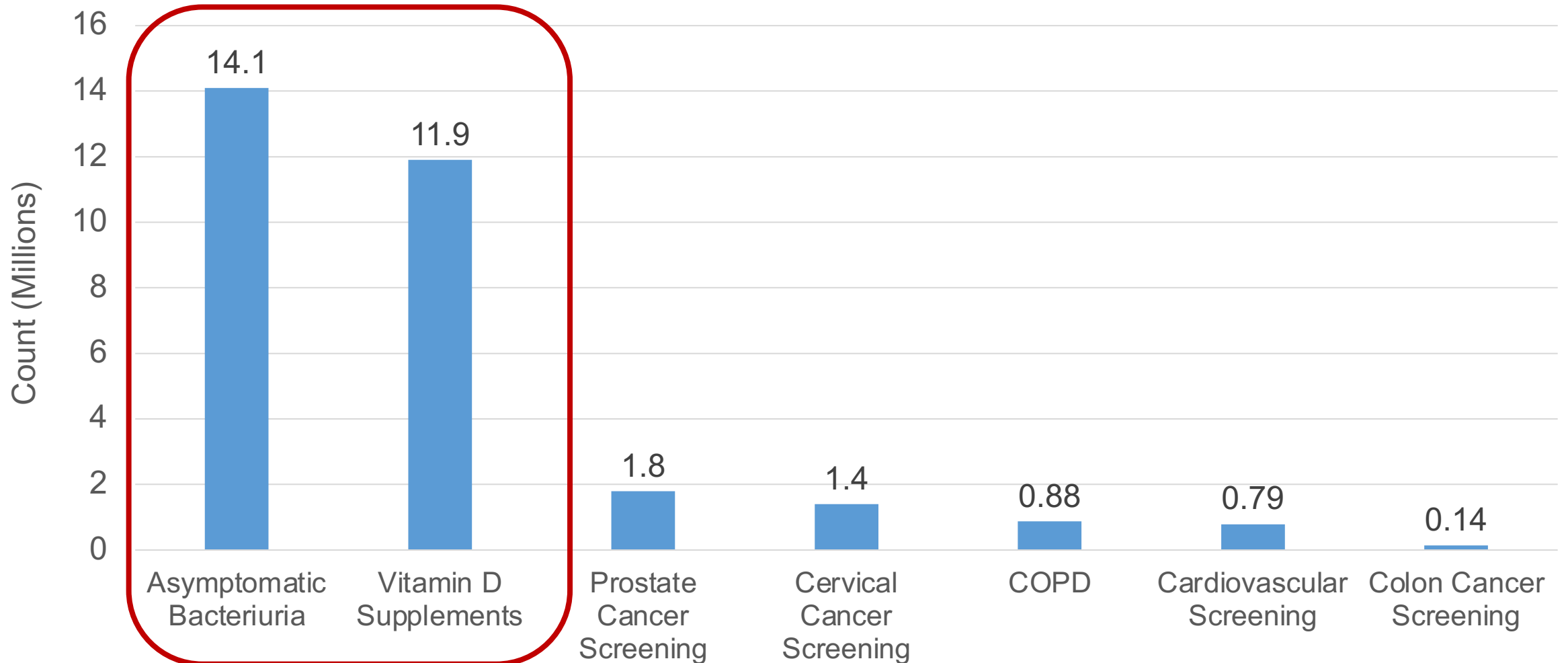
Vitamin D to prevent falls among older women



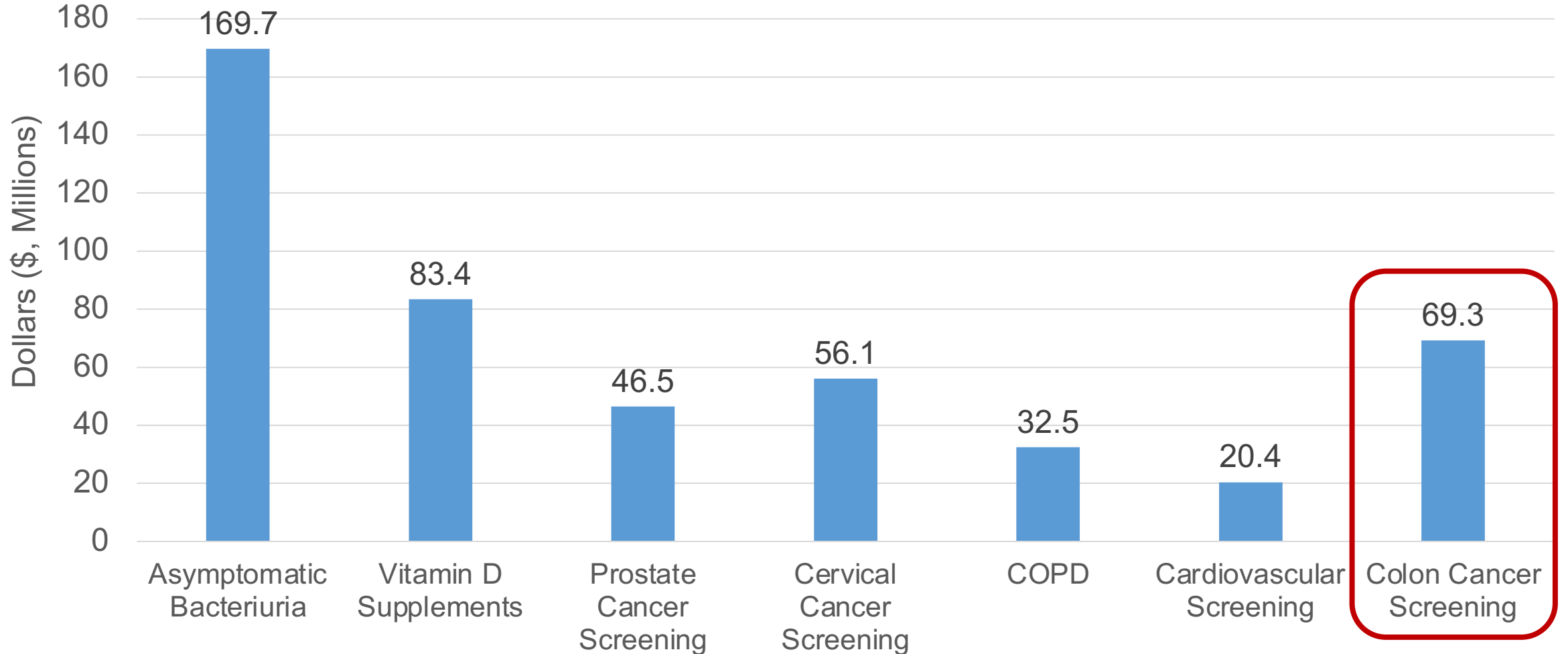
# Results: Study Demographics

Characteristics	Received Grade D Service	Did Not Receive Grade D Service
Weighted Visits (millions, %)	188.6 (7.9)	2,203.6 (92.1)
Age (years)	73.0	72.2

# Annual Utilization of Grade D Services



# Annual Costs of Grade D Services



# Grade D Services Among Medicare Enrollees, 2007-2016:



Total Annual Count:

**31 million**

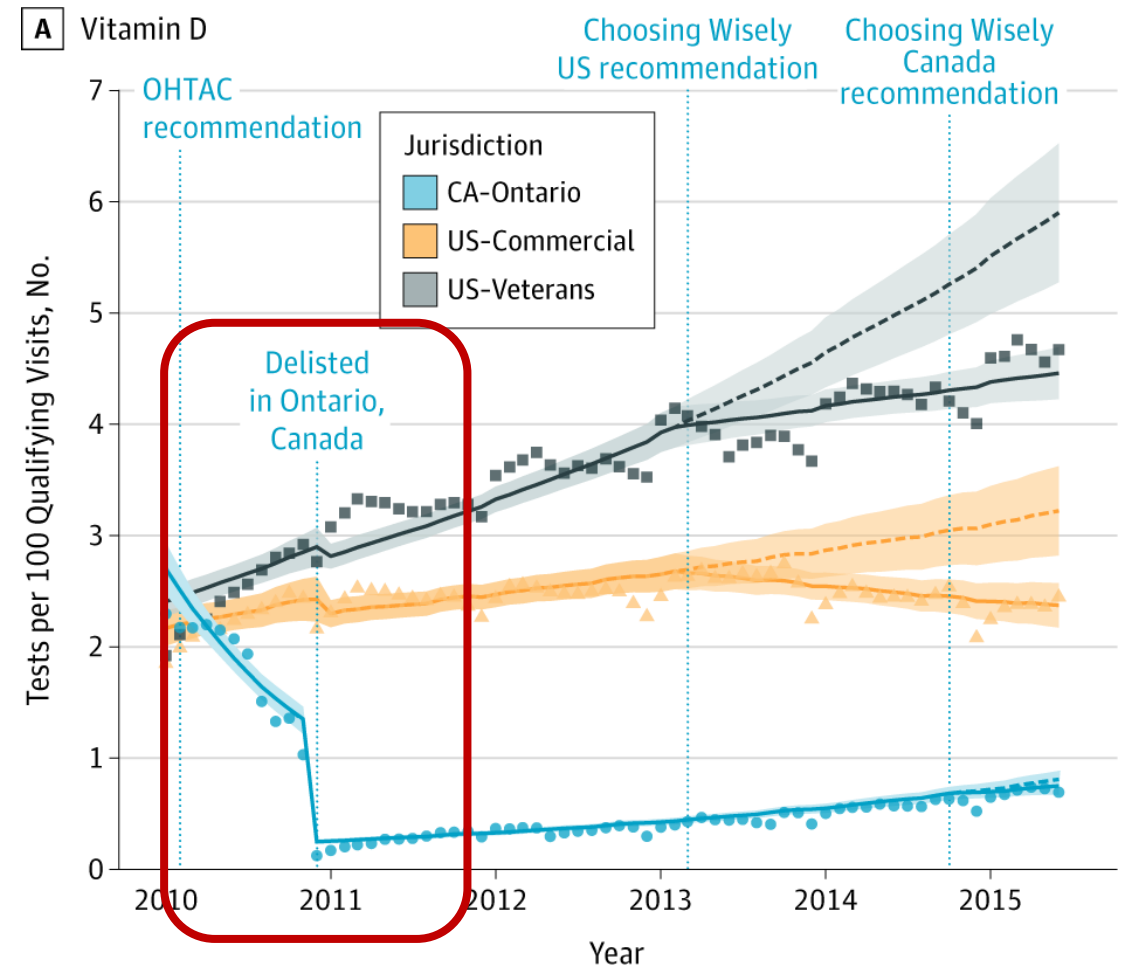


Total Annual Costs:

**\$478 million**

# Implications for Advancing the Low Value Care Policy Agenda

Payment reforms  
Piloting of non-payment



# Implications for Advancing the Low Value Care Policy Agenda

**Affordable Care Act  
(Section 4105) grants  
HHS the authority to  
not pay for USPSTF ‘D’  
Rated Services**

## SEC. 4105. EVIDENCE-BASED COVERAGE OF PREVENTIVE SERVICES IN MEDICARE.

(a) AUTHORITY TO MODIFY OR ELIMINATE COVERAGE OF CERTAIN PREVENTIVE SERVICES.—Section 1834 of the Social Security Act (42 U.S.C. 1395m) is amended by adding at the end the following new subsection:

“(n) AUTHORITY TO MODIFY OR ELIMINATE COVERAGE OF CERTAIN PREVENTIVE SERVICES.—Notwithstanding any other provision of this title, effective beginning on January 1, 2010, if the Secretary determines appropriate, the Secretary may—

“(1) modify—

“(A) the coverage of any preventive service described in subparagraph (A) of section 1861(ddd)(3) to the extent that such modification is consistent with the recommendations of the United States Preventive Services Task Force; and

“(B) the services included in the initial preventive physical examination described in subparagraph (B) of such section; and

“(2) provide that no payment shall be made under this title for a preventive service described in subparagraph (A) of such section that has not received a grade of A, B, C, or I by such Task Force.”.

(b) CONSTRUCTION.—Nothing in the amendment made by paragraph (1) shall be construed to affect the coverage of diagnostic or treatment services under title XVIII of the Social Security Act.

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# Discussion



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