CHOOSING WISELY--OR NOT:
ASSESSING LOW-VALUE HEALTH CARE SERVICE DELIVERY

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Waste is common and expensive

$750 billion:
Cumulative annual spending on waste

$200 billion:
Annual spending on overtreatment or overuse

What are low-value health care services?

Tests or procedures that offer no or unclear clinical benefit

But also expose patients to risk and expense
Example:

**Imaging for acute low back pain**

- Rarely alters clinical management or identifies serious conditions
- *But*
  - Exposes patients to radiation and expense
  - May find clinically-irrelevant abnormalities that lead to:
    - Further tests
    - Referrals
    - Invasive procedures that offer limited benefits and carry risk
Reducing low-value health care offers the opportunity to:

Increase
- Quality of care
- Access to care

Decrease
- Wasteful spending
- Unnecessary utilization
Campaign to identify low-value health care

**Goal:** promoting conversations between clinicians and patients about necessary care

*An initiative of the ABIM Foundation*
### American College of Orthopedic Surgeons
#### Top 5 List

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<tr>
<td><strong>1</strong></td>
<td>Don't use post-operative splinting of the wrist after carpal tunnel release for long-term relief.</td>
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<td><strong>2</strong></td>
<td>Don't use lateral wedge insoles to treat patients with symptomatic medial compartment osteoarthritis of the knee.</td>
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<td><strong>3</strong></td>
<td>Don't use glucosamine and chondroitin to treat patients with symptomatic osteoarthritis of the knee.</td>
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<td><strong>4</strong></td>
<td>Don't use needle lavage to treat patients with symptomatic osteoarthritis of the knee for long-term relief.</td>
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<td><strong>5</strong></td>
<td>Avoid performing routine post-operative deep vein thrombosis ultrasonography screening in patients who undergo elective hip or knee arthroplasty.</td>
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# General approaches to measurement of low-value care

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<th>Indirect</th>
<th>Direct</th>
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| • Scope and scale of issue  
• Analyses of geographic variation | • Specifically identifying low-value services  
• Opportunities for improvement |
Measuring low-value care directly using medical record data

Medical records review has been used to decades-long effort to identify low-value care.

Electronic health records have limitations on ability to detect low value care.
Large-scale investigation of low-value services

- ~1.5 Million Patients Claims
- 28 Measures of Low-Value Services
- 3 Key Questions
  - How many patients got low value services?
  - How much did these services cost?
  - Which patients got more low-value services?

Large National Commercial Insurer

Broad range of clinical specialties and service types
- Cardiovascular testing and Procedures
- Diagnostic and Preventive Testing
- Head and Neurologic Testing
- Musculoskeletal Testing and Procedures
- Preoperative Testing

Reid RO, Rabideau B, Sood N. Low-value health care services in a commercially insured population. JAMA Internal Medicine. 2016.
Low-value service use in commercially insured patients

~115,000 Patients Received Low-Value Services

- 7.8% of Patients

$32.8 Million in Spending

- 0.5% of Overall Spending

Most Common
- T3 measurement in hypothyroidism
- Imaging for non-specific lower back pain
- Imaging for uncomplicated headache

Most Spending
- Spinal injection for lower back pain
- Imaging for uncomplicated headache
- Imaging for nonspecific lower-back pain
Key patient characteristics

Associated with differences in low-value service spending

Some spend more
- White
- Higher-Income
- Geographic areas with greater medical spending

Some spend less
- Older
- Male
- Enrolled in Consumer Directed Health Plans (CDHP)
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