

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

Rachel O. Reid, MD, MS
Associate Physician Policy
Researcher, RAND Corporation
Schaeffer RAND-USC Fellow

NIHCM Webinar
September 22, 2017



Acknowledgements

Coinvestigators:

Neeraj Sood and Brendan Rabideau
University of Southern California

Funding:

NIHCM
Schaeffer RAND-USC Fellowship

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

1

Don't use post-operative splinting of the wrist after carpal tunnel release for long-term relief.

2

Don't use lateral wedge insoles to treat patients with symptomatic medial compartment osteoarthritis of the knee.

3

Don't use glucosamine and chondroitin to treat patients with symptomatic osteoarthritis of the knee.

4

Don't use needle lavage to treat patients with symptomatic osteoarthritis of the knee for long-term relief.

5

Avoid performing routine post-operative deep vein thrombosis ultrasonography screening in patients who undergo elective hip or knee arthroplasty.

General approaches to measurement of low-value care

Indirect

- Scope and scale of issue
- Analyses of geographic variation

Direct

- Specifically identifying low-value services
- Opportunities for improvement

Measuring low-value care directly using medical record data

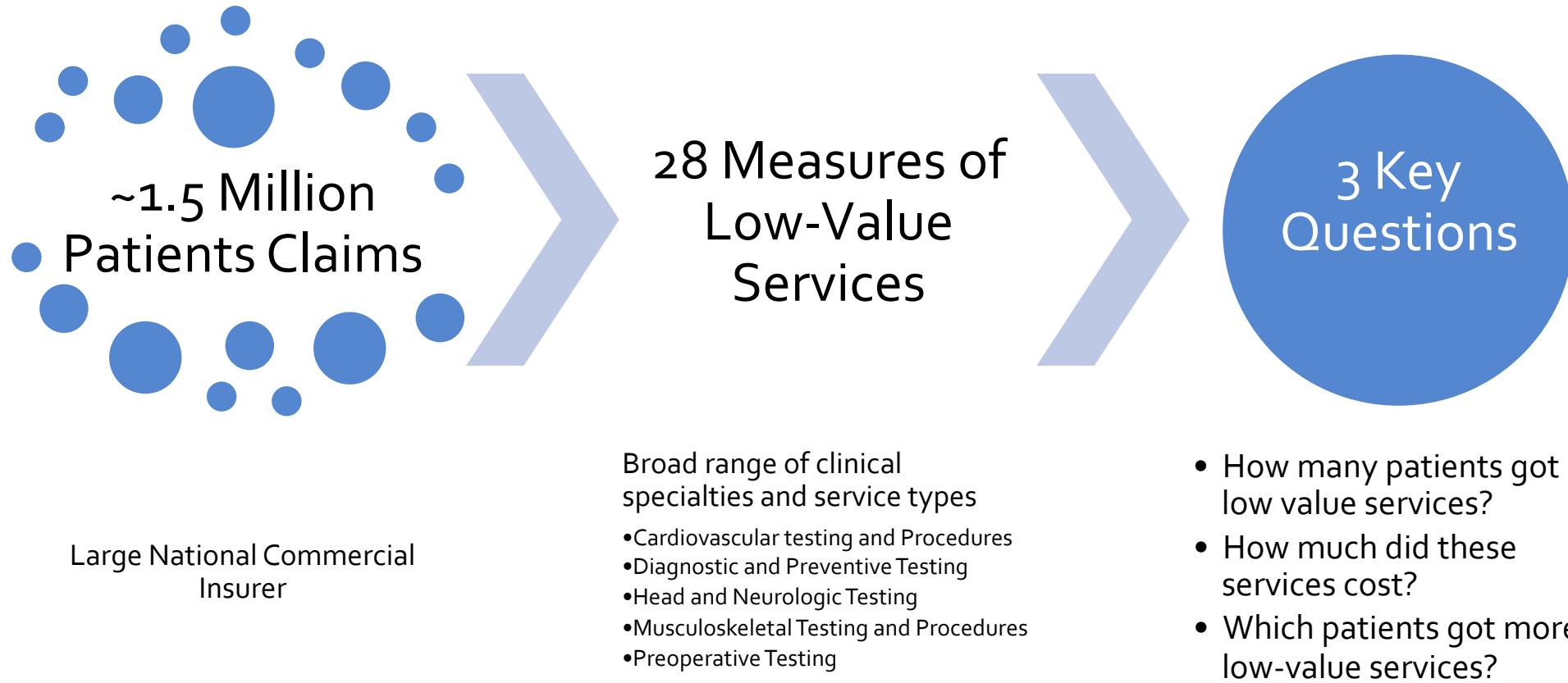


Medical records review has been used to decades-long effort to identify low-value care



Electronic health records have limitations on ability to detect low value care

Large-scale investigation of low-value services



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

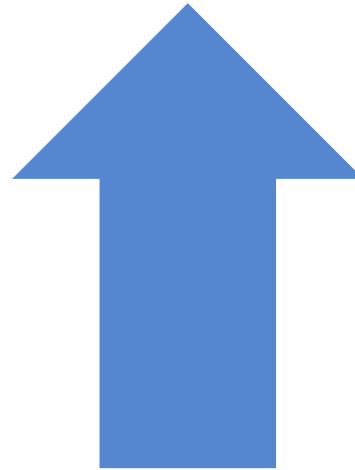
Spinal injection for lower back pain

Imaging for uncomplicated headache

Imaging for nonspecific lower-back pain

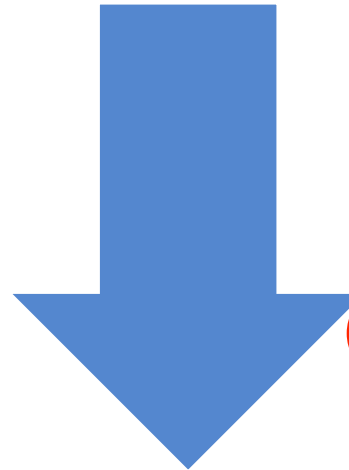
Key patient characteristics

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)



Rachel O. Reid, MD, MS
rreid@rand.org