COLORADO
Department of Health Care Policy & Financing

AFFORDABILITY TOOLKIT

Improving Low-Value Care

Fact Sheet April 2021

PROGRAM HISTORY & OVERVIEW

Low-value care is defined as "care in which the potential harm or cost is greater than the benefit to a patient"[1] and can include medications, diagnostic procedures, imaging, surgeries or other medical services for which scientific evidence has shown little medical benefit.

In 2012, the American Board of Internal Medicine Foundation launched the "Choosing Wisely" campaign. In this campaign, 80 medical specialty societies identified 550 common medical practices for which there was little evidence they were beneficial to patients.[2] The Center for Improving Value in Health Care (CIVHC) used these guidelines and recommendations from the U.S. Preventive Services Task Force to define "low-value care" for a 2020 report.[3]

Low-value care is prevalent in the state of Colorado. According to a report by CIVHC, in 2015-2017, of the 4.1 million insured Coloradans in the Colorado All-Payers Claims Database (CO APCD), 17.6% have received at least one low-value care service. This accounts for approximately 140 million dollars of spending in the state of Colorado in 2017.[4]

What is Low-Value Care?

CIVHC identified the following 17 services accounting for almost 93% of the total low-value services provided in Colorado, categorized by risk of harm to the patient:[5]

High Risk	• Opioids for back pain • Peripherally inserted central catheters in stage III-V CKD patients • Vertebroplasty • Renal artery revascularization
Medium Risk	• Cervical cancer screening in women • Lower back pain imaging • Concurrent use of two or more antipsychotic medications • Coronary angiography • Annual EKGs or cardiac screening • Cardiac stress testing

[1] Center for Improving Value in Health Care. (2020). *Low Value Care in Colorado*. Center for Improving Value in Health Care. https://www.civhc.org/get-data/public-data/focus-areas/low-value-care/.
[2] American Board of Internal Medicine. (2020). *Choosing Wisely*. Choosing Wisely. https://www.choosingwisely.org.
[3] Center for Improving Value in Health Care. (2020). *Low Value Care in Colorado*. Center for Improving Value in Health Care. https://www.civhc.org/get-data/public-data/focus-areas/low-value-care/.
[4] Ibid.
[5] Ibid.

Low Risk	
	• Screening for 25-OH-Vitamin D deficiency • Antibiotics for acute upper respiratory and ear infections • Imaging tests for eye disease • Routine general health checks • Preoperative baseline laboratory studies • Colon cancer screening • Headache imaging

Three services accounted for 44% of low-value care spending: use of two or more antipsychotic medications, opioids for back pain, and central catheters for kidney disease patients.[6]

Why is Low-Value Care A Problem?

- ➔ **Cost**: Millions of dollars are spent by patients, employers and payers annually on procedures, practices and medications that are, at best, not helpful and, at worst, actively harmful.[7]
- ➔ **Unnecessary suffering**: Patients are subjected to treatments for issues with no notable effect on their well-being because unnecessary tests detected them.[8]
- ➔ **Increased workload on health care facilities and providers**[9]
- ➔ **Side effects and risks:** These procedures or practices may come with negative side effects or risks.[10]
- ➔ **Addiction**: The prescription of opioids for back pain can result in substance use disorders.[11]

Why Does Low-Value Care Happen?

- ➔ **Lack of evidence:** Doctors often lack evidence when evaluating which treatments are most effective for a given population, lack training or time to critically assess the evidence available.[12]
- ➔ **Defensive medicine:** In some studies, physicians responded they over-prescribe for fear of malpractice suits.
- ➔ **Local norms:** Doctors are influenced in how they choose to treat a patient by their mentors in residency or their hospital culture. Sometimes, a particular low-value care practice becomes a local norm.[13]
- ➔ **Financial incentive structures:** Doctors and hospitals get paid for how much care they deliver, not patient outcomes.

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[6] Center for Improving Value in Health Care. (2020). *Low Value Care in Colorado*. Center for Improving Value in Health Care. www.civhc.org/get-data/public-data/focus-areas/low-value-care/.

[7] Brownlee, S. (2010). *Overtreated: Why Too Much Medicine Is Making Us Sicker and Poorer*. Bloomsbury Publishing USA.

[8] Ibid.

[9] Ibid.

[10] Center for Improving Value in Health Care. (2020). *Low Value Care in Colorado*. Center for Improving Value in Health Care. www.civhc.org/get-data/public-data/focus-areas/low-value-care/.

[11] American Board of Internal Medicine. (2012). *Choosing Wisely Clinician Lists*. Choosing Wisely. www.choosingwisely.org/clinician-lists/.

[12] Brownlee, S. (2010). *Overtreated: Why Too Much Medicine Is Making Us Sicker and Poorer*. Bloomsbury Publishing USA.

[13] Wennberg, J. E. (2002). Unwarranted variations in healthcare delivery: Implications for academic medical centres. *BMJ*, *325*(7370), 961. https://doi.org/10.1136/bmj.325.7370.961.

- ➔ **Moral hazard:** When patients don't directly pay for health care, they demand more.[14]
- ➔ **Record problems:** Health care providers order tests or scans repeatedly because they are unable to access patient records.[15]

Inequity in Health Care: COVID-19 Implications

Several researchers have pointed out that with the outbreak of COVID-19, there has been a significant drop in low-value care services.[16] Health care providers have decreased in-person treatments and procedures in order to decrease the chances of spreading COVID-19 as well as conserve medical equipment. While many necessary or helpful services are potentially being neglected, with guidance and oversight, it may be possible to set new norms regarding certain low-value care services once the pandemic declines.[17]

It is vital reductions in low-value care are performed equitably across all groups, given the well-documented phenomenon of minority groups frequently receiving lower quality health care. Without careful consideration, attempts to decrease the provision of low value care may disproportionately disadvantage marginalized groups without careful consideration.

How to get involved

LONG-TERM SOLUTIONS	SHORT-TERM SOLUTIONS
Additional site- or service-specific research will yield more effective interventions and can include cross-referencing data from CIVIC with other sources, such as the Dartmouth Health Atlas, the Centers for Disease Control and Prevention Vulnerability Index and Census data. To find more on Affordability tools including community partnerships, best practices and more, visit the Affordability website at www.colorado.gov/pacific/hcpf/affordability.	Choosing Wisely has many resources including studies, toolkits and educational materials for patients and clinicians to address low-value care and to increase knowledge about certain treatments' efficacy.

For more information contact Jennifer Barr

[14] Brownlee, S. (2010). *Overtreated: Why Too Much Medicine Is Making Us Sicker and Poorer*. Bloomsbury Publishing USA.
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[16] Auener, S., Kroon, D., Wackers, E., Van Dulmen, S., & Jeurissen, P. (2020). COVID-19: A window of opportunity for positive healthcare reforms. *International Journal Health Policy Management*.
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[17] Kotlar, B. (2020, April 18). Amidst the COVID-19 Pandemic, We Must Remember Maternal Health. *Maternal Health Task Force*. www.mhtf.org/2020/04/18/amidst-the-covid-19-pandemic-we-must-remember-maternal-health/.