Reducing the use of Low-Value Care

The United States spends more on healthcare per capita than any other country...

...but does not have better health outcomes

A substantial amount of U.S. health care spending is on services that DO NOT make us healthier

$2.6 TRILLION
$765 BILLION
$490 BILLION

LOW-VALUE CARE
Unnecessary, inefficient services

Select Drivers of LOW-VALUE CARE

- Human bias (more care is better)
- Patient preference (wants more care)
- Information discrepancy among providers and patients
- Provider financial incentives
- Peer-for-peer premiums

Given the immediate savings that result from the elimination of low-value services, the reducing these may have been lost

The clinical benefit of a service is never always...

LOW-VALUE
 service may never be needed

LOW-VALUE
 service may never be needed

What benefits one person may harm another

What determines whether a specific service is High or low value?

Example: Colorectal Cancer Screening

HIGH-VALUE
 service

LOW-VALUE
 service

What can be done to reduce low-value care?

- Identify and measure low-value services
- Develop timely and useful information to providers and patients
- Share patient outcomes to high performing providers
- Replace policies and increase cost sharing for low-value services
- Eliminate unnecessary services

Who benefits from a ‘clinically nuanced’ approach to measure, identify, and reduce low-value care?

- Consumers
- Providers
- Payers
- Center for Value-Based Insurance Design