The “Top Five” Reducing the use of low-value services

**Identifying the “TOP FIVE” LOW-VALUE SERVICES**

Based on...
- Cost of service
- Prevalence of service
- Association with direct or indirect harm
- Availability of methods to reduce use

**#1 DIAGNOSTIC TESTING BEFORE LOW-RISK SURGERY**

Most patients undergoing low-risk surgery **DO NOT** need:
- Complete blood counts
- Metabolic panels
- Coagulation studies

There were 19.2 million unneded pre-surgery tests and imaging services performed in the United States in 2014.
- Leading to $9.5 million in avoidable spending.

**#2 VITAMIN D SCREENING TESTS**

Up to 90% of Vitamin D tests are not needed to guide clinical care.

There were an estimated 6.3 million non-clinically indicated Vitamin D tests performed in 2014.
- Totaling $800 million in avoidable spending.

**#3 PSA SCREENING FOR MEN 75 AND OLDER**

>1 million Medicare beneficiaries age 75 and older received a PSA test in 2014.
- Resulting in $44 million in avoidable Medicare spending.

**#4 IMAGING FOR LOW-BACK PAIN WITHIN 6 WEEKS OF ONSET**

There were 1.6 million unnecessary imaging services for low-back pain in 2014.
- Resulting in $500 million in avoidable spending.

**#5 USE OF BRANDED DRUGS WHEN CHEMICAL EQUIVALENTS ARE AVAILABLE**

$14.7 billion was wasted on dispensing brand name drugs over their chemical equivalents in 2016.

Strategies to reduce "top five" use

- Clinical Support
- Payment Models
- Coverage Policies
- Network Design
- Provider Profiling