Reducing the use of low-value services

The "Top Five"

**LOW-VALUOUS 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
- Pulmonary function tests
- Cardiac tests
- Chest X-rays

There were 19.2 million unnecessary 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**

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.

**#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**

Use of branded drugs when chemical equivalents are available was wasted on dispensing brand name drugs over their chemical equivalents in 2016.

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

**Strategies to reduce "top five" use**

University of Michigan V-BID Center
Phone: 734.647.9688
Twitter: @um_vbid
2800 Plymouth Road, Bldg 16, 4th Floor
Email: vbidcenter@umich.edu
Facebook: www.facebook.com/umvbid
Ann Arbor, MI 48109-2800
Web: vbidcenter.org
LinkedIn: Center for Value-Based Insurance Design