

The "Top Five"

Reducing the use of low-value services

Identifying the "TOP FIVE" LOW-VALUE SERVICES

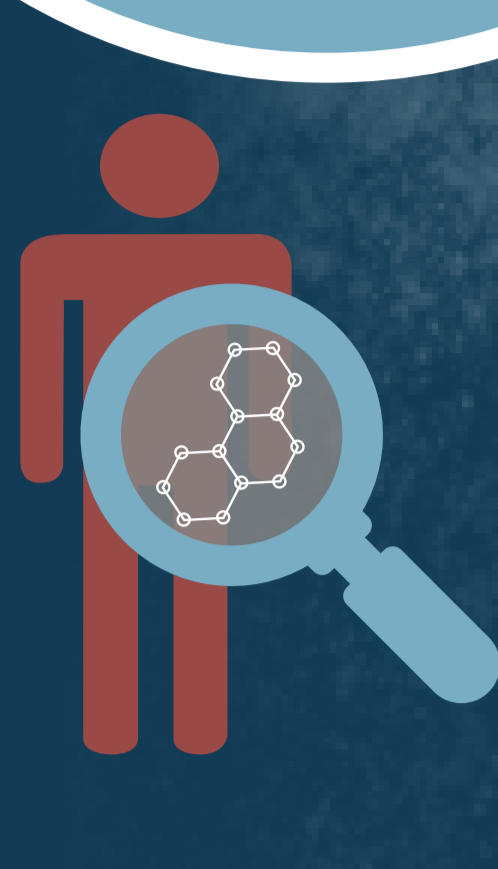
Unnecessary diagnostic testing and imaging for low risk patients before low-risk surgery



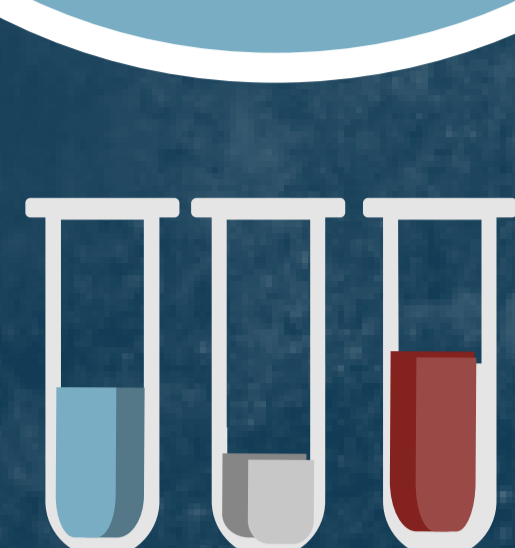
Prostate-specific antigen (PSA) screening in men 75 and older



Use of branded drugs when chemical equivalents are available



Vitamin D screening tests



Imaging for low-back pain in first 6 weeks after onset in absence of clinical warning signs



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** unneeded 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

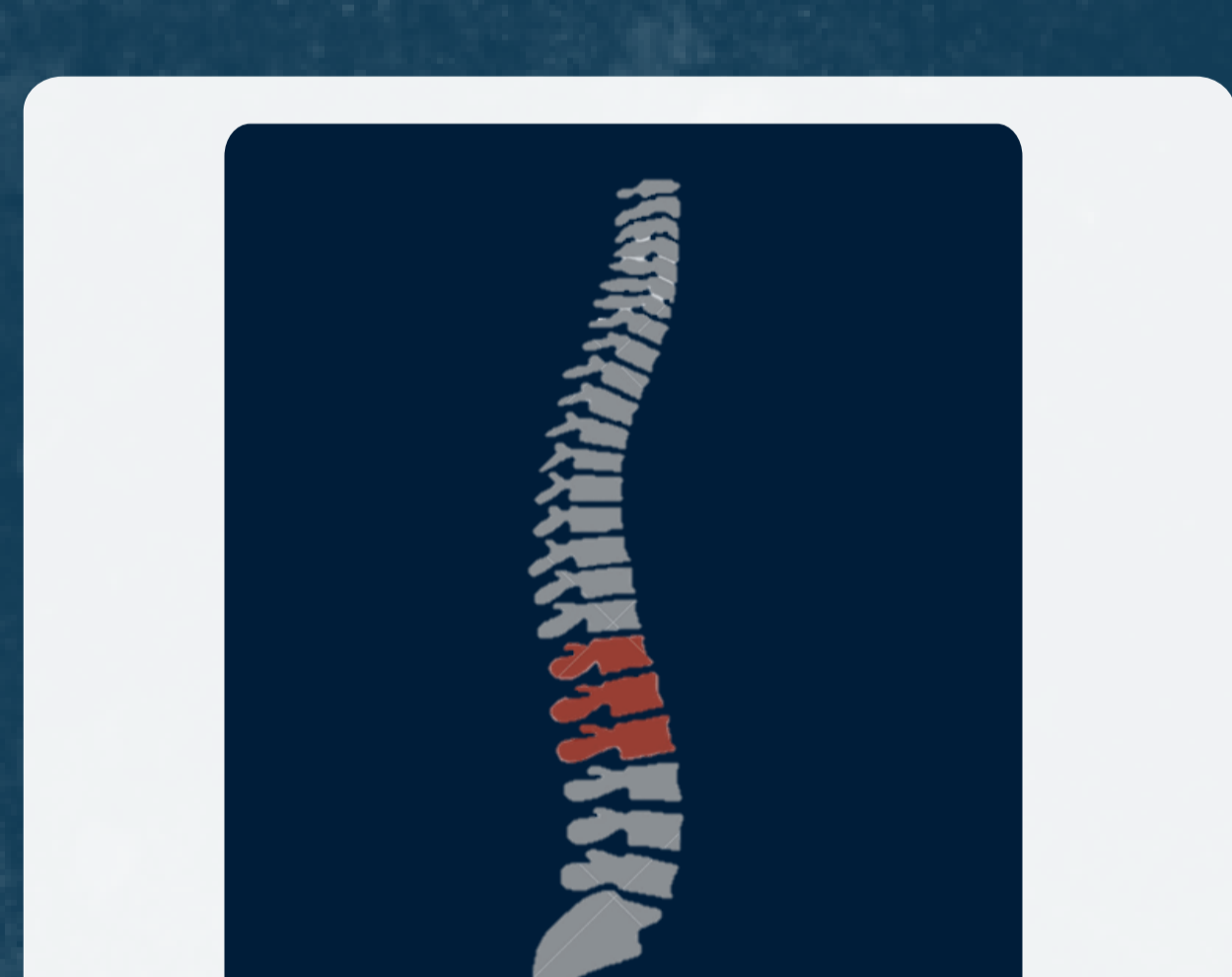
#3 PSA SCREENING FOR MEN 75 AND OLDER



>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 Decision Support

Payment Models

Coverage Policies

Network Design

Provider Profiling

