Low-value care (LVC) costs stakeholders more than $340 billion annually while offering little to no patient benefit. Examples include:

- Vitamin D screening tests
- PSA screening for men 70 and older
- Diagnostic tests before low-risk surgery
- Branded drugs when identical generics are available
- Low-back pain imaging within 6 weeks of onset

Reduced spending on low-value care creates headroom...

...to reallocate spending to high-value services.

Stakeholders are uniquely positioned to address low-value care using the following protocol:

1. **IDENTIFY**

Various initiatives determine services to be low-value, including:

- Vitamin D screening tests
- PSA screening for men 70 and older
- Diagnostic tests before low-risk surgery
- Branded drugs when identical generics are available
- Low-back pain imaging within 6 weeks of onset

Once LVC is identified, analytical tools can use sources such as All Payer Claims Databases to quantify their use...

The identified and measured LVC can be incorporated into a standardized scorecard...

Stakeholders can reduce LVC through a number of levers:

- Incorporate alternative payment models
- Do not reimburse inappropriate services
- Align out-of-pocket costs with value
- Steer to providers that minimize LVC

The money saved from implementing a multi-step approach to reduce low-value care...

...will allow for the reallocation of spending to pay for services that improve population health.

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