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.

States are uniquely positioned to address LOW-VALUE CARE using the following protocol:

1. IDENTIFY & MEASURE

   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.

2. REPORT

   The identified and measured LVC can be incorporated into a standardized scorecard...to effectively communicate findings.

<table>
<thead>
<tr>
<th># of tests</th>
<th># of screenings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamin D screening tests</td>
<td></td>
</tr>
<tr>
<td>PSA screening for men 70 and older</td>
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<td></td>
</tr>
</tbody>
</table>

3. REDUCE

   States 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 states to reallocate spending to pay for services that improve population health.