Choosing Wisely: Measuring Low-Value Care in the Hospital
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- Waste estimated to account for ~ 1/3 of total healthcare spending in the US (this is a LOT! Approaching 20% of GDP)
- Historically, waste estimates are extrapolated from literature and not directly measured
- There is harm associated with waste but also focus on cost
- Waste: Overtreatment (includes overtesting/overdiagnosis; this whole domain refers to Low Value Care) > Administrative complexity > Failures of care delivery > Pricing failure > Fraud and Abuse > Failures of care coordination
  - LOW estimate of cost to US:
    - Overtreatment: $158 billion
    - Failures of care coordination: $ 25 billion
- The last 10 years have seen research focus in the area of cost reduction and value improvement. VERY challenging to measure reliably.
- Common challenges:
  - Difficult to define Low Value Services
  - Relative dearth of Low Value Care measures. Many national quality measures encourage us to do MORE to the patient
  - Struggle with fragmented data sources
  - Need to define circumstances for how a service will be judged as low value
- Potential frameworks for low-value care measurement
  - Additive approach – develop list of low value services and add these up
  - Indicator approach – has measured services across geographical areas or healthcare systems to see which vary the most and if this variation correlates with intensity of Low Value Care
  - Comparative approach – look at variation in care intensity to look for signal that care is too much for certain populations
  - In the end may need a combination of these
- MedInsight health waste calculator – more are using in the research arena
  - Advancing healthcare through technology
  - Several states have adopted this over time
  - This product makes consistent measurement of low value care more easily accessible
- Study looked at temporal trends in low value care in Medicare patients has shown a slight decrease since 2014 but not much
- Low Value Care is not distributed equally. One showed 10% of measured services account for 90% of waste. Another showed 3 services comprised 2/3 of all identified waste.
- Are there quality measures that can be deprioritized? We need to think of these.
- Tools like above have limited measures for pediatrics so they began research to develop their own calculator.
- Embarked on this project a couple years ago. Wanted to quantify Low Value Care across their services and have a better understanding how reliability they can measure Low Value Care in pediatrics using administrative data. Also wanted to look at hospital variation.

- Convened multidisciplinary team; researched and gathered candidate measure sets from various sources; focused on specificity to try and home in on care that would be defined as low value by consensus; ultimately settled on 5 measure sets
- Have started using calculator. Started with 2019 looking at:
  - % of eligible encounters where low value care was delivered and
  - Standardized unit cost associated with low value care. This standardizes cost over multiple centers
- Prevalence of low value care varied widely (some measures 60%, others were less than 1%)
- Some services (Group A strep pharyngitis testing for >3 yo w/o specific risk factors) occur frequently but cost much less. Others (CT scan for abdominal pain) occur much less frequently but have high associated cost. Important to look at both cost and impact on the patient and then what happens next after receiving low value service. What are the costs associated with additional services?

Attendees:
Jessica Mercer
Anita Reddy
Maya Dewan
Ally Hines
Russ Roberts
Peter Lindbloom
Jen Treasure
Matt Molloy
Anne Rain Brown