Study Snapshot:

The Prevalence and Price of Low-Value Services: Making the Wise Choice

December 2012

key findings

- The overuse of low-value health care services contributes to poor quality, increased risks, and rising costs.
- Regional characteristics
 associated with higher use of
 low-value services include greater
 overall per capita spending, a
 higher specialist to primary care
 ratio, and a higher proportion of
 minority beneficiaries.
- National average annual prevalence of the selected Choosing Wisely low-value services ranged from 1.2% (upper urinary tract imaging in men with benign prostatic hyperplasia) to 46.5% (preoperative cardiac testing for low-risk, non-cardiac procedures).
- Carefully designed policies and payment changes will likely prove most effective in reducing lowvalue care.

The Question

How Prevalent and Costly Are Low-Value Health Care Services?

In 2012, the ABIM Foundation announced the Choosing Wisely initiative under which more than 60 specialty societies have developed lists of five evidence-based recommendations of tests and treatments that physicians and patients should question and discuss. The goal of the initiative is to encourage wise decisions about the most appropriate care based on a patient's individual situation and eliminate unnecessary tests and procedures. In a HCFO-funded study, Carrie Colla, Ph.D., and colleagues created claims-based algorithms to examine 11 services identified on one or more Choosing Wisely lists. They estimated the prevalence, geographic variation, and Medicare spending associated with the services. Among their analyses, the researchers examined the use and spending associated with non-indicated cardiac testing in low-risk patients and short-interval bone density testing. They found a prevalence of 13 and 10 percent, respectively, for these two services. The full results of the study are available in the *Journal of General Internal Medicine, BMJ Quality and Safety*, and *Osteoporosis International*. An overview and summary of the key findings are available in the related *HCFO Findings Brief*.

The Implications

Colla and colleagues found that the prevalence of low-value services varies widely by geographic location. In addition, they identified regional characteristics associated with higher use of low-value services, including greater overall per capita spending, a higher specialist to primary care ratio, and a higher proportion of minority beneficiaries. The Choosing Wisely initiative has spurred an important discussion on low-value services' potential to harm patients and increase health care costs. Colla's work underscores the importance of examining practice patterns relative to the services specified under Choosing Wisely. The study suggests considerations for potential next steps, including the addition of higher-impact services to the Choosing Wisely lists, exploration of the use of Medicare payment policies to drive reduction in low-value services, and the education of providers and patients on the risks of overtreatment, particularly in those geographic areas with the highest concentration of low-value service use.

Contact Us

For more information on the results of this grant, contact Carrie Colla, Ph.D., at carrie.h.colla@dartmouth.edu.



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If you would like to learn more about other HCFO-funded work, please contact: Bonnie J. Austin, HCFO Deputy Director | bonnie.austin@academyhealth.org