

Measuring low-value care in Medicare

ISSUE: Low-value care is the provision of a service that has little or no clinical benefit or care in which the risk of harm from a service outweighs its potential benefit. In addition to increasing health care spending, low-value care has the potential to harm patients by exposing them to the risks of injury from inappropriate tests or procedures and may lead to a cascade of additional services that contain risks but provide little or no benefit.

KEY POINTS: This session presents an analysis that builds on work published by Aaron Schwartz and colleagues in *JAMA Internal Medicine* in 2014 and 2015. The researchers developed 31 measures of low-value care drawn from evidence-based lists and the medical literature. Staff applied these measures to Medicare claims data from 2014. We calculated the number of low-value services per 100 beneficiaries, the share of beneficiaries who received at least one low-value service, and total spending for each service.

ACTION: Commissioners should provide feedback and comments to staff on the analysis.