

## Measuring low-value care

**ISSUE:** Low value care— is the provision of a service that has little or no clinical benefit or when the risk of harm from the 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 Schwartz and colleagues in *JAMA Internal Medicine* in 2014. The authors developed 26 measures of low-value care drawn from evidence-based lists. Staff applied these measures to Medicare claims data from 2012. We calculate 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 all beneficiaries for each service.

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

**STAFF CONTACT:** Ariel Winter and John Richardson (202-220-3700)