

Measuring low-value care

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 Schwartz and colleagues in *JAMA Internal Medicine* in 2014 and 2015 (using data from 2009-2012). 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 2013 (the latest complete year of data). 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.

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