
Choosing Wisely Identifies 600+ Low-Value Care Services in the U.S.



Discussions for reducing health care costs often concentrate on high-value care. Low-value care, which are services that provide minimal benefits to patients in specific clinical situations, incur costs of between \$76 billion to \$101 billion annually in the U.S. To maximise health care value, *Choosing Wisely*, an initiative of the American Board of Internal Medicine Foundation begun in 2012, identified 626 low-value services proposed by 93 U.S.-based physician societies.

These recommendations included imaging and laboratory services for patients with risk factors or chronic conditions. Most services were revenue-neutral for the society recommending them or low-cost. About 45.4% of the recommendations identified low-cost services (<\$200) like serum vitamin D tests or electrocardiograms. Nearly all (94.2%) recommendations specifying low-value approaches involved doing something rather than omitting or delaying care (5.8%).

The remaining recommendations identified moderate cost services (\$200-\$2000, 37.9%) and high-cost services (>\$2000, 16.8%), like positron emission tomography scans or haemodialysis. Common clinical contexts for low-value services were: patients with chronic conditions (27.0%), those who were healthy/had risk factors alone (20.1%), those with a minor acute illness (18.7%), and those with undiagnosed symptoms (18.2%). In contrast, identified services for complex comorbidities/frailty (1.4%) and end of life (1.3%) were rare. Nearly half (44.7%) identified services with high direct harm potential. About 62.0% identified those with high potential for triggering downstream services.

Overall, the identified services hold a wide range of expected impacts. The report concludes that 'stakeholders could explicitly set priorities for future recommendations, while clinical leaders and payers might target intervention efforts on recommendations with the greatest potential for impact based on spending across populations, direct harms, and cascades.'

Source: [JAMA Internal Medicine](#)

Published on : Tue, 21 Dec 2021