

## Intervention Considerations for Improvements in Health Spending

### ❖ FOR PATIENTS & CONSUMERS

#### **The Issue: Addressing Unnecessary Care**

Some medical tests, treatments, and procedures provide little benefit, and in some cases, may even cause harm. Therefore, patients need to talk to their doctor to help ensure that they receive the right amount of care – not too much and not too little. [Choosing Wisely](#) has developed five questions for patients to ask their doctor about which tests, treatments, and procedures they need – and which they don't need.

#### **Example Resource:** [5 Questions to Ask Your Doctor](#)

- Do I really need this test or procedure?
- What are the risks?
- Are there simpler, safer options?
- What happens if I don't do anything?
- How much does it cost?

**Example Intervention:** Identify a specific group within your community (e.g., wellness center class) and facilitate small group community conversations about overuse in medical care and counter the idea that "more is better." Print and distribute wallet-sized cards containing the "5 Questions to Ask Your Doctor" for group members to use to remember to make smart, effective health care choices.

### ❖ FOR PURCHASERS OF HEALTH CARE

#### **The Issue: Understanding Low-Value Care**

[Low-value care](#) is defined as services that are medically unnecessary and provide no health benefits to patients. [More than one-fifth of all medical care may be unnecessary](#) and is considered low-value care. How can low-value care be reduced? The list below identifies a top five list of low-value clinical services for purchasers to target for reduction. This information can be shared with an employer or health insurance provider.

#### **Example Resource:** [Top Five Low-Value Care Services](#)

- Diagnostic testing and imaging for low-risk patients prior to low-risk surgery;
- Population-based vitamin D screening;
- Prostate-specific antigen (PSA) screening in men ages 75 and older;
- Imaging for acute low-back pain for the first six weeks after onset, unless clinical warning signs are present (red flags);
- Use of more expensive branded drugs when generics with identical active ingredients are available.

**Example Intervention:** Lead a brown-bag lunch session with a local chapter of human resources professionals about low-value care services. Discuss how they can work with their insurance plans to influence insurance design to address low-value care; discuss ways to [Identify, Measure, Report, and Reduce](#) to help reduce the use of low-value services to improve the quality of care. Consider meeting regularly (e.g., quarterly) to share best practices and exchange ideas.

## ❖ FOR PATIENTS & PROVIDERS

### **The Issue: Discussing End-of-Life Care**

End-of-life care conversations are difficult as we seek to balance the needs of the patient, the appropriateness of treatments, and the costs of care. End-of-life spending can be complicated. A [study](#) shows that the U.S. mean per capita medical spending in the last 12 months of life is high, reaching \$80,000. Therefore, it is critically important for the patient, families, and doctors to discuss and understand the priorities of the patient. In his book, *Being Mortal*, surgeon and author Atul Gawande emphasizes the five questions to consider when having these difficult discussions.

### **Example Resource:** [5 Questions to Ask at End-of-Life](#)

- What is my/your understanding of my/your health and condition?
- What are my/your goals if my/your health worsens?
- What are my/your fears?
- What are the trade-offs I/you are willing to make and not make?
- What would a good day look like?

**Example Intervention:** Begin by approaching a senior community that may include independent living, assisted living and long-term care facilities. These continuum-of-care facilities conduct periodic family sessions with their residents and are always looking for credible, useful information to share. Perhaps a local business (or the facility itself) would sponsor and provide copies of Gawande's book, or similar text, that describes how to approach the end-of-life conversation.

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## Low-Value Care Resource for Health Care Stakeholder Organizations



To build upon efforts to reduce low-value care, [Going Below The Surface \(GBTS\)](#) developed the [Roadmap for Addressing Low-Value Care](#), a step-by-step guide to assist health care stakeholders in determining opportunities to address unnecessary care and improve patient outcomes. The roadmap is designed to serve as a reference guide to help organizations think about the questions, considerations and potential goals they need to implement an intervention or program to address low-value care. Serving a broad constituency of stakeholders, the roadmap provides stakeholder-specific examples for possible interventions.

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<https://goingbelowthesurface.org/>