

INCORPORATING CHOOSING WISELY

IDENTIFYING WASTEFUL AND LOW-VALUE SERVICES

HISTORY OF CHOOSING WISELY

The Choosing Wisely campaign was launched in 2012 by the American Board of Internal Medicine (ABIM) Foundation in partnership with Consumer Reports.

- ▲ It has enabled patients and providers to choose care that is a) supported by evidence, b) not duplicative, c) free from harm and d) truly necessary.
- ▲ The campaign has focused on improving conversations between clinicians and patients in the value of services before they are provided.
- ▲ The campaign has started a national dialogue to minimize risks associated with wasteful or unnecessary tests, treatments, and procedures.

RWJF SUPPORT

The Robert Wood Johnson Foundation (RWJF) helped further advance the campaign by supporting the ABIM Foundation in administering a grant program. This program brought together health care organizations across the country to focus on implementing the recommendations. Additionally, RWJF provided funding support to Altarum to develop a methodology to measure low value care which relies on Choosing Wisely recommendations.

ALTARUM'S WORK

Choosing Wisely has grown rapidly in the last 5 years with more than 80 specialty societies joining the campaign and collectively publishing

a total of 520 recommendations of potentially overused tests and treatments that patients and their physicians should discuss. After de-duplicating recommendations across specialty societies there have been 491 unique recommendations published through 2017.

Altarum has been working towards identifying potentially wasteful and low-value services in medical claims data by finding appropriate procedure codes for each recommendation.

Recommendation Procedure Codes

Service	Choosing Wisely Recommendation	CPT Codes	CPT Code Description
Heart echo	Avoid echocardiograms for preoperative/perioperative assessment of patients with no history or symptoms of heart disease.	93306, 93307 93308, 93312 93313, 93314 93318	Echo-cardiography

We have mapped 304 unique recommendations to 1 or more of 61 episodes of care, and flagged them as “potentially” avoidable services (PAS) within our episodes. 1,024 CPT codes were mapped within the 304 recommendations with an average of 19 codes per recommendation and average 44 recommendations per episode.

CPT Codes per Recommendation

CPT CODES	RECs	AVG	MIN	MAX
1,024	304	18.9 codes/rec	1	131





Recommendations in Episodes

EPISODES	RECs	AVG	MIN	MAX
61	304	43.6 recs/eps	4	287

RECs	EPISODES	AVG	MIN	MAX
304	61	7.39 eps/rec	1	53

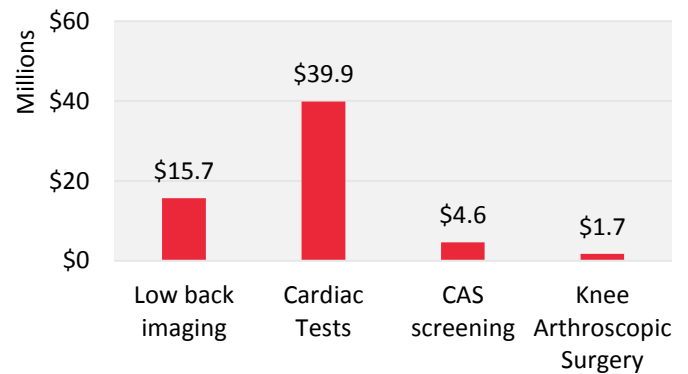
The remaining recommendations have not yet been programmed because either 1) The recommendation is very specific and difficult to program using medical claims data, or 2) Too many clinical details are required so it is difficult to flag. In the next PROMETHEUS Analytics release, 83+ recommendations are slated to be programmed along with enhancements to add NDC codes to the mapping.

We grouped the recommendations into categories according to the type of care. 37% were related to Imaging that included MRIs, CT scans, stress tests, ultrasounds and EMGs; 24% to laboratory tests that included preoperative tests, diagnostic tests, and screening tests; and 15.5% to pharmacy.

There was a wide mix of services across disease categories with 53 recommendations related to heart and the circulatory system; 31 related to musculoskeletal system and connective tissues; 22 related to nervous system; and 19-20 each related to respiratory, blood, and immunologic disorders, skin and breast, or to the female reproductive system.

We reviewed medical claims for the occurrence of unnecessary services to calculate overuse and determine the rate at which unnecessary services are being performed, as well as their accumulated costs. We found there is significant overuse.

Low-Value Care / Wasteful Spending Estimates



*Preliminary Results from New Hampshire All-Payer Claims Data

CAVEATS AND NEXT STEPS

Many Choosing Wisely recommendations are very specific, and often all the relevant information cannot be gleaned from claims data.

We have therefore labeled mapped services as “potentially” avoidable services (PAS) in order to identify and count them. We intend to analyze their use across health plans and providers to create a threshold above which they may likely be considered wasteful. Ultimately, results could be converted into an overall measure of severity-adjusted low-value care.