

Which strategies are most effective for reducing use of low-value health services?

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The Institute of Medicine estimates that up to 30% of care provided in the United States is unnecessary and provides little value to patients given the cost and available alternatives. However, a new study by researchers at The Dartmouth Institute for Health Policy and Clinical Practice finds that despite growing acceptance of the term "low-value care" by healthcare practitioners, strategies on how to reduce its use have not been studied consistently or compared to one another to determine effectiveness on a broad scale.

The Dartmouth Institute study, published this week in *Medical Care Research and Review*, is the first systematic literature review to examine the entire field of interventions designed to reduce low-value care. It also outlines which strategies are potentially the most effective in improving care delivery. Through an analysis of more than 100 articles published in academic journals prior to spring 2015, the study looked at 10 types of low-value care reduction approaches implemented at healthcare settings across the country. The researchers found that some of the more effective interventions included:

- Implementing multicomponent strategies targeting both patient and clinician involvement. Examples include distributing educational information to patients on treatment options, and giving physicians decision support tools to navigate guidelines and protocols on administering treatment.

- Providing feedback to physicians and medical staff on their use of low-

value care. Examples include offering suggestions for change, setting achievable benchmarks and providing tools for improvement.

Other interventions addressed in the literature review focused on patient cost sharing (the notion of shifting care costs to encourage consumers to explore options) as well as clinician education. The researchers also highlighted approaches that are gaining more interest in the field, such as, provider report cards, pay-for-performance systems, insurer restrictions and risk-sharing contracts between insurers and providers. However, the team found little research on the effectiveness of these strategies, concluding that measuring their success in reducing low-value care should be a priority for future research.

"Through categorizing services based on value, we have the potential to test approaches that can increase the overall value of care," says lead author Carrie Colla, PhD. "This is an important step in eliminating low-value care and building a base of knowledge about practice and health care delivery innovation."

More information: C. H. Colla et al, Interventions Aimed at Reducing Use of Low-Value Health Services: A Systematic Review, *Medical Care Research and Review* (2016). [DOI: 10.1177/1077558716656970](https://doi.org/10.1177/1077558716656970)

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