

When the Value Is Low, We Should Always Say No

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Nowadays there is a great deal of focus on value-based health care—meaning obtaining the highest quality care for the lowest cost. Obviously we strive for high value, but unfortunately there are aspects of what we do that may not be viewed as highly as we might suspect. In fact, there are tests and services at our disposal that one might consider “low value” but often we don’t realize that when we think we are doing the right thing.

How common is this? Chua et al. ([10.1542/peds.2016-1809](#)) have opted to answer this question by looking at 20 services that have been found to usually not improve child health outcomes (such as recommending cough and cold medicines for pediatric patients) in terms of how often they are requested through commercial insurance claims. The authors looked for utilization of these 20 low-value services in a large data base of insurance claims covering 4.4 million children in the US. Their goal was to see how often a child received at least one of these low-value services during 2014.

Sadly, the results show more claims for these services than we expected—and you may be just as surprised. For example, approximately 10% of all children in the database got at least one such service over the course of the year. Just what services are being obtained, and why are these services such poor value for their cost (especially when parents are paying for these services out of pocket almost a third of the time a claim is submitted) makes for a most interesting discussion section of this paper.

To further raise our awareness of low-value tests and treatments we should try to avoid, value-based care experts Dr. Ricardo Quinonez and Eric Coon who have written about overdiagnosis and overuse of various services inappropriately, have shared their thoughts on this study in their accompanying commentary entitled “Choosing Wrong”. We hope you’ll choose wisely and read both this article and commentary and reflect on what you can do to reduce the utilization of the low-value tests and services discussed in this interesting article.

Further Reading

- <http://pediatrics.aappublications.org/content/early/2016/11/29/peds.2015-3076>
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