

# Developing Low Value Care Measures

The goal of this project is to develop Oregon-specific, open source, claims-based measures of low-value care that can be used for multiple purposes and provide transparency and flexibility.

The project will result in measure specifications for a menu of prioritized low-value care services that can be applied as needed, including statewide, and by line of business. Once developed, these low-value care measures can be used for multiple purposes, including:

- Payer and provider quality improvement efforts
- Supporting cost containment efforts to meet Oregon's health care cost growth target
- Identifying emerging areas of concern that may need additional guidance
- Regular reporting and/or health services research

Some low value services are more of a concern for specific lines of business or policy efforts than others and the menu will have flexibility to support different needs.

This project builds on previous efforts, including the Better Health for Oregonians: Opportunities to Reduce Low-Value Care [report](#) released by the Oregon Health Authority (OHA) and Oregon Health Leadership Council (OHLC) in 2020 .

OHA and OHLC are partnering on the prioritization and development of these low-value care measures.

## Why develop Oregon-specific measures for low-value care?

Developing our own low-value care measures provides several advantages:

- **Transparency:** we will be able to share the full process and methodology, building confidence in the data; supporting validation efforts; and assisting health plans, providers, and researchers who want to explore low-value care in their own data.
- **Flexibility:** developing our own algorithm lets us customize or adapt methodology to align with priorities and Oregon-specific nuances to how services are delivered or documented. We will also be able to align with emerging priorities or explore areas of concern as our understanding of low-value care changes over time.
- **Frequency:** once built, these measures can be run regularly, and upon request, for specific projects without requiring contracting with an external analytics vendor.
- **Stewardship:** developing our own measures and ability to identify low-value care services helps Oregon steward public resources, as we leverage existing data resources to their fullest capacity.

Note: the intent of this project is not to reverse engineer a proprietary system, but rather use the literature as well as OHA's robust All Payer All Claims (APAC) database to operationalize a customized, transparent, menu of prioritized low-value care measures that can be implemented by the Oregon Health Authority and other stakeholders to support multiple purposes.

## Which measures of low-value care will be developed?

There are many areas of low-value care that could be measured – the Choosing Wisely campaign has identified over 500 procedures and services that may be unnecessary.

Recognizing that programs and initiatives in Oregon have specific areas of interest, and some areas of low-value care may be more prevalent in Oregon than others, the project will prioritize a handful of measures for initiative development based on input from OHLC’s Best Practices Committee, results from the 2020 Better Health for Oregonian’s report (utilization, price, waste index, and risk of harm), and ease of implementation to demonstrate proof of concept for measure development.

The following measures have been prioritized for initial development:

Measure	Utilization Rank <sup>1</sup>	Total Cost Rank <sup>2</sup>	Risk of Harm	Waste Index <sup>3</sup>
Pre-op baseline labs for low risk patients undergoing low risk surgery	2	8	Low	82%
Pre-op EKG, CXR, and PFT for low risk patients undergoing low risk surgery*	13	21	Low	9%
PSA-based testing for prostate cancer	20	31	Medium	74%
Imaging for uncomplicated headache	14	10	Low	68%
Antibiotics prescribed for acute URI and ear infection	4	17	Low	100%

\*while low on the waste index, these tests are well aligned with OHLC’s pre-op testing guidance.

Other measures that may move into development in the future: Dual-energy x-ray absorptiometry (DXA/DEXA) screening and thyroid function screening in asymptomatic adults.

## What is the development process for prioritized measures?

- OHA will conduct a literature review to identify clinical guidelines and existing measure specifications or code that can be used for development, then draft measure specifications.
- Draft measure specifications will be reviewed internally at OHA and by OHLC Best Practices Committee for clinical input; specifications will be revised.
- OHA will test the measure specifications using APAC data and identify outstanding questions and needed revisions; other partners may also test the measure specifications and provide input
- Multiple rounds of revising the measure specifications, testing, and validating may be needed.
- Measure specifications will be finalized and published online.

### For More Information:

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<sup>1</sup> Utilization rank: ranked from 1-47 where 1 is the highest utilization

<sup>2</sup> Total cost rank: ranked from 1-47 where 1 is the highest cost

<sup>3</sup> Percentage of total services that are considered low value