

Methodology

The Washington Health Alliance recently examined **48 common treatments** known by the medical community to be overused for **4.3 million** Washington residents, including approximately 2.2 million commercially insured and 2.1 million Medicaid insured individuals, from July 2016 to June 2017.

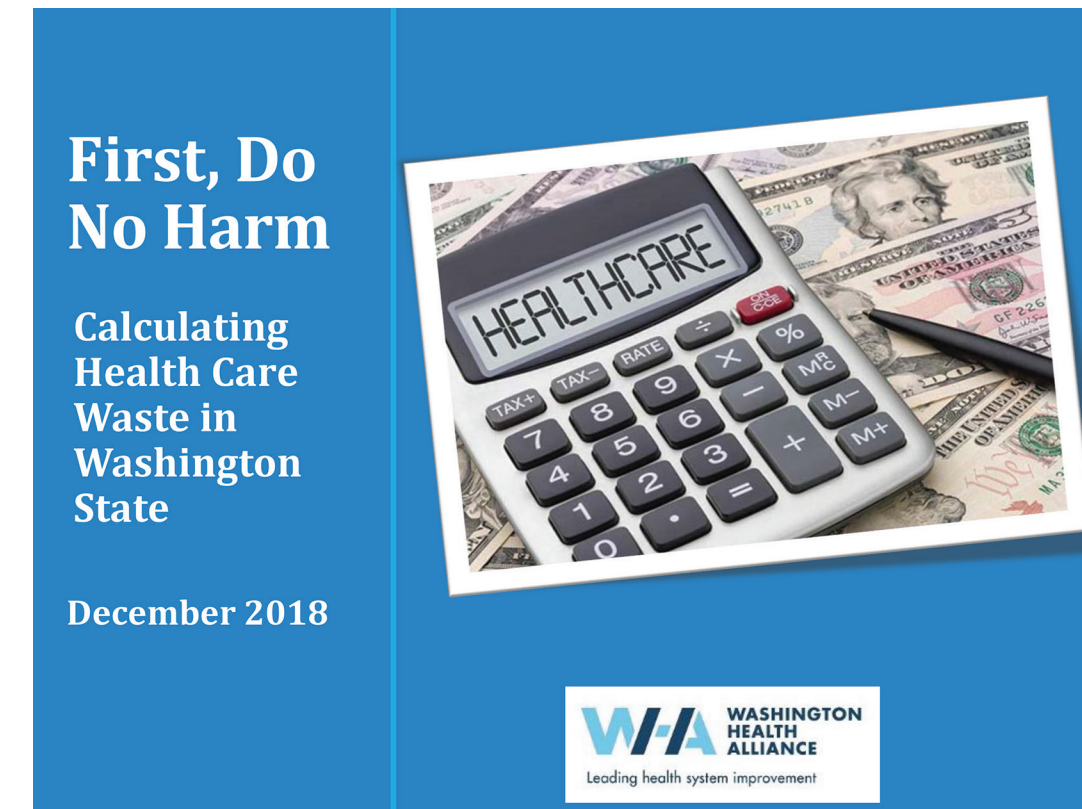
Using the Milliman MedInsight Health Waste Calculator™ and its All-Payer Claims Database, the Alliance identified three categories of medical services:

Necessary (not wasteful): determined to be clinically appropriate.

Likely Wasteful: seriously questionable whether appropriate.

Wasteful: very likely unnecessary and should not have occurred.

Likely Wasteful and **Wasteful** services were combined into **Low-Value Services**. **Low-Value Care** may cause physical, emotional, and financial harm to patients.



Findings



Total Services Measured
(Commercial and Medicaid)

Necessary	1,550,806	52.8%
Likely Wasteful	49,627	1.7%
Wasteful	1,334,093	45.5%

47.2% of the 2,934,526 treatments were determined to be **Low-Value**.



Total Individuals Receiving Services
(Commercial and Medicaid)

Necessary	1,014,680	49.9%
Likely Wasteful	32,966	1.6%
Wasteful	987,115	48.5%

50.1% of the 2,034,761 individuals treated received at least one **Low-Value Service**.



Estimated Spending
(Commercial and Medicaid)

Necessary	\$508,091,996	59.8%
Likely Wasteful	\$9,333,382	1.1%
Wasteful	\$332,002,736	39.1%

An estimated **\$341 million** was spent on **Low-Value Care**.

These 10 measures accounted for 88% of the waste found:

1. Opiates for acute low back pain in the first four weeks
2. Antibiotics for upper respiratory and ear infections
3. Annual EKGs or other cardiac screenings for low-risk individuals
4. Imaging tests for eye disease in patients without symptoms
5. Preoperative baseline laboratory studies prior to low-risk procedures
6. Two or more concurrent antipsychotic medications
7. Routine PSA screenings for prostate cancer
8. Too frequent cervical cancer screenings for women who are not high risk
9. Screenings for vitamin D deficiency
10. Prescribing NSAIDs for hypertension, heart failure, or chronic kidney disease

More than **1 million** Washingtonians received **low-value** health care in one year at an estimated cost of **\$341 million**.

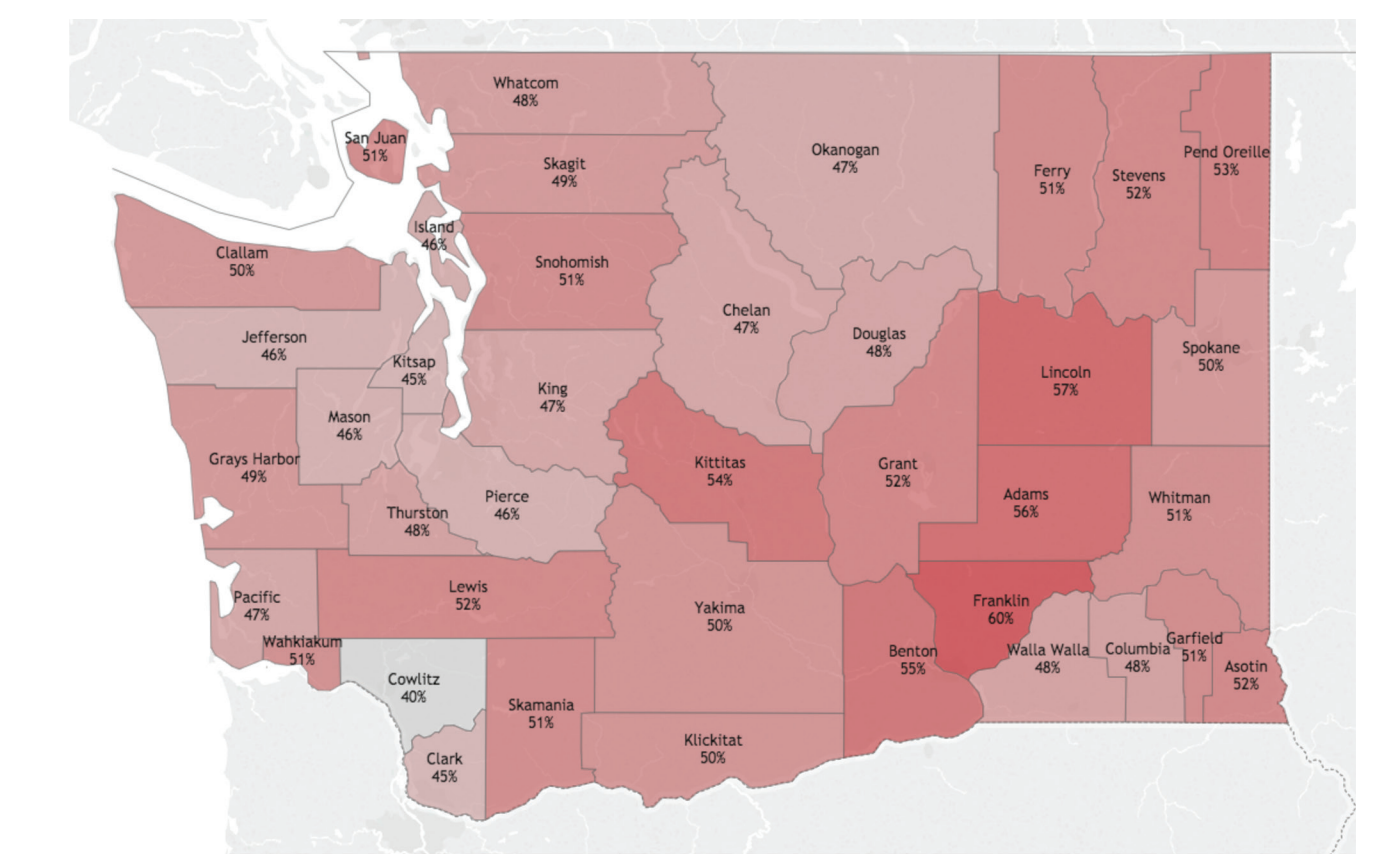


Actions

Public Awareness

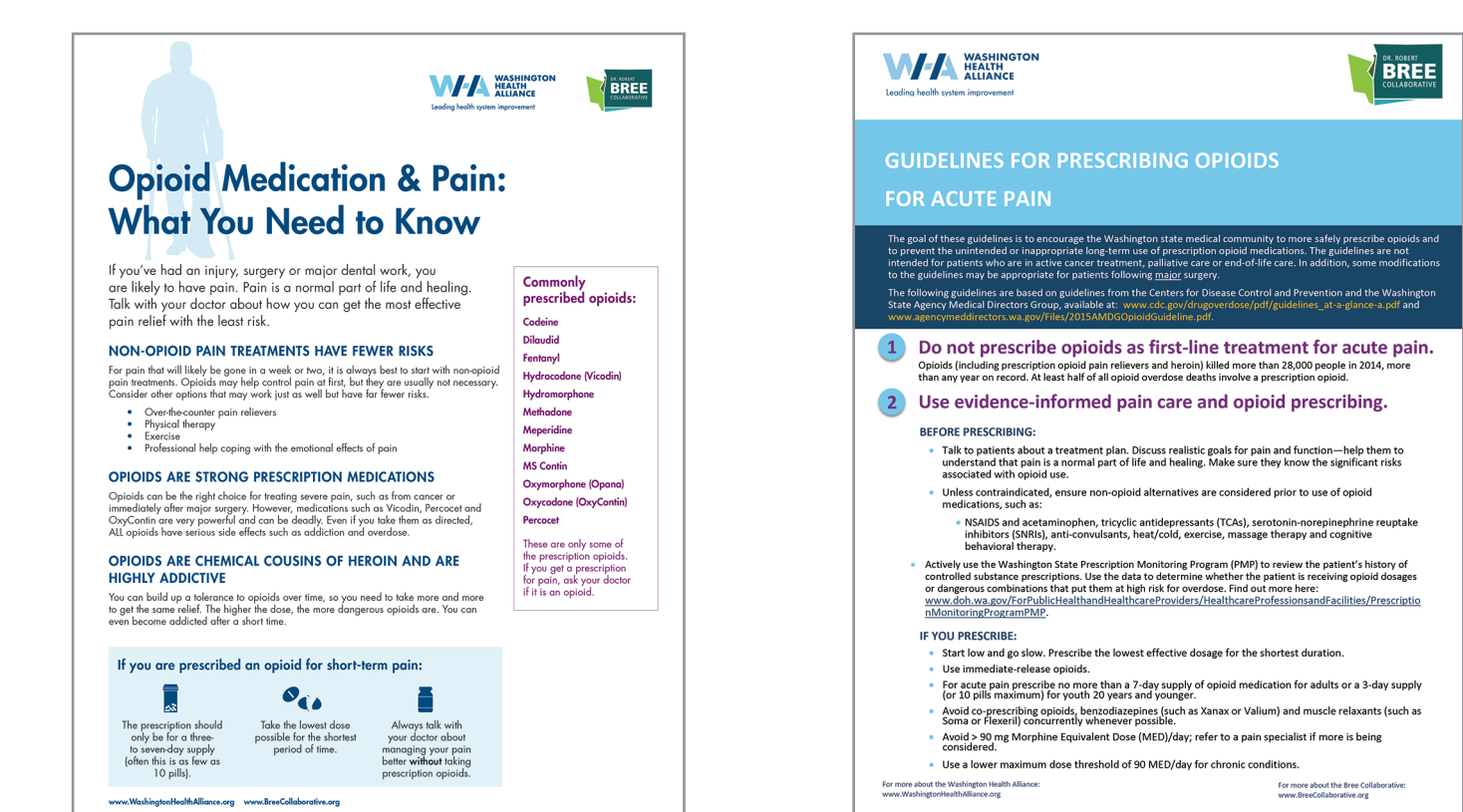
An online interactive map shows residents how much waste is in their county and health service area.

- The percent of services in that area that are wasteful
- The estimated cost of the wasteful treatments
- How much of that waste contributes to the total waste in the state



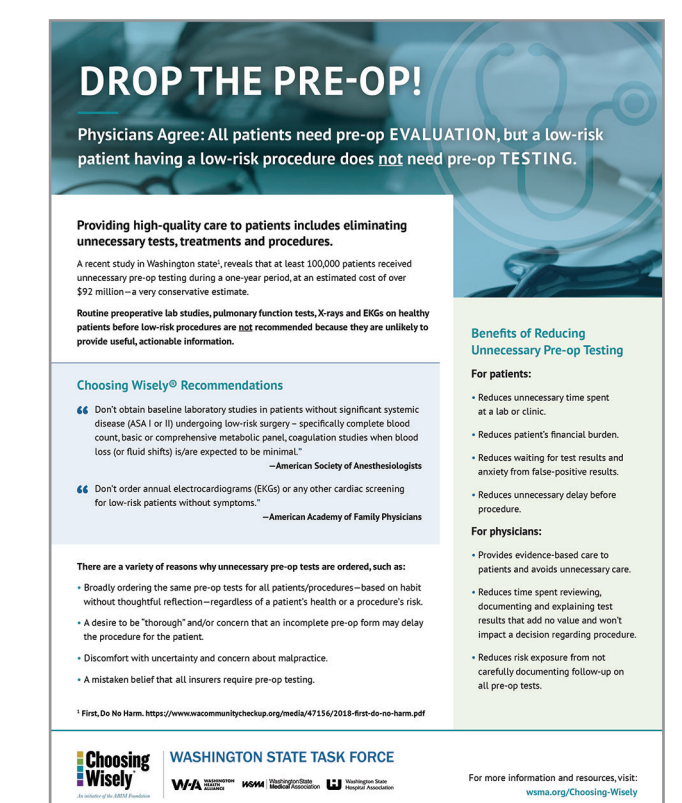
Opiate Prescribing Guidance

The Alliance developed guidance for providers in family and internal medicine, surgical subspecialties, anesthesiology, and dental practitioners to help reduce opioid prescriptions.

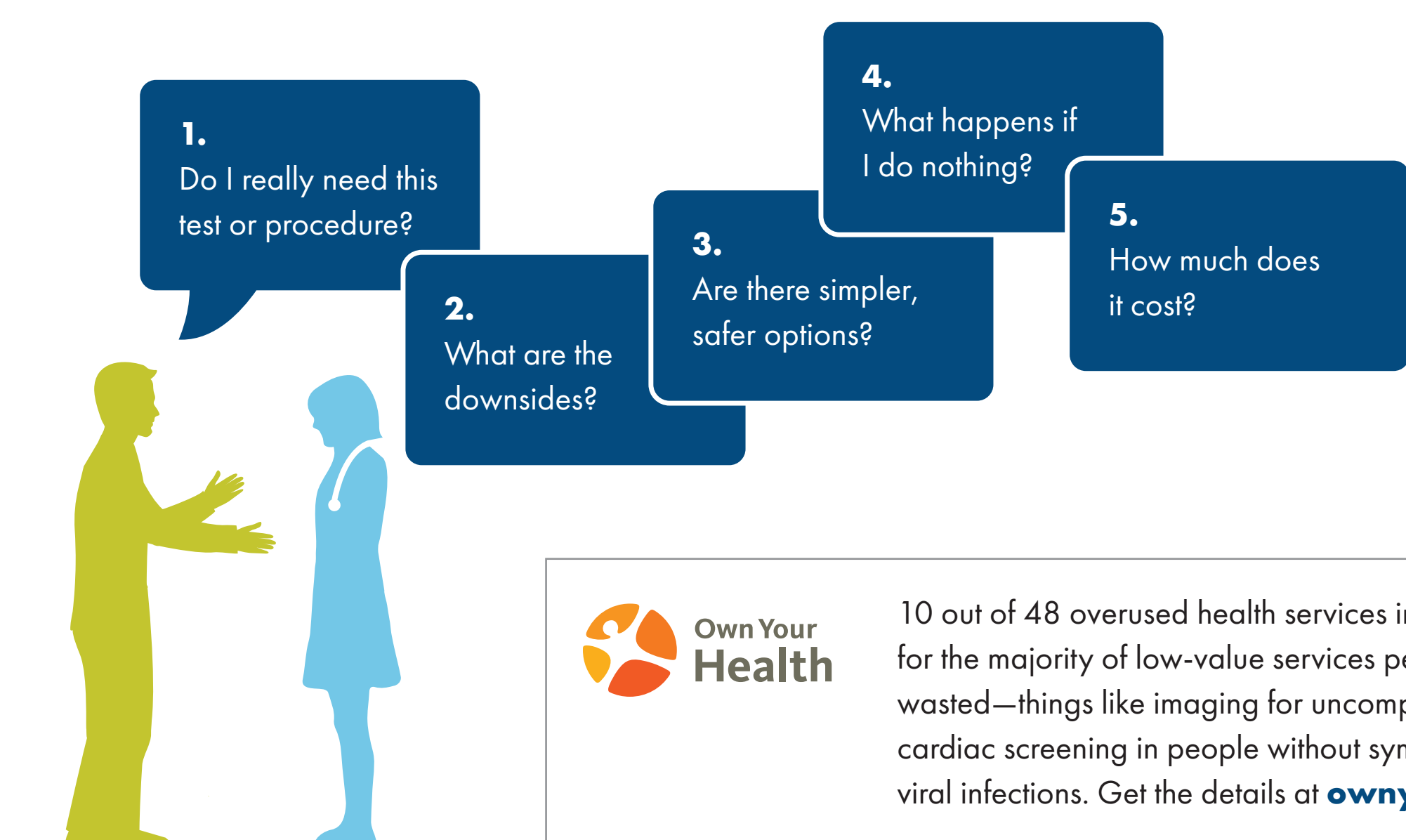


“Drop the Pre-op” Statewide Campaign

After unnecessary pre-operative testing was identified as a top area of low-value care, the Washington State Choosing Wisely Task Force targeted that issue. The statewide effort to “drop the pre-op” was developed by clinician leaders and co-sponsored by the Task Force, the Alliance, and the Washington State Medical Association.



Own Your Health Website



Learn more at wahealthalliance.org.
See more analysis at wacommunitycheckup.org.