

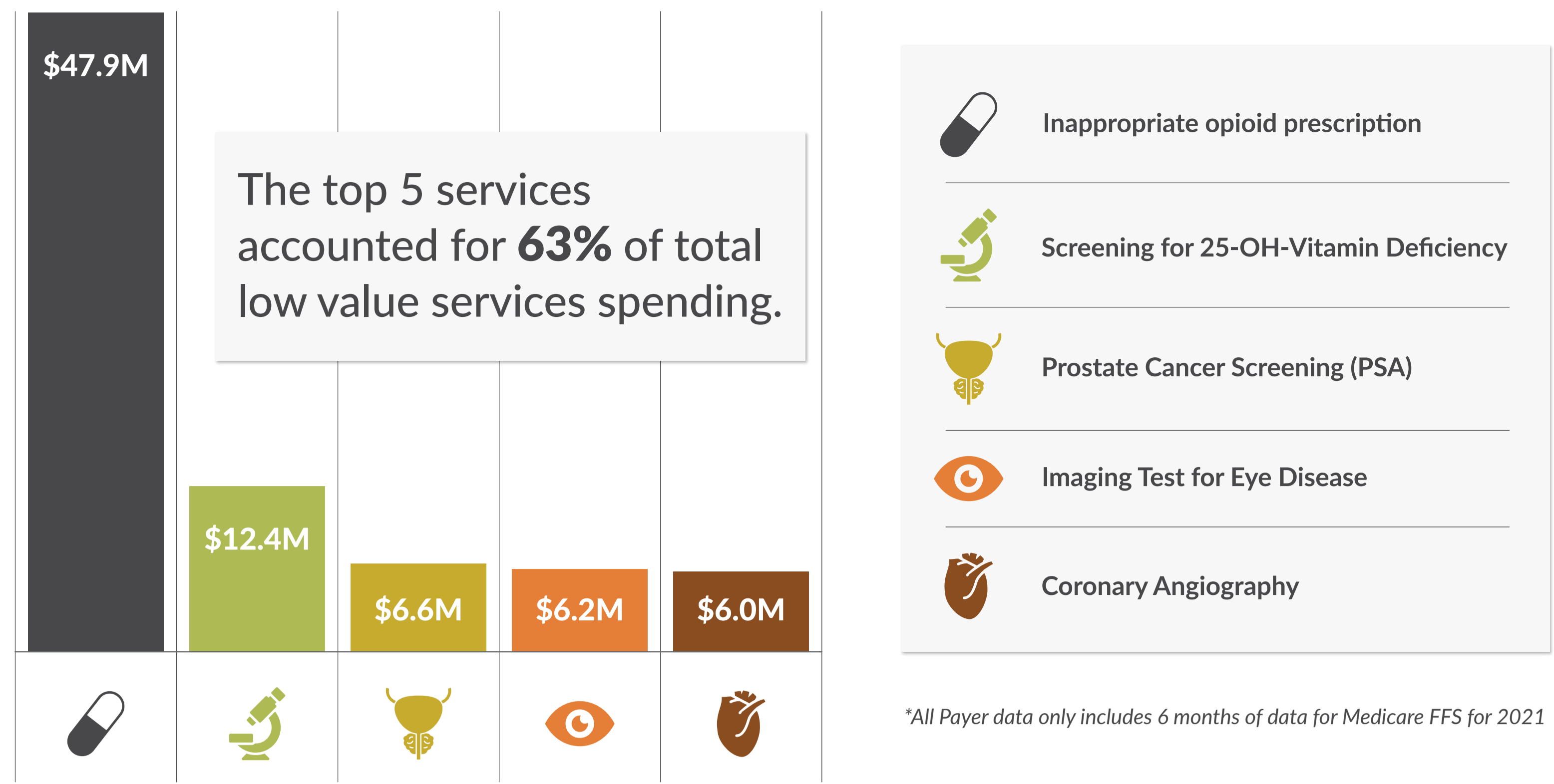
What is Low Value Care?

In 2021:

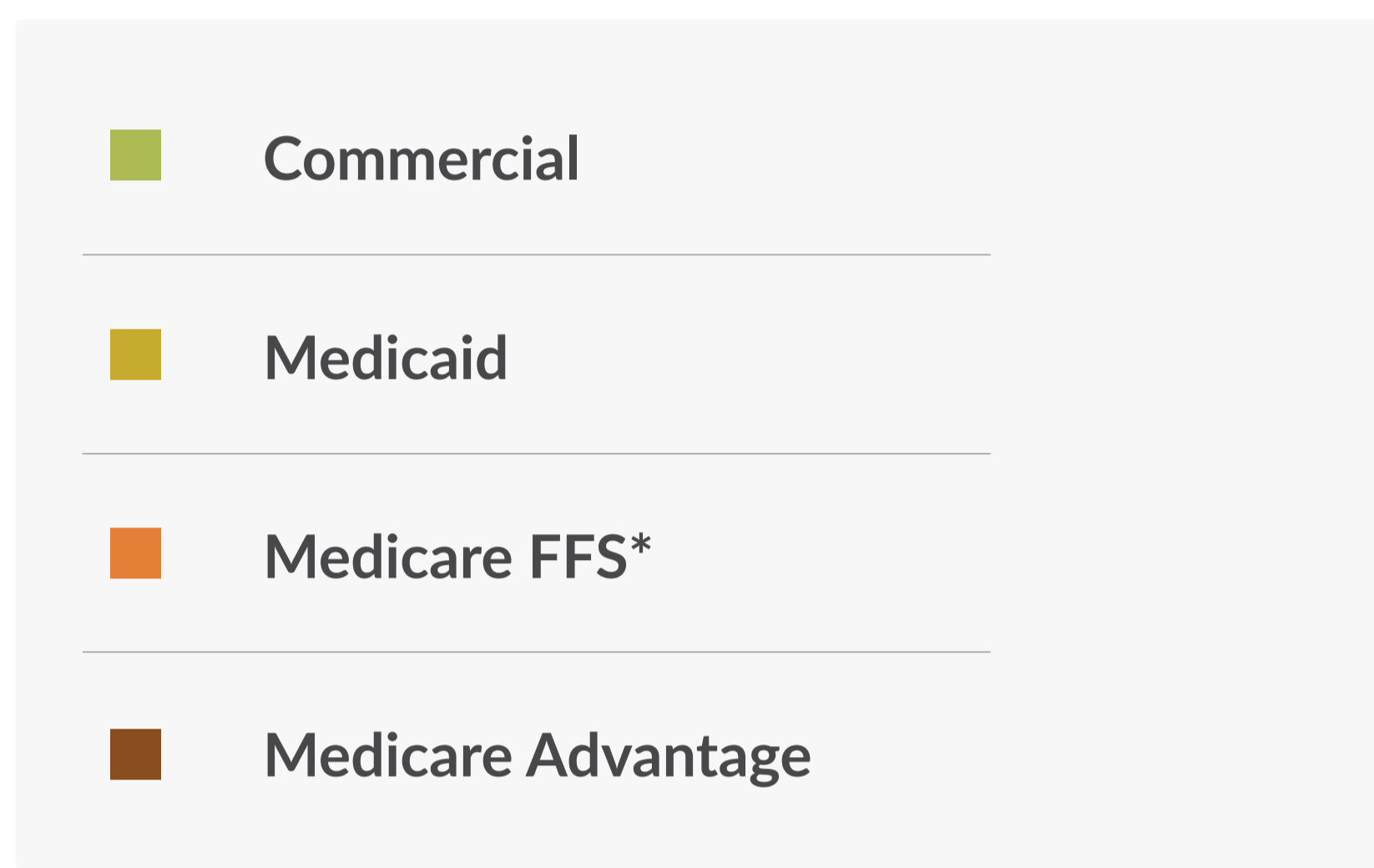
1.9M Low Value Services, resulting in \$134M in spending.*

According to the Journal of the American Medical Association, an estimated 10% to 20% of health care spending in the United States is considered low value. Low value care includes treatments, diagnostic tests, and screenings where the risk of harm or cost exceeds the health benefit for patients.

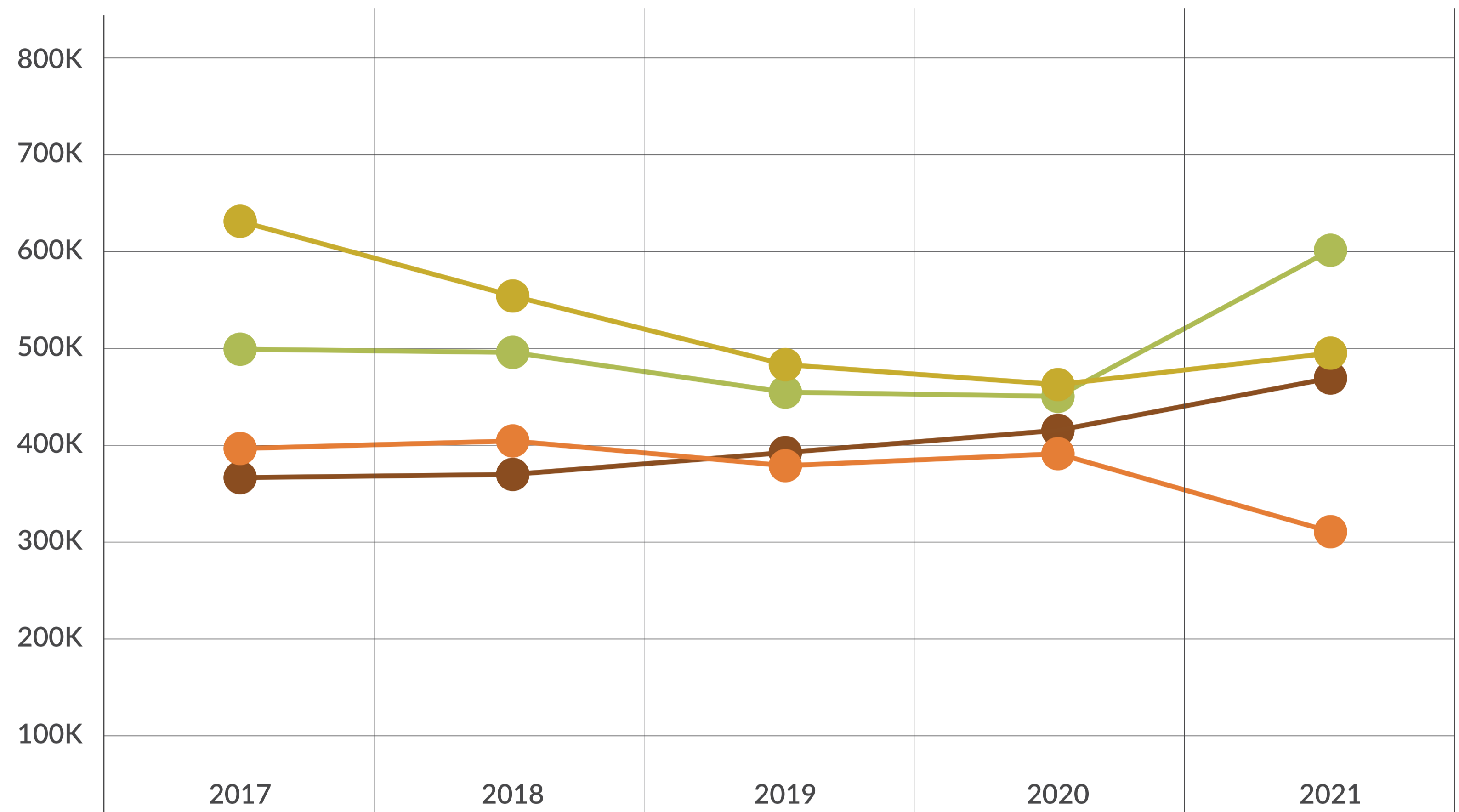
CIVHC's Low Value Care Analysis and this accompanying infographic identifies the most frequent and highest cost low value services based on analysis of claims data in the Colorado All Payer Claims Database (CO APCD). Equipped with this information, individuals, organizations and communities can focus efforts to address low value care, making health care better and more affordable.



Number of Low Value Care Services by Payer, 2017-2021



*Medicare FFS claims only available through June 30, 2021



Top Three Low Value Care Services by Payer, 2021

For detailed methodology and to view the interactive dashboard, visit us at civhc.org.

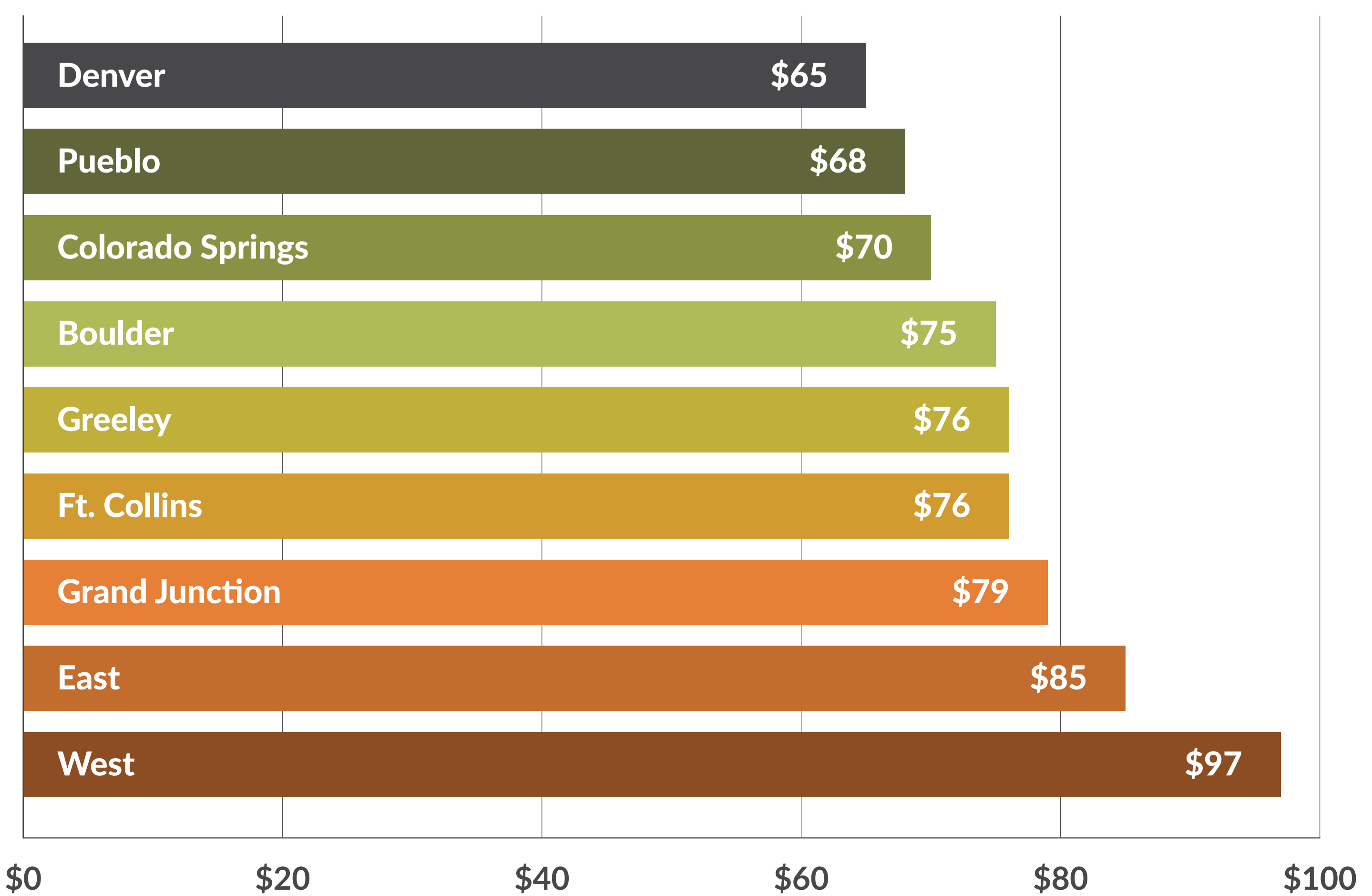
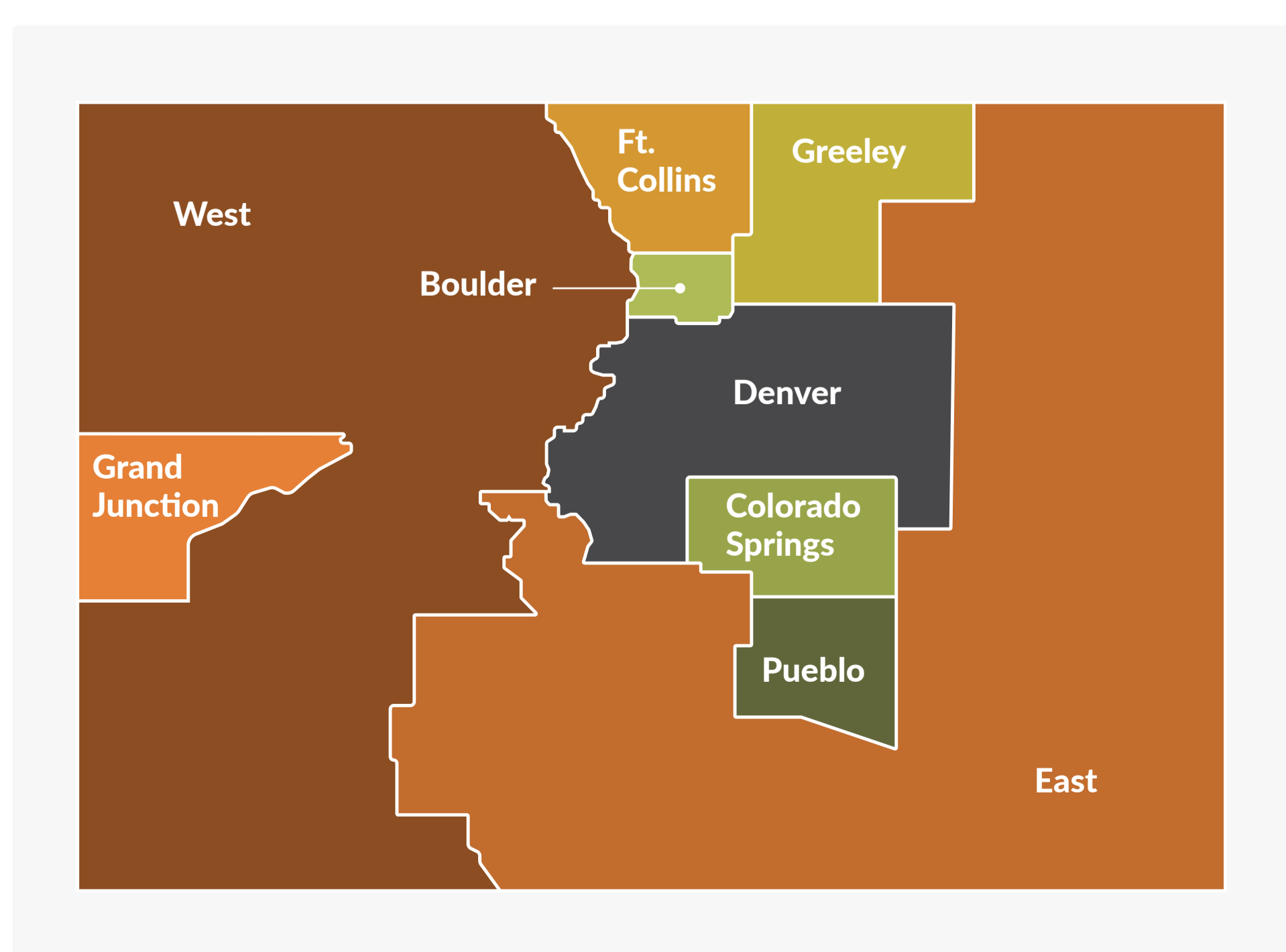


Low Value Service	Commercial	Medicaid	CHP+	Medicare FFS*	Medicare Advantage
Colorectal Cancer Screening in Adults 50 and Older				\$8.6M	\$1.8M
CT Scans for Abdominal Pain in Children			\$163K		
Inappropriate Opioid Prescription	\$12.5M	\$12.9M			\$13.6M
Pediatric Head Computed Tomography Scans			\$108K		
Prostate Cancer Screening (PSA)				\$2.3M	
Routine General Health Checks	\$3.4M				
Screening for 25-OH-Vitamin D Deficiency	\$6.8M	\$4.2M	\$177K		
Two or More Antipsychotic Medications		\$1.4M		\$1.8M	
Vertebroplasty					\$2.5M

*Medicare FFS claims only available through June 30, 2021

Statewide Division of Insurance Spending Variation

(Avg. Cost per Low Value Care Service)
All Payers, 2021



\$65 \$97

\$0 \$20 \$40 \$60 \$80 \$100