



IN CASE YOU MISSED IT

NPR: When routine medical tests trigger a cascade of costly, unnecessary care

June 17, 2022 – National Public Radio this week published an in-depth story on how medical tests can spiral into a series of further testing that can cost patients thousands of dollars – something researchers call a “cascade of care — a seemingly unstoppable series of medical tests or procedures.”

In many instances, these cascades lead to low-value care, “a service for which there is little to no benefit in that clinical scenario, and potential for harm.”

“Research suggests low-value care is costly, with one study estimating that the U.S. health care system spends \$75 billion to \$100 billion annually on these services.” In fact, according to a JAMA Network survey, “cascades of care are common. Ninety-nine percent of doctors reported experiencing one after an incidental finding... Nearly 9 in 10 physicians said they’d seen a cascade harm a patient, for example, physically or financially.”

As legislators consider SB 250, which aims to dismantle prior authorization – an important tool used by California health plans to address low-value care, so patients receive safe, high-quality health care at an affordable price, this NPR story shows there is an obvious need for medical management programs like prior authorization to help providers understand what tools, treatments and technologies deliver the greatest value to improve patient health. SB 250, however, gives providers a blank check to perform and/or prescribe medically unnecessary procedures and medications, including those most frequently linked to fraud, abuse and medical waste, without any oversight of their clinical decisions for a period of two years.

National Public Radio: When routine medical tests trigger a cascade of costly, unnecessary care

Ryan Levi and Dan Gorenstein

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“...”My heart just sank,” Niess said. “This doesn’t feel like medicine.”

“...Over the past 30 years, doctors and researchers ... have flagged more than 600 procedures, treatments, and services that are unlikely to help patients: Tests like MRIs done early for uncomplicated low back pain, prostate cancer screenings for men over 80 and routine vitamin D tests.”

“...a paper in 2019 that found the federal government spent \$35 million a year specifically on care after doctors performed EKG heart tests before cataract surgery — an example of low-value care.

“...”Medicare was spending 10 times the amount on the cascades following those EKGs as they were for the EKGs themselves. That’s just one example of one service...”

“...Even with software that warns physicians about unnecessary care, major barriers to change persist...”

“...Perhaps the biggest challenge: Hospitals still make most of their money based on the number of services provided.

“... Cheryl Damberg, a senior economist at the Rand Corp., said what may get hospitals’ attention is money. “If payers stop paying for certain low-value care services, it will definitely change the calculation about whether the juice is worth the squeeze,” she said.

“... No one wants to deliver low-value care or receive it. But in American medicine, the pressure to “just do one more test” remains strong.”

To read the full article, [click here](#).