Low Value Care in Colorado

March 2020

Colorado All Payer Claims Database, 2017

Spending

The total spend for the 48 services measured was:

$1.3B

Of the total, $140M was for low value care (identified as likely wasteful or wasteful).

Trends

Between 2015-2017...

- There was a 11% increase for individuals who received at least one low value care service.
- There was a 9% decrease in spending, but low value service utilization remained stable.
- There was an 18% increase in the patient paid portion of the cost of low value care.

Payer Type

The highest proportion of spending for low value services varied by payer type:

- Medicare
- Medicaid
- Commercial
- Medicare Advantage

Members w/Low Value Care

Of the eligible individuals in the CO APCD:

4.1M Eligible Lives

Use of two or more antipsychotics

$25.1M

Opioids for back pain

$18.6M

Cen. catheters in stage III-V CKD patients

$18M

The top 3 services accounted for 44% of total low value service spending.

Geography

Two other states (Washington and Virginia*) have used the MedInsight Low Value Care tool to evaluate claims data. The results for utilization of low value services in Virginia were similar, while Washington state’s were significantly higher:

- WA 47.2%
- VA 34.9%
- CO 35.3%

Members w/Low Value Care

Among 1.36M received at least one of the 48 services measured,

53% of those individuals received at least one low value service (likely wasteful or wasteful).

*Costs for low value services should not be compared across states. The analysis conducted by Washington and Virginia accounted for all costs included in the claim, whereas the Colorado analysis only included the cost for the low value services identified. Percentages reflected in the map above display utilization of the low value services measured.