

Nearly \$500 million a year in Medicare costs goes to 7 services with no net health benefits

29 April 2021, by Enrique Rivero



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A UCLA-led study shows that physicians frequently order preventive medical services for adult Medicare beneficiaries that are considered unnecessary and of "low value" by the U.S. Preventive Services Task Force—at a cost of \$478 million per year.

The researchers analyzed national survey data over a 10-year period, looking specifically at seven preventive services given a "D" rating by the [task force](#), and discovered that these services were ordered more than 31 million times annually.

The U.S. Preventive Services Task Force, an independent panel appointed by the Department of Health and Human Services, makes recommendations on the value of clinical [preventive services](#). Services rated D are considered to have no likely health benefit to specific patients and may even be harmful to them. Overall, the utilization of a variety of services considered unnecessary by the task force drives up health care spending by billions of dollars each year.

The researchers examined data covering the years 2007 to 2016 from the annual National Ambulatory Medical Care Survey to determine how often, and at what cost, seven specific grade D services were utilized:

- Asymptomatic bacteriuria [screening](#) in non-pregnant women
- Cardiovascular disease screening in low-risk adults (rest or stress ECG)
- Cervical cancer screening in women over age 65 (Papanicolaou or HPV test)
- Colorectal cancer screening in those over age 85 (colonoscopy or sigmoidoscopy)
- Chronic obstructive pulmonary disease screening in asymptomatic patients (peak flow or spirometry)
- Prostate cancer screening in men 75 and older (prostate-specific antigen test)
- Vitamin D supplementation for fracture preventing in postmenopausal women

The researchers note some limitations to the study. For instance, their method of estimating Medicare spending on these services may lack clinical details and therefore might misclassify some instances of appropriate care as low value.

Medicare could save nearly \$500 million per year and protect patients against potential harm by no longer providing reimbursements for these services. Under the Affordable Care Act, the secretary of health and human services is authorized to prohibit payment for services rated D by the Preventive Services Task Force. In February 2021, the U.S. Office of Personnel Management's Federal Employees Health Benefits Program [stopped covering](#) grade D services.

The study is published in the peer-reviewed *Journal of General Internal Medicine*.

More information: Carlos Irwin A. Oronce et al.
The Utilization and Costs of Grade D USPSTF
Services in Medicare, 2007–2016, *Journal of
General Internal Medicine* (2021). [DOI:
10.1007/s11606-021-06784-8](#)

Provided by University of California, Los Angeles
APA citation: Nearly \$500 million a year in Medicare costs goes to 7 services with no net health benefits
(2021, April 29) retrieved 17 May 2021 from [https://medicalxpress.com/news/2021-04-million-year-
medicare-net-health.html](https://medicalxpress.com/news/2021-04-million-year-medicare-net-health.html)

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