Report Definitions:

Low Value Measure Rule: The type of service evaluated by the Health Waste Calculator with results defined as either Necessary or Low Value. Low Value Measure Rules also briefly outline the criteria for a potentially unnecessary service.

Total Services Measured: The total number of services that were evaluated for a specific Low Value Measure.

Percent of all Services Measured: The total number of services measured for each Low Value Measure divided by the overall total number of services measured within each report.

Number of Individuals who Received Services: The distinct number of individuals who received a service that corresponded with a low value measure rule, regardless of whether or not the service was categorized as low value.

Number of Low Value Services: The total number of services that meet the necessary criteria outlined in the Waste Calculator methodology to be classified as low value.

Number of Individuals who Received a Low Value Service: The distinct number of individuals who received a service that corresponded with a low value measure rule and was categorized as low value.

% Distinct Members with Low Value: The distinct members with low value divided by the distinct members with services.

Total Proxy Cost of Low Value Services: The total number of proxy allowed dollars associated with claims classified as low value.

Average Proxy Cost per Service: The total number of proxy allowed dollars associated with claims classified as low value divided by the total number of services classified as low value.

% of Overall Low Value Spending: The total low value proxy allowed dollars for each Low Value Measure divided by the overall total low value proxy dollars measured within each report.

Quality Index: The number of services classified as Necessary divided by the total number of services measured.

Low Value Index: The number of services classified as either Likely Low Value or Low Value divided by the total number of services measured.

Report Caveats:

- Standardized Proxy Reimbursement Amount: Virginia Code prohibits disclosing or reporting provider-specific, facility-specific or carrier-specific reimbursement information. Information capable of being reverse-engineered, combined or otherwise used to calculate or derive such reimbursement information from the APCD is also prohibited. To comply with the legal prohibition of disclosing reimbursement information, a standardized proxy reimbursement amount was utilized for these reports generated from the Virginia APCD. All dollar amounts referenced in these reports are proxy dollars based on Milliman’s Global RVU methodology.

- All geographic reports are based on the Health Planning Region assigned to a patient’s zip code of residence.

- The output of the Health Waste Calculator is subject to the quality of the necessary inputs within Virginia APCD claims data. Lack of accurate Procedure and Diagnosis codes on the individual claims analyzed may cause some services that were potentially or definitively wasteful to be classified as necessary and vice versa.

- For privacy reasons, no calculations that resulted in less than 11 observations are displayed within each report.

About the Virginia APCD:

The Virginia All Payer Claims Database (APCD) was established to facilitate data-driven, evidence-based improvements in the access, quality and cost of health care and to promote and improve public health through the understanding of health care expenditure patterns and the operation and performance of the health care system. Virginia’s APCD is a voluntary program with specific requirements of participating data submitters and certain restrictions on how the de-identified data may be used. Virginia’s APCD was created under the authority of the Virginia Department of Health. The program is operated by VHI as a collaborative effort with health care stakeholders who provide input through the Virginia APCD Advisory Committee.

The Virginia APCD consists of medical and pharmacy claims submitted by commercial and public insurance carriers and currently includes paid claims data for approximately 4.5 million Virginia Residents. Health insurance carriers submit paid claims data for services provided to privately-insured individuals and individuals covered under self-funded group health plans in the Commonwealth.

These records include paid claims from institutional encounters (hospital, surgery centers, etc.), medical professional services (such as doctor visits and imaging), pharmacy and other services. Data submitted to the Virginia APCD by medical insurance carriers includes claims from administrators of “carved-out” services such as pharmacy and mental health/chemical dependency. The database also contains records about individual plan members (e.g., demographics and enrollment), providers and insurance products (e.g., product type and coverage type).
The Virginia APCD includes data on coverage and services for the majority of commercially-insured Virginia residents as well as those with public or private Medicaid and Medicare insurance. It also includes data from both health insurance carriers and third-party administrators. The following kinds of coverage are excluded at this time:

- Workers’ Compensation
- TRICARE and the Veterans Health Administration and
- Federal Employees Health Benefit Plan

**MedInsight Health Waste Calculator:**

**Overview:**

The MedInsight Health Waste Calculator is an analytical tool that provides actionable data to support healthcare quality, efficiency and effectiveness reporting. The calculator brings together clinical expertise and powerful data analytics, allowing health care managers to target and reduce wasteful spending.

Comprehensive measures are developed and constantly refined to provide the most innovative and up-to-date healthcare analytics by Milliman healthcare experts and partners at VBID Health, Mike Chernew and Mark Fendrick, MD.

The sources leveraged for measures include:

- Choosing Wisely (from the ABIM Foundation)
- US Preventive Services Task Force Grade D Recommendations (recommendations against the service), for which there is moderate to high certainty that the service has no net benefit or that the harms outweigh the benefits
- The American Medical Association’s Physician Consortium for Performance Improvement
- The United Kingdom’s National Institute for Health and Care Excellence (NICE) Recommendations on High Quality Care
- Numerous research endeavors, such as these recent publications:
  - Mayo Clinic Proceedings publication on “A Decade of Reversal: An Analysis of 146 Contradicted Medical Practices”
  - Johns Hopkins Medicine research report on imaging for severe dizziness in the ER
  - Pediatrics, “CT Scan Utilization Patterns in Pediatric Patients with Recurrent Headache”

**Health Waste Calculator Value:**

Eliminating inefficient and unnecessary medical services improves overall healthcare efficiency while reducing costs. The Health Waste Calculator is effective at identifying potentially unnecessary care and potential cost savings. The Congressional Budget Office has estimated that 30% of medical care in the U.S. is unnecessary care. In 2009, the Institute of Medicine (IOM) identified $750 billion of wasted spending, with unnecessary services accounting for $210 billion (iom.edu/bestcare).

The MedInsight Health Waste Calculator:

- Adds value to existing publicly available cost and quality reporting efforts;
- Denotes whether services were appropriate or potentially wasteful;
- Indicates which services should be reviewed and flags potentially wasteful spending;
- Improves reporting for efficiency and effectiveness measurement.

In addition, Milliman and VBID health have established a research pipeline to continually investigate new wasteful services and look to rapidly expand the range of wasteful services included in this product offering.

**Rationale for Developing the Measures:**

Milliman and VBID Health continue to research and add to the growing list of over 450 measures in their research pipeline. Each are striving to identify at least 2 measures per medical society. In general the prioritization of measures are based on the criteria listed below:

- High prevalence rate or incidence of the wasteful events as reported in different publications;
- High cost impact due to the wasteful events;
- Representation of different specialties or clinical conditions;
- Representation of different types of services (e.g., preventive screening tests and diagnostic tests and prescription of drugs); and
- Representation of relevant measures for different age groups (children, adults, elderly, or all population), as well as gender-specific measures.
Health Waste Calculator Research Team Background:

The Waste Calculator Research team has incorporated health care data into related measure development for over five years. The scope of their work in
Don't perform coronary angiography in patients without cardiac symptoms unless high-risk markers present.

Don't order unnecessary screening for colorectal cancer in adults older than age 50 years.

Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70.

Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery—

Don't prescribe nonsteroidal anti-inflammatory drugs (NSAIDS) in individuals with hypertension or heart failure or CKD of all causes,

Don't prescribe antidepressants as monotherapy in patients with bipolar I disorder.

Don't perform vertebroplasty for osteoporotic vertebral fractures.

Don't perform Computed tomography (CT) scans in the routine evaluation of abdominal pain.

Don't perform an arthroscopic knee surgery for knee osteoarthritis.

Don't obtain brain imaging studies (CT or MRI) in the evaluation of simple syncope and a normal neurological examination.

Don't do imaging for uncomplicated headache.

Diagnostic Testing

Don't order imaging tests for patients without symptoms or signs of significant eye disease.

Don't routinely obtain radiographic imaging for patients who meet diagnostic criteria for uncomplicated acute rhinosinusitis.

Don't perform routine head CT scans for emergency room visits for severe dizziness.

Don't order CT scans of the abdomen and pelvis in young otherwise healthy emergency department patients (age <50) with known

Don't use coronary artery calcium scoring for patients with known coronary artery disease (including stents and bypass grafts).

Don't routinely order imaging tests for patients without symptoms or signs of significant eye disease.

Don't perform an MRI of the lumbosacral spine in patients with headache pain where headache pain is a symptom of a different disease—

Don't perform chest radiographs for all chest pain patients—

Don't perform laboratory tests at the time of admission in patients with uncomplicated acute respiratory tract infections—

Don't perform a gastroscopy in patients without significant symptoms of upper gastrointestinal disease—

Don't perform endoscopy in patients with uncomplicated acute gastrointestinal bleeding—

Don't perform colonoscopy in patients without symptoms of lower gastrointestinal disease—

Don't perform an endoscopy when there is no reason to suspect a malignancy—

Don't order imaging tests for patients without symptoms or signs of significant eye disease.

Don't perform diagnostic tests for tuberculosis in patients with no symptoms of active disease or without appropriate exposure history—

Don't perform pulmonary function tests in patients with asthma or chronic lung disease.

Don't perform pulmonary function tests for patients with chronic obstructive pulmonary disease—

Don't perform chest radiographs for patients with a cough or no cough—

Don't perform chest radiographs in patients with cough—

Don't perform chest radiographs in patients with heart failure—

Don't perform chest CT scans in patients with symptoms of spontaneous pneumothorax—

Don't perform chest CT scans in patients with symptoms of pleural effusion or effusion—

Don't perform chest CT scans in patients with symptoms of pulmonary embolism—

Don't perform chest CT scans in patients with symptoms of acute respiratory distress syndrome—

Don't perform chest CT scans in patients with symptoms of thoracic aortic aneurysm—

Don't perform chest CT scans in patients with symptoms of thoracic aortic dissection—

Don't perform chest CT scans in patients with symptoms of thoracic vertebral fractures—

Don't perform chest CT scans in patients with symptoms of thoracic vertebral fractures.

Report based on APQC claims data for Commercial, Medicaid FFS, Medicare Managed Care, Medicaid FFS and Medicare Advantage coverage. Claims coverage for Commercial and Medicare Advantage plans may also be impacted and is anticipated to be modified for 2017.

Suppressed values are still reflected in total and index calculations.

Expected to be minimal in patients with uncomplicated acute kidney injury.

High-risk markers present are:—

Total Low Value services reported include a combination of services categorized as the value and likely low value.

When there is only one row with suppressed values, the entire row is removed.

When the only row with suppressed values, the entire row is removed.
Common Treatments

Don’t order antibiotics for adenovirus conjunctivitis (pink eye)

Don’t prescribe oral antibiotics for uncomplicated acute otitis media

Don’t prescribe or recommend cough and cold medicines for respiratory illnesses in children under four years of age

Don’t prescribe oral antibiotics for patients with upper UR or ear infection (acute sinusitis, UR, viral respiratory illness or acute otitis externe)

Don’t order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.

Don’t obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery –

Don’t obtain diagnostic cardiac testing (trans-thoracic/esophageal echocardiography – TTE/TEE) or cardiac stress testing in patients with high risk surgery and are not otherwise at high risk for cervical cancer

Don’t perform PSA-based screening for prostate cancer in all men regardless of age.

Don’t perform population based screening for 25-OH-Vitamin D deficiency

Don’t perform MRI of the peripheral joints to routinely monitor inflammatory arthritis.

Don’t perform revascularization without prior medical management for renal artery stenosis.

Don’t perform an arthroscopic knee surgery for knee osteoarthritis.

Don’t place peripherally inserted central catheters (PICC) in stage III–V CKD patients without consulting nephrology.

Don’t order CT scans of the abdomen and pelvis in young otherwise healthy emergency department patients (age <50) with known high-risk markers.

Don’t order CT scans of the head/brain for sudden hearing loss.

Don’t do imaging for uncomplicated headache.

Diagnostic Testing

Don’t order computed tomography (CT) head imaging in children 1 month to 17 years of age unless indicated.

Don’t routinely do diagnostic testing in patients with chronic urticaria.

Don’t perform unproven diagnostic tests, such as immunoglobulin G (IgG) testing or an indiscriminate battery of immunoglobulin E (IgE) tests.

Don’t perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms or signs.

Don’t perform a postcoital test (PCT) for the evaluation of infertility.

Don’t order CT scan of the head/brain for sudden hearing loss.

Common Treatments

Don’t prescribe nonsteroidal anti-inflammatory drugs (NSAIDS) in individuals with hypertension or heart failure or CKD of all causes.

Don’t prescribe antidepressants as monotherapy in patients with bipolar I disorder.

Don’t perform vertebroplasty for osteoporotic vertebral fractures.

Don’t perform revascularization without prior medical management for renal artery stenosis.

Don’t perform MRI of the peripheral joints to routinely monitor inflammatory arthritis.

Diagnostic Testing

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Don’t perform a postcoital test (PCT) for the evaluation of infertility.

Don’t order CT scan of the head/brain for sudden hearing loss.

Common Treatments

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Don’t prescribe oral antibiotics for uncomplicated acute otitis media

Don’t prescribe or recommend cough and cold medicines for respiratory illnesses in children under four years of age

Don’t prescribe oral antibiotics for patients with upper UR or ear infection (acute sinusitis, UR, viral respiratory illness or acute otitis externe)

Don’t order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.

Don’t obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery –

Don’t obtain diagnostic cardiac testing (trans-thoracic/esophageal echocardiography – TTE/TEE) or cardiac stress testing in patients with high risk surgery and are not otherwise at high risk for cervical cancer

Don’t perform PSA-based screening for prostate cancer in all men regardless of age.

Don’t perform population based screening for 25-OH-Vitamin D deficiency

Don’t perform MRI of the peripheral joints to routinely monitor inflammatory arthritis.

Don’t perform revascularization without prior medical management for renal artery stenosis.

Don’t perform an arthroscopic knee surgery for knee osteoarthritis.

Don’t place peripherally inserted central catheters (PICC) in stage III–V CKD patients without consulting nephrology.

Disease Approach

Don’t prescribe oral antibiotics for uncomplicated acute ear infections.

Don’t prescribe oral antibiotics for uncomplicated acute otitis media

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Don’t place peripherally inserted central catheters (PICC) in stage III–V CKD patients without consulting nephrology.

Disease Approach

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Don’t prescribe oral antibiotics for uncomplicated acute otitis media

Don’t prescribe or recommend cough and cold medicines for respiratory illnesses in children under four years of age

Don’t prescribe oral antibiotics for patients with upper UR or ear infection (acute sinusitis, UR, viral respiratory illness or acute otitis externe)

Don’t order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.

Don’t obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery –

Don’t obtain diagnostic cardiac testing (trans-thoracic/esophageal echocardiography – TTE/TEE) or cardiac stress testing in patients with high risk surgery and are not otherwise at high risk for cervical cancer

Don’t perform PSA-based screening for prostate cancer in all men regardless of age.
<table>
<thead>
<tr>
<th>Low Value Measure</th>
<th>Total Services Measured</th>
<th>% of Services Measured</th>
<th>Total Services with any Low Value</th>
<th>% of Total Services with any Low Value</th>
<th>Total Low Value Services</th>
<th>% of Total Low Value Services</th>
<th>Average Payer Cost per Service</th>
<th>% of Total Low Value Spending</th>
<th>Quality Index</th>
<th>Low Value Index</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,450,204</td>
<td>100%</td>
<td>369,417</td>
<td>25.5%</td>
<td>364,577</td>
<td>25.0%</td>
<td>$45,239,046</td>
<td>25.2%</td>
<td>95.0%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

### Diagnostic Testing

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Total Services</th>
<th>% of Services</th>
<th>Total Services with any Low Value</th>
<th>% of Total Services with any Low Value</th>
<th>Total Low Value Services</th>
<th>% of Total Low Value Services</th>
<th>Average Payer Cost per Service</th>
<th>% of Total Low Value Spending</th>
<th>Quality Index</th>
<th>Low Value Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't perform electroencephalography (EEG) for headaches.</td>
<td>417,084</td>
<td>28.7%</td>
<td>41,194</td>
<td>10.0%</td>
<td>29,125</td>
<td>7.0%</td>
<td>$52,100</td>
<td>13.5%</td>
<td>95.0%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

### Therapeutics

<table>
<thead>
<tr>
<th>Therapy or Intervention Description</th>
<th>Total Services</th>
<th>% of Services</th>
<th>Total Services with any Low Value</th>
<th>% of Total Services with any Low Value</th>
<th>Total Low Value Services</th>
<th>% of Total Low Value Services</th>
<th>Average Payer Cost per Service</th>
<th>% of Total Low Value Spending</th>
<th>Quality Index</th>
<th>Low Value Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70.</td>
<td>107,103</td>
<td>7.4%</td>
<td>1,292</td>
<td>0.56%</td>
<td>835</td>
<td>0.03%</td>
<td>$246</td>
<td>0.00%</td>
<td>95.0%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

### Preventative Evaluation

<table>
<thead>
<tr>
<th>Preventative Evaluation Description</th>
<th>Total Services</th>
<th>% of Services</th>
<th>Total Services with any Low Value</th>
<th>% of Total Services with any Low Value</th>
<th>Total Low Value Services</th>
<th>% of Total Low Value Services</th>
<th>Average Payer Cost per Service</th>
<th>% of Total Low Value Spending</th>
<th>Quality Index</th>
<th>Low Value Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't obtain brain imaging studies (CT or MRI) in the evaluation of simple syncope and a normal neurological examination.</td>
<td>1,374</td>
<td>0.9%</td>
<td>1,228</td>
<td>0.9%</td>
<td>1,228</td>
<td>0.9%</td>
<td>$764,780</td>
<td>0.57%</td>
<td>95.0%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

### Quality Index

<table>
<thead>
<tr>
<th>Quality Index</th>
<th>Low Value Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>95.0%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>
Don’t order antibiotics for adenoviral conjunctivitis (pink eye).

Don’t prescribe oral antibiotics for uncomplicated acute tympanostomy tube otorrhea.

Don’t order antibiotics for otitis media.

Don’t order imaging for the carotid arteries for simple syncope without other neurologic symptoms.

Don’t perform revascularization without prior medical management for renal artery stenosis.

Don’t obtain brain imaging studies (CT or MRI) in the evaluation of simple syncope and a normal neurological examination.

Don’t perform imaging of the carotid arteries for simple syncope without other neurologic symptoms.

Don’t perform computed tomography (CT) scan of the head/brain for sudden hearing loss.

Don’t order computed tomography (CT) head imaging in children 1 month to 17 years of age unless indicated.

Don’t do imaging for low back pain within the first six weeks, unless red flags are present.

Don’t prescribe cough and cold medicines for respiratory illnesses in children under four years of age.

Don’t prescribe nonsteroidal anti-inflammatory drugs (NSAIDS) in individuals with hypertension or heart failure or CKD of all causes, unless contraindicated.

Don’t perform coronary angiography in patients without cardiac symptoms unless high-risk markers present.

Don’t perform PSA-based screening for prostate cancer in all men regardless of age.

Don’t order electrocardiography (ECG) or any other cardiac screening for patients without significant systemic disease (ASA II or less) undergoing low-risk surgery – specifically complete blood count, basic or comprehensive metabolic panel, or coagulation studies were expected to be minimal.

Don’t obtain baseline laboratory studies in patients with significant systemic disease (ASA I or II) undergoing low-risk surgery – specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies were expected to be minimal.

Don’t perform stress test (CIT) or echocardiography for individuals with hypertension or heart failure or CKD of all causes, unless contraindicated.

Don’t prescribe inpatient corticosteroids for acute exacerbations of asthma or chronic obstructive pulmonary disease.

Don’t order tests for infants and young children with uncomplicated neonatal sepsis.

Don’t perform computed tomography (CT) head imaging in children 1 month to 17 years of age unless indicated.

Don’t use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors.

Don’t undergo unnecessary cervical cancer screening (Pap smear and HPV test) in all women who have adequate prior screening and are not otherwise at high risk for cervical cancer.

Don’t undergo unnecessary screening for cervical cancer in adults older than age 50 years.

Don’t perform coronary angiography in patients without cardiac symptoms unless high-risk markers present.

Don’t perform cardiac stress testing (CIT, nuclear stress testing, etc.) in patients with uncomplicated chronic heart failure with New York Heart Association Class III/IV.

Don’t order abdominal ultrasonography for uncomplicated renal colic.

Don’t perform diagnostic testing in patients with chronic urticaria.

Don’t perform electrocardiography for individuals with hypertension or heart failure or CKD of all causes, unless contraindicated.

Don’t obtain diagnostic imaging for patients without symptoms or signs of acute myocardial infarction.

Don’t prescribe inpatient corticosteroids for acute exacerbations of asthma or chronic obstructive pulmonary disease.

Don’t order diagnostic testing for catheter-related infections.

Don’t perform routine monitoring test (PCT) for all patients with fever or infection.

Don’t perform advanced spin echo magnetic resonance imaging scans in patients with terminal cancer.

Don’t order electrocardiography (ECG) for individuals with uncomplicated respiratory infections.

Don’t order computed tomography (CT) scan of the head/brain for sudden hearing loss.

Don’t order computed tomography (CT) scan of the head/brain for severe headache.

Don’t order computed tomography (CT) scan of the head/brain for idiopathic intracranial hypertension.

Don’t perform routine chest X rays for patients with exacerbation of chronic obstructive pulmonary disease.

Don’t administer corticosteroids for acute exacerbations of asthma or chronic obstructive pulmonary disease.

Don’t order blood cultures in immunocompromised patients.

Don’t order transcranial Doppler ultrasonography imaging studies in patients with unexplained headache.

Don’t order computed tomography (CT) scans of the head/brain for idiopathic intracranial hypertension.

Don’t perform urological imaging studies in patients with acute urinary retention.

Don’t perform thoracoabdominal aortic imaging studies.

Don’t administer corticosteroids for acute exacerbations of asthma or chronic obstructive pulmonary disease.

Don’t order transcranial Doppler ultrasonography imaging studies in patients with unexplained headache.

Don’t order computed tomography (CT) scans of the head/brain for idiopathic intracranial hypertension.

Don’t perform routine chest X rays for patients with exacerbation of chronic obstructive pulmonary disease.

Don’t order blood cultures in immunocompromised patients.

Don’t order transcranial Doppler ultrasonography imaging studies in patients with unexplained headache.

Don’t perform thoracoabdominal aortic imaging studies.

Don’t administer corticosteroids for acute exacerbations of asthma or chronic obstructive pulmonary disease.

Don’t order computed tomography (CT) scans of the head/brain for idiopathic intracranial hypertension.

Don’t perform routine chest X rays for patients with exacerbation of chronic obstructive pulmonary disease.

Don’t order blood cultures in immunocompromised patients.

Don’t order transcranial Doppler ultrasonography imaging studies in patients with unexplained headache.

Don’t perform thoracoabdominal aortic imaging studies.

Don’t administer corticosteroids for acute exacerbations of asthma or chronic obstructive pulmonary disease.

Don’t order computed tomography (CT) scans of the head/brain for idiopathic intracranial hypertension.

Don’t perform routine chest X rays for patients with exacerbation of chronic obstructive pulmonary disease.

Don’t order blood cultures in immunocompromised patients.

Don’t order transcranial Doppler ultrasonography imaging studies in patients with unexplained headache.

Don’t perform thoracoabdominal aortic imaging studies.

Don’t administer corticosteroids for acute exacerbations of asthma or chronic obstructive pulmonary disease.

Don’t order computed tomography (CT) scans of the head/brain for idiopathic intracranial hypertension.

Don’t perform routine chest X rays for patients with exacerbation of chronic obstructive pulmonary disease.

Don’t order blood cultures in immunocompromised patients.

Don’t order transcranial Doppler ultrasonography imaging studies in patients with unexplained headache.

Don’t perform thoracoabdominal aortic imaging studies.

Don’t administer corticosteroids for acute exacerbations of asthma or chronic obstructive pulmonary disease.
### Screening Tests

<table>
<thead>
<tr>
<th>Screening Test</th>
<th>Total Services Measured</th>
<th>Percentage of All Services</th>
<th>Total Individuals with any Service</th>
<th>Total Low Value Services</th>
<th>Total Low Value Services as a Percentage of Low Value Services</th>
<th>Total Cost of Low Value Services</th>
<th>Average Cost per Service</th>
<th>% of Total Low Value Services</th>
<th>% of Total Cost of Low Value Services</th>
<th>Quality Index</th>
<th>Low Value Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood glucose</td>
<td>28,295,708</td>
<td>60.00%</td>
<td>33,926,659</td>
<td>4,962,581</td>
<td>14.90%</td>
<td>$1,548,926</td>
<td>$0.33</td>
<td>83.64%</td>
<td>19.72%</td>
<td>65.16%</td>
<td>70.16%</td>
</tr>
<tr>
<td>Total Low Value (Likely Low Value and Low Value Combined)</td>
<td>2017 Northwestern Region Low Value Services Report—Overall</td>
<td></td>
<td></td>
<td></td>
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### Disease Approach

- **Don’t perform MRI of the peripheral joints to routinely monitor inflammatory arthritis.**
- **Don’t use coronary artery calcium scoring for patients with known coronary artery disease (including stents and bypass grafts).**
- **Don’t routinely obtain radiographic imaging for patients who meet diagnostic criteria for uncomplicated acute rhinosinusitis.**
- **Don’t perform voiding cystourethrogram (VCUG) routinely in first febrile urinary tract infection (UTI) in children aged 2–24 months.**
- **Don’t perform unproven diagnostic tests, such as immunoglobulin G (IgG) testing or an indiscriminate battery of immunoglobulin E (IgE) tests, in the evaluation of allergy.**
- **Don’t prescribe nonsteroidal anti-inflammatory drugs (NSAIDS) in individuals with hypertension or heart failure or CKD of all causes,**

### Disease Approach

- **Don’t perform coronary angiography in patients without cardiac symptoms unless high-risk markers present.**
- **Don’t use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70.**
- **Don’t order unnecessary cervical cancer screening (Pap smear and HPV test) in all women who have adequate prior screening and are not otherwise at high risk for cervical cancer.**
- **Don’t order unnecessary screening for cervical cancer in adults older than age 50.**
- **Don’t perform a postcoital test (PCT) for the evaluation of infertility.**

### Disease Approach

- **Don’t perform routine head CT scans for emergency room visits for severe dizziness.**
- **Don’t perform revascularization without prior medical management for renal artery stenosis.**
- **Don’t perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms.**
- **Don’t perform advanced sperm function testing, such as sperm penetration or hemizona assays, in the initial evaluation of the infertile male.**

### Disease Approach

- **Don’t prescribe oral antibiotics for members with upper URI or ear infection (acute sinusitis, URI, viral respiratory illness or acute otitis media).**
- **Don’t perform imaging of the carotid arteries for simple syncope without other neurologic symptoms.**
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Common Treatments

- Do not perform imaging for low back pain within the first six weeks, unless red flags are present.
- Do not order unnecessary cervical cancer screening (Pap smear and HPV test) in all women who have had adequate prior screening.
- Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70.
- Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery – diagnostic testing.
- Don't perform revascularization without prior medical management for renal artery stenosis.
- Don't perform an arthroscopic knee surgery for knee osteoarthritis.
- Don't perform routine head CT scans for emergency room visits for severe dizziness.
- Don't routinely order imaging tests for patients without symptoms or signs of significant eye disease.
- Don't perform imaging of the carotid arteries for simple syncope without other neurologic symptoms.
- Don't perform electroencephalography (EEG) for headaches.
- Don't perform a postcoital test (PCT) for the evaluation of infertility.
- Don't order computed tomography (CT) scan of the head/brain for sudden hearing loss.
- Don't obtain brain imaging studies (CT or MRI) in the evaluation of simple syncope and a normal neurological examination.
- Don't do imaging for uncomplicated headache.

Diagnostic Testing

- Don't perform oral antibiotics for uncomplicated common cold.
- Don't prescribe oral antibiotics for uncomplicated acute tonsillitis.
- Don't prescribe or recommend cough and cold medicines for respiratory illnesses in children under four years of age.
- Don't prescribe oral antibiotics for members with upper URI or ear infection (acutely urticaria, URI, viral respiratory illness or acute otitis externa).

Report based on APCD claims data for Commercial, Medicaid FFS, Medicaid Managed Care, Medicare FFS and Medicare Advantage coverage. Claims coverage for Commercial and Medicare Advantage may fluctuate and is anticipated to be roughly 40-50% for 2017.

<table>
<thead>
<tr>
<th>Low Value Measure Role</th>
<th>Total Services with Any Service</th>
<th>Total Low Value Services</th>
<th>% of Individuals with a Low Value Service</th>
<th>Total Cost of Low Value Services</th>
<th>Average Proxy Cost per Service</th>
<th>% of Overall Low Value Services</th>
<th>Quality Index</th>
<th>Low Value Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totals</td>
<td>1,413,139</td>
<td>1,248,355</td>
<td>540,327</td>
<td>451,736</td>
<td>138,709,140</td>
<td>253</td>
<td>81.00%</td>
<td>61.28%</td>
</tr>
<tr>
<td>Common Treatments</td>
<td>88,194</td>
<td>62.4%</td>
<td>73,580</td>
<td>88,792</td>
<td>72,382</td>
<td>59.37%</td>
<td>$15,638,388</td>
<td>1.21%</td>
</tr>
<tr>
<td>Don't order antibiotics for uncomplicated cold or URI</td>
<td>127</td>
<td>0.5%</td>
<td>126</td>
<td>113</td>
<td>98,36%</td>
<td>$1,005</td>
<td>11.02%</td>
<td>86.96%</td>
</tr>
<tr>
<td>Don't prescribe oral antibiotics for uncomplicated acute tonsillitis</td>
<td>47</td>
<td>0.0%</td>
<td>47</td>
<td>19</td>
<td>40.43%</td>
<td>$399</td>
<td>0.00%</td>
<td>59.57%</td>
</tr>
<tr>
<td>Don't prescribe or recommend cough and cold medicines for respiratory illnesses in children under 4 years of age.</td>
<td>5,311</td>
<td>0.3%</td>
<td>5,319</td>
<td>5,319</td>
<td>100.00%</td>
<td>$50,096</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Don't prescribe oral antibiotics for members with upper URI or ear infection (acutely urticaria, URI, viral respiratory illness or acute otitis externa)</td>
<td>82,709</td>
<td>9.8%</td>
<td>70,214</td>
<td>81,349</td>
<td>89,058</td>
<td>95.35%                         $1,601,694</td>
<td>0.17%</td>
<td>98.35%</td>
</tr>
</tbody>
</table>

Diagnostic Testing

- Don't do imaging for low back pain within the first six weeks, unless red flags are present.
- Don't do imaging for uncomplicated headaches.
- Don't order brain imaging studies (CT or MRI) in the evaluation of simple syncope and a normal neurological examination.
- Don't order computed tomography (CT) scan of the head for sudden hearing loss.
- Don't perform a posttraumatic test (PCT) for the evaluation of infertility.
- Don't perform electroencephalography (EEG) for headaches.
- Don't perform imaging of the carotid arteries for simple syncope without other neurologic symptoms.
- Don't perform stress testing (cardiac imaging or advanced non-invasive imaging) in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present.
- Don't perform unproven diagnostic tests, such as immunoglobulin G (IgG) testing or an indirect immunoassay of immunoglobulin E (IgE) tests, in the evaluation of allergies.
- Don't perform viscosity-corrected VEGF Ligand (VCGlou) routinely in first-time uterine tract infection (UTI) in children aged 2-24 months.
- Don't routinely do stress imaging in patients with chronic heart failure.
- Don't routinely obtain radiographic imaging for patients who meet diagnostic criteria for uncomplicated acute rhinosinusitis.
- Don't routinely order imaging tests for patients without significant systemic eye disease.
- Don't use coronary artery calcium scoring for patients with known coronary artery disease (including stents and bypass grafts).
- Don't order computed tomography (CT) imaging of the head in children 1 to 17 years of age unless indicated.
- Don't order CT scans of the abdomen and pelvis in young otherwise healthy emergency department patients age >50 with known histories of kidney stones, or ureteral disease, presenting with symptoms consistent with uncomplicated renal colic.
- Don't perform routine head CT scans for emergency room visits for severe dizziness.
- Don't order non-invasive stress tests (NASITs) in individuals with hypertension or heart failure or CKD of all causes, including diabetes.
- Don't perform non-Federal dilated eye examinations.
- Don't perform end-stage renal disease (ESRD) screening in individuals with hypertension or heart failure or CKD of all causes, including diabetes.
- Don't perform baseline cardiovascular imaging testing (trans-thoracic echocardiography – TTE/TEE) or cardiac stress testing in asymptomatic stable patients with known cardiac disease (e.g., CAD: vascular disease) undergoing low or moderate risk non-cardiac surgery.
- Don't perform baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery – specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) were anticipated to be minimal.
- Don't obtain EKG, chest x rays or Pulmonary function tests in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery – diagnostic testing.
- Don't perform routine F/U monitoring.
- Don't perform lab work of the peripheral veins to routinely monitor inflammatory arthritis.

Screening Tests

- Don't order annual electrocardiogram (EKG) or any other cardiac screening for low risk patients without symptoms.
- Don't perform population based screening for 25-OH Vitamin D deficiency.
- Don't use dual-energy X-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors.
- Don't perform screening for colorectal cancer (PPs) in women who have had adequate prior screening and are not otherwise at high risk for colorectal cancer.
- Don't order unnecessary cervical screening (Pap smear and HPV test) in all women who have had adequate prior screening and are not otherwise at high risk for cervical cancer.
- Don't perform coronary angiography in patients without cardiac symptoms unless high-risk markers are present.
- Don't perform PSA-based screening for prostate cancer in all men regardless of age.

Diagnostic Testing

- Don't perform oral antibiotics for uncomplicated cold or URI.
- Don't prescribe oral antibiotics for uncomplicated acute tonsillitis.
- Don't prescribe or recommend cough and cold medicines for respiratory illnesses in children under four years of age.
- Don't prescribe oral antibiotics for members with upper URI or ear infection (acutely urticaria, URI, viral respiratory illness or acute otitis externa).

Diagnostic Testing

- Don't do imaging for low back pain within the first six weeks, unless red flags are present.
- Don't do imaging for uncomplicated headaches.
- Don't order brain imaging studies (CT or MRI) in the evaluation of simple syncope and a normal neurological examination.
- Don't order computed tomography (CT) scan of the head for sudden hearing loss.
- Don't perform a posttraumatic test (PCT) for the evaluation of infertility.
- Don't perform electroencephalography (EEG) for headaches.
- Don't perform imaging of the carotid arteries for simple syncope without other neurologic symptoms.
- Don't perform stress testing (cardiac imaging or advanced non-invasive imaging) in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present.
- Don't perform unproven diagnostic tests, such as immunoglobulin G (IgG) testing or an indirect immunoassay of immunoglobulin E (IgE) tests, in the evaluation of allergies.
- Don't perform viscosity-corrected VEGF Ligand (VCGlou) routinely in first-time uterine tract infection (UTI) in children aged 2-24 months.
- Don't routinely do stress imaging in patients with chronic heart failure.
- Don't routinely obtain radiographic imaging for patients who meet diagnostic criteria for uncomplicated acute rhinosinusitis.
- Don't routinely order imaging tests for patients without significant systemic eye disease.
- Don't use coronary artery calcium scoring for patients with known coronary artery disease (including stents and bypass grafts).
- Don't order computed tomography (CT) imaging of the head in children 1 to 17 years of age unless indicated.
- Don't order CT scans of the abdomen and pelvis in young otherwise healthy emergency department patients age >50 with known histories of kidney stones, or ureteral disease, presenting with symptoms consistent with uncomplicated renal colic.
- Don't perform routine head CT scans for emergency room visits for severe dizziness.
- Don't order non-invasive stress tests (NASITs) in individuals with hypertension or heart failure or CKD of all causes, including diabetes.
- Don't perform baseline cardiovascular imaging testing (trans-thoracic echocardiography – TTE/TEE) or cardiac stress testing in asymptomatic stable patients with known cardiac disease (e.g., CAD: vascular disease) undergoing low or moderate risk non-cardiac surgery.
- Don't perform baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery – specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) were anticipated to be minimal.
- Don't obtain EKG, chest x rays or Pulmonary function tests in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery – diagnostic testing.
- Don't perform routine F/U monitoring.
- Don't perform lab work of the peripheral veins to routinely monitor inflammatory arthritis.
Don't prescribe oral antibiotics for members with upper URI or ear infection (acute sinusitis, URI, viral respiratory illness or acute otitis externa).

Don't order unnecessary cervical cancer screening (Pap smear and HPV test) in all women who have had adequate prior screening and are not otherwise at high risk for cervical cancer.

Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present.

Don't perform voiding cystourethrogram (VCUG) routinely in first febrile urinary tract infection (UTI) in children aged 2–24 months.

Don't place peripherally inserted central catheters (PICC) in stage III–V CKD patients without consulting nephrology.

Don't routinely order imaging tests for patients without symptoms or signs of significant eye disease.

Don't perform coronary angiography in patients without cardiac symptoms unless high-risk markers present.

Don't obtain EKG, chest X rays or Pulmonary function test in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery.

Don't order CT scans of the abdomen and pelvis in young otherwise healthy emergency department patients (age <50) with known histories of kidney stones, or ureterolithiasis, presenting with symptoms consistent with uncomplicated renal colic.

Don't perform advanced sperm function testing, such as sperm penetration or hemizona assays, in the initial evaluation of the infertile couple.

Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing ... or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal.

Don't prescribe antidepressants as monotherapy in patients with bipolar I disorder.

Don't prescribe or recommend cough and cold medicines for respiratory illnesses in children under four years of age.

Don't schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks, 0 days gestational age.

Don't perform routine head CT scans for emergency room visits for severe dizziness.

Don't use coronary artery calcium scoring for patients with known coronary artery disease (including stents and bypass grafts).

Don't order computed tomography (CT) scan of the head/brain for sudden hearing loss.

Don't perform imaging of the carotid arteries for simple syncope without other neurologic symptoms.

Don't prescribe nonsteroidal anti-inflammatory drugs (NSAIDS) in individuals with hypertension or heart failure or CKD of all causes, including diabetes.

Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.

Don't perform transesophageal echocardiography in low-risk patients without right heart failure or other markers of right heart disease.

Don't obtain brain imaging studies (CT or MRI) in the evaluation of simple syncope and a normal neurological examination.

Don't routinely do diagnostic testing in patients with minor cutaneous ulcers.

Don't order annual mammograms (MoMs) or any other breast screening for low-risk patients without symptoms.

Don't perform transesophageal echocardiography in low-risk patients without right heart failure or other markers of right heart disease.

Don't perform echoangiography to rule out aortic valve disease in asymptomatic, non-symptomatic, low-risk patients without severe valvular heart disease.

Don't perform transthoracic echocardiography to rule out aortic valve disease in asymptomatic, non-symptomatic, low-risk patients without severe valvular heart disease.

Don't perform routine serum cholesterol screening in children and adolescents.

Don't perform a full history and physical examination (H&P) as a single tool to evaluate unexplained weight loss in patients with cancer.

Don't order unnecessary cervical cancer screening (HPV and/or Pap test) in all women who have had adequate prior screening at Choosing Wisely.

Don't perform diagnostic imaging or laboratory tests to evaluate the initial evaluation of patients without cardiac symptoms (e.g., complete blood count, basic metabolic panel, routine urinalysis).

Don't perform chest CT or CT pulmonary angiography in patients without symptoms or signs of significant pulmonary disease.