American Heart Association®
CEO Roundtable

Guidance on High Value and Low Value Health Care Services

Curated by

CENTER FOR VALUE-BASED INSURANCE DESIGN
Promoting **Value**. Inspiring **Innovation**.

Smarter Health Spending: High-Value and Low-Value Care Checklist for Employers

Low-value care—defined as "services that provide little or no benefit to patients, have the potential to cause harm, incur unnecessary costs, or waste limited healthcare resources"— **contributes to more than $345 billion in wasteful health spending annually**.

To help employers lead in delivering high-value care to their workforce, Dr. Mark Fendrick and the University of Michigan's V-BID Center offer valuable guidance for American Heart Association CEO Roundtable member companies. This resource provides an initial assessment and is designed to support informed decisions aligned with value-based insurance design (V-BID) principles—putting emphasis on what matters most to patient outcomes.

By implementing this checklist, employers can make a meaningful impact—improving care quality, lowering costs, and promoting healthier outcomes for their employees and families. CEOs are encouraged to share this resource with teams responsible for benefit spending and decision-making.

HOW EMPLOYERS CAN USE THIS CHECKLIST

- **Incentivize high-value care** through health plan design and employee benefits.
- **Educate employees** on unnecessary or potentially harmful care and promote shared decision-making.
- **Integrate preventive programs** focused on cardiovascular health, mental well-being, and chronic disease management.
- **Evaluate spending patterns** to redirect resources toward evidence-based, cost-effective care.
- **Collaborate with healthcare providers** to reduce the use of low-value interventions.

High-Value Health Care Services

These services are proven to improve health outcomes and are recommended as part of a value-based approach:

1. Routinely screen adults for high blood pressure.
2. Administer guideline-recommended medications to adults for high blood pressure management.
3. Conduct at-home blood pressure monitoring in adults with or at risk of high blood pressure in order to confirm or make a diagnosis of high blood pressure.
4. Adults 40-75 should routinely be screened as part of a 10-year risk of cardiovascular disease (ASCVD) calculation. Screen adults 20-39 years old every 4-6 years for LDL cholesterol levels.
5. Assess all adults at every health care visit for tobacco use and record their tobacco use status as a vital sign to facilitate tobacco cessation.

6. Provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.
7. Screen adults 40 to 75 years old for abnormal glucose levels and calculate a 10-year risk of ASCVD. Limit screening in adults 20 to 39 years old to every 4-6 years.
8. Perform A1C testing at least twice/year in type 2 diabetes patients meeting treatment goals. Perform an A1C test quarterly in patients whose therapy changes or who are not meeting treatment goals.
9. If medication is indicated, administer glucose-lowering agents to control blood glucose levels.
10. Among patients treated with warfarin, conduct INR testing at least weekly during initiation of antithrombotic therapy and at least monthly when anticoagulation is stable.
11. Refer all patients hospitalized with a cardiac rehabilitation-eligible diagnosis or procedure to an outpatient cardiac rehabilitation program prior to hospital discharge.
12. Screen for depression in the general adult population, including pregnant and postpartum women.
13. Screen for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women.
14. Administer the annual influenza vaccine to adults and their dependents older than 6 months.
15. Screen for colorectal cancer (45 to 75-year old's), breast cancer (40-74-year old's), cervical cancer (21 to 65-year old's), and lung cancer (50-80 year old's with a history of smoking) at recommended frequencies.

Low-Value Health Care Services

These are services shown to be ineffective, overused, or unnecessarily costly:

1. Annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.
2. Routine preoperative diagnostic testing and imaging for low-risk surgeries without a clinical indication.
3. Performing annual stress cardiac imaging as preoperative assessment for low-risk non-cardiac surgery.
4. Annual stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac risk factors unless high risk markers are present.
5. Annual stress cardiac imaging or advanced non-invasive imaging as routine follow up of in asymptomatic patients.
6. Performing echocardiography as routine follow up for mild, asymptomatic valve disease in adult patients with no change in signs or symptoms.
7. Screening for carotid artery stenosis in asymptomatic adult patients.
8. Expensive branded medications when generics with identical active ingredients are available.
9. Performing daily home glucose monitoring for patients with type 2 diabetes but not on insulin.
10. Performing elective induction of labor or c-sections before 39 weeks gestational age.
11. Scheduling elective, non-medically indicated induction of labor between 39- and 41-weeks gestational age unless the cervix is deemed favorable.
12. Performing screening for cervical cancer in women younger than 21, in women who have had hysterectomy, and low risk women 65 or older.
13. DEXA screening for osteoporosis in women less than 65 or men less than 70 with no risk factors.
14. Prostate specific antigen (PSA) in men ages 70 and older.
15. Spinal fusions.
16. Vertebroplasty and kyphoplasty.
17. Test Vitamin D levels unless patient has hypercalcemia or decreased kidney function.
18. Proton beam therapy for prostate cancer.
19. Routine spinal imaging for acute low back pain of less than six (6) weeks duration.

As examples, not an exhaustive list