

Provider-Plan Partnership Models Enable High-Value Care

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OVERVIEW

Partnerships between health plans and high-value care providers can help reduce low-value care, a form of waste that contributes to the growing cost of healthcare in the U.S. Additionally, prior authorization processes can be effective but they must minimize provider burden.

Growth in U.S. healthcare spending continues on an unsustainable trajectory accounting for \$3.6 trillion a year—with more than one-quarter spent on wasteful services. A notable portion of that waste is comprised of low-value care, which are treatments, diagnostic tests, and procedures that do not help patients, and, in some cases, harm them.

The provision of low-value care is widespread and continues mostly unabated, despite efforts to stem its use. These efforts have included deployment of value-based reimbursement models and consensus recommendations among care providers. But partnerships between health plans and care providers show promise to both promote high-value care and reduce administrative burden.

Topics

- Defining and identifying low-value care
- Interventions to reduce low-value care
- Why low-value care persists
- Partnerships to reduce low-value care

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