Exhibit 10
An R&D Agenda for Reducing Low-Value Care in Primary Care Settings

Improving LVC Measure Development

1. For each LVC measure that is under consideration, can we specify the harm, costs (including downstream) and degree of clinical nuance involved?
2. What can be done to better incorporate the patient voice in measure development?
3. Can we develop LVC measures related to appropriate location of care?
4. Could we do a set of recommendations focused specifically on low-value prescribing?
5. Can we better connect avoiding LVC services to avoided downstream utilization?
6. How can we extract more LVC data from all EHRs, given claims data is insufficient for some of the clinical nuance needed?

Understanding LVC Influencers

1. How is LVC impacted by health equity factors?
2. How are patient out of pocket costs impacted by LVC?
3. Do continuity, comprehensiveness, small panels, and robust teams reduce LVC?
4. Are malpractice concerns really impacting LVC, and if so, to what degree?
5. Does limited appointment time lead to increases in LVC?
6. What is the impact of media and advertising on LVC?
7. What is the impact of misdiagnosis on LVC? How do we measure misdiagnosis? How do we best address it?
8. What factors contribute to wide local variations in LVC?
9. How does the provision of LVC differ for hospital-owned PCPs versus independent?
10. How does primary care leakage impact LVC delivery?
11. How does LVC provision differ, if at all, when clinicians are operating under TCoC incentive contracts?
12. How do patients' beliefs about the benefits/risks of preventive screening impact LVC and what can be done to respectfully modify wasteful behaviors?

Making LVC Actionable

1. How do we translate LVC measures into clinical decision support?
2. Can we create three measure buckets for LVC in primary care: a) harmful practices that can be measured and stopped; b) measures of what should be stopped at the system and payment level to enable primary care clinicians to stop doing them; and c) measures of primary care functions that lower LVC in downstream cascades?
3. Is it feasible to create a LVC index score that could be used by health plans, employers, and referring physicians to inform network development?
4. What tools exist and what tools can be created to help primary care providers best steer patients to the highest value specialists?
5. Where can clinicians achieve the most improvement with the least effort?
6. What are the best administrative workflows that remove LVC?
7. What are the critical characteristics of facilitators and champions who have demonstrated reduction of LVC within delivery systems?
8. How can we demonstrate how LVC follow-up by clinicians impacts time and burnout?

Additional Challenges to Address

1. Need a neutral entity to review the Choosing Wisely measures and to hold specialties accountability for the strength of their choices
2. Need to improve interoperability of data systems so that PCPs can access information about services received at other locations of care
3. Need to improve EHR design to focus on optimal ordering and prescribing, rather than optimal billing
4. Need a standardized reporting system on LVC so that PCPs can see how they compare to their peers