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Same Disease, Different Care: How Patient Health Coverage Drives Treatment Patterns in California

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This issue brief examines hospital use among patient groups in key regions across California to determine whether people with comparable end-of-life medical conditions get different amounts of hospital care, depending on the type of insurance they carry.

Previous research has shown that chronically ill fee-for-service (FFS) Medicare patients in Los Angeles receive dramatically higher amounts of medical care than in other areas of the state. The results reported here show that such regional cost differences also hold true for other insurance coverage types, including private FFS, HMO, or PPO coverage and Medicare HMO plans, but not to the same degree as Medicare FFS.

While integration of care has traditionally led to less variation in hospital use, an analysis of state records indicates that even Kaiser Permanente, the highly integrated, statewide HMO, exhibits some of the north-south treatment divide, although the care and cost gaps are smaller.

The study was led by Laurence Baker, Ph.D., professor of Health Research and Policy and chief of Health Services Research at the Stanford University School of Medicine. His findings coincide with the release of the latest update to the Dartmouth Atlas of Health Care Project, a continuing analysis by researchers at the Dartmouth Institute for Health Policy and Clinical Practice that looks for variation in care for those with chronic disease.

The complete issue brief is available under Document Downloads below.

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