Considering moving?
Where you go determines whether you will be told you’re sick

Hanover, NH - Medicare beneficiaries who move to some regions of the United States receive many more diagnostic tests and new diagnoses than those who move to other regions, according to a new study by Dartmouth investigators that was published on-line today in the New England Journal of Medicine.

The paper raises important questions about whether being given more diagnoses is beneficial to patients and may help to explain recent controversies about regional differences in spending.

Prior research had documented regional differences in rates of diagnostic testing, such as CT and MRI scans. “Our study shows that there are big regional differences in the tendency to give new diagnoses to Medicare beneficiaries,” said lead author, Yunjie Song, PhD. “What we still don’t know is whether being given more diagnoses is better for patients.”

The study followed 255,264 Medicare beneficiaries for five years, comparing those who moved to a region with a high intensity of medical practice (where patients receive more hospital and physician services overall) to those who moved to a region with a low intensity of practice. Because all the patients were aging over the study period, all experienced an increase in the number of diagnoses. However, the authors found that those who moved from the lowest to the highest intensity regions had a 63% greater increase in the number of diagnoses than those who moved within the lowest intensity regions.

“We know that virtually all older Americans have evidence of heart disease if you look hard enough,” said senior author Elliott Fisher, MD, MPH. “Our study shows that in some regions of the country, physicians are more likely to test for heart disease and to tell a patient that they have heart disease than in other regions.” The result, according to Dr. Fisher, is not only that more people are given a diagnosis of heart disease, but also that those who are given the diagnosis in higher intensity regions are, on average, less sick than typical patients with heart disease. “We need to do more research to understand when it is actually helpful to do these additional tests and tell more people that they are sick.”
The study also helps to explain how recent studies have come to different conclusions about regional differences in spending. “Higher spending regions, such as McAllen, Texas, are doing more diagnostic testing and giving more people more diagnoses. This means that the typical McAllen patient given a diagnosis is, in fact, less sick than average,” said co-author Jonathan Skinner, PhD. “If you adjust statistically for these additional diagnoses, you can make a high cost region look like a bargain.” Because of this phenomenon, studies that adjust for the number of diagnoses patients have are likely to underestimate the true magnitude of differences in spending across regions.

The authors state that these regional differences in the tendency to diagnose pose a challenge to policy makers, because, for example, “capitated reimbursement rates would be as much as 19% higher in the high intensity regions compared to the lowest intensity regions solely because of the bias related to diagnostic practice.”

The authors conclude by suggesting that developing better approaches to measuring health will be important as health care reform proceeds.

------------

Yunjie Song is senior analyst at the Dartmouth Institute for Health Policy and Clinical Practice (TDI). Jonathan Skinner is Professor of Economics at Dartmouth College and TDI. Elliott Fisher is Director for Population Health and Policy at TDI. John Wennberg and Julie Bynum are senior faculty at TDI and Jason Sutherland is Assistant Professor at the University of British Columbia School of Population and Public Health.

Funding for this research was provided by the National Institute of Aging and The Dartmouth Atlas Project, a program of the Dartmouth Institute for Health Policy and Clinical Practice. The principal funding for the Atlas project comes from the Robert Wood Johnson Foundation.