

Price, Cost, and Competition in Health Care

Research

Outcomes of Hospital Conversions to For-Profit Status 1644

Joynt and colleagues examined clinical and economic outcomes associated with hospital conversions from not-for-profit to for-profit status in an analysis of 2002-2010 Medicare inpatient data from 237 hospitals that converted and 631 hospitals—matched on size, teaching status, and region—that remained not-for-profit (controls). The authors found that for-profit conversion was associated with improvements in financial margins but no differences in care quality or mortality rates or in the proportion of poor or minority patients receiving care. In an Editorial, Cutler discusses who benefits from organizational changes in medical care.

📖 Editorial 1639 Related Articles 1653 and 1663

📺 Author Video Interview jama.com

Physician Competition and Prices Paid for Office Visits 1653

In an analysis of nationally representative claims data from more than 49 million privately insured individuals, Baker and colleagues assessed the relationship between physician competition and prices paid (the "allowed amount") by preferred provider organizations (PPOs) for office visits in 10 specialties. The authors found that greater competition between physicians was related to lower prices paid by private PPOs for physician office visits.

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Patient Expenditures and Physician Practice Ownership 1663

To examine whether total expenditures per patient are higher in physician organizations owned by local hospitals or multihospital systems than in medical groups owned by participating physicians, Robinson and Miller analyzed data from approximately 4.5 million California patients covered by commercial health maintenance organization insurance between 2009 and 2012. The authors report that from the perspective of insurers and patients, hospital-owned physician organizations incurred higher per-patient expenditures than physician-owned medical groups for professional, hospital, laboratory, pharmaceutical, and ancillary services.

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Opinion

Viewpoint

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KR Riggs and M DeCamp

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BE Landon

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HH Pham, M Cohen, and PH Conway

A Piece of My Mind

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1699 The Cost of Medical Care

Editor in Chief
Howard Bauchner, MD

131 YEARS
OF CONTINUOUS
PUBLICATION

Research (continued)

Availability of Health Service Prices and Payment 1670

In an analysis of medical claims from 502 949 patients who had employer-sponsored health insurance and access to personalized information on out-of-pocket prices for imaging studies, laboratory testing, or a clinician office visit, Whaley and colleagues found that patients who accessed the pricing information had lower claims payments for the services than patients who did not access the information. In an Editorial, Reinhardt discusses economic theory and practicalities of health care price transparency.

✚ Editorial [1642](#)

Clinical Review & Education

Diagnosis and Management of UTIs in the Outpatient Setting 1677

Increasing prevalence of antibiotic-resistant community-acquired uropathogens can influence the diagnosis and management of urinary tract infections (UTIs) in outpatient settings. Grigoryan and colleagues reviewed the evidence from 27 randomized trials, 6 reviews, and 11 observational studies to define an optimal approach to the diagnosis and treatment of UTIs in healthy women, women with diabetes, and men.

✚ Related Article [1687](#)

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Treatment of War-Related Health Concerns 1685

An article in *JAMA Psychiatry* reported that among military combat veterans, traumatic brain injury (TBI) during the most recent deployment was the strongest predictor of post-deployment posttraumatic stress disorder symptoms—even after accounting for pre-deployment symptoms, prior TBI, and combat intensity. In this From the JAMA Network article, Hoge and Castro discuss treatment of war-related health concerns.

Tests for UTIs in Nursing Home Residents 1687

This JAMA Diagnostic Test Interpretation article presents the case of a female nursing home resident who has been treated repeatedly for suspected urinary tract infection (UTI). Most recently, the patient reports voiding frequency without dysuria. On examination she is afebrile, with no abdominal, suprapubic, or flank tenderness. A catheterized urine specimen is obtained. How would you interpret the urinalysis and urine culture results?

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Editor's Audio Summary

David H. Mark, MD, MPH, summarizes and comments on this week's issue.

Author Reading



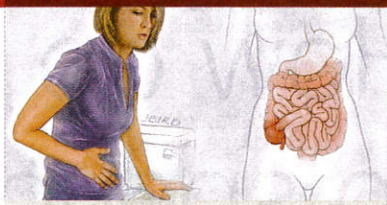
AUDIO Peter B. Bach, MD, reads his Viewpoint "Indication-Specific Pricing for Cancer Drugs."

Author Interview

VIDEO Interview with Ashish K. Jha, MD, MPH, author of "Association Between Hospital Conversions to For-Profit Status and Clinical and Economic Outcomes"

The JAMA Forum

Insightful commentary on the political aspects of health care from leading health economists, health policy experts, and legal scholars



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