Published in final edited form as:

Health Aff (Millwood). 2017 May 01; 36(5): 960. doi:10.1377/hlthaff.2017.0237.

ACOs and Disparities: The Authors Reply

Valerie A. Lewis, PhD,

Dartmouth Institute for Health Policy and Clinical Practice, Lebanon, New Hampshire

Elliott S. Fisher, MD, MPH, and

Dartmouth Institute for Health Policy and Clinical Practice, Lebanon, New Hampshire

Carrie H. Colla, PhD

Dartmouth Institute for Health Policy and Clinical Practice, Lebanon, New Hampshire

Hartzman and Rhodes bring new data to understand ACOs serving minority patients from a survey of ACOs participating in the National Association of ACOs, providing richer information on providers' investments and intentions. We are interested in the survey findings, although cautious about drawing broad conclusions from these data (N=87), given potential for selection into association membership and survey response.

We are further intrigued by the analysis of savings and quality. With data now available through 2015 (see Appendix¹ for figures), our basic conclusion about quality performance remains: ACOs with a high proportion of minority patients consistently achieve lower quality scores. We indeed see the opposite story on cost, with a higher proportion of ACOs in the high minority group achieving savings, consistent with Hartzman and Rhodes. Although these differences in savings are not significant (unlike quality differences, which are significant), they do raise important questions on the relationship between cost, quality, and disparities.

Performance on cost indirectly influences patient outcomes, as financial bonuses to providers may or may not result in better health care for patients. In contrast, ACO quality performance measures are intended to encourage quality care and protect against stinting. Given persistent quality gaps, we cannot conclude that the current MSSP incentives are sufficient to reduce disparities. While in some cases we expect providers reducing spending growth are simultaneously improving quality (for example through reducing unnecessary emergency department use), concerns about stinting have not yet been fully explored (for example, changes in high cost care not included in quality benchmarks, such as treatment of cancer). We believe the contrast between cost and quality performance among ACOs serving minority patients deserves further study to best ensure quality for all patients.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

Correspondence to: Valerie A. Lewis.

¹To access the Appendix, click on the Appendix link in the box to the right of the letter online