



# Public Health Law

Office for State, Tribal, Local and Territorial Support  
Centers for Disease Control and Prevention

## Accountable Care Research Anthology: Selected Readings

*Accountable care* refers to the coordinated provision of patient services by healthcare providers and facilities, with the goals of improving patient and system outcomes and avoiding inefficiencies. This anthology provides annotated references for published research on legal mechanisms supporting accountable care in the United States.

The material included in this anthology was found through searches in PubMed, ProQuest, Web of Science, and WebCat for articles published on accountable care, law, and policy in the most relevant journals in the field of healthcare sciences and services from 2010 through 2013. The results were narrowed to those included here based on the articles most cited and relevance to law and policy in states, tribes, localities, and territories. While this material reflects search results as of 2013, this anthology should not be considered exhaustive.

For more information about accountable care, refer to the Public Health Law Program issue brief, [Accountable Care Issue Brief: Basic Principles and Related Law](#).

### Contents

History of Accountable Care.....	2
Examples from the Field.....	2
Early Evaluation and Evidence.....	3
New Approaches to Integrating Care .....	4
Public Programs.....	4
Community and Facility Involvement.....	4
Provider Involvement.....	5
Related Financial Approaches .....	5
Payment Plans .....	5
Global Budgets .....	6
Shared Savings.....	6



## History of Accountable Care

- [Putting the Accountability in Accountable Care Organizations: Payment and Quality Measurements](#)  
Michealle Gady, FAMILIES UNITED FOR SENIOR ACTION (Jan. 2012).  
Describes the accountable care model, including goals and challenges.
- [The Work Ahead: Activities and Costs to Develop an Accountable Care Organization](#)  
Keith D. Moore et al., AM. HOSP. ASS'N (Apr. 2011).  
Describes examples of accountable care organization (ACO) formation.
- [A National Strategy to Put Accountable Care into Practice](#)  
Mark McClellan et al., 29 HEALTH AFF. 5, 982–90 (2010).  
Proposes a national strategy to identify and expand successful approaches to accountable care implementation based on issues found in initial examples.
- ACCOUNTABLE CARE ORGANIZATIONS AS A MODEL OF INTEGRATED CARE  
Daniel P. DelVecchio (Nova Science 2012).  
Examples of ACOs as models of integrated care within high-performing regional delivery systems.
- [Accountable Care Organizations May Have Difficulty Avoiding the Failures of Integrated Delivery Networks of the 1990s](#)  
Lawton R. Burns & Mark V. Pauly, 31 HEALTH AFF. 11, 2407–16 (2012).  
Compares integrated delivery network approaches to disease management programs, care coordination, and alignment of financial incentives for hospitals and physicians.

## Examples from the Field

- [Unchecked Provider Clout In California Foreshadows Challenges to Health Reform](#)  
Robert A. Berenson et al., 29 HEALTH AFF. 4, 699–705 (2010).  
Compares provider experiences in California with national policies on accountable care and health reform.
- [Accountable Care Organizations in California Programmatic and Legal Considerations](#)  
William S. Berenstein et al., CALIFORNIA HEALTHCARE FOUNDATION (2011).  
Describes the existing legal environment for accountable care in California and potential legal and policy implications for newly forming ACOs.
- [INNOVATION PROFILE: Payer-Provider Collaboration in Accountable Care Reduced Use and Improved Quality in Maine Medicare Advantage Plan](#)  
Thomas F. Claffey et al., 31 HEALTH AFF. 9, 2074–83 (2012).  
Describes a case study of a care model developed jointly by a provider and payer in Maine that approximates an ACO for a Medicare Advantage population. The case study includes lessons learned

about data sharing and information systems, analytical support, care management and coordination, and joint strategic planning.

- [INNOVATION PROFILE: An Academic Health Center Sees Both Challenges and Enabling Forces as It Creates an Accountable Care Organization](#)

Alfred F. Tallia & Jenna Howard, 31 HEALTH AFF. 11, 2388–94 (2012).

Provides lessons learned from the six types of barriers experienced by the Robert Wood Johnson Medical School, an academic health center, in trying to develop an ACO.

## Early Evaluation and Evidence

- [A Framework for Evaluating the Formation, Implementation, and Performance of Accountable Care Organizations](#)

Elliot S. Fisher et al., 31 HEALTH AFF. 11, 2368–78 (2012).

Describes ACOs and the major factors that influence formation, implementation, and performance, and proposing an evaluation program to guide policy makers and payers in improving contracts for accountable care.

- [How the Center for Medicare and Medicaid Innovation Should Test Accountable Care Organizations](#)

Stephen M. Shortell et al., 29 HEALTH AFF. 7, 1293–98 (2010).

Recommends different approaches to learn from ACOs through the Center for Medicare and Medicaid Innovation.

- [Interpretations of Integration in Early Accountable Care Organizations](#)

Sara A. Kreindler et al., 90 MILBANK Q. 3, 457–83 (2012).

Study findings from provider and management interviews, observations, and document reviews from four nascent ACOs, including that accountable care models may be able to promote alignment and functional integration of provider groups.

- [The Promise and Peril of Accountable Care for Vulnerable Populations: A Framework for Overcoming Obstacles](#)

Valerie A. Lewis et al., 31 HEALTH AFF. 8, 1777–85 (2012).

Considers accountable care in the context of clinically at-risk and socially disadvantaged populations and proposing policies to overcome challenges.

- [Attributing Patients to Accountable Care Organizations: Performance Year Approach Aligns Stakeholders' Interests](#)

Valerie A. Lewis et al., 32 HEALTH AFF. 3, 587–95 (2013).

Compares two ACO methods to define how patients are assigned to groups of doctors, hospitals, and other healthcare providers, and finds that attributing patients at the end of each performance year based on the population served is beneficial.

## New Approaches to Integrating Care

### Public Programs

- [Emerging Medicaid Accountable Care Organizations the Role of Managed Care](#)  
Marsha Gold et al. KAISER FAMILY FOUNDATION'S COMMISSION ON MEDICAID AND THE UNINSURED (May 2012).  
Describes efforts by states to set up ACOs within Medicaid programs.
- [Policy Brief: Next steps for ACOs. Will This New Approach to Health Care Delivery Live up to the Dual Promises of Reducing Costs and Improving Quality of Care?](#)  
Robert A. Berenson et al., HEALTH AFF. (Jan. 2012).  
Describes Medicare accountable care approaches and the resulting effects on payment.
- [Six Features of Medicare Coordinated Care Demonstration Programs That Cut Hospital Admissions of High-Risk Patients](#)  
Randall S. Brown et al., 31 HEALTH AFF. 6, 1156–66 (2012).  
Discusses the approaches to Medicare Coordinated Care Demonstration programs in the context of care coordination and healthcare spending.
- [Building Regulatory and Operational Flexibility into Accountable Care Organizations and “Shared Savings”](#)  
Steven M. Lieberman & John M. Bertko, 30 HEALTH AFF. 1, 23–31 (2011).  
Suggests improvements to ACO regulations based on lessons learned from pilot programs and the Medicare Part D prescription drug coverage program.

### Community and Facility Involvement

- [Promoting the Integration and Coordination of Safety-Net Health Care Providers under Health Reform Key Issues](#)  
Leighton Ku et al., THE COMMONWEALTH FUND (Oct. 2011).  
Applies strategies included in the Affordable Care Act, including the promotion of ACOs, to safety-net providers, and suggests that successful efforts will include sustainability, investments to upgrade capabilities, and flexible strategies to accommodate state and local needs.
- [Integrating Community Health Centers into Organized Delivery Systems Can Improve Access to Subspecialty Care](#)  
Katherine Neuhausen et al., 31 HEALTH AFF. 8, 1708–16 (2012).  
Proposes that Medicaid ACOs can successfully integrate community health centers to increase access to primary and subspecialty care by comparing six unique delivery models.
- [Commentary: Personalized Health Planning and the Patient Protection and Affordable Care Act: An Opportunity for Academic Medicine to Lead Health Care Reform](#)  
Michaela A. Dinan et al., 85 ACAD. MED. 11, 1665–68 (2010).

Describes the ACA provisions related to coordinated care, with a focus on the role of academic health centers.

- [Making the most of Accountable Care Organizations \(ACOs\) What Advocates Need to Know](#)  
Michealle Gady et al., FAMILIES USA (Feb. 2012).  
Discusses the importance of having patient advocates in the development of ACOs.
- [Where Americans Get Acute Care: Increasingly, It's Not at Their Doctor's Office](#)  
Stephen R. Pitts et al., 29 HEALTH AFF. 9, 1620–29 (2010).  
Names accountable care as a method to increase access to acute care.
- [In Ten California Counties, Notable Progress in System Integration within the Safety Net, Although Challenges Remain](#)  
Nadereh Pourat et al., 31 HEALTH AFF. 8, 1717–27 (2012).  
Describes study findings from interviews and surveys in ten California counties that participated in two federally and locally funded initiatives to redesign healthcare delivery to poor and uninsured populations. The study found that integrated delivery systems could improve efficiency and quality of safety-net systems.

## Provider Involvement

- [Creating Accountable Care Organizations: The Extended Hospital Medical Staff](#)  
Elliott S. Fisher et al., 26 HEALTH AFF. 1, w44–57 (2007).  
Describes the use of ACOs to improve the quality and cost of care that Medicare beneficiaries receive through extended hospital medical staff.
- ORGANIZATIONAL ECONOMICS AND PHYSICIAN PRACTICES  
JAMES B. REBITZER ET AL. (National Bureau of Economic Research 2011).  
Describes accountable care in the context of organizational economics.
- [Higher Health Care Quality and Bigger Savings Found at Large Multispecialty Medical Groups](#)  
William B. Weeks et al., 29 HEALTH AFF. 5, 991–7 (2010).  
Describes a study of the costs and quality of care provided to Medicare beneficiaries in twenty-two healthcare markets by physicians who did not participate in large multispecialty group practices. The study showed improved quality and cost.

## Related Financial Approaches

### Payment Plans

- [Beyond Capitation: How New Payment Experiments Seek to Find the “Sweet Spot” in Amount of Risk Providers and Payers Bear](#)  
Austin B. Frakt & Rick Mayes, 31 HEALTH AFF. 9, 1951–58 (2012).  
Describes the expansion and decline of capitation and development of contemporary forms of provider cost sharing, including accountable care.

- [Is Provider Capitation Working? Effects on Physician-Hospital Integration and Costs of Care](#)  
G.J. Bazzoli et al., 38 MED. CARE 3, 311–24 (2000).  
Relates study findings of research on the effect of global capitation on 319 urban hospitals, including the resulting motivation for physicians and hospitals to integrate activities, but not reduce medical costs.
- [Fee-for-Service Will Remain a Feature of Major Payment Reforms, Requiring More Changes in Medicare Physician Payment](#)  
Paul B. Ginsburg, 31 HEALTH AFF. 9, 1977–83 (2012).  
Analyzes issues with the current Medicare fee-for-service payment system, as developed and applied, with suggestions for changing provider payment reforms.

## Global Budgets

- [A Global Budget Pilot Project Among Provider Partners and Blue Shield of California Led to Savings in First Two Years](#)  
Paul Markovich, 31 HEALTH AFF. 9, 1969–76 (2012).  
Describes the partnership between Blue Shield of California and healthcare providers to control costs using a global budget, shared savings and risk, and established quality goals.
- [Medical Group Responses to Global Payment: Early Lessons from the “Alternative Quality Contract” in Massachusetts](#)  
Robert E. Mechanic et al., 30 HEALTH AFF. 9, 1734–42 (2011).  
Relates the shift from fee-for-service to population-based payment in a Blue Cross Blue Shield program in Massachusetts that sought to reduce cost and improve quality.
- [Health Care Spending and Quality in Year 1 of the Alternative Quality Contract](#)  
Zirui Song et al., 365 NEW ENG. J. MED. 10, 909–18 (2011).  
Describes the Alternative Quality Contract in Massachusetts in relation to ACOs that bear financial risk.
- [The “Alternative Quality Contract,” Based on a Global Budget, Lowered Medical Spending and Improved Quality](#)  
Zirui Song et al., 31 HEALTH AFF. 8, 1885–94 (2012).  
Reviews study results from the Alternative Quality Contract, including measures of savings, costs, and quality that suggest that global budgets with pay-for-performance can slow growth in spending and improve care.

## Shared Savings

- [Key Design Elements of Shared-Savings Payment Arrangements](#)  
Michael Bailit et al., THE COMMONWEALTH FUND (Aug. 2011).  
Cites interviews of payer and provider organizations and state agencies in shared savings arrangements about different approaches to accountable care.