

# Study examines association between care management and outcomes in Medicare ACOs

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A new study from The Dartmouth Institute for Health Policy and

Clinical Practice, published this week in *JAMA Network Open*, finds that Accountable Care Organization (ACO)-reported care management and coordination activities were not associated with improved outcomes or lower spending for patients with complex needs.

Patients with complex medical and [social needs](#)—such as [older adults](#) who are frail or suffer from multiple chronic conditions—often experience difficulty navigating the [healthcare system](#) since their care is typically fragmented across many practitioners and settings. As a result, gaps in the quality of their care and unnecessary spending occur, contributing to a disproportionate amount of Medicare-associated costs.

As they have become more widespread in healthcare, ACOs have employed a variety of care management and coordination strategies to address these issues.

To determine the impact these strategies have on improving patient outcomes and reducing healthcare costs, the researchers conducted a [cross-sectional study](#) using Medicare claims data and the National Survey of Accountable Care Organizations that included surveys from 244 Medicare Shared Savings Program ACOs.

In their analysis, the team looked at more than 1.4 million Medicare beneficiaries with complex health and social needs. They computed an index score (grouping patients by intensity of services) that measured self-reported care management and coordination activity that was then linked to Medicare claims. The primary outcomes of interest included quality of care, healthcare utilization, spending, and interactions with the healthcare system.

While the researchers found that the care management and coordination activities that were reported by ACOs were not associated with differences in spending or measured outcomes for this population of

patients, the study's limitations should be considered when interpreting the results.

"The most important limitation of our study is its cross-sectional nature, which does not allow for causal interpretation," explains Carrie Colla, Ph.D., an associate professor at The Dartmouth Institute and senior author on the study. "Longitudinal analyses would allow for evaluation of whether or not length of exposure to care management has an effect on health outcomes."

Future efforts to care for [patients](#) with complex needs should assess whether strategies found to be effective in other settings are being used, and if so, why they fail to meet expectations.

"More research is needed to inform the field," Colla says, "particularly on other components of care management outside of the health system—such as housing, transportation, social support, and food security—and their impact on cost and health outcomes should be studied as well."

**More information:** *JAMA Network Open* (2019). [DOI: 10.1001/jamanetworkopen.2019.6939](https://doi.org/10.1001/jamanetworkopen.2019.6939)

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