

Can a Switch to “Accountable Care” Insurance Models Help Ease America’s Health Disparities?

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Could changing the way doctors are paid by insurance companies help narrow health disparities between the rich and poor across the United States? Findings from a Harvard Medical School study recently published in the journal *Health Affairs* suggest so, especially if hospitals adopt models that pay more for preventive care than emergency treatment, [The Boston Globe reports](#).

The paper focused on an experimental type of health insurance coverage offered by Blue Cross Blue Shield of Massachusetts commonly referred to as an “alternative” or “accountable care model.” Instead of linking doctors’ payments directly to the services they provide, the contract connects their compensation to dozens of health care quality measures, which are mainly tied to primary, not emergency, care. When patients score high on these measures and doctors stay under budget, physicians earn more money.

For the study, researchers reviewed health information from nearly 299,000 Blue Cross members enrolled in the plan who lived in poorer neighborhoods across Massachusetts and about 244,000 people from the state’s more affluent neighborhoods. During a five-year period, they tracked 64 quality measures rewarded by the plan, such as how well patients managed their chronic illnesses, how often they were screened for various illnesses, such as cancer, and whether their cholesterol levels were on target.

Scientists found that the quality of care for all patients enrolled in the accountable care plan improved. But for one set of measures that factored in medical checkups, cancer screenings and blood pressure checks, the gains for poorer patients were much larger. (Researchers noted that these findings appear to be the first of their kind in health policy.)

“Longstanding disparities in health care quality and health outcomes for poorer patients—we saw those disparities close,” said Dana Gelb Safran, ScD, senior vice president of performance measurement and improvement at Blue Cross, who worked with Harvard researchers on the study.

Some health experts commented that although they’re encouraged by the study’s findings, because the details of health insurance contracts vary so widely, the progress might not be

replicated among members of other accountable health plans. Others cautioned that moving away from a “fee-for-service” model could worsen health outcomes by encouraging doctors to skimp on necessary emergency care.

Still, the new findings motivate further study, said the researchers, especially if this is a way to improve the health of marginalized populations.

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