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GROUPS

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ACHIEVE BETTER HEALTH OUTCOMES  
FOR MEDICARE ADVANTAGE ENROLLEES

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Prior studies have shown how superior patient care practices adopted by physician groups — all working under two-sided risk arrangements in Medicare Advantage (MA) — help their MA patients achieve improved health outcomes.<sup>1,2</sup> How do these outcomes compare to those of the traditional Medicare patients cared for by these same physician groups?

Care outcomes for the groups' MA patients cared for in two-sided risk arrangements were far better than those for traditional Medicare patients across 16 of 20 measures.<sup>3</sup> The results suggest that operating in "At-Risk MA" affords extra resources for physician groups to undertake preventive care, intensive case management, and other strategies that improve overall care delivery for older adult populations.

As a result, compared to the traditional Medicare patients cared for by these physician groups, the MA patients they cared for were:

**less likely** to be admitted to hospitals for composite sets of acute and chronic conditions

**less likely** to be readmitted to hospitals within 30 days of a prior hospital stay

**less likely** to undergo avoidable  
emergency department visits

**less likely** to use high-risk medications

<sup>1</sup> Cohen KR, Vabson B, Podulka J, et al, Medicare Risk Arrangement and Use and Outcomes Among Physician Groups. *JAMA Netw Open.* 2025; 8(1):e2456074. [10.1001/jamanetworkopen.2024.56074](https://doi.org/10.1001/jamanetworkopen.2024.56074)

<sup>2</sup> Vabson B, Cohen K, Ameli O, et al. Potential spillover effects on traditional Medicare when physicians bear Medicare Advantage risk. *Am J Manag Care*. Published online February 26, 2025. doi:10.37765/ajmc.2025.89686.

<sup>3</sup> Cohen K, Vabson B, Podulka J, et al. Health outcomes under full-risk Medicare Advantage vs traditional Medicare. *Am J Manag Care*. Published online May 9, 2025. doi:10.37765/ajmc.2025.89740

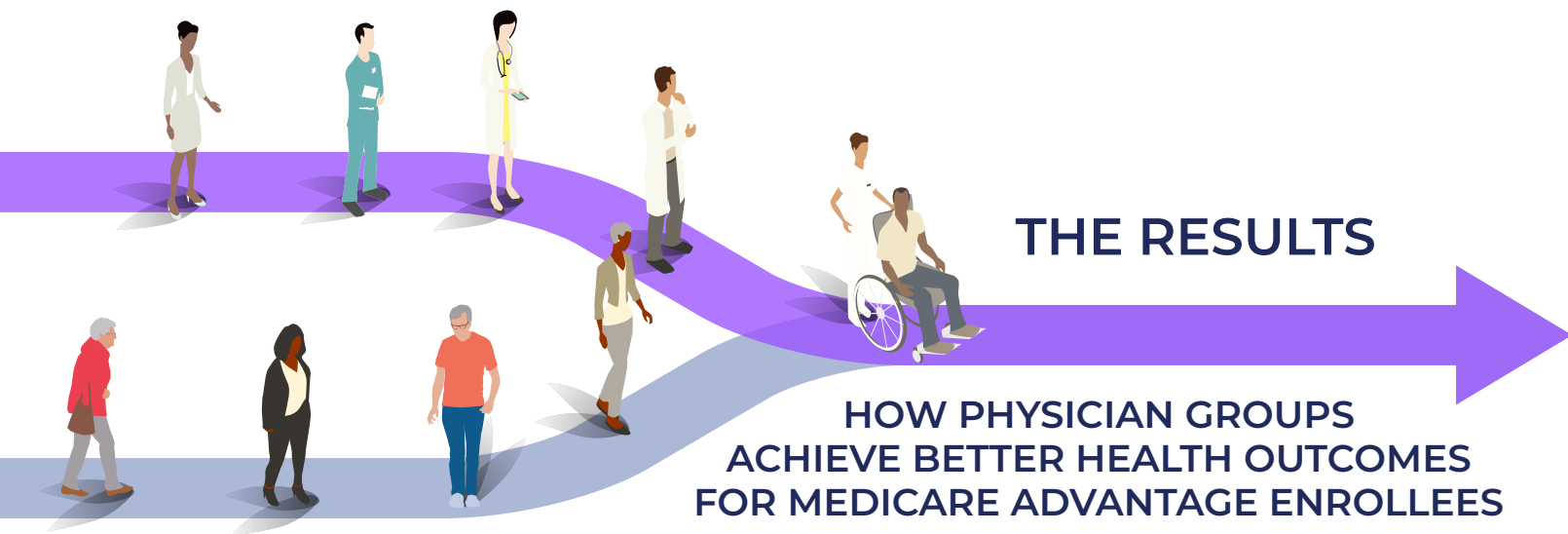


Researchers first identified 17 large physician organizations — all members of America’s Physician Groups — that had full two-sided risk arrangements with Medicare Advantage plans. The 17 groups included more than 15,000 physicians and contracted with 35 different MA health insurers.

The researchers then identified two cohorts of these groups' Medicare patients: those enrolled in MA and cared for under full-risk arrangements and those in traditional Medicare, both for the pre-pandemic years of 2016- 2019. The total sample was equivalent to nearly 6.6 million patient-years and the average age was 73.

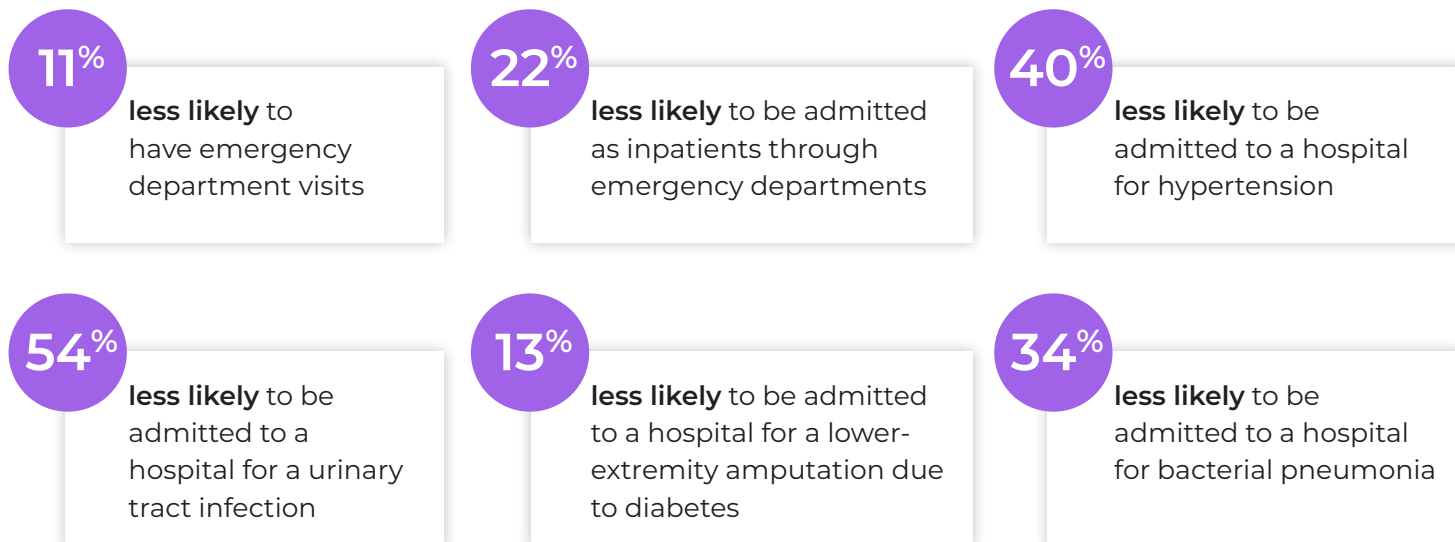
The researchers then compared the two groups of patients based on 20 measures of quality and efficiency across four domains of care: acute hospital care, avoidance of emergency department use, avoidance of disease-specific admissions for such conditions as diabetes and heart failure, and outpatient care.

To adjust for differences in the mix of patients, results were adjusted for age, gender, race, and ethnicity, as well as for differences in MA coding intensity between the two groups.



- The study showed that, in 16 of 20 measures, the outcomes achieved for the Medicare Advantage patients cared for under full-risk Medicare Advantage were superior to those of traditional Medicare (see below). For 4 of the 20 measures, the outcomes were roughly the same.
- The superior outcomes signified both higher care quality and efficiency, in that they demonstrated better use of health care resources, and, in effect, more value for the money spent on health care (although the study did not measure actual costs of care).
- In one anomalous result, the study found that the MA patients were slightly less likely to have office visits than the traditional Medicare patients. It is unclear why, but it may be because MA offers services that substitute for office visits and are not captured in Medicare claims, such as care management and disease management encounters.

Compared to the traditional Medicare patients, the MA patients in the study were:



The traditional Medicare patients fared roughly the same or better on these measures, for unknown reasons:

