



Setting The Record Straight: An Analysis Of Multiple Errors And Inaccuracies In A *STAT* Article Featuring America's Physician Groups

WASHINGTON, Aug. 14, 2025 -- An article published in the online publication *STAT*¹ on Aug. 11, 2025, contained numerous inaccuracies and false assertions about America's Physician Groups (APG) and some of APG's recently published research. This APG statement enumerates those errors and falsehoods and catalogs the facts that show *STAT*'s article to be both inaccurate and misguided.

The *STAT* article specifically referenced a research paper entitled *Medicare Risk Arrangement and Use Outcomes Among Physician Groups*, published in *JAMA Network Open* on Jan. 23, 2025. This paper was one of three emanating from the same APG research project that have been published in peer-reviewed literature this year.²

The *STAT* article falsely asserted that the research was orchestrated by United Health Group and was "based in part on tightly controlled data from its [UHG's] own physician clinics." The article further asserted that the data underlying the study "are not publicly available," and that the research is biased and based on flawed methodology according to "13 independent experts who reviewed the manuscript for *STAT*."

Here are the facts that refute these assertions.

In 2021, as part of APG's efforts to advocate for accountable care models, APG's Board of Directors decided to conduct rigorous research to assess whether these arrangements achieved superior results for patients, as we and our member groups have always believed. An initial goal was attempting to show that capitated and delegated payment relationships with Medicare Advantage plans enabled APG member organizations to provide excellent primary care to patients and thus achieve superior outcomes for MA enrollees, such as reduced hospitalization, unnecessary readmissions, and avoidable use of emergency departments, among other factors.

Ultimately, 17 APG member organizations agreed in 2022 to participate in the research project, and [CareJourney](#), an independent research firm (now a division of [Arcadia](#)), agreed to assist APG by conducting data retrieval and analysis.

As indicated in the published *JAMA Network Open* article, the 17 participating organizations were as follows: Agilon; CareAllies; Cedars-Sinai Medical Care Foundation; Hill Physicians Medical Group; IntegraNet Physician Resource, Inc.; John Muir Health; MemorialCare Medical Foundation; MSO of Puerto Rico; Northwest Permanente; Optum Health; Physician Housecalls, Physicians of Southwest Washington; Sharp Community Medical Group; the Portland Clinic; the Vancouver Clinic; UCLA Medical Group; and VillageMD. (Note that only one of these 17 organizations, Optum Health, has any direct relationship to United Healthcare or United Health Group; in fact, Optum Health groups themselves contract with multiple health insurers, not just United Healthcare, which under no circumstances "tightly controls" the Optum Health groups' data, as *STAT* asserted). These APG groups gave CareJourney the taxpayer identification numbers of their physicians and a list of their contracted health plans (the latter to enable accessing the appropriate Medicare claims information). CareJourney then accessed the *publicly available* Medicare Advantage encounter data and Medicare claims data associated with these physicians to conduct its review and analysis.

The research detailed in the *JAMA Network Open* article used this public Medicare Advantage and Medicare data to compare (1) the care received by MA beneficiaries when APG groups were operating under these capitated and delegated risk contracts with MA plans to (2) the care received by other MA beneficiaries from the same APG member groups when the groups were paid on a fee-for-service basis by MA plans. A total of 35 different MA health insurance

plans – far beyond United Healthcare plans alone – were involved.

Ken Cohen, MD, a member of APG's Board of Directors, who also leads Optum Translational Research, a small research unit that is a division of Optum, led the author group that developed the results of the research into published articles. His three-person research team at Optum also participated in the writing of the articles, as did several APG Board members and other representatives of APG member groups; Boris Vabson, PhD, a health economist then at Harvard Medical School and now at the CMS Innovation Center; Jennifer Podulka, senior vice president of federal policy and advocacy for APG; and Susan Dentzer, APG's President and Chief Executive Officer. Ken's unit at Optum also contributed financial resources to enable CareJourney to complete its analytical work.

The article was drafted, submitted to *JAMA Network Open*, and then revised several times to meet various requirements of *JAMA*'s peer reviewers. It ultimately cleared peer review, was accepted for publication, and published in January.

Despite all this rigor, the *STAT* article quoted outside academics as making assertions that there were “potential biases lurking in the data.” One assertion that *STAT* reported was that “the patients found to have better health outcomes in the risk-based Medicare Advantage contracts were generally healthier, whiter, and significantly more likely to enroll in plans that restricted which doctors they should see. In other words,” *STAT* asserted, the people who had better outcomes were already less likely to need care.”

These assertions are highly questionable, as the data that were fully reported in the *JAMA Network Open* article clearly show. Although the allegedly “healthier” people were somewhat “whiter” from a racial standpoint – 49.2 percent versus 36.4 percent in the comparison “sicker” group – 49.4 percent of them had cardiovascular disease (CVD), versus the 48.7 percent rate of CVD among those apparently deemed sicker and “more likely to need care.” Similarly, 21.7 percent of those “healthier” people deemed “less likely to need care” had kidney disease, versus the 18.7 percent kidney disease rate among those sicker people deemed “more likely to need care.”

Ironically, *STAT* ignored – even though it was aware of – [another](#) of the APG research articles that provided further evidence that prevailing assumptions about the racial makeup of MA enrollees – allegedly “whiter” compared to traditional Medicare beneficiaries – were flawed. In this study, for example, the population in two-sided risk MA was 49.2 percent Black and Hispanic, whereas just 21 percent of the population in traditional Medicare fit that racial category.

This article and [another](#) published in the *American Journal of Managed Care* also cleared rigorous peer review. These studies showed similarly superior results for patients cared for by APG groups that are highly experienced in capitated and delegated MA, even for their patients in traditional Medicare.

APG is aware that a large group of leading health economists who were also interviewed by *STAT* defended and even extolled all the published APG research, but none of them was quoted by *STAT*. In particular, officials and staff of the Medicare Payment Advisory Commission who were also interviewed by *STAT* supported the APG studies' methodology and results. Again, none was quoted in the *STAT* article, suggesting that *STAT* cherry-picked its own reporting and discarded any comments about the APG research that were positive in nature.

Boris Vabson, the Harvard economist who as noted above is now at the CMS Innovation Center, was interviewed for more than hour by *STAT*; none of his explanatory comments were quoted, and indeed, he was misquoted in the article as suggesting that there was a conflict of interest in the study authors “working with an industry partner.” Instead of providing any balanced perspective, *STAT* simply quoted other researchers critical of the APG studies who have been funded by Arnold Ventures, a foundation that has routinely supported academics and others who attack the fundamentals of Medicare Advantage.

Gratifyingly, in the aftermath of publication of the *STAT* article, APG's leadership has heard little if anything about the article, which appears to have been largely ignored -- and surely had no impact on organizations and people familiar

with APG. APG's leadership have assured the organization's members that APG will continue to maintain and defend the credibility of the published scholarly work to further the organization's mission of advancing accountable care.

¹ "A Stat Investigation: Health Care's Colossus – Inside the Research Machine that helps UnitedHealth protect its Medicare profits." https://www.statnews.com/2025/08/11/unitedhealth-medicare-advantage-studies-questioned/?utm_campaign=stat_plus_today&utm_medium=email&hsenc=p2AN

² Citations for the three articles from the APG research project are as follows:

Vabson, B; Cohen, KC; Amelie, OA, Podulka J, Smith N, Catlett K, Jarvis MS, Sullivan J, Skootsky SA, Dentzer S. Potential Spillover Effects on Traditional Medical When Physicians Bear Medicare Advantage Risk. AJMC. Published online February 26, 2025. doi:10.37765/ajmc.2025.89686

Cohen K, Vabson B, Podulka J, Ameli O, Catlett K, Smith N, Jarvis MS, Sullivan J, Goldzweig C, Dentzer S. Health Outcomes in Full Risk Medicare Advantage versus Traditional Medicare. AJGM. Published online May 9, 2025 (volume 31). doi:10.37765/ajmc.2025.89740

Cohen KR, Vabson, B, Podulka, J, Smith NJ, Everhart E, Ameli O, Catlett K, Jarvis MS, Goldzweig C, Kuo JH, Dentzer S. Medicare Risk Arrangement and Use and Outcomes Among Physician Groups. JAMA Netw Open. 2025;8(1):e2456074. Published 2025 Jan 2. doi:10.1002/jamanetworkopen.2024.56074

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