

AMERICA'S PHYSICIAN GROUPS

July 7, 2026

Contact: Jenifer Callahan, Chief of Staff, APG

jcallahan@apg.org

Phone:(703) 282-3027

Socially Vulnerable Medicare Patients Achieve Better Health Outcomes When Cared For By Physicians Closely Partnered With Medicare Advantage Plans, New Study Shows

Patients on Medicare likely to have high levels of social vulnerability – those living in areas characterized by poverty, unemployment, lower incomes, lack of a high school diploma, and minority status – experienced substantially improved health care outcomes when cared for under close partnerships between physician groups and Medicare Advantage plans, a newly published [study](#) shows. They were much less likely to undergo acute inpatient admissions; visit emergency departments or be admitted to hospitals through the ED; and use high-risk medications -- all markers of receiving coordinated and cost-effective health care – than were comparison groups of Medicare patients not cared for under these close partnerships.

The physician groups that cared for these patients were all members of America's Physician Groups, a national organization of more than 300 physician groups committed to coordinated, patient-centered, value-based health care. These groups all operated in so-called two-sided risk relationships with Medicare Advantage (MA) plans, in which the groups were fully accountable for the costs and quality of care provided.

Study Caps A Series

The newly published study, which appeared in the June 2026 edition of *Population Health, Equity & Outcomes*, a division of the *American Journal of Managed Care*, is the fifth in a [series](#) carried out by APG and its partners, Optum Translational Research and Care Journey/Arcadia, and published since 2025 in several academic journals. The study examined care provided under two-sided risk MA compared to care provided under traditional fee-for-service Medicare, as well as care provided when APG groups were simply paid on a fee-for-service basis by MA plans.

“With this latest study, we have amply demonstrated that when physicians have full accountability for costs and quality of care under two-sided risk arrangements in MA, they develop the skills and capabilities to take the most cost effective care of Medicare patients –managing their acute and chronic illnesses, coordinating their care, avoiding low-value care, and keeping them as healthy as possible and out of the hospital,” said Susan Dentzer, APG’s president and chief executive officer.

According to Ken Cohen, MD, who led the five studies, the superior results obtained for socially vulnerable patients in the latest study underscore the importance of these physician skill sets and capabilities in managing these patients' health. Socially vulnerable patients are inherently at higher risk for poor outcomes based on the well-known social determinants of health and typically face disparities in their access to health care.

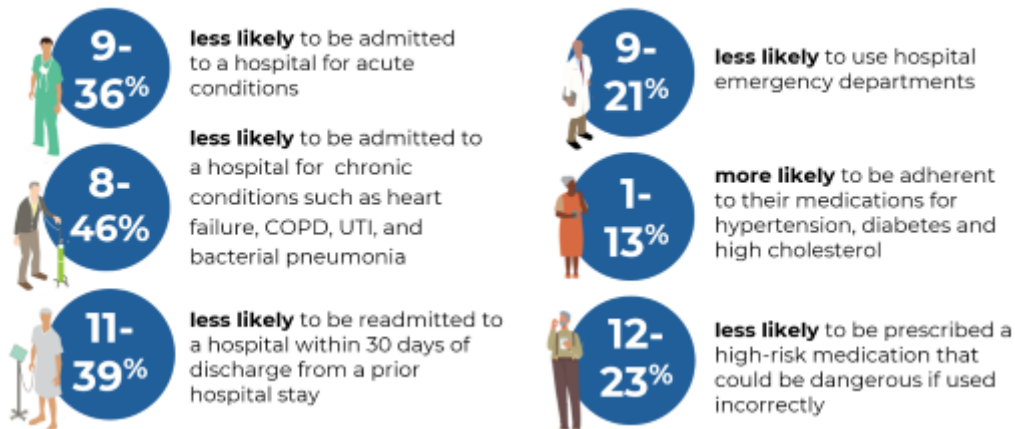
The results shown in the newly published study – including fewer acute inpatient admissions and emergency department visits for these patients – “weren’t just better performance overall, but were better performance where the need is greatest,” Dr. Cohen said. “If we’re serious about improving health care for people with the most obstacles in their way, the path forward is clear: Design care around the whole person, align incentives with outcomes, and meet patients where they are.”

Study Specifics

The 16 APG groups whose results were featured in the study cared for 1.7 million patients in at-risk MA arrangements during 2019. The results they achieved for patients in these arrangements, versus those achieved for their patients in traditional Medicare, were striking, as shown below:



Across the four previously published APG studies, which examined care provided to a larger sample of 5 million patients during 2016-2019, the results for patients cared for under at-risk Medicare arrangements were similarly much better than results obtained for patients in traditional Medicare or those cared for under fee-for-service payment arrangements with MA plans. As shown below, for those cared for under at-risk Medicare arrangements versus the comparison groups:



The five total APG studies were not designed to illuminate what specific aspects of the care provided produced these superior results, but in general, two primary components of the at-risk MA model are likely to account for most of the observed differences, Dr. Cohen said. These are the infrastructure and capabilities created to manage MA patients – e.g., advanced primary care teams; use of health information technology; and care coordination – as well as the skill sets developed by physicians bearing risk, such as avoidance of low-value care and careful referrals of patients to high-value specialists when specialty care is needed.

APG is continuing its study and analysis of care provided under at-risk MA arrangements with more recent data and hopes to continue to illuminate the value of these care arrangements. “At a time when the affordability and value of health care is a paramount national concern, APG wants to continue to point the way to getting these Medicare arrangements right,” Dentzer said.

About America’s Physician Groups

APG’s more than 300 physician groups comprise roughly 260,000 physicians and other clinicians providing care to nearly 90 million patients, including an estimated 1 in 4 Americans and 1 in 3 Medicare Advantage enrollees. APG’s motto, ‘Taking Responsibility for America’s Health,’ represents our members’ commitment to clinically integrated, coordinated, value-based health care in which physician groups are accountable for the costs and quality of patient care. Visit us at www.apg.org.

####