

ACO enrollment ups appropriateness of CA screening

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(HealthDay)—Enrollment in the Medicare Shared Savings Program

(MSSP) Accountable Care Organization (ACO) is associated with a reduction in breast cancer screening and an increase in colorectal cancer screening, according to a study published online March 19 in *JAMA Internal Medicine*.

Matthew J. Resnick, M.D., M.P.H., from the Vanderbilt University Medical Center in Nashville, Tenn., and colleagues used Medicare data from 2007 through 2014 to examine changes in screening associated with enrollment in ACO using difference-in-differences analyses. Data were included for 39,218,652 person-years before MSSP ACO enrollment and 17,252,345 person-years after enrollment.

The researchers found that [breast cancer screening](#) declined among ACO and non-ACO populations, with an adjusted rate of decline that was 0.79 percent higher in the ACO versus the non-ACO [population](#). The decline was highest for elderly women (−2.1 percent) and smallest for younger women (−0.26 percent). Among both ACO and non-ACO populations, the baseline [colorectal cancer screening](#) rates were lower, with an adjusted 0.24 percent increase in screening associated with ACO enrollment that was most pronounced among younger Medicare beneficiaries (0.36 percent). Prostate cancer screening decreased among ACO and non-ACO populations, with an adjusted rate of decline in the ACO population that exceeded that of the non-ACO population (1.2 percent).

"Medicare Shared Savings Program ACO enrollment is associated with more appropriate breast and colorectal [screening](#), although the magnitude of the observed ACO effect is modest in the early ACO experience," the authors write.

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