

concept to reality. We started talking about diabetes prevention in February, we started designing what it would look like on a system level in March, and on June 1 the diabetes prevention program goes live at CareMore.

I think one of the things we need to systematize more broadly is to think about our pace of change and how we can actually accelerate the speed of change. That was something I learned in government that is finding its way into CareMore every day.

AJAC: What does the future hold for American healthcare? What does the future hold for CareMore?

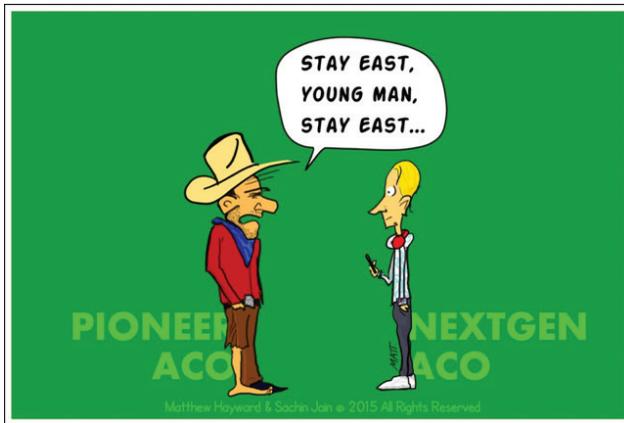
SHJ: In the coming months and years, healthcare will change dramatically with the introduction of new diagnostics and new ther-

apies. But I believe it is new systems of care—supported by new philosophies of care—that will have the biggest impact on improving healthcare outcomes.

CareMore, over the past 2 years, has undertaken a journey to transmit its model to other systems and settings—such as our flagship partnership with Atlanta’s Emory University Medical Center—and to other types of patients other than just the frail elderly, including poor young people who are part of the Medicaid program in Tennessee and Ohio. We have created 2 new divisions—CareMore Inside and CareMore Essentials—to enable these transformation initiatives. As we work to spread CareMore’s model and philosophy of care in the United States, we are looking for partner organizations that share our ambition.

Stay East, Young Man

MATTHEW HAYWARD, BA; AND SACHIN H. JAIN, MD, MBA



With the Next Generation ACO program, CMS is pushing the envelope on improving care efficiency through innovative payment designs. We are excited by the announcement and have high hopes for what CMS is trying to accomplish, being confident in the program’s potential for positive transformation of care systems in the long run. Recent research by Michael McWilliams¹ and David Nyweide² show how signs of this potential are already emerging.

Simultaneously, we also acknowledge that the Pioneer program—despite these signs of promise—proved not to be the best fit for all organizations, either because these organizations weren’t ready or because of flaws in the program’s design, or both. Furthermore, we cannot help but imagine that they would probably advise other

organizations to carefully self-evaluate before joining CMS’s latest program.

This cartoon is a satirization of this ambivalence in general opinion about Next Generation ACOs—we hope that readers will appreciate the humor.

Author Affiliations: Harvard Medical School (MH), Boston, MA; CareMore Health System (SHJ), Cerritos, CA.

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Address correspondence to: Sachin H. Jain, MD, MBA, CareMore Health System, 12900 Park Plaza Dr, Cerritos, CA 90703. E-mail: sachin.jain@caremore.com.

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