its goal of substantially improving the nation’s health without changes in how care is delivered.

Health care continues to be financially incentivized to deliver expensive specialty care for the sporadic treatment of disease rather than health promotion and effective primary and secondary prevention. As a consequence, the burden of preventable chronic diseases continues to rise. Accountable care organizations were created to improve care delivery by encouraging comprehensive care delivery networks and by tying reimbursement to quality outcomes. Although this aspect of the ACA recognizes the need to deliver quality care that improves health outcomes, accountable care organizations currently provide care for only 8.9% of the population\(^2\) and changes in reimbursement to reward better outcomes have been slow. Rational delivery models to provide personalized, preventive, and participatory care, such as personalized health care\(^3,4\) and other evidence-based approaches developed through funding by the Patient-Centered Outcomes Research Institute\(^5\) will not be embraced by health care systems until reimbursement supports their adoption. The benefits that could be provided by the implementation of proactive and patient-centered delivery models are thus stifled by the financial losses that they would incur within the current fee-for-service payment model.

Therefore, improvements the ACA has made by expanding coverage may not result in better health until significant progress is made in value-based reimbursement. We believe that supporting care delivery reform to prevent disease and improve health outcomes must now become a number one priority, and reimbursement reform is needed to achieve this. Health care systems are capable of innovating and developing more effective models of care, but they will not do so until they are reimbursed appropriately. Changing the financial incentives to encourage the adoption of innovations in care could markedly expand any benefits the ACA already provides.

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Conflict of Interest Disclosures: The authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

Editor’s Note: The author declined to reply to this Letter.


CORRECTION

Misidentification of Patients in the Abstract and Author Affiliations: In the Preliminary Communication Innovations in Health Care Delivery entitled “Association of RNA Biosignatures With Bacterial Infections in Febrile Infants Aged 60 Days or Younger” published in the August 23, 2016, issue of JAMA, infants with urinary tract infections were incorrectly identified in that abstract as being selected for biosignature measurement. Typographical errors and incorrect author affiliations were also corrected. This article was also corrected online.


Two Names Added to Additional Contributions Section: In the Special Communication entitled “Recommendations for Conduct, Methodological Practices, and Reporting of Cost-effectiveness Analyses: Second Panel on Cost-Effectiveness in Health and Medicine” published in the September 13, 2016, issue of JAMA, the authors added 2 names to the Additional Contributions section and fixed an affiliation within this section. In the Additional Contributions section, the authors acknowledged the individuals who reviewed 1 or more chapters of the book, which provided the template for the summary report. Toward the end of this section, the “and” should be deleted and it should be changed to “,”. Beth Woods, MSc (University of York), Jeremy Goldhaber-Fiebert, PhD (Stanford University), and John Nyman, PhD (University of Minnesota).” Seventeen lines up from these added names, the affiliation of “Mike Paulden, MSc (Toronto Health Economics and Technology Assessment Collaborative),” should be “Mike Paulden, MSc (University of Alberta).” This article was corrected online.


Addition of an Omitted Word: In the Reply Letter entitled “Common Cold Treatment Using Zinc” published in the August 18, 2015, issue of JAMA, “the word mostly” before “in the same country” was omitted. The second sentence in the second paragraph should have been “We therefore selected trials using zinc lozenges that were conducted mostly in the same country (United States), in the same setting (outpatient setting), in the same population (mostly adults), for the same health problem (naturally acquired cold), and for the same outcome (duration of cold).” This article was corrected online.


Error in Title: In the Letter and Reply entitled “Radiation Therapy Deviations in Trial of Locally Advanced Prostate Cancer,” published in the October 4, 2016, issue of JAMA, there was an error in the title. The title should read as follows: “Radiation Therapy Deviations in Trial of Locally Advanced Pancreatic Cancer.” This article was corrected online.