of these examples in our Viewpoint. However, we do not believe that the evidence base is robust enough to support definitive conclusions about the effect of private equity on health care across specialties and sites of care, a view also articulated by the Medicare Payment Advisory Commission earlier this year. A critical point to recognize is that there is currently no robust evidence about the effect of private equity ownership within value-based payment and health care delivery models. The examples cited by Meier and by Luh and colleagues occurred in fee-for-service settings, which may drive certain profit motives under non-private equity financing mechanisms. While these examples serve to generate interest in this topic, they do not directly address whether value-based payment may serve as a guardrail against negative impacts of private equity on health care delivery.

We agree with Meier and Luh and colleagues about the need to ensure that new health care delivery models—regardless of ownership structure, financial incentives, and payment model—improve outcomes for patients. Thus, we called for rigorous research on how value-based payment affects patient and health system outcomes in order to support nuanced and evidence-based regulation and policy making.

Brian W. Powers, MD, MBA
William H. Shrank, MD, MHSA
Amol S. Navathe, MD, PhD

Author Affiliations: Humana Inc, Louisville, Kentucky (Powers, Shrank); University of Pennsylvania, Philadelphia (Navathe).

Corresponding Author: Amol S. Navathe, MD, PhD, University of Pennsylvania, 423 Guardian Dr, 1108 North Blockley Hall, Philadelphia, PA 19104 (amol@wharton.upenn.edu).

Conflict of Interest Disclosures: Dr Powers reported employment and equity holdings with Humana and prior employment by Anthem and Fidelity Investments. Dr Shrank reported employment and equity holdings with Humana and serving as a director at GetWellNetwork. Dr Navathe reported receiving grants from the Hawaii Medical Service Association, the Anthem Public Policy Institute, the Commonwealth Fund, Oscar Health, Cigna Corporation, the Robert Wood Johnson Foundation, the Donaghue Foundation, the Pennsylvania Department of Health, Ochsner Health System, UnitedHealthcare, Blue Cross Blue Shield of North Carolina, Blue Shield of California, and Humana; personal fees from Navvis Healthcare, Agathon Inc, YNHH/CORE, the Maine Health Accountable Care Organization, the Maine Department of Health and Human Services, the National University Health System-Singapore, the Ministry of Health-Singapore, Elsevier Press, the Medicare Payment Advisory Commission, Cleveland Clinic, Analysis Group, VBID Health, Advocate Physician Partners, and the Federal Trade Commission; personal fees and equity from navishealth; equity from Embedded Healthcare; and uncompensated board membership for Integrated Services Inc.


**CORRECTION**

Two Incorrect Sentences: In the Editorial titled “Does Crystalloid Composition or Rate of Fluid Administration Make a Difference When Resuscitating Patients in the ICU?” published in the September 7, 2021, issue of JAMA, there were 2 incorrect sentences. At the end of the article, 3 paragraphs up from the final paragraph, the second to last sentence in the paragraph should be revised as “Notably, the pH of Plasma-Lyte 148 and Plasma-Lyte A is 7.4 and the pH of lactated ringer is 6.5 (for comparison, the effective pH of 0.9% sodium chloride is 5.4).” The next sentence is incorrect and should be deleted: “It is possible that the differences in pH between the different fluids account for the divergent outcomes observed in the 3 trials.” This article was corrected online.


**Guidelines for Letters**

Letters discussing a recent JAMA article should be submitted within 4 weeks of the article’s publication in print. Letters received after 4 weeks will rarely be considered. Letters should not exceed 400 words of text and 5 references and may have no more than 3 authors. Letters reporting original research should not exceed 600 words of text and 6 references and may have no more than 7 authors. They may include up to 2 tables or figures but online supplementary material is not allowed. All letters should include a word count. Letters must not duplicate other material published or submitted for publication. Letters not meeting these specifications are generally not considered. Letters being considered for publication ordinarily will be sent to the authors of the JAMA article, who will be given the opportunity to reply. Letters will be published at the discretion of the editors and are subject to abbreviation and editing. Further instructions can be found at http://jamanetwork.com/journals/jama/pages/instructions-for-authors. A signed statement for authorship criteria and responsibility, financial disclosure, copyright transfer, and acknowledgment are required before publication. Letters should be submitted via the JAMA online submission and review system at https://manuscripts.jama.com. For technical assistance, please contact jama-letters@jamanetwork.org.

Section Editors: Jody W. Zykl, MD, Deputy Editor; Kristin Walter, MD, Associate Editor