# Article information:

Analyzing Determinants of Hospitals’ Accountable Care Organizations Participation: A Resource Dependency Theory Perspective - Valerie A. Yeager, Yongkang Zhang, Mark L. Diana, 2015  
<https://journals.sagepub.com/doi/10.1177/1077558715592295?icid=int.sj-abstract.similar-articles.2>

# Article summary:

1. Hospitals operating in more munificent and competitive environments are more likely to participate in Accountable Care Organizations (ACOs).

2. Organizational characteristics such as hospital ownership, health care system membership, electronic health records implementation, hospital type, percentage of Medicaid inpatient discharge, and number of nursing home beds per 1,000 population over 65 are also related to ACO participation.

3. Findings from this study can guide strategies to encourage hospitals that have not gotten involved in ACOs.

# Article rating:

Appears moderately imbalanced: The article provides some useful information, but is missing several important points or pieces of evidence that would be required to present the discussed topics in a balanced and reliable way. You are encouraged to seek a more balanced perspective on the presented issues by exploring the provided research topics and looking at different information sources.

# Article analysis:

The article "Analyzing Determinants of Hospitals’ Accountable Care Organizations Participation: A Resource Dependency Theory Perspective" by Valerie A. Yeager, Yongkang Zhang, and Mark L. Diana provides an analysis of the factors that influence hospital participation in accountable care organizations (ACOs) in the United States. The authors use resource dependency theory to examine external environmental characteristics and organizational characteristics related to hospital participation in Medicare ACOs.

The study finds that hospitals operating in more munificent environments and more competitive environments are more likely to participate in ACOs. Organizational characteristics such as hospital ownership, health care system membership, electronic health records implementation, hospital type, percentage of Medicaid inpatient discharge, and number of nursing home beds per 1,000 population over 65 are also related to ACO participation.

While the study provides valuable insights into the factors that influence hospital participation in ACOs, it has some potential biases and limitations. One limitation is that the study only focuses on Medicare ACOs and does not consider other types of ACOs or alternative payment models. This narrow focus may limit the generalizability of the findings.

Another potential bias is that the study relies on self-reported data from hospitals, which may be subject to reporting bias or inaccuracies. Additionally, the study does not explore potential negative consequences or risks associated with ACO participation.

Furthermore, while the authors acknowledge that their findings can guide strategies to encourage hospitals that have not gotten involved in ACOs, they do not explore potential reasons why some hospitals may choose not to participate in ACOs. This lack of exploration may limit the usefulness of their recommendations for encouraging broader adoption of ACOs.

Overall, while this study provides valuable insights into factors influencing hospital participation in Medicare ACOs using resource dependency theory, it has some limitations and potential biases that should be considered when interpreting its findings.

# Topics for further research:

* Alternative payment models for healthcare providers
* Risks and challenges associated with accountable care organizations
* Reasons why hospitals may choose not to participate in ACOs
* Impact of ACO participation on patient outcomes and quality of care
* Strategies for improving ACO participation and adoption
* Comparison of Medicare ACOs to other types of ACOs and payment models

# Report location:

<https://www.fullpicture.app/item/ebd1d184933edb1a2fc6ec8e2cb8a248>