

**EMBARGOED until 4:00 pm EST on November 6, 2017**

**Media Contact:**

Ellen de Graffenreid, Director of Communications

(919) 308-3944

[ellen.degraffenreid@duke.edu](mailto:ellen.degraffenreid@duke.edu)

**GLOBAL RESULTS FROM ACCOUNTABLE CARE, FRUGAL INNOVATION HAVE POTENTIAL FOR US POLICY**

The November issue of the journal [Health Affairs](#) highlights three studies from Duke University and collaborators that examine implementation of accountable care worldwide, and lay out key lessons from a global analysis of accountable care reforms and frugal innovations that could improve healthcare delivery and outcomes in the United States.

A team led by Duncan Maru of the nonprofit organization Possible, examined [outcomes for women's and children's health](#) in the Achham district in rural Nepal. Despite the low cost of the intervention (\$3.40 per capita or \$185 per pregnant woman who received services), key indicators linked to reducing maternal and infant mortality improved significantly. Other Duke University authors include Krishna Udayakumar, Andrea Thoumi and Jonathan Gonzalez-Smith of the [Duke-Margolis Center for Health Policy](#) and the [Duke Global Health Innovation Center](#), and Duke-Margolis director Mark McClellan.

The same Duke team, led by Mark McClellan, authored [Improving Care And Lowering Costs: Evidence And Lessons from A Global Analysis Of Accountable Care Reforms](#), in which the team applied a comprehensive framework for assessing accountable care implementation, drawing key lessons to guide future implementation and evaluation of accountable care reforms with the goal of improving healthcare access, quality, and accountability.

The third study, led by Yasser Bhatti from the Institute of Global Health Innovation at Imperial College London in collaboration with Krishna Udayakumar, Andrea Taylor, and Erin Escobar at the Duke Global Health Innovation Center and Innovations in Healthcare examines [global lessons in frugal innovation](#). The team highlights five global frugal innovations (defined as good-enough, affordable products that meet the needs of resource-constrained consumers) that scaled successfully and may provide insights for doing the same in the United States.

"Taken together, these three studies provide insights that we hope will be useful to both policy makers and healthcare providers globally, including in the United States, in the ongoing effort to improve access to quality healthcare and improve or control costs," said McClellan.

"Given current trends in the U.S. such as community- and home-based care, alternative payment models, and the increasing use of diverse health professionals, we believe that our work provides timely guidance on critical success factors that may be translated to the United States from the experiences of other countries," added Udayakumar.