Authors' Reply to Gandjour: "The Role of Chronic Disease, Obesity, and Improved Treatment and Detection in Accounting for the Rise in Healthcare Spending Between 1987 and 2011"

Kenneth E. Thorpe¹ · Lindsay Allen¹ · Peter Joski¹

Published online: 25 February 2016
© Springer International Publishing Switzerland 2016

We thank Professor Gandjour [1] for reading our paper [2] and for providing thoughtful comments. We have examined several versions of the spending decomposition over the past decade. Many of our earlier models used a three-part decomposition that divided the growth in per capita spending into treated prevalence, spending per case treated, and the interaction of the two. The role of prevalence and spending per case treated in the fully interacted model remain the same as the results reported in our paper.

Compliance with Ethical Standards

Conflict of interest K. Thorpe, L. Allen, and P. Joski have no conflicts of interest to disclose.

Funding statement The authors' original paper was generously funded by the Robert Wood Johnson Foundation.

References

1. Gandjour A. Comment on: "The role of chronic disease, obesity, and improved treatment and detection in accounting for the rise in healthcare spending between 1987 and 2011" [letter]. *Appl Health Econ Health Policy*. 2016. doi:[10.1007/s40258-016-0227-4](https://doi.org/10.1007/s40258-016-0227-4).
2. Thorpe K, Allen L, Joski P. The role of chronic disease, obesity, and improved treatment and detection in accounting for the rise in healthcare spending between 1987 and 2011. *Appl Health Econ Health Policy*. 2015;13(4):381–7.

✉ Lindsay Allen
lindsay.allen@emory.edu

Kenneth E. Thorpe
kthorpe@emory.edu

Peter Joski
[pjoshi@emory.edu](mailto:pjoski@emory.edu)

¹ Department of Health Policy and Management,
Emory University, Atlanta, GA, USA