ACOs: The Last Best Hope to Retain Pluralism

I recently dined with a friend and esteemed colleague, George Lundberg, M.D., distinguished Editor-in-Chief of the Journal of the American Medical Association for 17 years and a member of the Institute of Medicine. Knowing him to be a “controversial” but thoughtful medical commentator, I asked him if he might read the trio of articles on the Patient Protection and Affordable Care Act (PPACA) that appeared in our last CSA Bulletin (Volume 61, Number 1) and then comment on them. His response was that he has not published a personal assessment of PPACA as he deems it too long and complex a project, and also knowing that many others had done and were doing so, as in our Bulletin. However, he offered the following “letter” taken from a spoken commentary on the website MedPage Today (www.medpagetoday.com), about what he considers to be a critical portion of PPACA, the accountable care organizations (ACOs).

—Stephen Jackson, M.D.

By George Lundberg, M.D., Editor-in-Chief, The Medscape Journal of Medicine; Editor-at-Large, MedPage Today; president and chair of the board of directors of The Lundberg Institute; consulting professor of pathology and health research policy at Stanford University School of Medicine

The cost curve of American medicine continues to bend up. That is unsustainable. It must begin to bend downward. Two news reports from last year focus the problem:


And CNN Money, May 11, 2011, reports “Your family’s healthcare costs $19,393.” That is for a family of four, which has a median income of $75,700—before taxes.

Opportunity knocks, loudly. We can change our medical world now.

American medicine has been very successful. American medicine has been a dismal failure. Both statements are correct, depending on how one looks at it.

It is now our opportunity, indeed I say our professional responsibility, to preserve the best, and to scuttle the worst. We can build a new medical world based less upon process, quantity, volume, and lucre, and more on quality, safety, speed, outcomes, and patient-centered efficiency.

In this new era of accountable care organizations (ACOs), keep your eyes on the prize. And the prize is positive outcomes for the health of the mind, body, and spirit of the patient. Keep healthy people healthy, vigorous, and confident;
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recognize and treat acute illness quickly and effectively; manage chronic illness efficiently; do not promote disease mongering, cyberchondriasis, medical bankruptcy, or what Nortin Hadler and Clifton Meador call “the worried well.”

ACOs may take many forms. I believe that physician leadership will be the key.

The three goals of an ACO are to increase perceived value of care, improve actual clinical outcomes, and lower health care costs. If it saves money, the ACO gets to keep some of the savings. This truly is an exciting opportunity to do well by doing good. With ACOs, the American health care non-system actually can and should be reinvented. Now.

I recommend engaging and empowering communities to work with the health care sector in building ACOs for their common good.

The credo of The Lundberg Institute is: one patient; one physician; one moment; one decision; let it be a shared decision, informed by the best evidence, and considering cost. Might ACOs make health-community informed, shared decision-making of the same sort possible, facilitated by participatory technologies and social media as recently suggested by Springgate and Brook in JAMA (http://jama.ama-assn.org/content/305/17/1800.full?etoc)?

Exciting time. Be creative. Seize the moment. Save American pluralistic health care. It may be our last best chance.

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MARK TWAIN’S WIT AND WISDOM

Clothes make the man.
Naked people have little or no influence in society.

No man’s life, liberty or property is safe while the legislature is in session.

If you don’t read the newspaper you are uninformed.
If you do read the newspaper, you are misinformed.

Suppose you were an idiot. And, suppose you were a member of Congress ... But then I repeat myself.