

First survey of ACOs reveals surprising level of physician leadership

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In spite of early concerns that hospitals' economic strengths would lead them to dominate the formation of Accountable Care Organizations (ACOs), a new study published in the June issue of *Health Affairs* reveals the central role of physician leadership in the first wave of ACOs.

"The broad reach of [physician](#) leadership in ACOs has important implications for the future of [health care](#) reform", said Carrie Colla, PhD, lead investigator of the study. "A central role for physicians in the leadership of ACOs is likely to have a powerful influence on how both physicians and patients view the ACO model."

ACOs are groups of providers that are held responsible for the care of defined populations of patients. The key notion is that the providers within the ACO receive financial rewards for both improving the quality of care and reducing the growth of costs. The Affordable Care Act established this new, voluntary federal program for Medicare, and many private insurers are adopting the model. Over 600 Accountable Care Organizations (ACOs) are now operating in the U.S.

In the first analysis of the National Survey of ACOs, the research team from the Dartmouth Institute for Health Policy & Clinical Practice found that the majority of ACOs identified as physician led, with another third jointly led by physicians and hospitals.

The study compared physician-led ACOs to other types of ACOs and found that physician-led ACOs were more likely to have comprehensive care management programs in place and advanced IT capabilities. They are also more likely to measure and report financial and quality performance at the clinician level and to provide meaningful and timely feedback to clinicians.

"These findings suggest that physician leadership

will be an important factor in initiatives to improve the quality and cost of care," said Mark McClellan, MD, former Administrator of the Centers for Medicare and Medicaid Services (CMS), now at the Brookings Institution. "Physician-leaders may have a leg up when it comes to working with their colleagues to identify opportunities to improve care and to measure impact."

The study also documented the diversity of organizations participating in accountable care programs. Some ACOs are made up of only primary care physician practices, some are multispecialty physician practices, while others are integrated delivery systems and include providers across the continuum, such as hospitals and post-acute care providers.

"Physicians' buy-in to payment reform is likely to be critical to the success of the [health care reform](#)," said Elliott Fisher, MD, MPH, Director of the Dartmouth Institute and a co-author on the paper. "The findings suggest that physicians are taking seriously their responsibility to lead change in the health care system on behalf of their patients." Previous research has shown that involving physicians in the governance of provider organizations improves communication and builds trust by assuring practicing physicians and clinical staff that their professional values are represented. Physician governance also assures patients that their needs will be considered along with those of the organization, the researchers said.

More information: content.healthaffairs.org/content/33/6/964.abstract

Provided by The Geisel School of Medicine at Dartmouth

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