Protecting the Private Practice of Medicine: We Need More Data

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When we last checked in with Dr. Joshua Lowentritt of New Orleans and his Accountable Care Organization (ACO), Louisiana Physicians ACO, they were just turning on the proverbial lights. Since our first editorial piece, “Protecting the Private Practice of Medicine, Louisiana’s First Physician-Owned Accountable Care Organization,” Lowentritt and his 35 independent physician partners have been busy laying the foundation of their new organization. An ACO, as you might remember, is a physician-managed health organization comprised of physicians, nurses, and care coordinators who share the responsibility of providing quality, financially responsible, coordinated care.

Some of the first items needed to get the ACO running included universally agreed upon treatment plans and protocols for all of the clinics to follow. These policies and procedures were drafted by consensus with input from each physician, allowing each practitioner to share his or her opinions and experiences. Lowentritt stressed that an important goal of the first few months was to “allow each medical practice complete management over their operation, while building in standardized quality and assurance measurements” that would help create uniformity within the ACO. As we discussed in our first editorial, the cornerstone of an ACO is the independent practitioner. When it came to laying the foundation of how this ACO would operate on a day-to-day basis, no decision was made without the utmost consideration for each physician to “work collaboratively within the ACO but retain their independence,” emphasized Lowentritt.

The most crucial step in the first few months was the delivery of the Centers for Medicare & Medicaid (CMS) data set on the 5,600 patients attributed to the ACO. This data contains the patients’ medical records, cost data, and a resource utilization score assigned by CMS. According to Lowentritt this data “is the key to the ACO’s success.” The next few months will be busy as the ACO physicians focus on extracting and evaluating the data to better understand their patients and their individual needs. Not only does this data help “set a baseline for the ACO, it helps determine the areas that are opportunities for improvement,” he added.

The next step will be to use that data to better manage those patients with chronic ambulatory conditions who are high utilizers of healthcare services. Each practice will be able to identify patterns of behavior and areas for improvement. It is in the best interest of the patient and the ACO to come up with strategies to improve the quality of care and health outcomes for all patients. Lowentritt pointed out that, with the complex patients, “much of the decision-making had been left to non-physicians” when it came to care coordination. This model provides each physician with “incentive to change the way they provide care, to make a difference for the patient, and ultimately help keep our medical safety net solvent,” he added.

As we mentioned previously, the cornerstone of making the model a success is the link between the quality of care provided and the economic incentive to save the entire system money. In an ACO, a high quality of care leads to lower utilization, and a lower level of utilization increases the financial reward for the ACO and physician owners. But the lynchpin is that the physicians are directly involved or responsible for that higher quality of care. Therefore, the more they put into the system, the more they get out. And furthermore, Lowentritt strongly believes that this system “creates an incentive for physicians to keep engaged” in not just the short-term success of lower utilization but long-term positive health outcomes of each patient.

The first few months of the Louisiana Physicians ACO has shown that the ACO model can create a better, more sustainable workplace for physicians. Lowentritt reported that his ACO’s 35 physicians “feel engaged and interested.” For the first time in a long time, a physician has complete control over all aspects of a patient’s treatment. Further, he reports increased satisfaction because physicians are able to “monitor and review their referral patterns and the patient’s ultimate health outcome” to see what is or is not working. The ability to unilaterally access all claims data is incredibly significant in the modern practice of medicine; Lowentritt compared it to no longer practicing medicine in the dark. It’s most telling that when asked how the first six months have gone, he replied, “I’m having fun!” If the first few months are representative of the path Louisiana Physicians ACO is on, the future of managed care could be looking up.