

The Affordable Care Act and the Future of Clinical Medicine: The Opportunities and Challenges

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The Affordable Care Act is a once-in-a-generation change to the U.S. health system. It guarantees access to health care for all Americans, creates new incentives to change clinical practice to foster better coordination and quality, gives physicians more information to make them more value-conscious consumers, and changes the payment system to reward value. The Act and the health information technology provisions in the American Recovery and Reinvestment Act remove many barriers to delivering high-quality care, such as unnecessary administrative complexity, inaccessible clinical data, and insufficient access to primary care and allied health providers.

We hope that physicians will embrace the opportunities created by the Affordable Care Act that will enable them to provide better

care for their patients and lead the U.S. health system in a more positive direction. To fully realize the benefits of the Affordable Care Act for their practices and their patients, physicians will design their offices for seamless care, employing new practice models and using technology to integrate patient information with professional society guidelines to keep patients with chronic conditions healthy and out of the hospital. Under the Affordable Care Act, physicians who effectively collaborate with other providers to improve patient outcomes, the value of medical services, and patient experiences will thrive and be the leaders of the health care system.

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Physicians have a moral calling to promote the health of their patients and the overall health of all citizens. Many barriers have prevented U.S. physicians from fully realizing these ideals. The Affordable Care Act not only removes many of these barriers but also puts in motion new policies and economic incentives that will change the practice of medicine for clinicians and the experience of care.

The Act does this by guaranteeing access to health care for all Americans, providing physicians with incentives and information to change the way that they deliver care, offering patients new and better information about practitioners and treatment options, creating strong incentives to improve quality and reliability both in hospitals and throughout the continuum of care, and implementing policies that will slow the rate of cost growth to make health care more affordable. Although full implementation will take a decade, many of the most important patient protection and delivery system provisions either have already been implemented or will be enacted in the next year. For this reason, it is important that physicians make themselves aware of the objectives, major provisions, and physician implications of the Affordable Care Act (Table) (1).

GUARANTEEING ACCESS TO HEALTH CARE FOR ALL AMERICANS

More than 45 million Americans are uninsured, and as a result, they experience increased morbidity and mortality (2). Even Americans who have insurance often face financial and other barriers to getting care. The Affordable Care Act removes most of these financial barriers. It closes the “doughnut hole” for Medicare beneficiaries over the next decade, reducing a financial barrier that decreases medication adherence, which should lead to better health (3). Similarly, the Act removes annual and lifetime limits and outlaws other insurance practices, such as rescissions, that frequently deny people care when they most need it. Finally, it will lower other health care costs. For example, it makes preventive screening visits free by eliminating cost sharing and copayments, so serious conditions can be diagnosed when treatments are most effective. In these and many other ways, the Affordable Care Act will make it easier for physicians to get their patients the right tests and treatments.

IMPROVING INFORMATION AND CREATING INCENTIVES TO CHANGE CLINICAL PRACTICE

While the United States certainly has some of the world’s best physicians and health facilities, U.S. medicine fails to deliver reliably high-quality care: We have far too many unplanned readmissions, medication errors, and hospital-acquired infections (4). We also fall far short of delivering effective primary and secondary prevention for patients with chronic conditions who account for a majority of health care costs (5). Numerous barriers inhibit achieving higher-quality care. One barrier relates to patients’ utilization of primary prevention. Because a patient is not feeling sick, engaging in prevention seems optional.

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Other barriers include patient financial responsibility as a substantial barrier to utilization of prevention, poor reimbursement, and underdeveloped clinical reminders at the point of care that assure patients are getting appropriate preventive services (6).

The Affordable Care Act addresses 2 major barriers to consistently delivering high-quality care: information and incentives. Too often have physicians lacked information on whether their patients are taking their medications and following through on prevention recommendations and referrals. In some cases, they also lack information about what treatments work best for which patients. Physicians rarely get patient-specific reminders about treatment goals, gaps in care, or risk-reduction approaches at the point of care, when physicians and patients are most likely to be responsive to information.

The combination of the American Recovery and Reinvestment Act and the Affordable Care Act should help address these information gaps. The American Recovery and Reinvestment Act provides about \$25 billion in incentives for physicians and hospitals to use electronic health records. Achieving the full extent of benefits necessitates streamlining office practices to enhance patient tracking, teamwork, and patient outcome orientation. The Affordable Care Act provides long-term funding for patient-centered outcomes research, which should give physicians and patients the clinical and research information they need to make better informed and personalized decisions.

The Affordable Care Act provides physicians with financial support for making these changes. Today, the fee-for-service system encourages ordering tests and performing interventions. It does not support—and may discourage—coordinated care that averts complications and secondary prevention. The Affordable Care Act changes this by encouraging and establishing patient-centered medical homes and accountable care organizations that should allow physicians to focus on coordinating care and preventing avoidable hospitalizations. Similarly, the pilot projects on bundled payments reward physicians for providing care that keeps chronically ill patients healthier and out of the hospital (7).

REMOVING OTHER BARRIERS

Administrative overhead and lack of primary care providers are also perceived to be barriers to the delivery of high-quality care. The Affordable Care Act is a major step forward in each of these areas. One of the nightmares of the health care system is paperwork. This results in the need for millions of workers just to fill out forms for insurance companies. Under the administrative simplification provisions of the Affordable Care Act, physicians will be able to reliably find out electronically whether a particular test is covered, how much the insurance company is paying, and how much patients have to pay. These simple changes are expected to save the government \$20 billion

Key Summary Points: How the Affordable Care Act and the American Recovery and Reinvestment Act Are Likely to Affect the Practice of Medicine

Focusing care around exceptional patient experience and shared clinical outcome goals.

Expanding the use of electronic health records with capacity for drug reconciliation, guidelines, alerts, and other decision support.

Redesigning care to include a team of nonphysician providers, such as nurse practitioners, physician's assistants, care coordinators, and dietitians.

Establishing, with physician colleagues, patient care teams to take part in bundled payments and incentive programs, such as accountable care organizations and patient-centered medical homes.

Proactively managing preventive care—reaching out to patients to assure they get recommended tests and follow-up interventions.

Collaborating with hospitals to dramatically reduce readmissions and hospital-acquired infections.

Engaging in shared decision-making discussions regarding treatment goals and approaches.

Redesigning medical office processes to capture savings from administrative simplification.

Developing approaches to engage and monitor patients outside of the office (e.g., electronically, home visits, other team members).

Incorporating patient-centered outcomes research to tailor care appropriate for specific patient populations.

over the next decade and save hospitals, physicians, and insurers far more in both cost and frustration (8).

We also need more primary care providers to improve quality and coordination of care (9). The Affordable Care Act includes a 10% payment bonus for qualified primary care physicians and provides and increases funding for the National Health Service Corps by \$1.5 billion over 5 years. It also includes a set of provisions, and millions of dollars in additional funding, to support medical education and increase the number of primary care providers, physician's assistants, and nurse practitioners. The bundling and patient-centered medical home programs add value to primary care and can make the field more attractive to current and future clinicians, so that we have enough skilled clinicians to play the coordination and management roles conceived of in patient-centered medical home and accountable care models (10).

Finally, we acknowledge that many physicians are disappointed that Congress has not yet enacted a long-term

Table. Summary of Affordable Care Act Objectives, Major Provisions, and Physician Implications

Objectives	Major Provisions	Physician Implications
Guaranteeing access to health care for all Americans	Subsidized coverage and Medicaid expansion Eliminates Medicare drug “doughnut hole” Removes annual and lifetime limits on coverage Outlaws rescissions Eliminates preexisting condition exclusions for children Temporary high-risk insurance pool	To meet expanded demand for health care: Redesign care to include a team of nonphysician providers, such as nurse practitioners, physician’s assistants, care coordinators, and dietitians Develop approaches to engage and monitor patients outside of the office
Improving information and creating incentives to change clinical practice	Free preventive care Creation of the Patient-Centered Outcomes Research Institute Incentives to create patient-centered medical homes and accountable care organizations Pilots of bundled and alternative payment models Funding to adopt electronic health records Incentives to reduce readmissions and hospital-acquired infections Expands access to physician, hospital, drug, and device quality and safety data	To meet the quality, productivity, information transparency, and payment reform requirements: Focus care around exceptional patient experience and shared clinical outcome goals Engage in shared decision-making discussions regarding treatment goals and approaches Proactively manage preventive care Establish teams to take part in bundled payments and incentive programs Expand use of electronic health records Collaborate with hospitals to dramatically reduce readmissions and hospital-acquired infections Incorporate patient-centered outcomes research to tailor care
Removing barriers	Removes unnecessary administrative and billing complexity Expands National Health Service Corps and increases amount of loan repayment Expands primary care residency slots Increases funding for medical and allied health professional training Increases pay for primary care by 10%	To capture value: Redesign medical office processes to capture savings from administrative simplification

fix to the sustainable growth rate formula. No one is more disappointed than President Obama, who made clear: “For years, I have said that a system where doctors are left to wonder if they’ll get fairly reimbursed makes absolutely no sense. And I am committed to permanently reforming this Medicare formula in a way that balances fiscal responsibility with the responsibility we have to doctors and seniors.” The uncertainty surrounding the sustainable growth rate policy is a distraction and potentially a barrier for some physicians to embrace the Affordable Care Act. But physicians should not let their frustration over the sustainable growth rate distract them from the improvements that health care reform delivers to their patients and the profession.

10 CHANGES THAT WILL RESHAPE THE PRACTICE OF MEDICINE

By removing barriers, the Affordable Care Act provides physicians with the opportunity to evolve the way in which they deliver care. They will have appropriate incentives to focus on coordinating care so that patients get the prevention they need and those with chronic conditions avoid complications. Delivering on the promise of reform will require the full engagement of physicians. The Affordable Care Act and the American Recovery and Reinvestment Act are likely to affect the practice of medicine in 10 major ways (see Key Summary Points).

These reforms will unleash forces that favor integration across the continuum of care. Some organizing function will need to be developed to track quality measures,

account for and manage shared financial incentives, and oversee care coordination. Consequently, the health care system will evolve into 1 of 2 forms: organized around hospitals or organized around physician groups. These coordinating functions, to the extent that they currently exist, traditionally have been managed by hospitals or health plans. Only hospitals or health plans can afford to make the necessary investments in information technology and management skills. This is not inevitable. As physicians organize themselves into increasingly larger groups—patient-centered medical home practices and accountable care organizations—they are, out of necessity, investing in information technology tools that are becoming both cheaper and more capable and investing in the acquisition or development of management skills that could provide these organizing functions efficiently for physician groups.

Physicians who embrace these changes and opportunities are likely to deliver the greatest benefits to their patients, the health system, and themselves. Physician practices that accept the challenge will be rewarded in the future payment system. Once we accomplish this transformation, the U.S. system will be more reliable, will be more accessible, and will offer higher-quality and higher-value care. For physicians, this means a profession that is more rewarding, more productive, and better able to realize its moral ideal.

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