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Guest Editorial

Shifting paradigms: “The times they are a-changin’”

It is a credit to the *Annals* editorial staff that the article “The Role of Allergist in ACOs” is published in this issue.¹ This article explains the concept of accountable care organizations (ACOs) and addresses some of the pros and cons for the allergist to consider when deciding whether to join an ACO or even to start one. Allergists and other cognitive specialists now face great challenges as practitioners navigating the rapidly evolving health care landscape. Many allergists are practicing in small group practices or are solo practitioners and therefore are especially vulnerable because of their inability to compete with large group practices, multispecialty practices, and large corporate entities such as hospital systems, managed care organizations (MCOs), and insurance companies, all of which are in positions to operate ACOs. It is very likely that many solo allergists and small group practices that lack the economic leverage to compete in markets with these entities will by default be excluded from the patient-centered medical home, one of the cornerstones of ACOs, and consequently be excluded from many ACOs. Although some ACOs will hand-pick allergists to become integrated into their provider networks, allergists must be proactive and not wait for ACOs to reach out to them. Some allergists will choose to become “at risk” legal participants within an ACO, whereas others will choose to contract allergy services with negotiated reimbursement arrangements. Some may even elect to become employees of an ACO. Allergists who provide substantial primary care for chronically ill patients could classify themselves as primary care providers for the purpose of ACO participation. These allergy practices may even qualify as a medical home for select patients. A challenge for allergists not participating in an ACO is potential loss of revenue because of patients being steered to ACO participating allergists. The prospect of the allergist “going it alone” does not represent a bright future for our specialty, but instead puts it at risk for possible extinction. As the authors of this paper state, it is critical for allergists to be informed of the changing structure of our health care system and to adapt their practices accordingly. We know that allergists have distinguished themselves as valuable and efficient providers of high-quality, cost-effective medicine. Patients clearly benefit with care provided by allergists, with superior outcomes in asthma disease management reported previously.^{2,3} We also know that allergen immunotherapy provided by an allergist has improved asthma and allergy outcomes for patients.⁴ We will need to present these data to our local ACOs, so it will be critical to use electronic technologies to monitor our patients and their outcomes.

What can allergists do to facilitate their survival within the emerging health care paradigm? Listed below are potential actions that allergists can take to strengthen their positions as deliverers

of allergy and immunology services and increase their attractiveness to ACOs.

1. Participate in an ACO governance structure.
2. Participate in hospital co-management programs for cost containment and quality improvement.
3. Participate in the development of clinical pathways.
4. Prepare for quality, outcome, and patient satisfaction measures to be obtained from your allergy practice to be provided to ACOs for reporting.
5. Join the Joint Council on Allergy, Asthma & Immunology to keep abreast of real-time developments and acquire cutting edge and timely information.
6. Cultivate relationships with hospitals, MCOs, and insurance companies that operate ACOs.
7. Embrace the new technology required to document the benefits of our management treatments.
8. Consider establishing an independent practice association (IPA) or merging your practice with other allergists to form an organization with adequate infrastructure to bid on ACO contracts and carve outs.

Some solo and small group practice allergists may be reluctant to relinquish the autonomy that their current practices now allow. These allergists may consider joining a physician-led ACO that is designed to retain some degree of physician autonomy and that has a revenue structure strongly linked to keeping patients out of the hospital. The allergists who decide to “go it alone” will eventually be required to provide population-based allergy services. We advise these allergists to make sure that they create quality metrics, adhere to quality standards, assess patient satisfaction, and attempt to contain cost within their allergy practices. We do not believe that allergists can escape the new health care paradigm and operate silo allergy practices within a vacuum.

Allergists cannot afford to ignore the opportunity to be on the leading edge of the ACO health care delivery model. We should not sit on the sideline as the emerging health care paradigm advances, but instead we must be key players in the delivery of allergy and immunology health care within ACOs. Patients with allergy, asthma, and immunologic disorders need our help!

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