Care coordination and information sharing
On a more positive front, Dr. Schwarzenberger believes that the concept of coordinated patient management is here to stay, to the benefit of both physicians and patients. “I think the whole concept of care coordination will survive — the idea of centralized care with one main quarterback coordinating a person’s care.” She recalls recently ordering blood work on a patient who ended up seeing another specialist a few days later who ordered the same tests. “That other doctor could have had my results when the patient came to see her and it could have been a more fruitful visit.”

Similarly, had Dr. Schwarzenberger and the other specialist been connected through a shared medical record, the care redundancy could have been avoided. “If we could get to the point where we have open access to everyone’s medical records, we could significantly cut back on health care costs,” Dr. Schwarzenberger said. “The problem is: we have an incredible fear of somebody finding out about our medical records. I look at HIPAA and the fear that goes with it as one of the major impediments to health care reform.”

Sharing medical information is becoming a reality for the state of Vermont, however, which hopes to move to a single-payer system and is implementing a state-wide medical information exchange network called Vermont Information Technology Leaders (VITL) Access. VITL has reported that 90 percent of patients in Vermont approve of this program. “This is essentially a central clearinghouse for everybody’s medical records,” explained Dr. Schwarzenberger, who practiced at the University of Vermont before moving to the University of Tennessee last year. “Those are the kinds of steps we’re going to need to see on a national level if we’re really going to make care coordination happen.”

Despite signs that certain aspects of ACO models are here to stay, questions remain about the necessity of dermatology’s immediate participation. The specialty’s hesitation to get involved is endemic. “Like most things, this anxiety is based in the uncertainty of not knowing what’s involved,” Dr. Hendi said. While some may worry that the lack of involvement will eventually leave them out in the cold, Dr. Schwarzenberger maintains that it’s alright to stand on the sidelines for the time being. “It’s probably still safe to watch and wait. At this point, however, you need to be listening.”

to join or not to join:
factors to consider before joining a medicare aco
The question on whether dermatologists should join ACOs remains a burning debate throughout the specialty. However, before even considering joining an ACO, physicians should evaluate some key preliminary factors. For more information on ACOs, visit the AAD ACO Resource Center at www.aad.org/members/practice-and-advocacy-resource-center/practice-arrangements-and-operations/aco-and-medical-homes.