Critical thinking on accounting care organizations (aco)

Health & Medicine, Healthcare



The accounting care organizations are a product of the Affordable Care Act. In a bid to reform the healthcare sector, it has been floated that the middle men roles be eliminated. The ACOs are a means through which efficiency and efficacy is achieved in healthcare delivery. The ACOs work on four critical premises. These are connectivity, analytics, care management and payment mechanics feature. ACOs can be defined as partnerships between hospitals and physicians for the joint and focused coordination and delivery of efficient care. It demands for joint accountability for the improvement of healthcare quality and the overall reduction of the costs of health services. Through the ACOs healthcare delivery is expected to be efficient due to the coordinated manner in which business would be done. ACOs have in the tripartite mission of achieving better care, better health and affordable care. The ACOs have had an impact on clinical decision support especially in relation to physicians. This is primarily through the analytical role of the ACOs. In healthcare analytics which is one of the services that the ACOs give, the teams identify opportunities for the management of costs and quality of healthcare. They also harness and provide information on a particular patient population, seek to optimize the provider performance and support the operational organizational reporting demands for internal and external customers. In general, through healthcare analytics, the ACOs effectively support a database of information in various diseases and patient populations. This has an overall effect on clinical services by physicians. Indeed with a comprehensive database on the diseases and patient populations available, the physician's roles as far as diagnosis, research and prescription is easier to perform given the sufficiency of the information. In

addition, the system enables a synthesis of relevant data and information for the physician's consumption in the process of delivery of medical services. The ACOs work in a coordinated manner with the intention of aligning the incentives of different players in the healthcare industry towards the provision of affordable care services. In this respect, the ACOs have come up with pools of data collection and synthesis. This entails the joint research by care providers, hospitals and physicians. The data collected is synthesized and stored as information in a common data base. Some of the data that is collected and synthesized are the trends in health conditions, common and similar observations as assessed from patient populations and information from the continuing researches. This information is availed to the physicians through user friendly and interactive methods which in turn eases the work delivery of the physicians.

The ACOs work in a joint partnership that seeks to pull the diverse resources from different groups. The role of ACOs is more of coordination. The approach is based on identification of opportunities. It is the duty of the ACOs to identify potential areas that need improvement and action that would enable the reduction in the costs of healthcare services. After identification of the potential opportunities, the ACOs examine the possibilities and assume the best approach that would maximize returns at the lowest costs. This process requires the collective contribution of various parties. In the long run, the approach facilitates the application of economies of scale in both time and capital. This is because work is devolved and coordinated without any redundancies being allowed. In addition, the ACOs joint approach facilitates efficiency since the efforts of different providers

and physicians are harnessed into one pull for the overall good of the healthcare consumers.

The ACOs` success depends on the proper management and structuring of work. While the overall goal is to achieve the tripartite mission of better care, better health and affordable care, the partners have their own different and independent missions. The success of the ACOs, therefore, lies in their organizational capacity to manage the diverse functions efficiently. These organizations must ensure that proper linkages and coordination is availed for the diverse partners in the programs. In addition, the ACO also execute the payment services. They ensure that patient care is well managed and delivered. Moreover, they ensure high quality is maintained and respective payments are timely and duly made. It is from this point that the ACOs are able to effectively deliver on their core mission.

In the long run, it needs to be appreciated that the concept of ACOs is still nascent. It arose from the desire to have a coordinated and efficient system that delivers core healthcare services at an affordable rate. The main mission is to coordinate the different but related services. The nature of services that ACOs continue to deliver would see an end to the obstacles and redundancies prevalent in the healthcare industry. However, the programs must be well run and maintained hence the need for institutional and administrative capacity. Sufficient funds need to be provided for the delivery of services. In this new era of advanced information technology, the work of physicians in delivery of medical services would be made easier and services accessible for the patients at affordable rates.

Works Cited

American Hospital Association Committee on Research . (2010). Accountable Care Organizations. Chicago: American Hospital Association Committee on Research .

Centres for Medicare and Medicaid Services . (2013, March 23). Accountable Care Organizations (ACO). Retrieved July 6, 2013, from Centres for Medicare and Medicaid Services : http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO/index. html? redirect=/aco/

Harris, J., Karabatsos, L., Sammit, C., & Shea, W. (2010). Essential Guide to Accountable Care Organizations: Challenges, Risks and Opportunities of the ACO Model. New York: Healthcare Intelligence Net.