Assuring Access to Quality Pediatric Surgical Subspecialty Care in the Accountable Care Organization (ACO)

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Executive Summary

The Board of Governors and membership of The American Pediatric Surgical Association (APSA) support full access to health care for all children. In order to achieve this goal within new care delivery models, Accountable Care Organizations (ACO’s) must include participation of sufficient well-trained, experienced, competent pediatric surgical specialists to meet the needs of the populations they serve.

This policy statement underscores the commitment of APSA to support the inclusion of pediatric surgical specialists in the establishment, organization, leadership, and implementation of the ACO so that the following goals are achieved: 1) children in need of surgical expertise are guaranteed access to the appropriate level of surgical care, 2) appropriate ACO quality measures are chosen for pediatric surgical patients/families, and 3) an appropriate model is developed to reward participating surgical specialists for improvements in clinical outcomes and cost savings.

For successful organizational culture, the ACO must have diverse physician leadership representation, including fully trained pediatric surgeons and other pediatric surgical subspecialists. Specialists must be integrated into the Family-Centered Medical Home (FCMH) model of care to assure best practices and standardization of care. In assuring the best possible outcomes for children with certain complex diseases, the ACO must make provisions for care at regional pediatric specialty centers with full pediatric resources.

Background

The Accountable Care Organization (ACO), a central component of The Affordable Care Act, is designed to achieve lower costs, improve care, and better health. Although there is substantial flexibility in ACO design and implementation, the ACO is designed to allow a collaboration between physicians, hospitals, and insurers to enter into a legal contract to provide clinical care and receive payment for shared savings if there is evidence of meeting reportable measures on clinical processes and outcome, patient experience of care, and utilization rates.

Coordinated care is the hallmark of the ACO model, which will hopefully result in decreased healthcare costs and improved quality. Although centered around primary care and the Family-Centered Medical Home, the integration of pediatric surgical specialty services in the ACO model has not yet been fully addressed.
Landscape

Access to pediatric surgical subspecialty care has been shown to improve outcomes in children affected by multiple relatively-common surgical conditions, including: appendicitis\(^{2,3,4}\), pyloric stenosis\(^{5,6,7}\), inguinal hernia\(^{8}\), intussusceptions\(^{9}\), and splenic trauma\(^{10,11}\). Surgeons caring preferentially for children, as a proportion of their overall practice, generally have improved mortality outcomes when providing care to children\(^{12}\).

In addition, care by dedicated pediatric surgical specialists, including pediatric surgeons, urologists, and orthopedists has been found to be less expensive and more cost-effective\(^{13-15}\). Surgical specialists trained in the care of children tend to order fewer tests and discharge children more quickly from the hospital. Members of APSA are actively involved in implementing clinical pathways to decrease resource utilization in pediatric surgical patients\(^{16,17}\).

The American Academy of Pediatrics (AAP) has recognized these improved outcomes and has previously issued formal guidelines for the referral of children to pediatric surgical specialists, including pediatric general surgeons, otolaryngologists, endoscopists, ophthalmologists, urologists, orthopedists, neurological surgeons and plastic surgeons\(^{18}\).

In some situations, collaborative regional and/or national approaches to the surgical care of children have resulted in significant improvements in patient outcomes. Examples include: 1) Pediatric trauma care delivery\(^{19,20}\) and may partially explain improved outcomes at pediatric trauma centers and decreasing injury-related mortality for children, 2) Pediatric cancer care, with standardized, evidence-based, nationally-accepted surgical guidelines for the care of children with cancer, which correlate with a dramatic improvement in survival of pediatric cancer patients during the past 50 years\(^{21,22}\), and 3) Neonatal surgical care, with published Best Practice guidelines for optimal delivery of such care\(^{23}\).

Recommendations

**Accountable Care Organizations must provide access for children and their families to pediatric surgical specialists.**

Multiple reports have documented superior outcomes for children treated by pediatric surgeons and pediatric subspecialists. As these improved outcomes have been recognized as valid by multiple professional medical organizations, it would be inappropriate to deny specialty access to children.

**Accountable Care Organization leadership must include both pediatric primary care and pediatric surgical specialists.**

The ACO commitment to care coordination suggests physician collaboration is a core value, and leadership must reflect this core value. Physician collaboration is facilitated by two-way communication between leadership and clinical teams to develop pathways and goals. A successful ACO organizational culture should include pediatric surgical specialists. For many complex patients, pediatric surgical specialist’s expertise and input will be critical to establishing the best possible guidelines and goals for quality measures.

**Pediatric surgical subspecialist must be included in the Family Centered Medical Home.**

Surgical specialists cannot remain peripheral to the medical home of children with complex medical conditions if we wish to reach the ACO goals of quality and cost containment. The
National Committee for Quality Assurance (NCQA) has described the integration of specialists into the Medical Home as the Medical Neighborhood. This will require clear delineation of pediatric care pathways and engagement of pediatric surgical specialists in developing an appropriate referral processes.

The goal of the ACO should be to improve population health
Early policy makers must be cognizant of the number of pediatric surgical specialists in their region and build capacity of the specialist workforce to address the challenges of regional pediatric population health. These policy makers need to work with available specialists and avoid fractionating the workforce with competing entities. The desires of competing hospitals which serve children in a region are understood, but the long-term effect of decisions that fractionate the access of pediatric surgical specialists for the benefit of a single ACO minimizes the benefits of economies of scale that may be appreciated by centralizing care.

Accountable Care Organizations must develop an equitable mechanism to compensate pediatric surgical specialists for their efforts to achieve cost savings and improved outcomes
Any shared savings for pediatric surgical specialty care must be closely tied to metrics approved by the relevant pediatric surgical specialists. These metrics may be quite different than those established by primary care physicians.

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