

Introduction: Perspectives on Integrated Nephrology Care

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Introduction

The Patient Protection and Affordable Care Act will undeniably alter the delivery of healthcare in the United States and ultimately have profound effects on the clinical practice of nephrology. One of the Affordable Care Act's primary mechanisms for attempting to achieve the triple aim of better care for individuals, better health for populations, and reduced per-capita healthcare costs is the implementation of integrated care models through accountable care organizations (ACOs). In this issue of CJASN, we provide three perspectives on integrated care and nephrology. The American Society of Nephrology established a task force to consider the impact of ACOs on nephrology practice. Writing on behalf of the task force, L. Lee Hamm, Thomas H. Hostetter, and Rachel N. Shaffer provide six principles that the task force believed must be reflected in any integrated care delivery model involving nephrology patients. In the second

perspective, James Hartle and Evan Norfolk describe the development of nephrology integrated care in the Geisinger Health System, an integrated health system serving a population of approximately 3 million people in northern and central Pennsylvania. Finally, Franklin W. Maddux, Stephen McMurray, and Allen R. Nissenson, medical leadership of Fresenius Medical Care, NA and DaVita, the two largest dialysis providers in the United States, provide their vision for integrated nephrology care. The editors hope that these three perspectives will help inform the ongoing consideration of how best to integrate nephrology care into the ACO model.

Disclosures

None.

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