WHEREAS, Independent practice associations (IPAs) have been a health care fixture for some time; and

WHEREAS, Unlike an integrated medical group, IPA participating physicians maintain their separate medical practices, and use the IPA vehicle to pursue managed care contracts (based upon the societal benefits of practice transformation, integration of care, promotion of efficient care, elimination of redundancies and futile care, tied to proper reimbursement for this enhanced/high value care – as opposed to improperly utilizing market share and gatekeeper functions) that they could not obtain on their own; and

WHEREAS, Single specialty IPA’s have become somewhat more common of late; and

WHEREAS, Single specialty IPA’s have led to a greater interest in adverse payer policies such as capitation of physician services; and

WHEREAS, Compared to a multispecialty IPA, a specialty IPA is less likely to promote integration of care; and

WHEREAS, Some managed care plans have sought to drop participating physicians from its provider panel and to retain a physician only if the physician joins the company’s contracted specialty IPA; and

WHEREAS, The typical IPA is a professional corporation with a panel of participating primary care physicians and a broad range of specialists, and a board that governs in a manner that promotes the interests of its member physicians; and

WHEREAS, The contracted specialty IPA selected by the managed care company may not at all represent the physician (and the community’s) interests, but instead represents its own interests and those of the managed care company; therefore be it

RESOLVED, That our American Medical Association conduct a study relating to the impact of managed care plans replacing their participating physicians with those of a non-primary care physician single specialty independent practice association. (Directive to Take Action)

Fiscal Note: Not yet determined

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