But exactly what the "right incentives" are remains a point of debate. Shared savings may be a great concept, but four of the 10 PGPs have thus far never received a bonus.

"The groups who didn't receive bonuses would tell you that they didn't have a large enough [patient] population," Walters says. "As well, Medicare's 2% savings threshold is perhaps a flawed design."

The lack of financial risk—participating physicians still receive their regular Medicare fee-for-service payments—has also been criticized. As an opinion piece in the October 2010 issue of the *American Journal of Managed Care* put it: "An approach that attempts to upset or dislocate no one" may not prove a strong enough incentive to impel physicians to change their behavior.

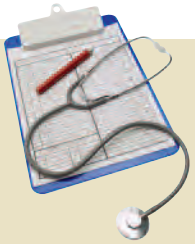
Right: But Walters disagrees. "Doctors want to do the right thing," she says, "and the system should be redesigned to make it easy for them to do so—then their behavior will change."

Meanwhile, DH is launching its own ACO through a joint pilot payment program with Anthem Blue Cross and Blue Shield. However, Walters says, it's "still in the early stages."

CMS is also working to transition all 10 PGPs into a newly-formed ACO program. "We're all eager to continue the good collaboration and improved clinical care begun with [the demo]," says Walters, "and make the terms and conditions better in partnership with Medicare."

Alissa Poh

CLINICAL OBSERVATION



In this section, we highlight the human side of clinical academic medicine, putting a few questions to a physician at DMS-DHMC.

Scott Rodi, M.D.
Assistant Professor of Medicine

Rodi is chief of the Section of Emergency Medicine and medical director of the Emergency Department (ED). He is also the founder and director of DHMC's Center for Rural Emergency Services and Trauma (CREST). He came to DHMC in 2001.

When and why did you decide to become a physician?
There was no one moment. With three generations of physicians in my family, the choice seemed somewhat inevitable but I resisted it during most of my education. At the end of college, though, I realized I was evaluating every alternative in terms of whether it would ultimately make me a better doctor, so I gave up the fight.

What got you interested in emergency medicine?
I came to the specialty indirectly. I started off in orthopaedics but realized that I missed being involved in many other areas of medicine. I also realized that I liked delivering acute care more than elective care. Finally, the societal expectation that emergency physicians will deliver care regardless of the patient's ability to pay is important (albeit at times frustrating) to me.

What is a typical day like for you?
In the ED, by definition, we see everything that comes through the door, so we touch virtually every specialty in medicine. A "typical" day includes everything from traumatic injuries, to cardiac problems, to psychiatric issues, to ingrown toenails and dental pain. From an academic standpoint, this can be a bit of a liability, but from a practice perspective I find it one of the most appealing things about emergency medicine.

What are your favorite nonwork activities?
Skiing, hiking, biking, sailing, and woodworking.

What websites do you use most often?
None. I proudly remain a relative Luddite.

Where would you most like to travel?
At the risk of sounding hedonistic, I'd pick exploring the islands off Southeast Asia on a wooden sailboat.

Finish this sentence: If I had more time I would . . .
In my current life, I would spend more time at home—more time with my family and more time in my workshop.

What is a talent you wish you had?
Other than being able to fly (a recurring childhood dream), I have always wished that I had some musical ability.

What do you admire most in other people?
Honesty.

What was your first paying job?
After miscellaneous jobs—like babysitting, mowing lawns, and sanding boats—my first regular paying job was a newspaper route when I was 12.

What about you would surprise people who know you?
That I spent some time in jail, and then under house arrest, in Ecuador a number of years ago.

What is the greatest frustration in your work? And what is the greatest joy?
Politics is the greatest frustration. At a national and sometimes local level, fights are fought and decisions are made that hinder, rather than enhance, our ability to give care. So we as a system spend an inordinate amount of resources responding to an ever-increasing number of policies and regulations. At an individual level, this ultimately translates to less time with patients. Which, in answer to the second part of the question, is what I still like most about my job.