The landscape of population health is evolving rapidly, which supports the ageless contention that change is the only constant. Another way to view this may be that as the healthcare ecosystem continues to evolve, new organizations replace older ones, and the “changing climate” has an impact on the landscape. I’d like to share with our readers 3 newer organizations that I believe are making significant contributions to the movement from a focus on the cellular level of disease to the impact of health in our society—the Interdisciplinary Association for Population Health Science (IAPHS), the National Association of ACOs (NAACOS), and the California Association of Physician Groups (CAPG).

IAPHS: Improving Population Health Through Innovation

IAPHS was first incorporated on January 5, 2015, and was recognized as a charitable 501(c)(3) organization on April 27, 2015. IAPHS is currently in the planning phase and will eventually become a membership organization. The organization is led by a volunteer Board of Directors, a senior Advisory Council, and several key committees, all of which can be openly viewed online. What is fascinating about this organization is its commitment to an interdisciplinary population-based approach to health and healthcare. From IAPHS’s perspective, population health means everything from improving children’s lives to help them become healthy adults, to building healthier community environments, and even to changing discriminatory policies in the public sector.

In an era when some experts deny that there’s a difference between public health and population health, IAPHS is building a bridge from academia to the implementation of public policies to improve the health of the population in many different sectors. I like their inclusive definition of the word “populations,” which they contend “can refer to groups of people sharing common sociodemographic characteristics such as age, race/ethnicity, gender or economic status; individuals with a specific disease or condition; and people served by the same healthcare provider, health plan or insurer. IAPHS emphasizes the first and second definitions for 2 reasons. First, a focus on patient populations tends to divert attention from causes of health…that occur at the community, nation, or higher levels. Second, individuals who lack specific diagnoses or institutional providers may be most at-risk for poor health outcomes.”

Time will tell if IAPHS can fulfill its vision by improving the health of populations through science and innovation, and by bringing together a very diverse group of scientists from different disciplines. I’m in their corner, loudly cheering them on.

NAACOS: Improving Community Health Through ACOs

NAACOS is another new organization categorized as a 501(c)(6) not-for-profit trade association that represents in excess of 195 accountable care organizations (ACOs) from more than 40 states, to enable them to “work together to increase quality of care, lower costs, and improve the health of the communities, determined to create an environment for advocacy and shared learning.”

NAACOS is guided by a group of experienced policy experts, led by their founder, Clif Gaus, ScD, whom I met as a Robert Wood Johnson Clinical Scholar in 1985. Dr Gaus has brought together a formidable Board of Directors, including Peter Gross, MD, from the Hackensack Alliance ACO; Barbara Walters, DO, MBA, the Executive Vice President and Chief Population Health Officer at Trinity Health in Livonia, MO; and Katherine Schneider, MD, MPhil, FAAFP, President and Chief Executive Officer of the Delaware Valley ACO, an affiliate of Jefferson Health in Philadelphia. The mission of NAACOS includes fostering the growth of ACO models of care, participating with federal agencies in the development and implementation of public policy, and educating members in clinical and operational best practices.

In other words, NAACOS is evolving as the go-to policy group for the business of improving health through an ACO model. For example, their national meetings include presentations from members to benchmark best practices, and, at the same time, joining with vendors from the information technology industry, the pharmaceutical industry, and others. As the number, size, and diversity of ACOs change, so will their political and operational challenges. NAACOS is rapidly becoming the...
answer to these evolving challenges. It has a loose affiliation with AcademyHealth and the National Quality Forum, which are major, well-established organizations in Washington, DC. I believe NAACOS is an important voice for the future of the entire ACO movement.

**CAPG: Population-Based Medicine**

CAPG was formed in 1995 as the Physician Groups Council by the Healthcare Association of Southern California, and is the oldest of the 3 organizations profiled in this editorial. In 2000, the Physician Groups Council was renamed the California Association of Physician Organizations (CAPO), and in 2002 it filed an independent Article of Incorporation to separate from the Healthcare Association of Southern California. In 2013, the group changed its name to CAPG, recognizing its current role as a national membership group that is exclusively focused on multispecialty medical group practices and independent practice associations in 40 states.

**Continuing Evolution**

IAPHS, NAACOS, and CAPG may be the new “alphabet soup” of population health, but to me they indeed represent the continued evolution of the ecosystem changing from the cellular focus on disease to the societal impact of practicing a new type of medicine focused on the health of the population. Surely there are many other organizations we could highlight, but these 3 groups are building bridges from academia to the policy community, benchmarking the best performance among ACOs, making this information publicly available, and helping multispecialty group practices with physician leaders to make capitation the core of the reimbursement system.

I hope to hear from our readers regarding other organizations contributing to the ecosystem. As always, you can reach me at my e-mail address, david.nash@jefferson.edu.

**References**