

Physician Perspectives on MACRA

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General observations

- MACRA is complex
 - Law reflects the diversity of the profession and emphasis on choice
 - Regulations can add complications
- One goal of MACRA was to simplify administrative processes for physicians
 - Compared to recent past (SGR) and current framework (MU, PQRS), the proposed regulations did include significant improvements
 - Many more improvements are needed for successful implementation
- Medicine's goal is to significantly reduce net regulatory burdens, while creating flexibility and choice
- AMA and other medical societies submitted lengthy, detailed comments with recommended solutions for key shortcomings of proposed rule



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MACRA for Small, Rural and/or Independent Practices

- MIPS impact table predicting pay cuts for high percentage of clinicians in small practices, based on 2014 PQRS data, should be interpreted with caution
 - Many small practices did not do PQRS in 2014; VBM only for larger practices then
 - “Eligible clinician” pool larger for MACRA than PQRS; non-physicians who were not covered by PQRS could not “succeed” in 2014
 - MACRA policies, including small practice accommodations, not reflected in table
- Many small, independent practices deliver high-value care
- Important to ensure that MIPS does not harm patient access to this care
- Don’t give physicians with few Medicare FFS patients a reason to see even less by reducing Medicare patients, only taking MA, opting-out, going non-par



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Solutions for Small, Rural and/or Independent Practices

- Increase low-volume threshold to exempt more physicians from MIPS
 - CMS proposed < \$10K Medicare charges AND < 100 Medicare patients, which exempts 10% of physicians and < 1% of total Medicare allowed charges
 - AMA recommends < \$30K OR < 100 patients (29% of physicians, <7% of charges)
- Compare peers to peers so group size is not determining factor in success
- Allow participation through virtual groups (no CMS proposal in NPRM)
- Maintain MU hardship exclusions in Advancing Care Information
- Further reduce Quality & Clinical Practice Improvement required reporting
- Provide technical assistance, help desks and staff ASAP
- Use consistent definition of small practices



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Recommended MIPS Solutions

Quality

- Maintain existing 50% reporting threshold; do not increase to 80% - 90%
- Further reduce required measures to 4 instead of 6 (currently 9)

Resource Use

- Move to episode measures, improve attribution and risk adjustment
- Make resource use optional until these improvements are made and tested

Clinical Practice Improvement

- Reduce number of required CPI activities
- Increase avenues for certifying Medical Homes
- Increase CPI score for participation in alternative payment models (APMs)

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Recommended MIPS Solutions

Advancing Care Information

- Grant credit for each reported base measure to eliminate pass/fail approach
- Encourage innovative uses of technology and alternative measures

Overall

- Start performance period in July 2017 to allow for successful MACRA launch
- Provide timely, actionable feedback on performance
- Synthesize requirements and scoring to unify MIPS (vs four separate programs)

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Recommended APM Solutions

Nominal Risk

- Define simply as small percentage of APM entity Part A and B revenues
- Allow all APMs to count loss of upfront payments as financial loss risks
- Allow APM operating costs to count as loss risks

Modify APMs

- Modify existing APM participation agreements so more existing APMs can qualify under MACRA, such as BPCI participants and Track 1 ACOs

Medical Homes

- Do not limit medical homes to < 50 clinicians
- Do not increase minimum financial risk after year 1
- Allow Medicaid PCMH to qualify without taking risk

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Recommended APM Solutions

APMs for Specialists

- Offer more opportunities for specialty societies to develop eligible APMs
- Provide a timeline and process for CMS review of new APM proposals

Overall

- Start performance period in July 2017 to allow for more APMs to be qualified as MIPS or Advanced APMs when performance period begins
- Develop pathways for MIPS participants to become APM participants

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