AMA Seeks to Soothe MACRA Mania

— Fear and loathing greets MACRA

CHICAGO -- The American Medical Association just finished taking last minute bows for the repeal of the dreaded sustainable growth rate (SGR) payment scheme and is now working to decipher MACRA, the newly minted payment method that replaced SGR.

At a special forum following the opening of the AMA's annual house of delegates meeting here AMA president Steven Stack, MD, warned
physicians to be prepared for "a lot of heavy lifting."

Not surprisingly, delegates arrived here armed with several resolutions aimed at blocking, delaying, or dismantling MACRA -- and some of those may become AMA policy this week.

Stack cited what he said were numerous problems with the way in which the Obama administration's proposed implementation established timelines and reporting thresholds.

Stack predicted that MACRA will overburden doctors who have to implement major practice changes, especially those in smaller groups against whom "the deck is stacked" pointing to a greater likelihood of penalties.

In particular, there are a lot more opportunities for primary care doctors to participate than there are for specialists, especially for alternative payment models.

Another issue is timing -- the rule's proposed start date of Jan. 1, 2017 is much too soon, he said.
But Stack said doctors should not think they'll be somehow spared implementation when a new administration takes office next year. "Don't look to the next Congress or administration (thinking) there will be a different people, including the presidency, and that will somehow be a silver bullet. That isn't going to be the thing that fixes this because both parties ... are really invested in this to make it work," he said.

Physicians' "best chance is to make the rule the best we possibly can," and persuade Congress and officials with the Centers for Medicare & Medicaid Services how to change the rule so that the programs work instead of fail.

"Each year we'll do rulemaking, and then we'll always come back and make it better."

The massive payment reform was written into the Medicare Access and CHIP Reauthorization Act of 2015. It will pay doctors based on quality of care and resource use instead of on volume.

The Centers for Medicare and Medicaid Services (CMS) has outlined an alphabet soup of radical program changes doctors must choose from and implement, such as Advanced Payment Models or APMs, the Merit-Based Incentive Payment System or MIPS, Clinical Practice Improvement activities or CPI, and Advancing Care Information or ACI.

But MACRA is better than
what physicians faced before, with the physician quality reporting system and value based payment modifier, which put doctors at risk of penalties in 2019 totaling a minus 11%, "with no promise of a positive bonus," Stack said. "MACRA reduces the total penalty of risk from 11% to 4% in 2019 for a complete failure to achieve what they outline." And there is a significant restructuring of the "seriously flawed" meaningful use program, Stack said.

Even though MACRA is better, he said, "better does not mean good." He added that the AMA will be working with many other physician organizations over the coming weeks to remove some of the financial risk and unnecessary reporting the proposed program now entails.

Stack said, however, that although he thinks the administration is serious about moving forward with these payment models, even with their flaws, they're willing to listen to constructive ideas.

"I think there are a number of people in Congress, and in the executive branch, who would say, 'you know, we don't want to keep beating doctors up all the time. We get that it's making them mad and we're not happy either.' If we could design a way ... (to) achieve the same objectives, I think they would like that."

Asked if the doctors can, realistically influence CMS to write a final rule that will be simpler, and less burdensome, Stack replied, "yes to both. But the challenge is that this is such a profound change in so many ways, it's going to be heavy lifting, even if they make a good rule. But it's not going to go away. The private payers are doing a variation of this in
AMA Seeks to Soothe MACRA Mania

“Growing numbers.”

1 COMMENT

RECOMMENDED FOR YOU

06.22.2016 COPD
COPD Doesn't Keep Many Younger Patients From Smoking

Low income also linked to lower smoking cessation rates

06.22.2016 PREGNANCY
Fertility Treatment and Twin Birth Defects: No Link

Twins face increased risk irrespective of conception method

06.22.2016 PARKINSON'S DISEASE
Parkinson's Disease: Prevalence Seen as Rising

Biggest spike seen in men 70 years of age and up

MedPageToday is a trusted and reliable source for clinical and policy coverage that directly affects the lives and practices of health care professionals.

Physicians and other healthcare professionals may also receive Continuing Medical Education (CME) and Continuing Education (CE) credits at no cost for participating in