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The recurring theme of concerns surrounding the difficulties small and rural practices may have adapting to the Medicare Access and CHIP Reauthorization Act (MACRA) (P.L. 114-10) was brought up repeatedly at a full Senate finance committee hearing. Committee members asked CMS director Andy Slavitt what the agency was prepared to do to help physicians in their home states achieve program success. Slavitt reiterated CMS’ commitment to helping physicians, mentioning that the agency intended to offer support and flexibility as payment models continue to shift toward value-based care.

Starting too soon? Senator Orrin Hatch (R-Utah) expressed concern that the program may be starting too soon for physicians to prepare. In his response, Slavitt emphasized that the agency’s goal is to ensure that physicians are set up for success with the program, and that CMS is open to multiple approaches such as considering alternative start dates and allowing physicians to gain program experience before fully committing. Overall, MACRA’s aim is to allow physicians to spend more time on providing care and less time submitting paperwork.

Virtual groups. In response to Senator Ron Wyden’s (D-Ore) comments about the promising but complicated premise of allowing individual physicians to form virtual groups and report together, Slavitt noted that both solo and rural practices will benefit from this arrangement. This is an important distinction due to the large amount of beneficiaries living in rural areas. The goal is to allow physicians to continue to work independently, but ease the burden on those with a small staff—such as the many offices staffed entirely by a physician and his or her spouse.

EHRs, interoperability, reducing physician burden. Senator Debbie Stabenow (D-Mich) noted that physicians in her state who live in remote areas are concerned about electronic health record (EHR) requirements, due to technological limitations in their area. CMS is working toward providing more flexibility in program compliance, especially for rural and small practices. Although EHR adoption is widespread, systems are not sufficiently interoperable. CMS’ current goal with EHRs is to achieve better coordination between providers, which is a priority for value-based care overall. Slavitt repeatedly stated that all providers, especially those in small practices, need to be given the time and freedom to practice medicine. This can be achieved by both reducing reporting burdens (such as streamlining reports and allowing data to be captured from other sources) and providing payments for time spent coordinating care with other providers, checking up on patients, and ensuring that patients receive the services they need to flourish in their home environments.


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