By Bryant Storm, J.D.

Lawmakers and physician leaders discussed the steps physicians are taking to prepare for Medicare changes under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) (P.L. 114-10) at an April 19, 2016, hearing held by the House Committee on Energy and Commerce, Subcommittee on Health. The hearing addressed the promise of the new law, the necessary preparations physicians must take to benefit from the legislation, and points of caution that should be areas of focus for CMS as the agency works on regulations the agency is expected to release this spring.

Benefits. The physician leaders who testified at the hearing celebrated the patient oriented nature of the legislation. They also applauded the way MACRA seeks to move Medicare forward through the elimination of the sustainable growth rate (SGR), the streamlining of programs through the Merit-Based Incentive Payment System (MIPS), and the reliance on alternative payment models (APMs). Barbara McAneny, testifying on behalf of the American Medical Association (AMA), noted that in addition to resetting and improving quality reporting, "MIPS has the ability to streamline measures, reduce reporting burden, create flexibility to report on clinically relevant measures, encourage participation, and overall improve care."

Incremental. Despite the benefits of the transitions under MACRA, Jeffrey Bailet, President of the Aurora Health Care Medical Group, testified as to the need for regulators "to proceed cautiously" during the transition. Bailet warned that as CMS takes on the dramatic transition from fee-for-service towards MIPS and APMs, the agency needs to be aware there is a learning curve for many providers, which comes alongside new financial risk. As a result, Bailet recommended that the MIPS and APM regulations "providing an incremental approach that includes flexibility and rational exposure to financial risk."

Burnout. Robert McLean, testifying on behalf of the American College of Physicians, raised concerns regarding physician burnout and relayed anecdotes of physician complaints regarding other laws and regulations like those related to electronic health records, prior-authorizations, and payment penalties. While McLean acknowledged the importance of the goals of the "triple-aim"—(1) improvement of the patient experience; (2) improving health populations; and (3) reducing per capita costs—he testified that the triple-aim should become the quadruple-aim with a fourth goal related to physician burnout. Specifically, he recommended that stakeholders focus on a fourth goal of "improving the work life of health care clinicians and their staff." To achieve the goal, McLean recommended less burdensome reporting and the development of pathways for patient-centered medical homes.

Education. To prepare primary care physicians, Robert Wergin, Board Chair of the American Academy of Family Physicians (AAFP), testified that the AAFP has developed a comprehensive, multi-year member education, and communications effort called "MACRA Ready." The effort includes regularly updated educational resources, tools, resources, videos, and assessments. Although Wergin acknowledged that without a Proposed rule it is difficult to identify what exactly CMS will do under MACRA, he noted that the AAFP would like CMS to address flaws that undervalue primary care, ensure the existence of APMs for primary care physicians, avoid over complex regulation, and grant greater flexibility in the initial MACRA performance year because January 1, 2017, is an unrealistic date to begin measuring performance because the regulations are not yet finalized.