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Medicare Access and CHIP Reauthorization Act of 2015: Examining Physician Efforts to Prepare for Medicare Payment Reforms

American College of Cardiology
April 19, 2016
Statement submitted for the record to the House Energy and Commerce Health Subcommittee
United States House of Representatives

The American College of Cardiology (ACC) is pleased to submit this statement for the record to the House Energy and Commerce Health Subcommittee for the April 19, 2016 hearing, "Medicare Access and CHIP Reauthorization Act of 2015: Examining Physician Efforts to Prepare for Medicare Payment Reforms."

The ACC is a 52,000-member medical society that is the professional home for the entire cardiovascular care team. The mission of the College is to transform cardiovascular care and to improve heart health. The ACC leads in the formation of health policy, standards, and guidelines. The College operates national registries to measure and improve care, provides professional medical education, disseminates cardiovascular research and bestows credentials upon cardiovascular specialists who meet stringent qualifications. The ACC also produces the *Journal of the American College of Cardiology* (JACC), ranked number one among cardiovascular journals worldwide for its scientific impact.

The College is pleased to see Congressional oversight of the *Medicare Access and CHIP Reauthorization Act*, or MACRA, continue as the House Energy and Commerce Health Subcommittee holds a second hearing on this topic, this time specifically focusing on the clinician perspective. Since MACRA was signed into law, the ACC has been focused on educating cardiologists, cardiovascular care team members, and cardiology practice administrators on the transition from the current value-based payment programs to those coming under MACRA. The ACC has formed a member-driven MACRA strategic taskforce that meets monthly to develop recommendations for the College's role in aiding its members in successfully meeting the requirements under the new payment system. The taskforce is also focused on coordinating efforts of the College through advocacy, quality measure development, and the continued development of our clinical data registries to meet these needs. In addition, the ACC has published articles in the *Journal of the American College of Cardiology* related to MACRA, held several webinars, and has hosted seminars with representatives from the Centers for Medicare and Medicaid Services (CMS) at its annual meeting to educate cardiovascular clinicians on the impending payment system and supply further information on how to be successful in the new payment system. The ACC remains engaged in conversations with CMS and other stakeholders and these conversations remain positive and productive.

In response to the October 1, 2015 CMS request for information, ACC urged CMS to ensure that the MIPS and APM pathways be based first and foremost on supporting the clinician's ability to provide high-quality, evidence-based care to Medicare beneficiaries. In addition, the College stressed that the new payment system under MACRA must apply appropriate measures and requirements that recognize the diversity of clinicians and patient populations, and that CMS must continue to work with medical specialty societies and practices to ensure that program requirements fit within the clinician workflow and are not administratively burdensome.

Other ACC recommendations included in its response to the CMS request for information:

- Since Meaningful Use is a component of the MIPS score, CMS should reopen MU Stage 3 to realign the program to focus on interoperability and usability, and evaluate whether clinicians are successful under the Stage 2 Modifications rule. CMS must also eliminate the pass/fail approach to the program before integrating it into the MIPS program.

- Quality measure reporting requirements should be based on clinicians reporting the most clinically meaningful measures based on their specialty and services provided. Arbitrary thresholds such as reporting a certain number of measures according to the National Quality Strategy should be eliminated.
- The collection of valid performance data is essential to a pay-for-performance system. CMS should collaborate with Qualified Clinical Data Registry vendors such as the ACC and practices so all stakeholders can better understand any data issues and work together to resolve them if they arise.
- All resource use measures should be appropriately risk-adjusted so clinicians are not penalized for treating chronically ill patients. In addition, each resource use measure must be counter-balanced with an appropriate quality measure.
- CMS should not mandate participation in any specific activity under the new Clinical Practice Improvement component of the MIPS program. Clinicians should be permitted to participate in those activities that meaningfully drive improvements in care based on their patient population, specialty and practice size.
- CMS must provide clinicians with usable, accessible and actionable feedback reports that truly allow them to assess their performance and identify areas for improvement. Current feedback reports provided by CMS, such as the Quality Resource and Use Report (QRUR), are highly technical and difficult for many clinicians to understand.
- CMS and the Centers for Medicare and Medicaid Innovation should continue to work with the private payer and clinician communities to align quality measures and reporting requirements, allowing clinicians to easily transition between the MIPS program and APM participation.

MACRA is a bipartisan product of a multi-year Congressional effort that was constructed in close consultation with specialty associations. MACRA creates a new payment system that pays clinicians based on quality and value rather than volume. MACRA recognizes that quality and value are not one-size-fits all concepts across specialties. Flexibility will be required to ensure that the system truly rewards clinicians for their efforts to provide evidence-based care and seek innovative ways to manage costs without threatening patient outcomes. Because of these fundamental positives, the law is necessarily complex. Working to streamline the new payment system and make it understandable to clinicians is a priority of the College. We commend CMS and the Administration for continuing to seek the perspectives of clinicians across specialties as they navigate the implementation of this complex law and encourage Congress to do the same in its oversight.

As the roles of each clinician in the process are being defined under MACRA, the unique role specialty providers, such as cardiologists and all members of the cardiovascular care team, play in the process must be recognized. Cardiologists typically care for patients who have multiple complex conditions and require coordination between multiple clinicians. New payment models should be reflective of this population and the clinicians who care for them.

Again, we applaud the Subcommittee for holding this hearing and look forward to additional Congressional oversight of MACRA following the release of the pending MACRA proposed rule and beyond.