

MACRA Implementation: Quality Improvement and Health Information Technology

Key Takeaway: *The Alliance of Specialty Medicine supports efforts to improve the quality and overall value of healthcare so long as programs are meaningful to specialty physicians and their patients, driven by clinical expertise, carefully evaluated for feasibility and relevance, and provide physicians with flexibility to choose activities that are most appropriate for their practice. Until such policies are in place, physicians should not be held accountable for increasingly difficult and clinically irrelevant federal reporting mandates. At a minimum Stage 3 of Meaningful Use should be delayed.*

The Alliance thanks Congress for devoting a portion of the Medicare Access and CHIP Reauthorization Act (MACRA) to streamlining existing federal quality reporting mandates, addressing obstacles that currently prevent specialists from participating meaningfully in these programs, and reducing the amount of physician payment at risk. We also appreciate that MACRA affords medical specialty societies the opportunity to work closely with federal agencies to determine how best to interpret the law.

In the interim, many of our societies' members continue to struggle with satisfying the requirements of the Electronic Health Record (EHR) Meaningful Use program because the measures are not relevant to specialty medicine and the unique patient populations our providers treat. CMS attempted to address some existing participation barriers and simplify reporting requirements, but the program still fails to offer measures that meaningfully capture specialty care. The Alliance also believes it is counterintuitive to propose flexibility options for Meaningful Use in one proposed rule, while simultaneously proposing that all providers move to Stage 3 in 2018, regardless of previous participation status. The proposed requirements for Stage 3 include much more difficult measures and aggressively higher thresholds that will be virtually impossible for specialty providers to meet. Only about one-half of physicians eligible to participate in the EHR Incentive Program have done so, and only a small fraction have been able to satisfy Stage 2.

Making changes to this program too quickly, without a sufficient evidence base, and at a time when the new Merit-Based Incentive Payment System (MIPS) under MACRA is being developed, will result in misguided policies that further discourage specialist engagement and erode the quality of patient care. **Therefore, we ask Congress to press CMS to delay Stage 3 Meaningful Use** until a majority of providers are successfully attesting to earlier stages and CMS has had a chance to carefully study existing barriers to participation.

Guiding Principles: As CMS implements the new law and the details of MACRA are fine-tuned, the Alliance will continue to work to ensure that future policies:

- Recognize a wider array of quality improvement activities, measures, reporting mechanisms and alternative payment/delivery models so that physicians can choose those that are most relevant to their patient population and most appropriate for their practice.
- Ensure performance calculations recognize the attainment of thresholds and personal improvement over time.
- Enhance recognition of the value of clinical registry data.
- Ensure only data that proves to be accurate, actionable, and meaningful is reported to the public.
- Ensure EHR interoperability standards are developed and enforced and barriers to participation are more carefully evaluated prior to holding physicians accountable to increasingly difficult requirements.