PATHWAYS TO QUALITY CARE UNDER THE PROPOSED MACRA RULE

Recently, the American Society of Nephrology (ASN) provided comments to the Centers for Medicare & Medicaid Services (CMS) to guide its implementation of the forthcoming new physician payment system to ensure it is optimized for nephrologists. ASN's comments on Medicare's proposed rule emphasized unique aspects of nephrology and kidney patient care that require special consideration, and encouraged Medicare to ensure as many paths as possible to participation in the new payment system.

Last year, Congress repealed and replaced the Sustainable Growth Rate (SGR), the outdated physician payment system that called for substantial annual cuts to physician reimbursement, by passing the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

Under the new law, physicians can expect predictable, positive payment schedules beginning in 2019. MACRA creates a Quality Payment Program that ends SGR, makes a new framework for rewarding health care providers for giving better care not just more care, and combines three existing quality reporting programs (PQRS, Meaningful Use, and the Value-Based Modifier) into one new system.

MACRA establishes two pathways to participate in the Quality Payment Program, which will take effect on January 1, 2019:

1. The Merit-based Incentive Payment System (MIPS) or
2. Advanced Alternative Payment Models (APMs).

In its proposed rule, Medicare laid out how it plans to implement these two programs. ASN commented on (complete letter of comment available here) this proposal and anticipates that CMS will issue a final rule in the fall of 2016.

In general, ASN encouraged CMS to:

- **Develop a robust outreach and education strategy** to help clinicians understand the new payment system, decide which payment pathway makes the most sense for them, and prepare their practice to participate successfully in that pathway.
- **Delay the start of the performance period until July 1, 2017, instead of on January 1, 2017.** This additional six-month period is needed to educate clinicians and help them prepare for the new system.

The Merit-based Incentive Payment System

The Merit-Based Incentive Payment System (MIPS) is one pathway in the QPP that will adjust clinician payments based on performance in four categories: quality, resource use, clinical practice improvement activities and use of an electronic health record system (advancing care information).

Additional ASN recommendations

MIPS 1: QUALITY

- **Develop better quality measures:** ASN recommends CMS work with the society to develop meaningful, nephrology-based quality measures taking into account the unique challenges faced by both the complicated care needs of kidney patients and the fact that nephrologists operate in multiple facilities from which the data will come.
- **Don't make reporting quality data harder:** CMS should continue data completeness levels at 50 percent versus the proposed 90 percent for clinicians reporting with QCDRs, EHRs or qualified registries; or 80 percent Medicare Part B patients when clinicians use claims reporting.

MIPS 2: RESOURCE USE

- **Account for vulnerability of kidney patients:** ASN recommends CMS factor in nephrology-based variables, such as nephrologists reporting data from multiple facilities and providing care for patients who often represent some of the sickest in the Medicare system with some of the most expensive care as well, when considering resource use.
- **Create nephrology-specific assessments of resource use:** ASN proposes to work with CMS to further develop potential paths that lead to appropriate measurements of resource use by nephrologists. These approaches could include but are not limited to hospital-acquired acute kidney injury, chronic dialysis initiation, kidney allograft rejection, and comprehensive conservative care for patients electing to not receive kidney replacement therapy.

MIPS 3: CLINICAL PRACTICE IMPROVEMENT ACTIVITIES

- **Better reflect clinicians' efforts to improve their practice:** Grant clinicians who practice in Alternative Payment Models the full credit for the "Clinical Practice Improvement Activities" category, recognizing their efforts at practice transformation.
- **Appropriately value:** Value other proposed types of "Clinical Practice Improvement Activities," with the full, "high" value.
- **Allow CME, more telehealth activities and the use of Quality Improvement Organizations:** Allow all to count as "Clinical Practice Improvement Activities".

MIPS 4: ADVANCING CARE INFORMATION (ELECTRONIC HEALTH RECORD USE)

- **Eliminate "all or nothing":** ASN recommends that CMS revise its "all or nothing" proposal to base scoring in this category. This is particularly important for nephrologists who often work in facilities that do not have EHRs or systems that do not communicate with each other – a situation the nephrologist rarely has any control over.
- **Reduce reporting requirements:** A single, 90-day period is sufficient for data collection in this category – not a full calendar year, as proposed by CMS. Also, before implementing more stringent standards for EHR use, better EHR systems that fully interface and offer genuine interoperability are needed.

Additional ASN recommendations

Advanced Alternative Payment Models

Alternative Payment Models (APMs) are models that test new ways of delivering and/or paying for care and that closely link payment to patient outcomes.

"Advanced APMs" are APMs that take on more financial risk than standard APMs. Clinicians who practice in Advanced APMs will not have to participate in the MIPS program—and will see a 5% bonus in the first years of the program.

Clinicians who practice in standard APMs have to participate in the MIPS program but will receive advantages in terms of favorable reporting and scoring.

- **ASN is concerned that too few APMs—and particularly, too few Advanced APMs—exist as options for specialists, including nephrologists.** CMS should utilize every lever available to expand APM and Advanced APM opportunities, including:
  1. Considering modifications to reduce the level of required risk for physician-focused models.
  2. Enabling CMMI to test significantly more models than at present, in order to facilitate the goal of creating as many options as possible for clinicians to participate in APMs and Advanced APMs.
- **ASN recommends CMS revise the proposed definition for Medical Home Models** to include subspecialists in internal medicine, including nephrologists, who serve as principal care providers to participate in and form specialty care medical homes.
- **ASN recommends a CKD PFPM APM** that will provide a range of care for CKD patients in addition to dialysis and including transplantation.

Most importantly, ASN stresses that the independence of the patient-physician relationship, and clinician latitude to individualize patient care, must be preserved and should be an important consideration in the design and selection of all aspects of the QPP.

CMS is expected to issue the final rule this fall, and ASN will provide further information regarding the final outcomes of its recommendations on behalf of nephrologists at that time.