

Keeping Our Eyes on the Prize

Most of us have likely tested the waters of the Quality Payment Program (QPP) and, at the very least, will avoid a four percent Merit-based Incentive Payment System (MIPS) penalty in 2019.

Some practices may have even earned an incentive for 2017, which has been dubbed a “transition year.” As 2017 draws to a close, the bigger and broader question becomes whether 2018 will move us further down the path toward value-based care or sideline us with road bumps and other delays.

The Medicare Access and CHIP Reauthorization Act (MACRA) shifted physician payment so that it rewards value and quality over volume via the creation of the Quality Payment Program (QPP) in 2015. The QPP offers two pathways for reimbursement: The Merit-based Incentive System (MIPS) and Advanced Alternative Payment Models (APM). (MIPS replaces the Physician-Value Based Payment Modifier [VBM], Physician Quality Reporting System [PQRS], and the Meaningful Use EHR Incentive Program).

As discussed in many Digital Practice columns this year, there are three approaches to MIPS reporting. Number 1 is all about avoiding a penalty. Number 2 allows a practice to avoid any penalty and potentially earn a small bonus. Option Number 3 allows a practice to avoid the penalty and potentially earn the full bonus.

And it seems that 2018 will also be something of a transition year for practices. The “pick your pace” option will continue for at least one more year to hopefully set up more practices to succeed. There’s also a good chance that the pace of bundled payments may be slowed, due to the fact that

some opinions over at the Department of Health and Human Services (HHS) differ from those of the past.

Congress created the Center for Medicare and Medicaid Innovation (CMMI) in 2010 to test new approaches and models to pay for and deliver health care. The slow march toward Advanced Alternative Payment Models (APM) will continue into 2018. An op-ed in the *Wall Street Journal* by Seema Verma, administrator for the Centers for Medicare & Medicaid Services, stated that the Trump Administration plans to lead the CMMI “in a new direction” to give providers more flexibility with new payment models and to increase healthcare competition. The details have yet to be fleshed out, but we’ve been duly warned. Most dermatologists will not participate in the APM pathway, so MIPS is the way forward for us.



We know the finish line—a system that rewards us for value over volume—but if 2017 is any indication, the road is long and winding with quite a few potholes, forks, and detours. As dermatologists, we must keep our eye on the prize, i.e. value-based health care, but also continue our strong advocacy to make the road ahead more predictable. Such efforts will go a long way toward mitigating physician burnout. ■

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