MACRA, MIPS, and Radiology

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Radiology leaders are cautiously optimistic about payment programs.

Per usual, there’s no shortage of acronyms in radiology. But the two that need your close attention now are MACRA and MIPS. Their requirements are many and confusing, and several radiology leaders are wondering what complying with the programs will mean for their practices.

Will working to fulfill these obligations help or hinder you in your daily workflow and pursuit of optimal patient care? Experts addressed these questions at RSNA 2016. Overall, they said, you should be focused on quality, cost, clinical problem improvements, and advancing care information. But, there are six categories for which you’ll need to pay attention: clinical care, patient safety, care coordination, patient and caregiver experience, prevention and population health, and affordable care.

The buzzwords are familiar, but how they’re supposed to fit together under MACRA (Medicare Access and CHIP Reauthorization Act of 2015) and MIPS (Merit-Based Incentive Payment System) is unclear. MACRA repeals the Sustainable Growth Rate (SGR) and laid the groundwork for MIPS. MIPS brings the Physician Quality Reporting System (PQRS), Value-based Payment Modifier (VBPM), and Meaningful Use (MU) together under one umbrella, but it also adds in clinical practice improvement activities. “There’s a lot of overlap, so there’s been confusion,” said David Levin, MD, professor and emeritus chairman of radiology at Jefferson Medical College.

To successfully participate in MACRA and MIPS, you must report on your performance in a wide variety of areas, but you might still be wondering about how much reporting you’ll be asked to do.

Some Clarification

In October, the Centers for Medicare & Medicaid Services (CMS) did offer some clarity on how you can best comply with the new regulations. The reporting requirement and preparatory phase begins Jan. 1, 2017, but you won’t be penalized or rewarded for your performance until January 2019.
To ease you into the programs, CMS is giving you three ways to participate:
1. You can report on a full set of required quality metrics for at least 90 days. That means you can postpone any activity until October 2017, and it can still possibly lead to some positive payment adjustments.
2. You can report on at least one required metric in each quality, clinical problem improvement, or advancing care information – but not on cost – for at least 90 days. This can result in a small positive payment adjustment.
3. You can report on one required metric in quality, clinical problem improvement, or advancing care information for any period of time. This is the easiest option, and it lets you avoid a MIPS penalty. If you participate for the full year, you’ll get the maximum positive payment adjustment, but if you don’t participate in at least one of these options, you’ll incur a penalty in 2019.

Be aware, though, Levin said, that, like Meaningful Use, radiology could have a tougher time fully complying with MACRA and MIPS. The administrative and financial burden on you could be substantial because your reimbursement will still be attached to how well your referring physicians comply with the regulations. This could lead to difficulty for small and solo practices, he
What Lies Ahead?

Radiology’s ultimate goal – as with most programs – is to demonstrate the value it brings to the table – how it improves patient experience and contributes to care delivery alongside referring physicians, said Raymond Geis, MD, vice chair of the American College of Radiology (ACR) Commission on Informatics.

CMS plans to divide providers into two main categories – patient-facing and non-patient facing. In radiology, patient-facing providers will likely be mostly interventional radiologists, but some diagnostic radiologists, such as breast imaging providers, could fall into this category, as well. The lion’s share, though, will be non-patient facing, he said. Those of you in this category will have fewer reporting requirements, and if you work in a hospital, it’s possible you can rely on the hospital’s certified electronic health record (EHR) to document your activities.

And, everyone who participates will be scored on a scale of 0-100. The closer you are to 100, the better your payment adjustment will be. Remember, though, that the program is budget neutral, Geis said, so the adjustments will be shared across the population of high performers.

Your Tools

To help you acclimate to MACRA and MIPS, ACR has several tools at your disposal to make the process less painful.

**ACR Select:** You’re probably already familiar with this commercially-available tool. It helps with your ordering, working as a web service, integrated into your EHR, that reminds you and your referring physicians of ACR’s appropriateness criteria. Use it, and you’ll show you can treat patients better and cost the health care system less.

**ACRconnect:** This communication tool makes information flow easier between vendors, individuals, and communities that use ACR products and services. It includes application programming interfaces between vendor products used by facilities local to you, as well as Single Sign On to ACR applications through your ACR ID. The goal is to make your work more efficient and to automate whatever possible.

**ACR Assist:** This clinical decision support program offers structured clinical guidance that can be easily integrated into your daily workflow. It includes raw clinical content and a communication framework that makes content delivery easier. This tool’s intent is to provide content in a structured, vendor-neutral manner that lets reporting vendors offer guidance during interpretation when it’s most useful to a radiologist. It’s anticipated to help you increase your read volume.

**ACRcommon:** Think of this tool as a stylebook for you and your colleagues to use when you input data and findings into your EHR. It brings together existing ontologies and coding schemes, such as RadLex Playbook, SNOMED, CPT, and ICD9+ and is organized around scenarios, procedures, and findings. Think of ACRcommon as a phrase book for a trip to a foreign country, Geis said. It has the lexicon you need to make recording results as easy as possible.

These tools are designed to help you with your knowledge management, he said. As electronic deliverables, they will dramatically impact your reading and dictation time. So, even with all the hoops to jump through and twists-and-turns ahead, Geis said, radiologists have a bright future with MACRA and MIPS.

“MACRA will dent things, but it will not wreck us,” he said. “ACR and other radiology informatics organizations are making strides in defining tools that allow us to achieve new data and practice models. I’m cautiously optimistic that, if done right, we might have smooth sailing ahead.”