MedPAC calls for repeal of Medicare's new MIPS

BY GREGORY TWACHTMAN
AT A MEDPAC MEETING


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WASHINGTON – In a rare display of a near-immediate consensus, the Medicare Payment Advisory Commission agreed that the Merit-Based Incentive Payment System track of the new Quality Payment Program should be scrapped, although commission members are not yet ready to endorse a replacement plan.

MedPAC staff presented its idea of "repeal and replace" less then 10 months into the first reporting year, with staff member David V. Glass noting during an Oct. 6 meeting that "MIPS will not achieve the goal of identifying and rewarding high-value clinicians."

He cited estimates from the Centers for Medicare & Medicaid Services that compliance with MIPS will come with a $1 billion price tag, and the effort to streamline the process and make things more flexible "actually increases MIPS inherent

complexity. ... Because of all this complexity, it is extremely unlikely that clinicians will understand their score or what they need to do to improve it."

"Our most basic concern is that measures used in MIPS have not been proven to be associated with high-value care," Mr. Glass said. "Many of the MIPS quality measures are process measures, assessing only the care a provider delivers within their four walls."

MedPAC staff proposed a replacement option affecting all clinicians who are not a part of an advanced Alternative Payment Model program. Under their proposal, Medicare would withhold 2% of each clinician's Medicare payments. Clinicians could earn back that 2% by joining a large reporting entity (either as part of a formal business structure or something like a virtual group); they could elect to join an advanced APM, earning back the 2% and possibly bonus payments; or they could do nothing and lose the 2%.

Measurements in the proposed value program would be similar to those employed by advanced APMs in that they would be focused on population-based measures assessing clinical quality, patient experience, and value. Potential measures would address avoidable admissions/emergency department visits, mortality, readmissions, ability to obtain care, ability to communicate with clinicians, spending per beneficiary, resource use, and rates of low-value care use. Measures would be calculated based on claims.

MedPAC commissioners were nearly unanimous in their agreement to the idea of repealing MIPS but were not ready to sign off on the proposed replacement.

"I'm really concerned about the burden on physicians, and I'm concerned about some of the outlandish potential rewards for groups under MIPS that can really dissuade them from investing and moving into APMs," commission member Paul B. Ginsburg, PhD, senior fellow in economic studies at the Brookings Institution said.

"I think we really have to get rid of MIPS and either replace it with this system, which I think has a lot of merit, or just get rid of it," said commission member Jack Hoadley, PhD, of Georgetown University in Washington, suggesting MIPS would be "even worse" than the old Sustainable Growth Rate formula over time. It is "clear to me that MIPS is not going to ... get us toward high-value care, it is not going to make clinicians' lives better, it is not going to make patients' lives better, and there is a lot of money at stake."

> "MIPS **will not achieve the goal** of identifying and rewarding high-value clinicians."

Commission member Dana Gelb Safran, ScD, chief performance measurement and improvement officer at Blue Cross Blue Shield of Massachusetts said she did not believe that there would be any value being gained in return for the money given to clinicians who participate in MIPS.

Not everyone was on board with the proposed replacement.

"I am very much in favor of repealing MIPS, but I don't get the sense that we've gotten the replacement model quite right yet" because the proposed system does not do enough to get physicians into advanced APMs, commission member Craig Samitt, MD, chief clinical officer at Anthem, said. "So if a replacement is a voluntary model that would allow us to keep practicing health care the way we've been practicing, then that replacement is not a good replacement."

The American Medical Association declined to evaluate the proposal that was laid forth by staff.

"The AMA welcomes ideas on how to improve Medicare physician payment policies," AMA President David O. Barbe said in a statement. "We understand that MedPAC's proposals are a work in progress, so it's too early to render any judgment."

Dr. Barbe noted that the AMA recommends that physicians participate in MIPS, even if it is at the lowest level simply to avoid any penalty and continue investing in the infrastructure to participate. The AMA and other medical societies also are asking CMS to allow those who are exempt from MIPS participation to be able to opt into the program.

The American Medical Group Association (AMGA), a trade organization representing multispecialty medical groups, however, has criticized the move by CMS to increase the number of clinicians who are exempt from MIPS.

Under the proposed expansion – which would approximately double the number of clinicians who are MIPS exempt – "MIPS no longer provides really any incentive to get to value and in fact it's a disincentive," said Chet Speed, AMGA vice president of public policy. "That is one of the realities that MedPAC was dealing with."

Mr. Speed emphasized that AMGA has not altered its policy on MIPS, which it wants to see enacted for all and has offered its own resources to help with the transition, but "if AMGA were to entertain a new position on MIPS, I think we probably would go with a more simple route, which is to just get rid of MIPS and repurpose the revenues that were in MIPS to APMs. ... We have not agreed upon that policy but that has been discussed internally."

He added that "AMGA's membership does look at MIPS as a tool that has really devolved from a value mechanism to a compliance exercise and nothing more."

As to whether health care provider associations would come together and support the repeal of MIPS, Mr. Speed was hesitant to predict that, even though many have reservations about it, noting that it could be because the broadening of exclusions, which the AMA and most other associations support, effectively remove a lot of their membership from having to participate anyway, leaving the bigger groups such as Mayo, the Cleveland Clinic and Intermountain Healthcare to fight over a much smaller pot of bonus payments, significantly limiting the returns on investments made to be ready for the MIPS transition.

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