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Are We Prepared for MACRA and the Quality Payment Program? The Survey Says . . .

Dr. Birnholz:

Are physicians ready for MACRA and the Quality Payment Program or QPP? Despite ongoing efforts to prepare physicians for transitioning to the Merit-Based Incentive Payment System aka MIPS and alternative payment models or APMs, there remains a significant knowledge gap among doctors for adequately handling reporting requirements. But a recent survey of 1000 practicing physicians in the U.S. conducted by KPMG and the American Medical Association is shedding more light on this knowledge gap and what can be done to address it going forward.

This is inside Medicare's new payment system on ReachMD and I'm Dr. Matt Birnholz. Joining me are 3 central contributors to the KPMG and AMA survey. Larry Kocot and Ross White from KPMG and Carol Vargo from the American Medical Association. Larry Kocot is a principal at KPMG and national leader of the Center for Healthcare Regulatory Insight. Ross White is a manager for KPMG's Center for Healthcare Regulatory Insight, and Carol Vargo is Director of Physician Practice Sustainability in the AMA Physician Satisfaction and Practice Sustainability Strategic Initiative Group.

Distinguished panel, welcome to the program.

Larry Kocot:

Thanks, Matt, it's a pleasure to be here.

Ross White:

Thanks, Matt, pleasure to be here.

Carol Vargo:

Thank you, Matt, looking forward to the discussion.

Dr. Birnholz:

Great to have you all with us. So, Larry, let me start with you. What did KPMG and the AMA hope to achieve with this survey and how is it different from previous MACRA and QPP surveys?

Larry Kocot:

Well first, Matt, KPMG has had the pleasure of working with the AMA as they've been assisting America's physicians to prepare for MACRA. So the survey work was a natural extension of the discovery work we did together in developing the payment model evaluator. With the survey, we were hoping to establish a baseline from which we can measure and improve upon the current levels of physician understanding and engagement with MACRA. The survey really targeted physicians with some knowledge rather than asking imprecise questions of physicians with no knowledge. We believe that, in contrast to other surveys, this will have yielded more valuable insights and, specifically, on what are real versus perceived challenges. Ultimately, our objective was to help CMS and other stakeholders understand the current state of knowledge and preparedness for MACRA.

Dr. Birnholz:

Ross, let me turn to you and ask you who did your team survey specifically, and what were the main areas of focus here?

Ross White:

So, I'll take these questions in turn. To the first question, I'll just touch briefly on the population that was represented in the survey. So we surveyed 1000 physicians who, as Larry noted, had heard of MACRA or QPP and were in a decision making role in their practice. Respondents came from a variety of practice sizes, practice settings, specialties and with a variety of experience with value-based reporting. A few top-line demographics from the sample. Approximately 1/3 of respondents were in a solo practice or group with less than 5 physicians, 4 in 10 were in groups of 5 to 24 physicians and 1/4 were in groups larger than 25 providers. Additionally, roughly half the respondents were full- or part-time owners of their practice, which I will note is largely consistent with the findings of a recent AMA Physician Benchmark Survey. Approximately 4 in 10 were primary care physicians with the remainder coming from a variety of other specialties. Physicians also came from all different regions of the country. Finally, roughly 7 in 10 of the physicians surveyed had experience in PQRS or had attested to Meaningful Use Stage 2.

With respect to the second part of your question, the main research questions that were driving development of this survey were some of the following. First, we wanted to know how knowledgeable are physicians about the QPP, in particular, MIPS and its program requirements. Next, to what extent have physicians prepared for the requirements of MIPS and begun operationalizing changes within their practices to meet those requirements? We also wanted to know of those physicians participating in MIPS in 2017, what level of reporting are they planning to do under the Pick Your Pace options? And how do they plan to participate in 2018 and future years? Additionally, what are the most significant challenges for physicians participating in MIPS in the first year? Relatedly, what areas do physicians need more help in and what role can CMS and medical associations such as the AMA play in filling knowledge gaps? Finally, we wanted to know how many physicians feel prepared for long-term success for QPP?

Dr. Birnholz:

That's a great background, Ross and Larry, thank you guys for that.

So, Carol, let me ask you then. I'll just dive right in, and maybe you can tell us some of the guy top-line findings from this survey.

Carol Vargo:

Yes, thanks, Matt. I would say that the top-line findings fall into really 3 key areas. They are around first, knowledge; second, the level of preparedness; and third, just some overall views of the program coming from these practicing physicians. First, with regards to knowledge, a slight majority of the respondents at 51% were somewhat knowledgeable about MACRA or the QPP which is different and unique from some of the other studies as Larry had noted about no knowledge whatsoever. However, I think the big takeaway is that less than 1 in 10 of these physicians felt deeply knowledgeable about the QPP and its requirements. And this is significant because there has already been a lot of education about this program and, it obviously, is the first reporting year is this year in 2017, so this is a significant finding.

The second falls into a key takeaway around preparedness. A majority of those we've surveyed have begun preparing to meet the requirements of QPP in 2017. Of those, nearly 9 and 10 feel somewhat prepared or well prepared to meet the requirements in 2017. So, there is some level of knowledge among these individuals and they are gearing up which is good to know.

Finally, I would say the biggest most significant takeaway around just an overall view of the program is that most who are expecting to participate in this program in 2017, 90% of them feel that the MIPS requirements are too burdensome. And this is definitely inline with much of the anecdotal evidence that we have when we're out talking to physicians every day.

Dr. Birnholz:

So given these findings described by Carol, Larry, let me ask you, what are the biggest challenges and barriers that have been identified in the survey?

Larry Kocot:

Well, Matt, 3 challenges, and barriers really stood out for me. First, the survey found that about 66% of respondents indicated that the time required to report is the most significant challenge today. And nearly 48% expected that the time for reporting will continue to be a challenge for years to come. Additionally, 58% of those responding emphasized challenges with understanding the requirements, including understanding of MIPS scoring and the cost of reporting. And, most important to me, was that a full 4 out of 5 respondents, or 83% believe their practice needs more educational opportunities. This presents not only a challenge, but it also presents an opportunity for us.

Dr. Birnholz:

If you're just joining us, this is inside Medicare's new payment system on ReachMD and I'm Dr. Matt Birnholz. I'm speaking with KPMG's Larry Kocot and Ross White and the AMA's Carol Vargo about their recent survey assessing physician readiness for MACRA and the Quality Payment Program. So, Ross, let me come back to you. There's clearly a knowledge gap, there's a preparation gap and there's an emotional cadence here as well in terms of the feeling burdened, overwhelmed, by a number of these transitions. But did any of the survey results indicate whether some physicians were more knowledgeable or prepared than others? And which groups or experience levels might have swayed one way versus the other?

Ross White:

That's a great question, Matt, and something that we definitely wanted to highlight a little bit in this discussion. So, we cut the results of this survey a number of different ways based on the demographic data that I briefly mentioned before. But I'll offer just a couple of observations based on practice size and experience with value-based care reporting. First, on practice size, we found that solo practitioners and those in smaller practices of less than 5 providers were less likely to feel deeply knowledgeable about QPP, significantly more likely to view reporting requirements as very burdensome, significantly more likely to feel not at all prepared for long-term financial success, less likely to feel prepared to meet reporting requirements in future years and less likely to be participating in an advanced APM in performance year 2017. Now, these findings support the many anecdotes that have been reported from the field that some smaller physicians are overwhelmed by requirements and may lack the infrastructure or supports to satisfy all reporting requirements. I will note, interestingly, some in larger practices also indicated concerns particularly related to aligning reporting across the system. Now, this may be because some physicians in larger practices may be insulated from requirements or feel as though they do not need to know the intricacies of what may be done at the system level.

The second major area that I want to highlight is on the impact of value-based reporting experience particularly related to PQRS participation and having successfully attested to meaningful use. Now, we found that experience in these programs appear to have contributed to physician readiness for QPP. Of those without PQRS reporting experience and those that have not yet attested to Meaningful Use Stage 2, they were significantly less likely to feel well prepared for 2017 reporting, significantly less likely to expect to do full MIPS reporting in 2017, and significantly less likely to anticipate a positive payment update in 2019 which, of course, is based on

their 2017 performance. Thus, the main takeaway is that it appears getting experience now in QPP at some level has the potential to set physicians up to potentially be more successful in the future than those with no experience. However, it is also worth noting and perhaps quite concerning that still only 25% of those physicians with prior reporting program experience feel well prepared to meet QPP requirements.

Dr. Birnholz:

So, Carol, turning to you, Larry gave us a good sense of some of the barriers and obstacles that have been encountered and have been reported, while Ross talked about some of the populations and groups that are experiencing more challenges with preparation and knowledge than others. What about, from your end, coming back to those findings that you described earlier, what were some of the most significant takeaways from the survey from your vantage point?

Carol Vargo:

I would say that there were 5 key findings from the survey that are most significant and I will go through each 5 the AMA is going to be looking at these findings and is going to inform the work of the AMA on MACRA going forward, and it is also going to help us shape the policy with CMS going forward. So, the 5 key takeaways are first, some of the challenges, for example, the time required for reporting and understanding the reporting requirements are universal regardless of practice size, specialty, or the previous value-based payment experience, particularly around the issues around time required and the complexity of the reporting.

Second, physicians, especially those in small practices as Ross has noted, need much more help in preparing for QPP.

Third, physicians want more alternative payment model options available to them. They aren't necessarily interested in remaining in the MIPS Program, particularly given the complexity as well as some of the financial benefits of being in an APM.

Fourth, physicians with value-based reporting experience are more prepared and more confident about how they will perform under MIPS. So, this will really inform our work going forward about a glide path for physicians, getting them more comfortable with reporting around both cost and quality.

And fifth, and I think this is really one of the biggest takeaways for long-term success of MACRA, MIPS, and the value-based move, is that physicians are deeply concerned about the long-term financial implications of QPP. Many of them talked about being prepared to really understanding the requirements, that is, checking the box of reporting. But many commented that they lacked the feeling that they had a long-term strategic financial vision to succeed in 2018 and beyond. So, only 8% of respondents felt that they were very prepared for long-term financial success. And I think this is the big issue that we're all dealing with in terms of understanding what the financial impact will be on physician practices going forward.

Dr. Birnholz:

Well, let's stay with that theme of long term and beyond. Larry, let me ask you, does the 2018 performance year proposed rule address some of the key challenges identified in the takeaways that Carol was just mentioning?

Larry Kocot:

Yeah, thanks, Matt. I think, just to start, CMS really deserves a lot of credit for recognizing the significant challenges for physicians, particularly those in small practices. Some of the policy changes they've already proposed, in the proposed rule, such as increasing the low volume threshold, providing more flexibility and requirements, and bonuses for small physician groups are all examples of this positive direction. Obviously, we're going to go through a comment period. We're going to hear more, but CMS appears to be listening to what they're hearing in the marketplace. As I mentioned, they're looking for additional thoughts on how to improve the program

including, for example, the virtual groups that are being introduced next year and other things that they've already mentioned in the proposed rule. This is obviously going to be an ongoing, iterative, learning experience for CMS and providers and CMS truly does appear to be committed to the partnership on this journey.

Dr. Birnholz:

And this, obviously, leads to the million dollar question, the natural followup which is, what to do about all this? What comes next? So, Carol, as the representative of the AMA, let me turn back to you and ask you, given what's been uncovered here, what do you think the AMA is doing or going to do to help physicians understand and implement the Quality Payment Program?

Carol Vargo:

Yes, thanks, Matt. I'm really looking forward to talking about this aspect. First, I would say we have been working since MACRA was enacted to educate physicians. And it is a significant challenge and remains a challenge today given physicians are so busy with just their day-to-day practice. So, really, we spent a very significant amount of time up until now around awareness, with physicians. It still remains a challenge, but we believe that based on even the findings in this survey there are physicians out there who are poised and prepared and looking forward to participating in MIPS and APMs, and actually are hungry for more information. I would say that based on all of our focus groups and all of our conversations with physicians, the most overarching question they have is, what do I need to do today? Yes, I want to know about the future but, frankly, just tell me what I need to know right now. So, to that end, we have unveiled most recently numerous resources to help physicians with this, and we're also planning new resources to be rolled out in the future.

I would first highlight that all of our resources are free and available to physicians as well as other clinicians regardless of being an AMA member. So, I would encourage all the listeners out there, physicians, practice managers, others to take a look at our resources. They're available at our website, [www.ama-assn.org](http://www.ama-assn.org), I would say the key resources that I think the physicians are finding very valuable at this moment are our payment model evaluator, which Larry mentioned earlier. This is something we unveiled, and on partnership with KPMG last fall, which provides a personalized assessment for physicians to understand both where they land in the MACRA Program as well as, most importantly, and what I think they really want to know, is what is the potential financial impact for 2017 of the MACRA, MIPS Program or APM Program? Additionally, a key resource that we have is our 2017 MIPS Action Plan which is a personalized action plan with 10 key steps for physicians to follow in order to successfully participate in the MIPS Program in 2017. And finally, we also have launched a 1 patient, 1 measure campaign where there are numerous resources geared towards helping physicians simply avoid the 4% penalty in 2017 by reporting only on 1 measure for 1 patient by December 31st. So those are just off the top of the head, 3 very valuable resources that physicians and their practice managers can avail themselves of today. And, of course, we will continue to evolve other tools. All of these tools will, of course, have to be updated to reflect any final rule changes to for 2018. I think this is a big challenge for all of us and for physicians recognizing that the program will change, but as Larry noted under the proposed rule, it looks like we are looking with a bit more of a time for transition, and the AMA is pleased to have that time.

Dr. Birnholz:

Well, with those resources in mind and a look towards the future as you've just done for us, I'd like to thank my guests, Larry Kocot, Ross White and Carol Vargo. We've been talking about the state of physician readiness for MACRA and the Quality Payment Program and, most importantly, where we go from here.

Distinguished panel, it was great having you on the program.

Larry Kocot:

Thanks, Matt.

Ross White:

Thanks, Matt.

Carol Vargo:

Thank you, Matt, we appreciate the opportunity.

Dr. Birnholz:

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