The future of the independent practice under MACRA

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The media is abuzz about the viability of small, independent practices under MACRA. A recent post by Dr. Jayne on HISTalk bemoans the final MACRA rule proposed by CMS, claiming that there is a "tremendous amount of chatter about this being the last straw for small or independent practices." She continues by saying that, "The requirements are daunting, especially for practices who haven't been at the forefront of payment reform efforts."

While we agree with her that the 962-page proposed measures document probably makes Tolstoy’s *War and Peace* quiver in its Russian boots, we also strongly believe that small independent practices, with the right tools, are uniquely positioned to thrive in a system that rewards quality care.

Farzad Mostashari, former National Coordinator for Health IT at the Department of Health and Human Services, speaks to this point in an editorial he wrote for in the *Annals of Family Medicine* this past February. Mostashari demonstrates how the traditional arguments for consolidation of solo and small physician practices fall flat as increased hospital ownership "does not appear to have resulted in lower prices, higher quality, or better care experiences."

Instead, recent evidence suggests that solo and small practices have a lower average cost-per-patient, lower rates of preventable hospital admissions, and lower readmission rates than their larger and hospital-owned counterparts. This is starting to sound a lot like the dream for value-based care.

So shouldn't MACRA's focus on quality of care be to the benefit of solo and small practices who deliver on this promise every day?

Perhaps then, the source of all this fracas is, as Dr. Jayne claims, "Just trying to read and understand all the rules and keep track of all the FAQs we'll undoubtedly see could be a full-time job." On this point, we couldn't agree more. It is a full-time job. Our job!

Clinicians who were providing excellent care over the past 5, 10, or even 50 years, continued to provide excellent care under MU and PQRS, and will continue to do so under MACRA. The reimbursement requirements CMS is working on are more about demonstrating that quality care is performed, rather than being prescriptive about the care delivery itself.

So the burden of staying up to date should really fall on vendors. It's our job to abstract new policy requirements and make sure that independent practices are able to meet any and all new federal mandates in a fee-for-value environment. This is exactly what we hold our product responsible for. And we do it gladly.

To Dr. Jayne's friends that work at vendors who are "extremely stressed out, realizing that federal requirements will dominate development efforts over the rest of the year" and feel that they're forced to "crank out code that may or may not be what their want or need." We completely understand the challenges. But there's also a tremendous opportunity here.

We believe this opportunity is to provide value to our customers. Helping our provider network accurately and efficiently document care is just what they need from us — it’s core to delivering a great user experience and integral to our philosophy of supporting clinicians in delivering quality care to their patients.
