Delayed or on schedule, MACRA is on its way...

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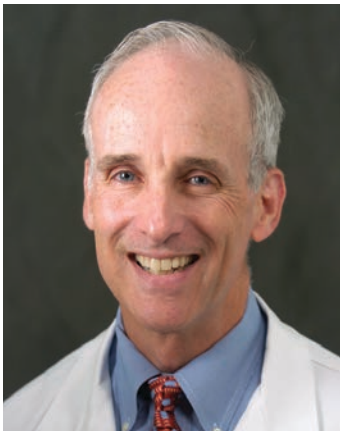
As 2016 winds down, we are already gearing up for the 2019 implementation of the Medicare Access and CHIP Reauthorization Act, or MACRA. The bipartisan 2015 legislation will replace the current sustainable growth rate as well as streamline the existing quality reporting programs and redirect us from the current volume-based Medicare payments to value- and performance-based payments. On page 394 of this issue, two community-based colleagues, JCSO Editor Dr Linda Bosserman and Dr Robin Zon, a community oncologist and chair of the American Society of Clinical Oncology's Task Force on Clinical Pathways, discuss the ins and outs of MACRA – what it is, what it replaces, how it will work, and what we need to be doing to prepare for its implementation in 2019.



The measurements will be based on 2017 performance, though in early September, the CMS said it was considering new options that would offer some flexibility for smaller practices (p. 401). The agency is reviewing comments on its proposed MACRA regulations, and a final rule is expected in November.

Nevertheless, ASCO urges its members to report in 2017, and Dr Zon outlines five key steps for you to address in the run-up to MACRA. The first is to participate in the three 2016 quality-reporting programs – the Physician Quality Reporting Program (PQRS); the Medicare Electronic Health Record Incentive Program (MEIP) or meaningful use; and the Value-Based Payment Modifier (VBM) – to avoid 2018 penalties. Second, to plan for your VBM component, you need to review your Quality and Resource Use Reports, or QRURs, which are available online. On page 398, Dr Zon gives a detailed description of the QRUR and how to obtain the report and interpret the information. Third, focus on performance by reviewing the quality benchmarks and implementing strategies and workflows in your practice to ensure above-average performance so that you can improve your scores. The fourth point is to make sure that any information or data about your practice or its providers, eg, names, specialties, addresses, is accurate. And fifth, educate your practice on proper use of the International Classification of Diseases, Revision 10 coding. Part of the adjustment calculation is based on the risk of your patient population, so it is key that all comorbidities and conditions are accurately coded.

We should remember that everyone in the practice, from the clinical providers to management, business and administrative staff, and billers, needs to be on board as part of the MACRA team, and that strong and effective leadership of that team is imperative to ensure survival in the shift from volume- to value-based care. In addition to good leadership, strong communication among team members and regular professional training will further bolster the team. Dr Zon also suggests developing relationships with payers to find out if they plan to participate in an Advanced Alternative Payment Model in the future.

Also in this issue is a report on p. 374 by Hoffman and colleagues about dental care in patients who are treated with radiation for head and neck cancer. They emphasize the important role of the dental oncologist during all phases of the therapy and the need for close communication among the oncology team members, the patient, and general dentist, and provide guidelines to minimize and prevent therapy-related dental complications.

Jones and colleagues (p. 380) evaluated of a policy of lymph node retrieval for colon cancer specimens at their facility to improve compliance with the national guidelines. The policy stated that if fewer than 12 lymph nodes were evaluated after initial dissection of a non-metastatic invasive colon cancer specimen, then re-dissection of the specimen was performed to harvest additional lymph nodes. The authors found that after implementation of the policy, the number of insufficient lymph node specimens decreased and national guideline compliance improved significantly.

Lepherd and colleagues used a qualitative and narrative inquiry to examine how men with prostate cancer and their female partners found spiritual lift and hope in their roles as patient/supporter during the disease trajectory (p. 386). They found that being positive during a time of illness was important in coping, though it was often tempered by the realities of disease severity or other life challenges.

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