

# Podcast series explores new Medicare quality program, pay models

OCT 21, 2016

## Troy Parks

News Writer

The Quality Payment Program (QPP) starts in January, so physicians still have time to educate themselves and prepare for its implementation. A podcast series produced by ReachMD in collaboration with the AMA features interviews with industry experts and physician leaders who take doctors “Inside Medicare’s New Payment System.” The series delves into key aspects of the program and provides tips on what physicians can do now to get ready.

Several podcasts will be added as the experts learn more about the Centers for Medicare and Medicaid Services’ (CMS) final rule on the Medicare Access and CHIP Reauthorization Act (MACRA), the legislation that repealed the flawed Sustainable Growth Rate (SGR) formula and created the QPP. Eight podcasts are now available and can be streamed on the ReachMD website or downloaded for later listening.

- **Why Participating in Clinical Practice Improvement Activities (CPIA) Matters**  
The Merit-based Incentive Payment System (MIPS) is the value-based payment program that will replace the Physician Quality Reporting System (PQRS), the value-based modifier and Meaningful Use. The MIPS will also incorporate a new reporting category for CPIAs. This podcast offers an overview of the CPIA category, how to report these activities and how CMS will factor them into overall MIPS scores. (5:29)
- **How an EHR Can Help You Participate in MACRA**  
Although electronic health records (EHR) are still in need of improvements in usability, flexibility and interoperability, EHRs have already changed the practice of medicine. This podcast explains the importance of EHRs to participation in the QPP. (6:30)
- **Preparing for Quality Reporting: Keys to Keeping Your Practice on Track**  
Under the QPP, physicians can report as an individual or as a group practice. This podcast digs into the reporting options under MIPS, with an extra focus on the quality performance

category. (6:00)

**Implementing MACRA: The AMA's Keys to Advancing Opportunities, Avoiding Pitfalls**  
With the recent release of CMS' MACRA final rule, it is evident that physician recommendations were heard during the comment period and included. In this podcast, learn about the AMA's efforts to work with CMS to maximize the legislation's opportunities while avoiding potential pitfalls. (16:00)

**APMs in Cancer Care: The Patient-Centered Oncology Payment Model**  
An Advanced Alternative Payment Model (APM) is one of two options for participation in the QPP. In this podcast, Robin Zon, MD, an oncologist and chair-elect of the American Society of Clinical Oncology (ASCO), explains the phases of ASCO's Patient-Centered Oncology Payment model and how it can function as an Advanced APM under the QPP. (21:59; transcript available)

**The Rise of Specialist-Driven Alternative Payment Models in American Medicine**  
Some physicians across the country have taken it upon themselves to design APMs that work within their specialties. In this podcast, Lawrence Kosinski, MD, a gastroenterologist in Illinois, describes SonarMD, a web-based platform that pings patients to keep track of their symptoms outside the office visit to get ahead of issues before they become emergencies. (27:00; transcript available)

**Thoughts on Physician Advocacy and Payment Reform with AMA President Andrew Gurman, MD**  
At the 2016 AMA Annual Meeting, AMA President Andrew W. Gurman, MD, sat down with ReachMD's Matt Birnholz, MD, to talk about current and future AMA initiatives as well as physician payment reform under MACRA and the new Medicare payment system. (14:29; transcript available)

**The Future of Medicare Payment Reform: Perspectives on MACRA with CMS's Andy Slavitt**  
While CMS Acting Administrator Andy Slavitt was in attendance at the 2016 AMA Annual Meeting, he took the time to discuss his leadership role at CMS and the next steps for implementing the new Medicare payment system. (13:29; transcript available)

Several other resources and educational materials also are available on the AMA's Understanding Medicare Reform webpage, which will be continually updated to reflect what is in the rule.

Modules in the AMA's STEPS Forward™ collection of practice improvement strategies can help you maximize your preparedness for quality reporting, prepare for value-based care, choose the best electronic health record (EHR) for your practice and implement an EHR system.



The AMA will be hosting two webinars on the QPP: Nov. 21, 7 p.m. EST, and Dec. 6, 8 p.m. EST. Registration for both webinars is open. Regional meetings will be held Dec. 1 in Atlanta and Dec. 10 in San Francisco. The regional meetings can be attended in person or online. Details and registration will be available soon.

Watch *AMA Wire*® in the coming weeks for a more detailed look at what CMS included or changed in the final rule as experts decipher its impact on practices that serve patients under Medicare.