Whereas, At its January 11, 2018 meeting, the Medicare Payment Advisory Commission (MedPAC), an independent legislative branch agency established by the Balanced Budget Act of 1997 to advise Congress on the Medicare program, voted 14 to 2 to repeal the Merit-Based Incentive Payment System (MIPS); and

Whereas, MedPAC, in its “Assessing Payment Adequacy and Updating Payments: Physician and Other Health Professional Services; and Moving Beyond the Merit-Based Incentive Payment System (MIPS)” (January 11, 2018), concluded that “MIPS cannot succeed” as it “replicates flaws of prior value-based purchasing programs,” is “burdensome and complex,” and “much of the reported information is not meaningful”; and

Whereas, MedPAC additionally noted in its January 11, 2018 report that MIPS scores are “not comparable across clinicians,” “MIPS payment adjustments will be minimal in [the] first two years, large and arbitrary in later years,” and “MIPS will not succeed in helping beneficiaries choose clinicians, helping clinicians change practice patterns to improve value, or helping the Medicare program to reward clinicians based on value”; and

Whereas, Eric T. Roberts, et al, in their article, “The Value-Based Payment Modifier: Program Outcomes and Implications for Disparities,” (Annals of Internal Medicine, February 20, 2018) found that the Value-Based Payment Modifier, in the context of pay-for-performance programs, was “not associated with differences in performance on program measures” and furthermore, Medicare’s pay-for-performance programs could potentially “exacerbate health care disparities”; therefore be it

RESOLVED, That our American Medical Association work to support the repeal of the Merit-Based Incentive Payment System (MIPS) (Directive to Take Action); and be it further

RESOLVED, That upon repeal of MIPS, our AMA oppose any federal efforts to implement any pay-for-performance programs unless such programs add no significant regulatory or paperwork burdens to the practice of medicine and have been shown, by evidence-based research, to improve the quality of care for those served. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 10/31/18