

**Subject: MACRA and CVSL Toolkit for 2016**

*January 10, 2016*

*Andrew Miller, MD, FACC ([amiller@cvapc.com](mailto:amiller@cvapc.com))*

Dear BOG and friends:

I read the article forwarded below and spent a day with Ed Fry's brilliance at our Alabama Chapter winter meeting this weekend, leading me to wonder about an ACC authored "toolkit" for physician practices and healthcare administrators to address changes in health care regulation and delivery. Much of this is already available at ACC.ORG (or other similar sources) and there is certainly the talent here to piece it together.

I would start with best practices and quality reporting on a very local level. Are you engaged in:

1. Hospital registries (CathPCI, ICD, GWTG, . . .)
2. Outpatient registries (PINNACLE)
3. Real-time AUC tools
4. Hospital and outpatient PI ...

Then to MACRA or national programs:

1. PQRS
2. Meaningful use
3. QRUR and the value modifier
4. APMs

...

And finally to organizational opportunities and CVSL:

1. Do you have a co-management or CVSL administrative body that includes providers and administrators at your hospitals?
2. Have you developed "centers of excellence" (borrowing from Piedmont) where subspecialty care decisions and PI are evaluated in your hospital systems?
3. Do you have a relationship with regional or national organizations in your network to negotiate CVSL contracts?

...

As we have said about advocacy: "If you're not at the table, then you're on the menu." An active voice that highlights our professionally approved mechanisms for answering the rapid changes that are forthcoming would be wise.

I am also struck by the importance that this conversation becomes a dyad where providers and administrators are working together - that's where the value lies and we need them to see it. How many of us are doing that? Ed's visit to Alabama made many realize we are not even in the game, and it is about to start!

A toolkit might be a way to get practices and administrations together around common themes and might create a positive discussion - more so as a way for the providers to get to the board room and engage with administration on ACC terms. This could be the volume to value toolkit.

This is just a rough draft - tear it apart Cathie Biga! I'm thinking checkboxes or hyperlinks, possibly with a pre-test and post-test, and will require updates since this stuff changes by the minute. Grade your system for 2016. Maybe this is even duplicative of something that is already out there. I think it would be member value for the ACC to bring this to the table though.

We need to be the leaders. It's in the best interest of our patients. We need to try to stay bigger or more sovereign than them (read any administrator of health care) because we are the altruistic protectors of the public's health. If we band together and do what's right for patient care, even the NY Times will give us positive publicity!

Warmest Regards,  
Andy

***January 10, 2016***

***Richard Chazal, MD, FACC (Richard.chazal@leememorial.org)***

Andy:

This is in large part what our strategic focus on Transformation of Care is about, with actionable suggestions via the upcoming ACC Summit.

Your thoughtful ideas will be forwarded to the group working on TOC.

As usual, BOG comes through with essential input and direction.

Rick

***January 11, 2016***

***Robert Shor, MD, FACC (rshor@tcg.md)***

The ACC MACRA Task Force is also about to begin and will help direct future efforts. I will have an update at the meeting. A lot is being done as we try to uncover the black box that is currently MACRA.  
Bob

***January 11, 2016***

***Shal Jacobovitz, ACC CEO (sjacobovitz@acc.org)***

Bob,

We need to coordinate all efforts on MACRA. It seems that multiple chapters and committees are all working on activities.

Shal.

***January 11, 2016***

***Robert Shor, MD, FACC (rshor@tcg.md)***

Agreed. The MACRA TF hasn't even met yet. Let me know your schedule.

*January 11, 2016*

*Samuel Wann, MD, FACC (samuelwann@gmail.com)*

Indeed, MACRA will fundamentally change the practice of medicine - our sub specialty societies, Chapters, practice consultants, EHR vendors, AMA, hospitals and medicine in general are all engaged. Confident that ACC will lead the pack as always! Coordination of effort good for us all. Sam

*January 11, 2016*

*Edward Fry, MD, FACC (fry5@comcast.net)*

I think Dr. Miller's points and suggestions are timely, accurate, and motivating.

It was very revealing, if not frightening, when asking for a show of hands at the AL-ACC program as to "who knows what MACRA is?". Only 3 or 4 of the >100 attendees raised their hands. It seems as though most of our colleagues did some high-fives and did a victory dance after SGR was repealed, not knowing what took its place. This has brought to fruition what was feared post-SGR, namely a false sense of accomplishment and complacency.

Although we have had many excellent presentations about MACRA/MIPS/APM's at the BOG, BOT, and Leadership level, the remainder of the membership appears to be in the dark. Some of this may be by choice: Burning platform not hot enough yet, "Ostrich phenomenon", Change overload, "Someone else will deal with it", Fear of the unknown, and Lack of tools to make sense of everything. Some of this is the "Ivory Tower phenomenon". Some of it is the nature of the subject: Content and logistics not fully developed (truly building the plane and flying it at the same time). Some of it has been a lack of success of the College, including the BOG, in getting what message we do know and understand out to our members in an effective manner. Certainly this is hard to do when we really only have a broad outline of what MACRA is, rather than a detailed blueprint. And, when we do get the detailed blueprint, it may be too overwhelming to fully comprehend.

However, ACC members will benefit from being continually encouraged to take advantage of the CV Summit, The Legislative Conference, The Leadership Symposium, and relevant presentations at ACC 2016. Each, however, is often preaching to the (small) choir, requires travel and expense, and ends typically the conversation when the face-to-face is over. Webinars, stipends for meetings, newsletters, communication at the Chapter level must all be employed to lower the obstacles to getting the word out. As Dr. Miller has proposed, each of these incredibly valuable meetings needs to be followed up with concrete (as best possible) tools for participants to take back to their practices, hospitals, and health systems to continue the conversation and to educate the grass roots: What is MACRA/MIPS/APM's? How are the quality metrics being determined? How does participation in NCDR registries fit in? How do we structure the relationships between providers, patients, and administration to prepare for the volume-value transition (the NY Times article Andy sited showed that things can go very poorly if everyone is not pulling together, including patients)? How do we translate quality into bottom line and how do we equitably distribute resulting revenue (RVU's are dinosaurs and should meet a similar fate)? Even though there are no answers to some of these questions right now, acknowledging such is still of value to members.

It sounds like there are many groups within the College working on such tools, hopefully in a coordinated and expedited manner. Every ACC sponsored meeting from now until at least 2019 needs to start (instead of with the usual RWI disclosure), by saying in a non-threatening way (well, somewhat threatening way): "The world is changing rapidly as a result of MACRA. The way and amount you will be compensated will be directly affected by its implementation. You need to pay continuous attention to

this rapidly evolving area. Your participation in the sections, councils, leadership, and advocacy will shape your own future. Understanding and following the development of MACRA will be every bit as important as understanding medical innovation and clinical practice guidelines."

We also need to recognize, and be thankful, that ACC and the House of Cardiology is so much further ahead on this issue than of our peer specialty organizations. This is both reassuring and petrifying. It also underscores that in our own practice settings, we must collaborate with and help lead other disciplines through these turbulent waters. MACRA was not put in place solely for the purpose of cardiology. We must take the blinders off and understand and embrace the fact that MACRA impacts all of healthcare.

Ed

*January 11, 2016*

*Andrew Miller, MD, FACC (amiller@cvapc.com)*

Ed is the oracle!

My humble suggestion would be to start by boiling down the CV Summit content into something discrete, actionable, and applicable to all of our membership. The agenda for the CV Summit this year is fantastic!! It is logical, and really encapsulates a comprehensive approach to this problem. Unfortunately, I will be divorced (from my wife and/or practice) if I try to squeeze four February meetings into my busy family and practice schedules – I've already committed to 3 (and two are for the ALACC already). Likewise, much of our membership is missing this information. It's just getting to harvest now – MedAxiom and the ACC have been nurturing a crop but this Summit's agenda might reap it!

As a pre-test, perhaps we should send out a membership survey too. I think you will be shocked. I hate to suggest more work, but offer this as a consideration.

I have complete confidence in our leadership and we are way ahead in this game (and that's the scary point). In my practice for instance, it is me and the physician leadership who are sweating it and wondering how we get from volume to value. The administrations seem to be happy competing on volume yet. Unfortunately, if this hits us suddenly they also seem to hold a lot of the keys and seemingly have the educational background to steer the engine, possibly displacing the providers and patients in the process (read EHR!).

I look forward to the concerted effort of leadership re: transformation of care. I also implore you to consider mechanisms to make this conversation a system-wide issue. We need to get on board with the care team, patients, and administrators so we can persevere when the MACRA train hits the station. Otherwise, providers and patients may be consumed in the chaos (or forced to unionize against it).

WR,  
Andy

*January 11, 2016*

*William Oetgen, MD, FACC, ACC EVP (woetgen@acc.org)*

Ed and Andy:

Thank you both for a very nice summary and articulation of the overarching importance of MACRA to all of our members. I agree that we have work to do to get the information out and to develop solutions to address the requirements which will come in the future. A full understanding of this is currently limited, however, by the fact that the final rule for implementing MACRA has not been published as yet. Our Advocacy folks told me this morning that they are looking for additional information in March.

Just a few points to emphasize the fact that every facet of the College is engaging in this effort:

1. Advocacy and Membership are focusing on facilitation the presidentially-appointed MACRA Task Force that Bob Shor alluded to. This will be the member-led group that supervises and coordinates all MACRA-related College activities.
2. Science and Quality has a special MACRA-MIPs effort designed to create usable and meaningful NCDR-based programs for meeting quality improvement reporting requirements.
3. In Education, we have taken the step of requiring a MACRA presentation at each of the ACC live CME courses over the next year. As I write this, John Harold is in Snowmass preparing the MACRA presentations for that audience, and plans are in place for all subsequent live courses, irrespective of the main course topics. Advocacy is planning a training session for other Advocacy “ambassadors” to further carry these messages.
4. Communications and Publications have teamed up to promote several announcements aimed at all College members, including this December 15, 2015 *JACC* Leadership page which gives a broad overview of the issue.

The input of the BoG is clearly important and welcome in this process, which, we all agree, cannot have a higher priority for the College. As Shal noted below, coordination of all efforts is of paramount importance.

Bill