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With no AHCA vote, health policy marches on

By Stephanie Zaremba | March 24, 2017

House leaders pulled the American Health Care Act — their bill to repeal and replace the Affordable Care Act — Friday afternoon.

President Trump on Thursday demanded that the House vote, saying he was prepared to move on to other policy priorities if the bill could not pass. House leadership apparently was not willing to proceed with the vote knowing the bill would not pass. It is unclear if they will keep working to bring the effort to a vote in coming days.

One thing is for sure: It's been a wild week.

What's next for health reform?

It's a great question, and at this moment no one knows for sure. The House may continue to rewrite the bill, or the Senate — which intended to put forth its own language regardless of how this vote went — may take charge. The GOP could also decide to take Trump's oft-touted "do-nothing" approach, where they bet that the Affordable Care Act will implode, and they can lay the blame at Democrats' feet.

Or the President and Congress may collectively turn to tax reform and infrastructure improvements, leaving the ACA fully in place with Secretary of Health and Human Services Tom Price working to providing "relief" from ACA regulations.

Stay tuned for updates on where Congress goes from here.

In other health policy news...

1. American Medical Association calls for "administrative burden" exception. The AMA and a number of other doctor groups wrote to recently appointed Centers for Medicare and Medicaid Services administrator Seema Verma this week, calling for a very broad exception from 2018 Meaningful Use, Physician Quality Reporting System (PQRS), and value-based payment modifier (VBM) penalties due to the administrative burden of reporting under these programs.

Their argument is that doctors who failed to report their 2016 data shouldn't be penalized for focusing on patients instead of arbitrary box-checking government requirements. The drum beat in

Washington is growing steady and strong on this: These programs in their current form have to go.

2. Is an ONC shake-up possible? Former Louisiana Congressman and physician John Fleming said this week that he has been tapped for "deputy assistant secretary for health technology" at the Department of Health and Human Services. This is a new position, and not even Fleming himself seemed to know what his role would be or how, if at all, it would interact with the Office of the National Coordinator for Health Information Technology (ONC).

This has led to some speculation that perhaps the Trump administration is planning some changes to the agency. None of this has been announced officially yet, so we hope to learn more in the formal announcement.

3. Trump picks next FDA head. The President nominated Scott Gottlieb, M.D., for Food and Drug Administration (FDA) Commissioner. Gottlieb has an extensive resume: He is a physician, former FDA and CMS official, fellow with conservative think tank American Enterprise Institute, board member for various drug companies, and member of the ONC Health IT Policy Committee (the body that makes recommendations on Meaningful Use to ONC). Expect him to bring an impressive wealth of knowledge on all things health, tech, and innovation to the FDA.

4. HHS delays Center for Medicare and Medicaid Innovation (CMMI) bundled payment programs. The Obama administration finalized rules in 2016 to expand its bundled payment program for knee and hip replacements and start a similar program for stroke and heart attacks. HHS Secretary Tom Price has been an outspoken critic about the mandatory nature of these programs, so it's no surprise that HHS has delayed the start date to May 20, with a request for comment about delaying the programs until 2018.

5. Information blocking happens, and it's not just vendors. A recent survey found that information blocking occurs frequently among EHR vendors as well as hospitals and health systems, and that it is perceived to be motivated by opportunities for revenue gain. The survey authors concluded that because information blocking is largely legal today, the most effective policy response likely involves a combination of direct enforcement and the altering of market conditions that promote information blocking.

Stephanie Zaremba is the director of government and regulatory affairs at athenahealth.

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