



Beltway brief: MACRAcadabra!

By Dan Haley | June 1, 2016

Which is worse? A quasi-regulatory federal agency full of people who honestly believe it is possible to “simplify” anything with 962 pages of deeply convoluted legalese? Or the same bureaucracy full of people cynical enough to think that if they just say “simplify” enough times, the rest of us will buy it?

I refer, of course, to the recently-released MACRA proposed rule. Don't know what the MACRA proposed rule is? Click [here](#) to learn from CMS not only about MACRA, but also about MIPS, APMs, the QPP, and the MDP. Tangentially, helpful hyperlinks will also explain EHRs, PQRS, the VM, EPs, and the CHIP. In related news, Congress will soon propose to expand the alphabet, as HHS alone is fast running out of acronyms. Am I kidding? Possibly. Possibly not.

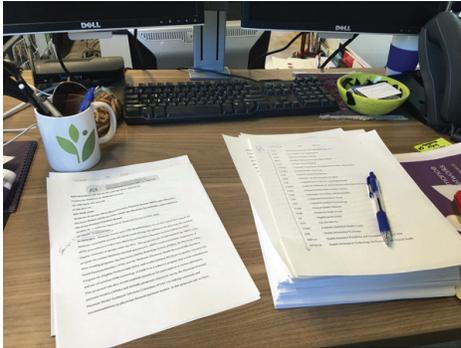
After all, the agency behind the acronyms is comprised of the very same well-intentioned humans who just produced 962 pages of proposed implementing regulation for a program that will—no big whoop—just determine how medical care providers get paid for the foreseeable future. Or at least until that alphabet expansion bill makes its way to President _____'s desk.

In its PR push, CMS insisted that the new program(s) will be “simpler” than the preexisting alphabet soup of federal incentive and performance measurement programs that currently governs how providers adopt and use information technology to (try, ever so hard) to coordinate patient care. But after a few days of concerted, painful digestion, some prominent voices began to take pointed issue with that assertion.

John Halamka MD, as close to an Obi-Wan figure as health IT has, wrote for many when he blogged, “As a practicing clinician for 30 years, I can honestly say that it's time to leave the profession if we stay on the current trajectory.” Many others have opined that MACRA, if implemented as proposed, will effectively kill off the independent practice of medicine.

A big part of the objection (other than the skull-crushing complexity of the thing) has to do with MACRA's aggressive proposed timelines. The vast majority of the Cretaceous Period EHRs out there simply cannot be updated in time to enable their provider users to roll with the MACRA punches. We've seen this movie before, multiple times, during the painful Meaningful Use years. The feds set standards and deadlines. The Health IT industry tells providers those deadlines are unachievable.

Providers understandably raise a deafening hue and cry. And the standards are lowered and the deadlines shifted—leaving health care years behind the rest of the economy in its use of information technology, frustrating providers, patients, and policymakers alike.



The feds again seem determined to ignore this reality, preferring to believe, apparently, that a few magic words (“Simplify... simplify... simplify... MACRAcadabra!”) will cause this particular acronym-clogged realignment to succeed where so many previous revamps of physician payment have failed. Color us skeptical. Oh, we’ll submit our comments to the proposed rule. They’ll be full of legalese and technical jargon, and probably even some acronyms. We’ll do our best to put some lipstick on that thousand (almost) paged pig. But at base we, along with a growing chorus of others, can boil our comments to CMS down to a simple plea: for the love of God, stop “simplifying!”

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