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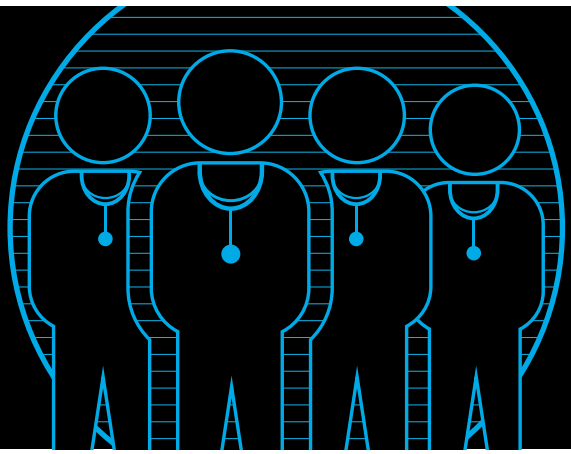
Are physicians ready for MACRA and its changes?

Perspectives from the Deloitte Center for Health Solutions 2016 Survey of US Physicians



"A year from now you may wish you had started today."

– Karen Lamb, PhD[1]

Executive summary

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) aims to fundamentally shift the US health care system to make major cost and quality improvements. MACRA changes physicians' payment under Medicare and will likely influence other payers' physician payment strategies.[2] MACRA's first performance reporting period is currently proposed to begin January 1, 2017. Understanding the law, physicians' awareness about the law, and all the changes it will bring can help all stakeholders determine which strategies to implement to help succeed under MACRA.

The Deloitte Center for Health Solutions *2016 Survey of US Physicians* sheds light on physicians' awareness of MACRA, their perspectives on its implications, and their readiness for change. The survey is a nationally representative sample of 600 primary care and specialty physicians who were asked about a range of topics on value-based payment models, consolidation, and health information technology (HIT). This year, we queried a subsample of 523 physicians (nonpediatric specialties) about MACRA.

Our survey found that many physicians are unaware of MACRA. Many also realize they likely will have to make changes to their practice to succeed under it; recognize they will need to bear increased financial risk; and understand they will require resources and support to develop the capabilities to do so. Of the surveyed physicians:

- Fifty percent say they have never heard of the law and 32 percent recognize it by name but are not familiar with its requirements.
- Twenty-one percent of self-employed or independent physicians say they are somewhat familiar with the law, compared to nine percent of physicians employed by hospitals, health systems, or medical groups owned by them.
- Eight-in-ten say they prefer traditional fee-for-service (FFS) or salary-based compensation as opposed to value-based payment models, some of which qualify under MACRA's alternative payment model (APM) track.
- Seventy-four percent of surveyed physicians believe that performance reporting is burdensome and 79 percent do not support tying compensation to quality, both requirements under MACRA.
- Fifty-eight percent of physicians say they would opt to be part of a larger organization to reduce individual increased financial risk and have access to supporting resources and capabilities.

MACRA is designed to be an opportunity to get better value from health care. But as the survey results show, stakeholders—health systems, payers, and other organizations—need to work with physicians to prepare for the law's changes. The survey findings suggest that these preparations could include:

- Educating physicians on MACRA and its requirements;
- Planning and modeling financial implications and needed investments under the law;
- Identifying necessary capabilities for new reporting requirements and for bearing increased financial risk;
- Exploring multiple options for physician alignment, ranging from employment models to network relationships; and
- Implementing change management strategies and managing cultural shifts.

What is MACRA?[3]

MACRA is a Medicare payment law intended to drive health care payment and delivery system reform for clinicians, health systems, Medicare, and other government and commercial payers. The law establishes a path toward a new Medicare payment system that will more closely align payment with quality and outcomes. MACRA offers financial incentives for health care professionals to participate in risk-bearing, coordinated care models and to move away from the traditional FFS system. Physicians (and other clinicians paid under the Medicare fee schedule) will generally choose between participating in Alternative Payment Models (APMs) or receiving payment based on individual performance under the Merit-Based Incentive Payment System (MIPS).

MACRA's final rule from the US Centers for Medicare and Medicaid Services (CMS) is expected in fall 2016, and the first performance reporting period under the law is currently proposed to begin January 1, 2017.

Introduction

History shows that physicians, as a group, have faced many changes in financing and delivery. Since Medicare was created in 1965, physicians have experienced multiple shifts in how they are paid for the care they deliver. These shifts include the 1975 creation of the Medicare Economic Index[4] that limited annual fee increases, Omnibus Budget Reconciliation Act (OBRA) of 1989[5] that established the Medicare fee schedule, and the Sustainable Growth Rate (SGR) in 1997[6] that linked payment to service volume. Each of these legislative actions led to new physician adherence requirements and a fundamental industry shift. Today, MACRA is similarly poised to bring many changes to physicians and the health care industry.

Key survey findings

The Deloitte Center for Health Solutions *2016 Survey of US Physicians* found that, despite many reasons to learn about and prepare for MACRA, most physicians are still getting up to speed on this law that will likely change their Medicare payments. The survey findings suggest that the health care industry as a whole has a great deal of work to do with physicians to better prepare for MACRA and its impact. Multiple stakeholders—especially the Medicare program, physician organizations, and health systems—can support physicians as they work toward the common goal of delivering higher-quality and more cost-effective care.

Most physicians are unaware of MACRA but independent physicians are more aware of it than other physician groups

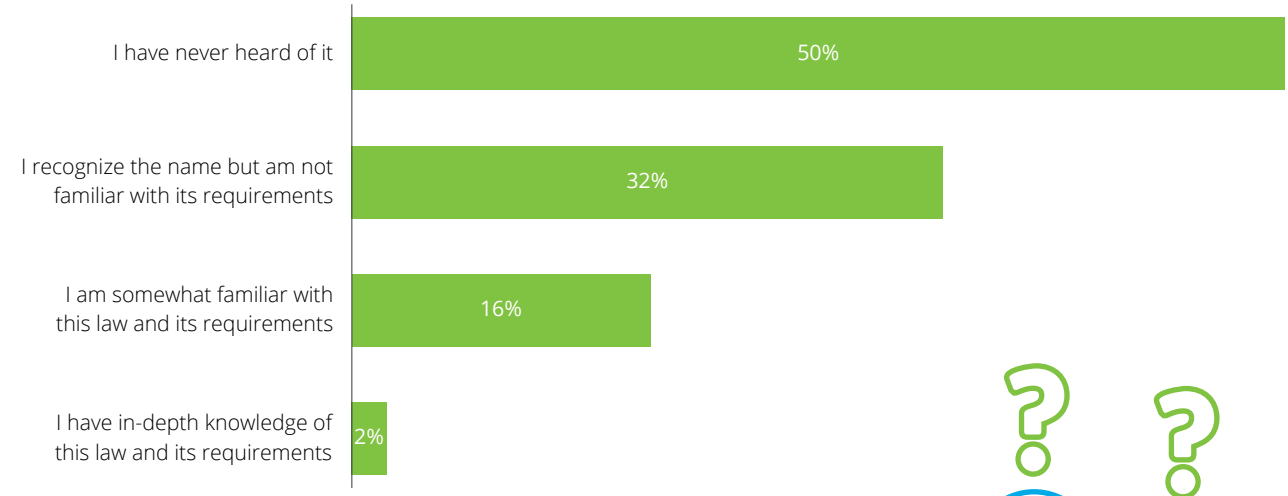
MACRA is a relatively new law. It was passed in 2015 and CMS issued the first set of proposed rules in May 2016. Physicians will begin to see the law's effects in 2017; however, surveyed physicians are largely unaware or just vaguely aware of its provisions (Figure 1). Even physicians with a higher share of Medicare payments are largely unaware of MACRA. When looking at respondents by their share of Medicare patients, 48 percent of physicians with more than 30 percent of Medicare share say they have never heard of MACRA, compared to 51 percent of physicians with lower Medicare share.

However, 21 percent of self-employed physicians and those in independently-owned medical practices report they are somewhat familiar with MACRA versus 9 percent of employed physicians surveyed (see Figure 2 on the following page).

Figure 1. Physicians are largely unaware of MACRA: Half have never heard of it and another third only recognize it by name[7]

How familiar are you with MACRA and its requirements?

Total physicians: Percent for each response



Base = 523 (Nonpediatric specialists)

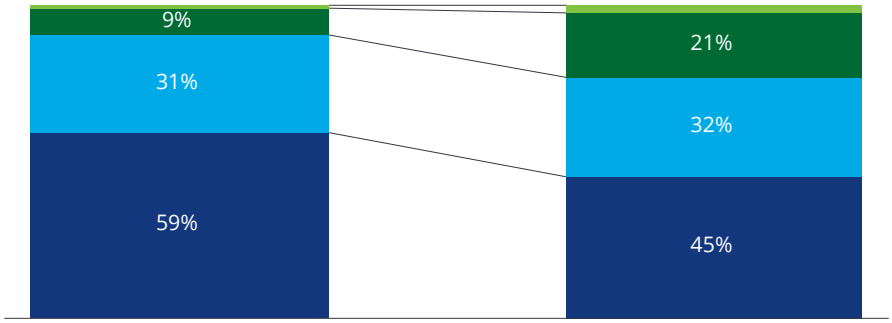
Source: Deloitte Center for Health Solutions 2016 Survey of US Physicians.

Half of physicians have never heard of MACRA.

Figure 2. Independent physicians are somewhat more familiar with MACRA than others

How familiar are you with MACRA and its requirements?

Practice setting: Percent for each response



I have in-depth knowledge of this law and its requirements

I am somewhat familiar with this law and its requirements

I recognize the name but am not familiar with its requirements

I have never heard of it

Base = 523 (Nonpediatric specialties)
*Self-employed or part of an independently-owned practice vs. employed by a hospital or health system.

Source: Deloitte Center for Health Solutions 2016 Survey of US Physicians.

Promoting awareness of MACRA

Because self-employed and independent physicians are more directly responsible for their practices' business requirements than employed physicians, having greater awareness of MACRA and the changes it brings would be expected. Also, Deloitte fielded the survey before the proposed rules were issued in May 2016, so a post-survey increase in overall awareness would be logical. However, since the first performance period is currently proposed for January 1, 2017, all physicians with Medicare patients are expected to be impacted by MACRA, and the law includes changes to how physicians practice, it will likely be important that all physicians have some level of understanding of the law's requirements as soon as possible.

As MACRA's first proposed performance period nears, physician groups and health systems should consider launching education campaigns to increase their physicians' understanding of MACRA and begin the planning and assessment necessary to operate under the law.

Many physicians would like to be part of an organization that bears risk or provides organizational support

To facilitate the transition to risk-based contracting—a common element of advanced APMs under MACRA—surveyed physicians say they would need additional organizational support and resources (see Figure 3 on the following page). Specifically, 39 percent of physicians report being more likely to accept risk-based compensation if they were part of a larger organization that lowered individual physician risk and took on risk for the group. Thirty-six percent report being more likely to accept risk if they were part of an organization that provided a full spectrum of resources for all clinical and nonclinical activities.

In addition to organizational support, physicians note several reporting capabilities that would be necessary as part of a transition to a risk-based model. Physicians report that the use of standardized quality measures (42 percent), analytics and other monitoring tools to track high-cost patients (29 percent), and standardized cost measures (28 percent) would make them more likely to accept risk-based compensation.

Nearly 40 percent of physicians report being more likely to accept risk-based compensation if they were part of a larger organization.

Figure 3. To accept risk-based compensation, most physicians prefer being part of an organization, the ability to track costs, a standard set of quality measures, and contracting and financial expertise

Which of the following would make physicians more likely to accept risk-based compensation?

By response category: Percent selecting each item or any item in the response category if category roll-up shown

Base = 600 (Total physicians)
***Category roll-up:** Respondent selected any of the responses in the category, not the sum of responses.

Source: Deloitte Center for Health Solutions 2016 Survey of US Physicians.

Supporting physicians with MACRA

These findings indicate that organizations with additional resources and capabilities may be helpful in supporting physicians' successful participation in MACRA. Physicians especially cite reporting capabilities as something they need to accept financial risk. Organizations that employ or work with physicians may want to make investments in these areas.

In June 2016, CMS announced support to help prepare small physician practices for MACRA.[8] CMS will provide $20 million in funding for training and education for Medicare clinicians in individual or small group practices (defined as 15 clinicians or fewer) to help them participate in MACRA's Quality Payment Program.

Although physicians prefer traditional payment models, they would take on some financial risk if offered incentives, a feature of MACRA

Overall, the surveyed physicians prefer traditional compensation models to most value-based payment models. Nearly eight-in-10 physicians surveyed say they prefer FFS or salary-based compensation arrangements. However, 71 percent say they would participate in value-based payment models if offered financial incentives to do so (Figure 4).

Figure 4. Nearly three-quarters of physicians (71 percent) say they would accept value-based payment models, mostly shared savings, for a five percent guaranteed increase in payment

Assume your largest payer guaranteed a five percent increase in reimbursement if you accepted any of the following compensation arrangements. Which would you choose?

Compensation arrangements	Percent of physicians willing to accept the compensation arrangement for a guaranteed 5% increase in reimbursement
Shared-savings arrangements	52%
Episode-based payments	19%
Capitation payments per-patient-per-month	17%
Bundled payments	15%
Shared risk arrangements	7%
I would not accept any of these arrangements	29%

Base= 600 (Total physicians)

Source: Deloitte Center for Health Solutions 2016 Survey of US Physicians.

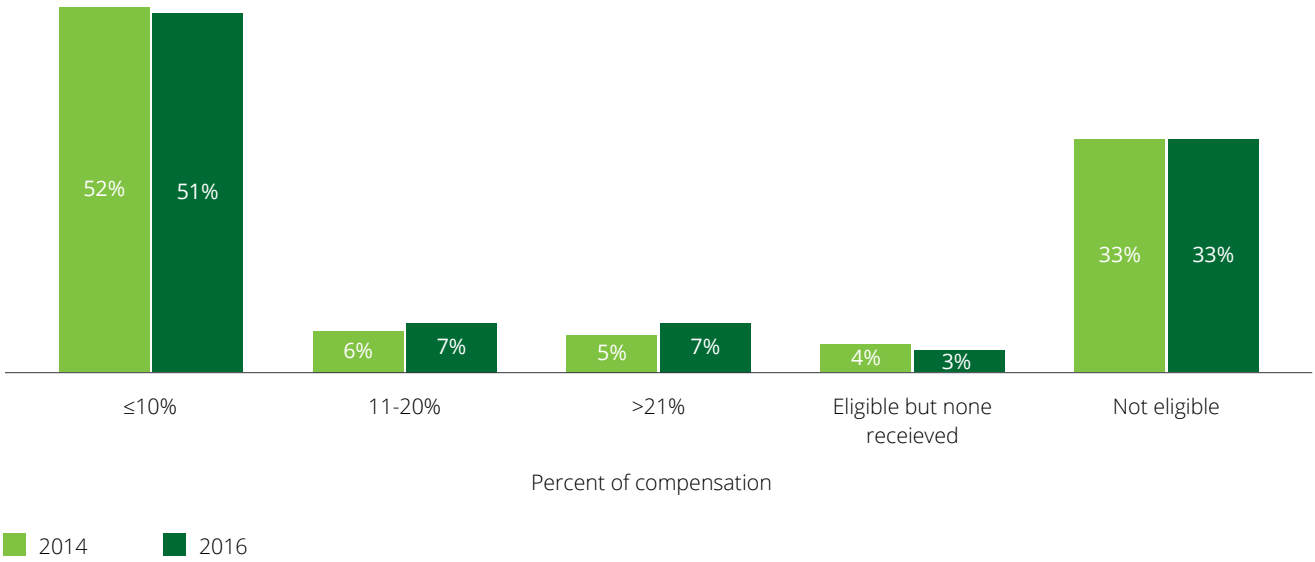
Nearly three-quarters of physicians would accept value-based payment models if offered a financial incentive.

Physicians report few differences with tying their compensation to performance since 2014. Performance bonuses are rare and account for less than or equal to 10 percent of current compensation for most physicians (Figure 5), similar to 2014. Fifty-one percent of physicians report receiving performance bonuses that are less than or equal to 10 percent of their total compensation, while 33 percent say that they are not eligible for any performance bonuses (Figure 5).

Figure 5. A small amount of physicians' personal compensation comes from bonuses or other incentive payments directly tied to achieving specified performance goals

What percentage of your personal compensation comes from bonuses or other incentive payments directly tied to achieving specified performance goals (e.g., quality-of-care scores, patient satisfaction scores, productivity improvements, or cost reduction)?

Total physicians: Percent of respondents by percent of compensation from last 12 months from bonuses in 2016 vs. 2014



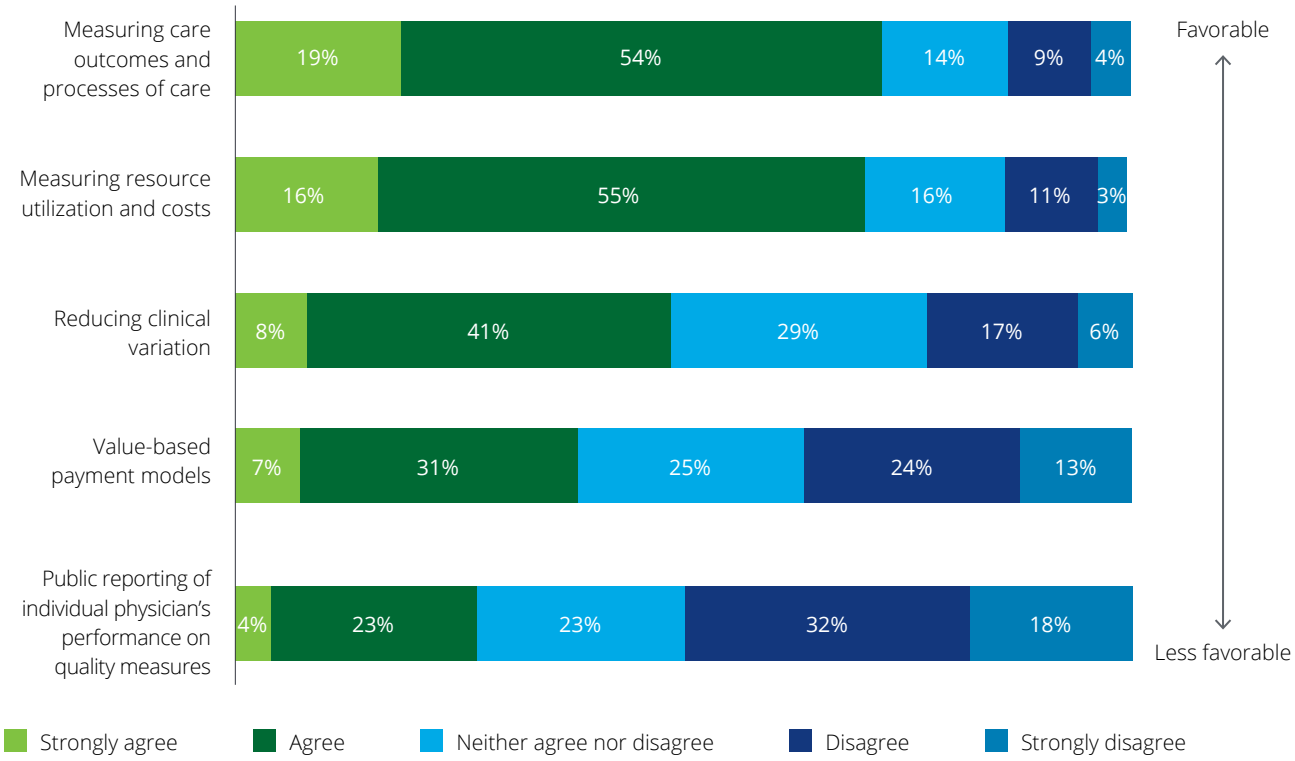
Base = 600 (Total physicians)

Source: Deloitte Center for Health Solutions 2016 Survey of US Physicians.

One change under MACRA is the individual public reporting required under MIPS. Survey findings suggest that while physicians support performance measurement in concept—both measuring care outcomes and process and resource utilization and costs (Figure 6)—they do not support public reporting at the individual level. Furthermore, physicians state they find quality reporting requirements burdensome (Figure 7).

Figure 6. While performance measurement is seen as a good idea, half of physicians oppose public quality reporting

To what extent do you agree or disagree that the following approaches help improve the performance of the US health care system?



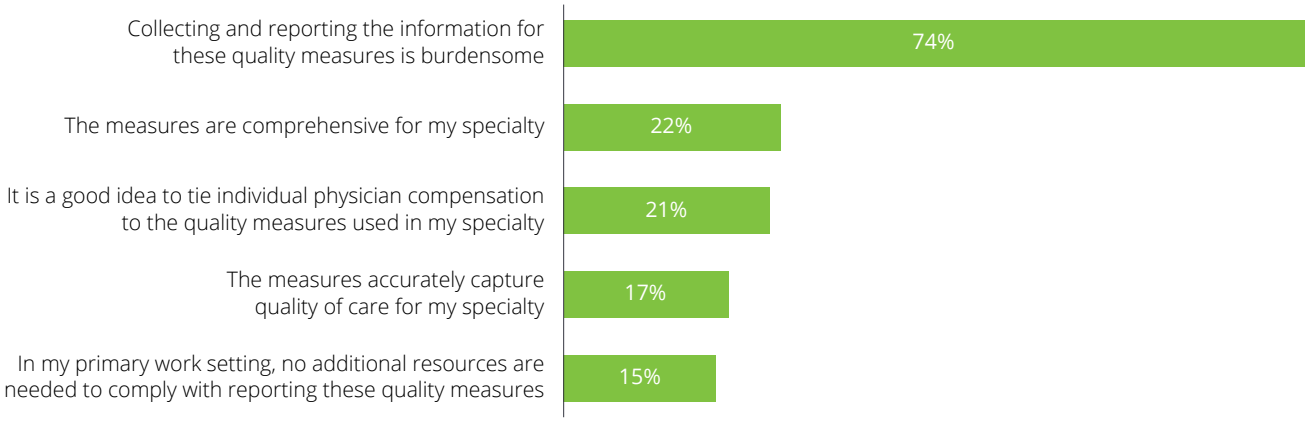
Base = 600 (Total physicians)

Source: Deloitte Center for Health Solutions 2016 Survey of US Physicians.

Figure 7. Quality reporting is viewed as burdensome and there is little support for tying individual physician compensation to quality

Thinking about the quality measures for your specialty required by Medicare reporting, to what extent do you agree or disagree with the following statements?

Total Physicians: Percent who strongly agree/agree with each statement



Base = 600 (Total physicians)

Source: Deloitte Center for Health Solutions 2016 Survey of US Physicians.

Transitioning physicians to value-based payment models

The survey findings also show that physicians prefer the status quo and that participating in value-based payment models is still fairly unusual. Most physicians are not interested in participating in value-based payment models without additional incentives or capabilities. To help ease physicians' transition to MACRA, organizations should consider trying to make reporting easier and investing in capabilities to help physicians assume financial risk. Decision-support tools that leverage analytics and include actionable reports for quality and cost tracking would likely be of value. Also, organizations that employ or work with physicians should consider increasing their adoption of value-based payment models now so that physicians are exposed to their impacts and begin to make changes in how they practice to improve quality and reduce costs.

Physicians who are open to participating in value-based payment models have more positive expectations for MACRA and health care transformation in general

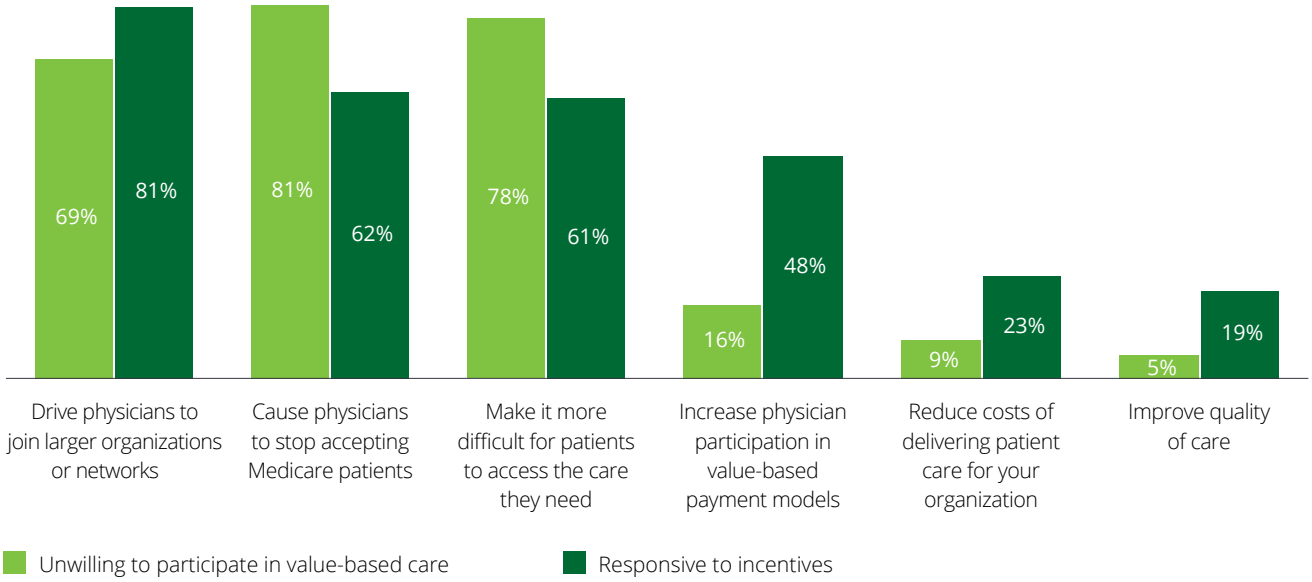
The survey findings suggest that physicians who are open to value-based payment models are more likely to believe that MACRA will have a positive impact on the industry. After receiving a brief explanation of MACRA, 23 percent of surveyed physicians who report being willing to participate in value-based payment models with financial incentives think that MACRA will likely reduce costs, and 19 percent think it will likely improve quality (Figure 8). Of those who report being unwilling to participate in value-based payment models, even with added financial incentives, only nine percent feel that the law will likely reduce costs and five percent say it will likely improve quality.

These differences persist in physicians' attitudes concerning the performance of the US health care system as a whole. Among physicians who are willing to participate in value-based payment models with financial incentives, 47 percent believe that value-based payment models can improve the performance of the US health care system, compared to 23 percent of physicians who are unresponsive to incentives and believe in value-based payment models (see Figure 9 on the following page).

Figure 8. After a brief explanation of MACRA, those responsive to value-based payment models with incentives are more likely to think it will drive consolidation, adoption of value-based payment models, and cost and quality improvements

What do you expect the impact of MACRA will be on the practice of medicine?

Strongly agree/agree by those "responsive to incentives"* vs. "unwilling to participate in value-based care"**



* Would participate in value-based care models with financial incentives of 5% increase and financial incentives of risk of 4% gain/loss if remain in FFS
** Would not participate in value-based care models with financial incentives of 5% increase and financial incentives of risk of 4% gain/loss if remain in FFS
Base = 523 (Nonpediatric specialties)

Source: Deloitte Center for Health Solutions 2016 Survey of US Physicians.

Figure 9. Those unresponsive to financial incentives are less likely to have support tools and are more negative on care transformation

	Unwilling to participate in value-based care*	Responsive to incentives**
Existence of supporting tools		
Have clinical protocols	67%	83%
Do not receive information on care patterns	50%	24%
Care transformation attitudes (Strongly agree/agree the following can help improve the health care system performance)		
Measuring care outcomes and processes of care	59%	77%
Measuring resource utilization and costs	60%	77%
Reducing clinical variation	35%	50%
Value-based payment models and financial incentives for outcomes	23%	47%
Public reporting of individual physicians' performance on quality measures	21%	32%
Attitudes on clinical protocols (Strongly agree/agree)		
The positive aspects of having clinical protocols outweigh the negatives	37%	70%
Protocols help reduce the overall costs of providing care	30%	53%
Protocols limit physician's ability to make clinical decisions	56%	37%
Protocols make practice workflow less efficient	45%	20%
Protocols improve the quality of care	40%	72%
How much compensation willing to put at risk		
Amount of compensation willing to put at risk (mean)	15.4%	19.1%
Amount of compensation willing to put at risk (median)	10%	20%

Base = 600 (Total physicians)
* Would not participate in value-based care models with financial incentives of 5% increase and financial incentives of risk of 4% gain/loss if remain in FFS
**Would participate in value-based care models with financial incentives of 5% increase and financial incentives of risk of 4% gain/loss if remain in FFS

Source: Deloitte Center for Health Solutions 2016 Survey of US Physicians.

Gaining support for value-based care efforts through experience

As physicians gain more knowledge of and experience with value-based payment models, they might be less risk-averse, and better understand MACRA's potential benefits to the health care delivery system. By expanding their use of value-based contracts with multiple payers, physicians may gain experience with these new payment models and more easily transition to the requirements under MACRA.

Most physicians expect increased physician consolidation; independent physicians prefer joining clinical networks rather than being employed

As depicted earlier in Figure 3, many physicians surveyed (58 percent) would opt to be part of a larger organization to lower their risk and gain access to a full spectrum of resources and capabilities.

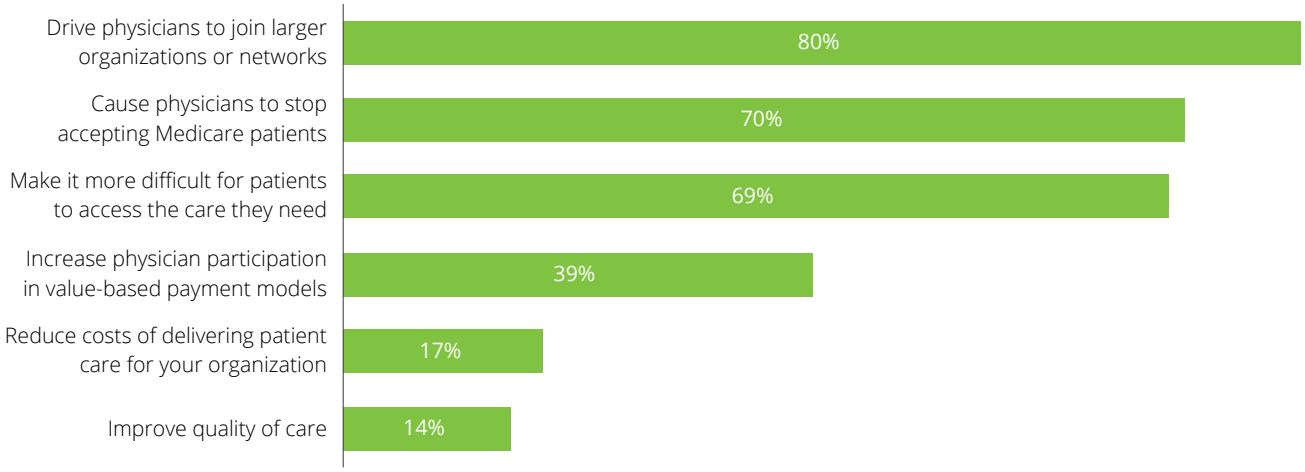
In addition, 80 percent expect MACRA to drive physicians to join larger organizations or networks, although half of physicians say that financial pressure in general is the number one driver of consolidation (Figure 10).

Both independent and employed physicians expect that between one-third and two-thirds of remaining independent physicians will consolidate in the next three years. However, only one-in-four self-employed physicians and those in independently-owned practices prefer to be employed—the majority (75 percent) prefers to join a clinical network.

Figure 10. After a brief explanation of MACRA, most physicians expect consolidation

What do you expect the impact of MACRA will be on the practice of medicine?

Total physicians: Percent who strongly agree/agree with each statement



Base = 523 (Nonpediatric specialties)

Source: Deloitte Center for Health Solutions 2016 Survey of US Physicians.

Driving toward physician consolidation (employment and networks)

Increased physician consolidation will be likely in the next few years. It is being driven by multiple sources of financial pressure. Many surveyed physicians, especially those who are already part of a larger organization, believe that consolidation will increase further with the introduction of MACRA. Many think it will be increasingly difficult to practice independently; however, not all physicians want to be employed or part of a larger organization. Health systems and health plans may want to develop multiple options for physician alignment, ranging from employment models to network relationships.

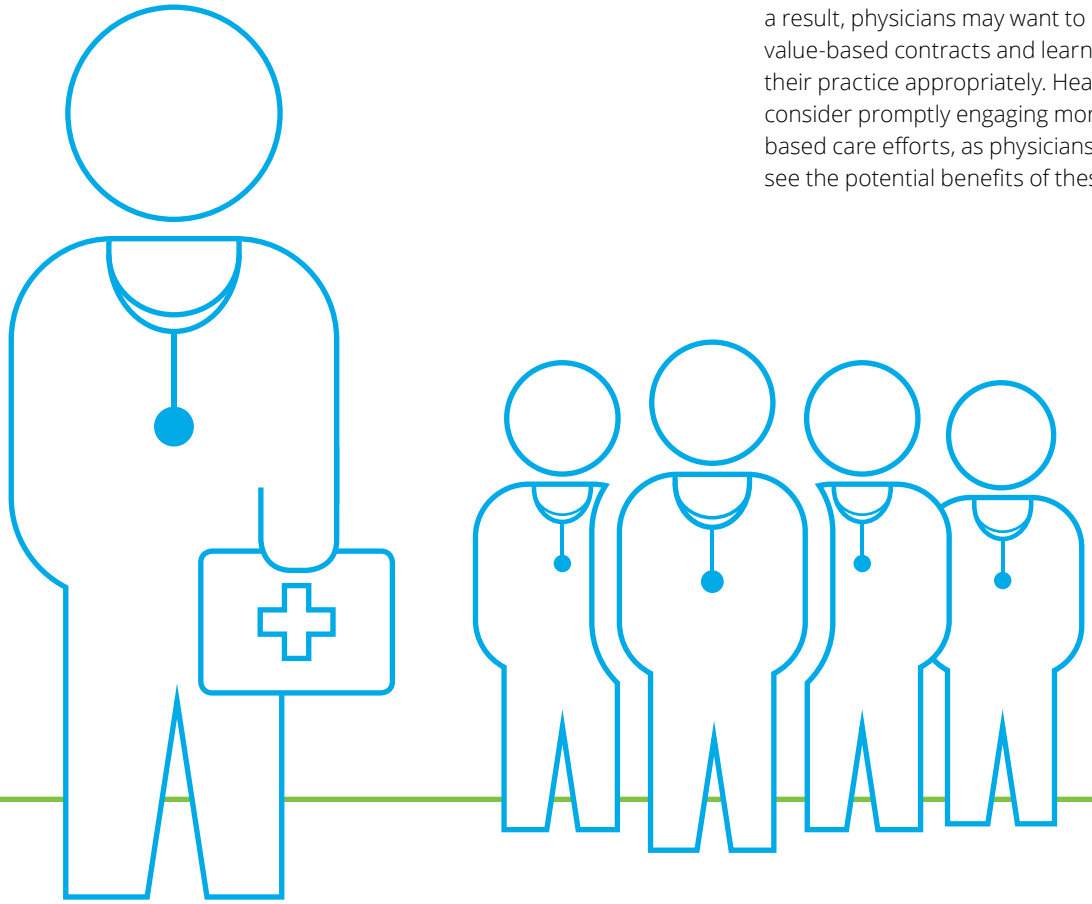
Strategies to support physicians with MACRA implementation

Findings from the Deloitte Center for Health Solutions *2016 Survey of US Physicians* suggest that, while there is work to be done, the health care industry as a whole can and should support physicians as they prepare for MACRA. Its implementation is a shared responsibility as well as an opportunity to tackle the changes together. Despite the many needed changes to how they will practice and the potential needed investments, physicians can benefit from meeting MACRA's requirements by improving costs and quality. Not only would physicians likely do well financially (i.e. receive higher Medicare payments) MACRA also would likely help position them favorably with other payers that are looking for evidence of positive outcomes under value-based initiatives.

What might different health care stakeholders be most mindful of as they move toward MACRA and help prepare physicians to be successful?

Health systems

- **Start planning and educating now.** With the first proposed performance period only months away, organizations that employ or work with physicians should consider kicking off intensive education campaigns to increase physicians' awareness of the law, its requirements, and how it might impact their practices once it begins.
- **Set the stage for change**. Organizations that employ or work with physicians should consider assessing and modeling the financial implications to compensation and revenue under MACRA. These organizations should also consider starting to invest in needed capabilities, including cost tracking and quality reporting, and work closely with physicians to gain their input in and support for these changes. In addition, health systems should consider various consolidation and partnering approaches, as physicians have different appetites for joining or affiliating with larger organizations.
- **Lead by example.** Value-based payment model contracts with multiple payers that impact multiple physicians will likely be important under MACRA. As a result, physicians may want to experiment with value-based contracts and learn how they can adapt their practice appropriately. Health systems should consider promptly engaging more physicians in value-based care efforts, as physicians will be more likely to see the potential benefits of these new care models.



Health plans:

- **Prepare for new value-based contracts.** The MACRA requirements have provisions that allow physicians to include APMs with payers outside of Medicare. Commercial and Medicaid managed care plans, therefore, should likely have a strong incentive to strengthen their resources and strategies to participate in APMs.
- **Engage in new collaborations.** Under MACRA, health plans will have the opportunity to collaborate with health systems to deliver cost-effective, high-quality care. Health plans should consider determining early which needed capabilities they can support to enable these value-based collaborations, which may include health systems' desire to launch their own provider-sponsored plans.
- **Enable efforts with supporting capabilities.** In addition to using their existing capabilities to support health systems in value-based collaborations, health plans should consider developing other capabilities, such as reporting and analytics, which can differentiate them from competitors and may make them more compelling partners.

Life sciences companies:

- **Shift investments towards value.** While MACRA has an indirect impact on biopharma and medtech companies, these organizations may start to feel pressure from health systems and physicians to demonstrate improved product cost-effectiveness. Such pressure will likely emanate from growing provider consolidation and improved purchasing power. Life sciences companies should consider using this opportunity to develop more value-based contracts to help physicians and health systems achieve financial and outcome goals. It will likely be increasingly important to provide evidence of product cost effectiveness; companies should consider the potential impacts on how they invest in and conduct research and development.
- **Partner for value.** As life sciences companies begin to assess how MACRA will impact their business, they should simultaneously consider beginning to strengthen relationships with physician practices and health systems to support the collective shift to value-based collaborations. Life sciences companies also should consider developing supporting capabilities to help with MACRA-related reporting, analytics, and decision making.

The health care industry as a whole can and should support physicians as they prepare for MACRA.

Endnotes

1. Karen Lamb, PhD, is a Senior Lecturer at the School of Arts at Australian Catholic University. She is a literary journalist who specializes in life writing and the cultural context of authorship. She attributes this quote to a book of short stories that she edited earlier in her career.
2. Anne Phelps, Sarah Thomas, Claire Boozer Cruse, Daniel Esquibel, "MACRA: Disrupting the health care system at every level," Deloitte Center for Health Solutions and Deloitte Center for Regulatory Strategy, June 2016, http://www2.deloitte.com/us/en/pages/life-sciences-and-health-care/articles/macra.html.
3. Ibid.
4. National Archives of the United States, Federal Register Volume 40 No. 116, Part 405—Federal Health Insurance for the Aged and Disabled, Economic Index, June 1975, http://cdn.loc.gov/service/ll/fedreg/fr040/fr040116/fr040116.pdf.
5. US Government Printing Office, 101st Congress Public Law 101-239, Omnibus Budget Reconciliation Act of 1989, December 1989, https://www.gpo.gov/fdsys/pkg/STATUTE-103/pdf/STATUTE-103-Pg2106.pdf.
6. US Government Printing Office, 105th Congress Public Law 105-33, Balanced Budget Act of 1997, August 1997, https://www.gpo.gov/fdsys/pkg/PLAW-105publ33/html/PLAW-105publ33.htm.
7. The question on MACRA awareness was asked of physicians in nonpediatric specialties since MACRA directly changes payment under Medicare and pediatric specialists have very low to no volumes of Medicare patients.
8. US Department of Health and Human Services (HHS), "HHS Announces Major Initiative to Help Small Practices Prepare for the Quality Payment Program," June 20, 2016, http://www.hhs.gov/about/news/2016/06/20/hhs-announces-major-initiative-help-small-practices-prepare-quality-payment-program.html, accessed July 18, 2016.

Methodology

Since 2011, the Deloitte Center for Health Solutions has surveyed a nationally representative sample of US primary care and specialty physicians on their attitudes and perceptions about current market trends impacting medicine and the future state of the practice of medicine. The survey aims to understand physician adoption and perception of key market trends of interest to the health plan, provider, life sciences, and government sectors. The 2016 survey included 600 US physicians and had new questions about MACRA. The national sample is representative of the American Medical Association (AMA) file with respect to years in practice, gender, geography, practice type, and specialty to reflect the national distribution of US physicians. A subsample of 523 physicians (nonpediatric specialties) was asked specific questions regarding MACRA since it targets Medicare payments. The entire sample of 600 was asked about value-based payment models and consolidation.

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To download a copy of this report, please visit www.deloitte.com/us/physician-survey-macra.

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