MACRA on a Macro Level

Last year, amidst a challenging landscape of health care reform emerged the Medicare Access & Chip Reauthorization Act, known in the business as MACRA. Just a few weeks ago, the Centers for Medicare and Medicaid (CMS) released its Final Rule with a sole focus on creating the Medicare Quality Payment Program. With over 2,000 pages in the final rule, there's no doubt MACRA is riddled with complexity. However, CMS holds firm that the policy is a responsive step toward patient-centered care— pushing value over volume and streamlining reporting. This ruling aligns with that of last April's Medicaid MACRA Final Rule, in which the agency is shifting its model to be more consumer-centric.

So what does this mean for Health IT? Well, quite a bit. This infographic, taken from the CareTech Webinar "Strategies to Support MACRA" presented at the recent National Health IT Week, gives a breakdown how MACRA affects five different facets of health IT.



INFORMATION TECHNOLOGY TO SUPPORT MACRA











Culture

- investments to support MACRA
- End user adoption plan Community
- engagement Oversight and accountability
- Quality mindset

Staffing

 Educate staff on MACRA

Engage

- vendor(s) Secure adequate IT
- resources • End user support plan

Workflow

- Re-engineer workflow for **MACRA**
- Implementati on plan for new features
- Utilize data for decisions

Applications

- Data reporting and dashboards
- New Technology
- Security measures
- Certified EMR • IT Tools for patients

Infrastructure

- Data/System reliability
- Accessibility
- Integration
- Point of Care devices
- Disaster Recovery

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The key takeaway is integration and interoperability. This fact sheet, provided by the Office of National Coordinator (ONC), outlines the performance goals related to MACRA, some of which include:

- Creating incentives for Population Health Management
- Streamlining reporting and providing flexibility; and
- Allowing flexible options for electronic reporting.

Whether MACRA will succeed in reaching these and other goals for Medicare and Medicaid is yet to be seen. But one thing is for certain; health care providers, payers, consumers and the systems that support them must all learn to adapt and innovate within the context of quality versus quantity.