

ATTACK OF THE ACRONYMS



New Health Insurance Portability and Accountability Act (HIPAA) guidelines, the Patient Protection and Affordable Care Act (commonly referred to as Obamacare), electronic health record mandates, the Physician Quality Reporting System (PQRS), meaningful use, and the 10th revision of the International Classification of Diseases (ICD-10)—all were intended to improve the

quality of the US health care system. I think a majority of practicing physicians would agree, however, that these measures decreased the quality of care, increased the operational costs of practicing medicine, and produced an overall decline in the US health care system that has been accompanied by unjustified and control-seeking government intrusion. Unfortunately, the situation is likely to deteriorate, because here come MACRA, CHIP, QPP, MIPS, APMs, CPS, and CEHRT. If you do not know what these acronyms mean, you are not alone. It would take this entire issue of *CRST* and more to explain the details of this new payment system that implies that doctors are not providing good care and that the US government knows what good care is. It also looks like the government will soon force doctors to report confidential patient data and care rendered to patients and will financially coerce physicians to comply with government-set practice patterns. In 2015, when the Centers for Medicare & Medicaid Services enacted the Medicare Access and CHIP Reauthorization Act (MACRA) and ended the Sustainable Growth Rate (SGR), there was a moment of hope that the broken reimbursement system could change for the better. Sadly, the impending regulations appear to be worse than the SGR and poised to devastate medical practices, especially small ones.

Projections estimate that 73% of doctors who practice in a group of 25 or fewer physicians will incur payment cuts.¹ If that forecast is accurate, the vast majority of doctors can expect negative financial effects and a distraction from their primary focus on patients and their health. Doctors who choose not to participate in the Merit-Based Incentive Payment System (MIPS) face a 4% penalty, scaling up to a 12% reduction in Medicare payments through 2022. Surprisingly, some projections suggest that refusing

to comply may cost less than participation because of the cost of implementation and the risk of up to a 9% payment penalty if your practice patterns are not in line with the government's benchmark.¹ I am fairly sure few doctors entered medicine expecting to be regulated in this fashion. If the Quality Payment Program (QPP) model goes into effect as described, I not only anticipate that many practices will become insolvent and disappear, but I predict that fewer and fewer young people will pursue a career in medicine.

Could the new regulatory model incite a paradigm shift in medical practices? Will there be a mass exodus of doctors out of the Medicare system? Daniel Durrie, MD, and Trevor Woodhams, MD, have pioneered this route, which other ophthalmologists may choose or be forced to follow.² I feel fortunate to have Drs. Durrie and Woodhams as mentors and to be in a subspecialty where returning to a private-pay-for-service model has the potential for success, with the delivery of top-tier care and fair compensation for the provider.

Health care is challenging, but the right course is always what is best for patients. Thus far, most cataract and refractive surgeons have continued to succeed despite the over-regulated model of decreasing reimbursement. This year's presidential debates showed me a corrupt and dysfunctional political system, which unfortunately entangles the US health care payment system. I hope it is not too late for the American Academy of Ophthalmology, the American Society of Cataract and Refractive Surgery, and other grassroots organizations to form a united front to protect ophthalmologists' right to practice medicine in accordance with their training as well as patients' well-being. ■

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1. Held KS. New Medicare payment rule: a Trojan horse for government takeover. *Journal of American Physicians and Surgeons*. Fall 2016;21(3):87-90.

2. Durrie D, McDonald M. Opting out of Medicare. *CRST*. March 2015. <http://bit.ly/2erlu6x>. Accessed October 25, 2016.