



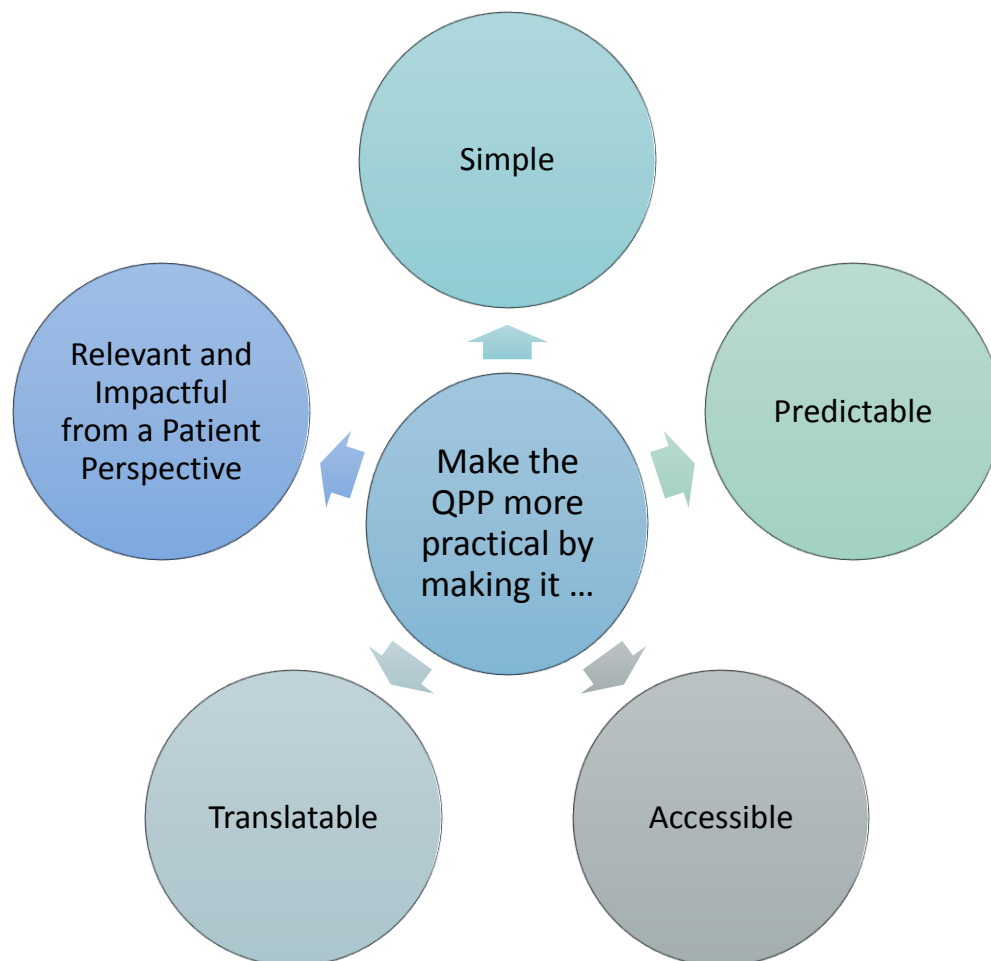
The Physicians Advocacy Institute's  
Medicare Quality Payment Program (QPP)  
Physician Education Initiative

## The Physicians Advocacy Institute's Principles for QPP Reform

# The Physicians Advocacy Institute's Principles for QPP Reform

## Overview of Principles

The Physicians Advocacy Institute (PAI) has identified five guiding principles to improve the Quality Payment Program (QPP) by making it more practical for physicians. In an effort to improve the program, and to assist physicians as they work to adjust to the new payment methodology under the QPP, the following principles have been identified:



PAI's leadership has carefully considered existing issues in the MACRA statute and the subsequent conforming regulations which present the greatest challenges to physicians' optimal participation in the QPP. Below is a brief description of each principle including an overarching recommendation to approach improvements for each respective principle.

### **Principle 1: Simplify the QPP and reduce physician burden**

The QPP is too complex for physicians to easily understand and adopt effectively in their practices. Physician practices are devoting a significant amount of time and resources from quality patient care to trying to understand the QPP. Furthermore, physicians who do not understand the program are considering opting out of Medicare or retiring in the near future.

PAI recommends simplifying the program so the requirements and expectations are clearly understood. This would allow physicians and their practices to more easily determine the areas of improvement they need to focus on to enhance the quality of care they are providing to their patients.

### **Principle 2: Make the QPP translatable across specialties and settings**

The QPP attempts to take into account specialty practices through quality measures. However, there are many aspects of the program that do not work for many specialists or different settings because the program fails to take into account the differences in how care is provided by different specialists, and in different settings.

PAI recommends making the QPP more translatable across specialties and practice settings so some physicians/practices are not at a disadvantage. Allowing more flexibility in the program would help meet the wide range of needs across physician practices and specialties.

### **Principle 3: Make the QPP more predictable**

There are too many factors in the current program that prevent physicians and practices from being able to anticipate their overall performance scores and payment adjustments. For example, benchmarks and performance thresholds change annually, and, because payment adjustments are "budget neutral," the specific payment adjustment amounts physicians will receive are uncertain.

PAI recommends making the program more predictable so physicians and practices have a general idea of how they can alter their performance to increase their overall performance scores and payment adjustments.

## Principle 4: The QPP needs to be more accessible

The QPP is too complex and the costs of implementation and adaptation are too high for solo, small, and rural physicians and practices, making the program inaccessible for these groups of physicians. Furthermore, many physicians may already be participating in Advanced APMs but are unable to successfully participate in that pathway and receive the appropriate credit because of the high QP/PQ threshold requirements.

PAI recommends increasing the accessibility of both the MIPS and Advanced APM pathways for all physicians, including small and rural physicians and practices.

## Principle 5: The QPP needs to be relevant to positive patient impact, and related to everyday practice

Currently, there is a disconnect between the QPP and everyday practice. Physicians have expressed concern that participating in the QPP does not necessarily result in better patient care, and that the program lacks relevant measures and other metrics for specialist physicians.

PAI recommends making the QPP more relevant to positive patient impact by eliminate the check-the-box approach for reporting. Physicians and practices should be able to easily link their current quality improvement efforts to those that would also meet QPP program requirements.