

Are physicians ready for MACRA/QPP?

Results from a KPMG-AMA Survey

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Summary

January 1, 2017 marked the beginning of the first performance year of the Quality Payment Program (QPP) created by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). Beginning in 2019, the QPP will adjust payment rates for physicians and other eligible health care professionals for participation in 2017 under one of two payment tracks: (1) a payment system with incentives or penalties for reporting and meeting certain quality measures, demonstrating use of a certified electronic health record and other measures through the Merit-Based Incentive Payment System (MIPS); or, (2) a 5 percent lump sum bonus payment if the physician has a threshold portion of their revenue or patients in a qualifying Advanced Alternative Payment Model (Advanced APM). In order to help ease the transition to this new payment system, the Centers for Medicare and Medicaid Services (CMS) created a flexible “pick your pace” reporting option for physicians. Additionally, CMS rules are likely to exclude nearly two-thirds of all clinicians from MIPS reporting in 2017 (a large portion based on low volume thresholds or Advanced APM participation; Advanced APMs are also excluded from MIPS). Under the 2018 performance year proposed rule, even more physicians would be excluded in performance year 2018 as a result of increasing the low volume threshold.

There remains a significant QPP knowledge gap among physicians.

Despite efforts to ease the transition to MIPS and APMs, we are well into the first performance year and little is known about physicians' preparation and operationalization of reporting requirements. Given increasing participation requirements for physicians in future years, understanding where physicians are today with regard to readiness will help CMS, as well as medical societies and other supporting industry stakeholders, to better target educational outreach and help physicians prepare for successful participation in the QPP. Feedback from physicians will also play a vital role in helping to guide program implementation, including potential revisions to the CMS proposed rule for the second performance year in 2018.

In order to better understand physician preparation and positioning for QPP, KPMG and the American Medical Association surveyed 1,000 practicing physicians in the United States who have some awareness of MACRA and are involved in practice decision-making related to QPP. Respondents were from a variety of practice sizes, practice settings, specialties, and geographic regions. Although other surveys have explored the extent to which physicians are generally familiar with MACRA, our survey focused on those physicians who have some knowledge of MACRA and are involved in practice decision-making in order to better understand gaps in understanding, early views and attitudes about the roll-out of the program, and physician plans for QPP participation. This is not to say that awareness among physicians is not still a challenge. There remains a significant QPP knowledge gap among physicians. In this respect, the findings of this survey can assist in indicating a glide path for more widespread QPP adoption in the future.



90% of respondents feel MIPS requirements are slightly burdensome or very burdensome.

Some key findings from the survey of physicians involved in practice decision-making include:

- **A slight majority of respondents** (51 percent) **were somewhat knowledgeable about MACRA or the QPP**, whereas less than one in ten physicians (8 percent) felt deeply knowledgeable about QPP and its requirements. Just over four in ten physicians surveyed (41 percent) had heard of MACRA or QPP, but did not consider themselves knowledgeable.
- **Seven in ten respondents have begun preparing to meet the requirements of the QPP in 2017.** Of those respondents, nearly nine in ten respondents feel somewhat prepared (65 percent) or well prepared (23 percent) to meet requirements in 2017. Of those planning to report through MIPS in 2018, only 65 percent feel prepared to meet requirements.
- Of those respondents expecting to participate in MIPS in 2017, **90 percent feel MIPS requirements are slightly burdensome** (37 percent) **or very burdensome** (53 percent).
- **Respondents indicated that the time required to report is the most significant challenge** today and expect that time for reporting will continue to be a challenge in subsequent years. Respondents also emphasized challenges with understanding requirements, understanding MIPS scoring, and the cost of reporting.
- **Previous experience in other programs, including PQRS and Meaningful Use, appears to have contributed to physician readiness for QPP;** thus, getting experience now in QPP at some level has the potential to set physicians up to potentially be more successful in the future than those with no experience. However, it is particularly concerning that only 25 percent of physicians with prior reporting program experience feel well prepared for the QPP.
- **However, even those who feel prepared still don't fully understand the financial ramifications of the program.** In short, they may be prepared to “check the box” of reporting requirements, but may lack the long-term strategic financial vision to succeed in 2018 and beyond. Only 8 percent of respondents feel they are “very prepared” for long-term financial success, while 58 percent feel slightly prepared and 26 percent feel not at all prepared.

Summary (continued)

The findings of the survey largely support a number of widely held assumptions about physician knowledge of and preparedness for QPP requirements:

- **Some challenges are universal regardless of practice size, specialty, or previous value-based payment experience, particularly the time required and the complexity of reporting.**
- **Physicians, especially those in small practices, need more help in preparing.**
- **Physicians want more alternative payment model options available to them.**
- **Physicians with value-based payment reporting experience are more prepared and more confident about how they will perform under MIPS.**
- **Physicians remain deeply concerned about long-term financial ramifications of QPP.**

These findings have significant implications for physicians, as well as a number of other industry stakeholders as the QPP enters its second year. Policymakers must consider the existing challenges when crafting future policies and QPP requirements. CMS and professional medical societies, including the AMA, can use these findings to develop educational and training resources for physicians, including by targeting efforts to specific subsets of the population that appear to need the most help.

This survey provides valuable insights into physician understanding of and preparedness for the QPP. Although some groups of physicians (larger practices, multi-specialty practices, and those with experience in value-based reporting programs) appear somewhat more prepared and optimistic about their performance in MIPS, a majority of physicians across practice sizes, practice settings, and specialties need more time to transition their practices to the new system. Additionally, physicians and the broader health care system need more alternative payment models to allow those who are ready to move more aggressively toward value-based care models that hold physicians accountable for the quality and cost of care they provide. CMS should consider the findings of this survey and others when crafting policies on participation requirements, implementation timelines, and other program specific regulations.



Background and survey objectives

What is MACRA?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) was signed into law on April 16, 2015, repealing the sustainable growth rate (SGR) formula used to determine physician payment updates in Medicare and replacing it with a stable 0.5 percent payment update until 2019. Compensation of physicians and other eligible professionals in payment year 2019 will be based upon their performance in 2017 in one of two available participation options under the QPP:

1. **Merit Based Incentive Payment System (MIPS)**, a payment system with incentive payments or penalties for reporting or failing to report certain quality and efficiency measures; or,
2. **An Advanced Alternative Payment Model (Advanced APM)**, a 5 percent bonus payment, and exclusion from MIPS, if the physician meets a threshold based on the portion of their revenue or patients covered under a qualifying Advanced APM.

Background and objectives (continued)

CMS announced in May 2017 that more physicians would be excluded from MIPS reporting in 2017 (over 800,000 clinicians) than originally projected (738,000 to 780,000), representing nearly two-thirds of all clinicians.¹ Under the 2018 performance year proposed rule, even more physicians would be excluded in performance year 2018 as a result of increasing the low volume threshold. But significant challenges remain for those clinicians required to participate in MIPS in 2017 and beyond.

In order to address some of these challenges of complying and succeeding under MIPS, CMS established flexibility in reporting requirements for the first performance year (2017). In this transitional year, physicians can avoid any payment penalty in 2019 by choosing one of the following reporting paths:

MIPS testing

Report some data at any point in Calendar Year 2017 to demonstrate capability by reporting on one quality measure, or one improvement activity, or the set of required ACI measures. There is no minimum reporting period. There is no negative adjustment in 2019.

Partial MIPS reporting

Submit partial MIPS data for at least 90 consecutive days in Calendar Year 2017. Report on 1 or more quality measure, or 1 or more improvement activities, or the set of required ACI measures. There is no negative adjustment in 2019 and the potential for some positive adjustment of less than 4 percent in 2019.

Full MIPS reporting

Meet all reporting requirements for at least 90 consecutive days in Calendar Year 2017. There is no negative adjustment in 2019 and there is the maximum opportunity for positive 2019 adjustments. Exceptional performances are eligible for additional positive adjustment of up to 10 percent.

Only physicians who do NOT participate in any of the reporting paths in 2017 will be subject to penalties in 2019. CMS has proposed that physicians will again be able to avoid a negative payment adjustment in 2018 by doing less than full reporting in the second performance year—CMS estimated in its latest proposed rule that 94 percent of participants will receive a positive or neutral payment adjustment in 2018.

While CMS has assumed that these reporting options will help ease the transition to MIPS, little is known about physician preparation and operationalization of program requirements for QPP. With more physicians and other clinicians expected to enter the QPP in future years, understanding where physicians are today with regard to readiness will help CMS, medical associations and other supporting industry stakeholders better target educational outreach that helps physicians and other clinicians prepare for success. Feedback from physicians will also play a vital role in helping to guide future rulemaking for the QPP, including for the second performance year in 2018.

While CMS has assumed that these reporting options will help ease the transition to MIPS, little is known about physician preparation and operationalization of program requirements for QPP.

AMA and KPMG collaboration to educate and support physicians

The Payment Model Evaluator (PME), designed and built by KPMG and the AMA in 2016, has been an effective web-based tool for exploring awareness of and preparation for MACRA.ⁱ The PME, includes a brief self-assessment for physicians and their staff to determine the financial impact of the QPP on their practice alongside educational and actionable resources to prepare for the QPP. The tool was offered free of charge to all physicians and their practice administrators.

In order to better understand physician preparation and positioning for QPP, in the spring of 2017 KPMG and AMA surveyed 1,000 practicing physicians in the United States who have been involved in practice decision-making related to QPP. Although previous surveys have explored the extent to which physicians are generally familiar with MACRA, this survey only included physicians who have heard of MACRA and are practice decision-makers in order to better understand gaps in understanding, early views and attitudes about the roll-out of the program, and physician plans for the program in the future. For additional details about the survey methods and demographics, see Appendix A.

In addition to building on the work in the PME, the survey augments the growing body of experiential knowledge gathered through feedback received during physician focus groups that informed creation of the PME, as well as feedback received by the AMA from the broader physician community, including through previous work with the RAND Corporation.ⁱⁱⁱ The AMA will use the results of the survey to develop additional physician educational tools that meet the diverse needs of physicians in practices that vary by care setting, size, experience with value-based care, and level of knowledge.

Survey Objectives

A number of core questions drove development of the survey:

- 1 How knowledgeable are physicians about the QPP, in particular MIPS and its program requirements?
- 2 To what extent have physicians prepared for the requirements of MIPS and operationalized changes within their practices to meet requirements in 2017?
- 3 Of those physicians participating in MIPS in 2017, what level of reporting are they planning to do under the “pick your pace” options? How do they plan to participate in 2018 and future years?
- 4 What are the most significant challenges for physicians participating in MIPS in the first year?
- 5 What areas do physicians need more help in, and what role can CMS and medical associations play in filling knowledge gaps?
- 6 How many physicians feel prepared for long-term success under QPP?
- 7 What changes should CMS consider to improve the program in 2018 and beyond?

Results

We surveyed 1,000 physicians who are involved in practice decision-making and have at least some knowledge of MACRA or QPP. Several significant findings are further explored in subsequent sections.

A slight majority of respondents (51 percent) were somewhat knowledgeable about MACRA or the QPP, whereas less than one in ten physicians (8 percent) felt deeply knowledgeable about QPP and its requirements. Just over four in ten physicians surveyed (41 percent) had heard of MACRA or QPP, but did not consider themselves knowledgeable.

Seven in ten respondents have begun preparing to meet the requirements of the QPP in 2017. Of those respondents, nearly nine in ten respondents feel somewhat prepared (65 percent) or well prepared (23 percent) to meet requirements in 2017. Of those planning to report through MIPS in 2018, only 65 percent feel prepared to meet requirements. This difference may be related to the yearly process of changes to the physician fee schedule.

Of those respondents expecting to participate in MIPS in 2017, **90 percent feel MIPS requirements are slightly burdensome (37 percent) or very burdensome (53 percent).**

Respondents indicated that the time required to report is the most significant challenge today and time for reporting will continue to be a challenge in subsequent years. Respondents also emphasized challenges with understanding requirements, understanding MIPS scoring, and the cost of reporting.

Previous experience in other programs, including PQRS and Meaningful Use, appears to have contributed to physician readiness for QPP; thus, getting experience now in QPP at some level has the potential to set physicians up to potentially be more successful in the future than those who do not have experience. However, it is particularly concerning that only 25 percent of physicians with prior reporting program experience feel well prepared for the QPP.

However, even those who feel prepared don't fully understand the financial ramifications of the program. In short, they may be prepared to "check the box" of reporting requirements, but they may lack the long-term strategic financial vision to succeed in 2018 and beyond. Only 8 percent of respondents feel they are "very prepared" for long-term financial success, while 58 percent feel slightly prepared and 26 percent feel not at all prepared.



Knowledge of MACRA

A majority of the 1,000 physicians surveyed (those involved in practice decision-making) were somewhat knowledgeable (51 percent) or deeply knowledgeable (8 percent) of MACRA or QPP; however 41 percent of those surveyed said they had heard of QPP, but would not consider themselves knowledgeable.

Physicians in larger practices (more than 10 physicians) were more likely to feel deeply knowledgeable of MACRA or QPP (11 percent) than their counterparts in smaller practices (6 percent for solo practitioners, 9 percent for those in practices of 2 to 4, and 5 percent for those in practices of 5 to 10 physicians) (see Figure 1). Previous surveys, including the AMA Physician Practice Benchmark Survey,^{iv} have found that physicians in larger practice sometimes have less knowledge of payment

reform initiatives because they are more likely to be employed and less involved in decision-making. The screening conducted in this survey may have removed those in larger practices less likely to know about MACRA, indicating that physicians in larger practices may have more value-based care experience and knowledge.

Respondents in multi-specialty group practices were more likely to feel deeply knowledgeable (11 percent) than those in single-specialty group practices (8 percent), solo practices (7 percent), or hospitals (8 percent) (see Figure 2). Specialists and primary care physicians were approximately equally likely to feel deeply (9 percent and 7 percent, respectively) or somewhat knowledgeable (50 percent and 51 percent, respectively) about MACRA or QPP.

Fig.1 Level of physician knowledge of MACRA/QPP by practice size

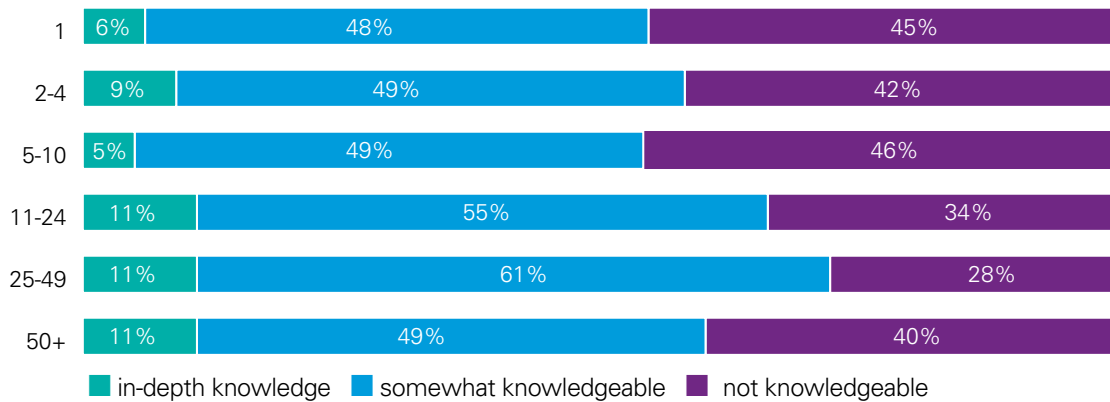
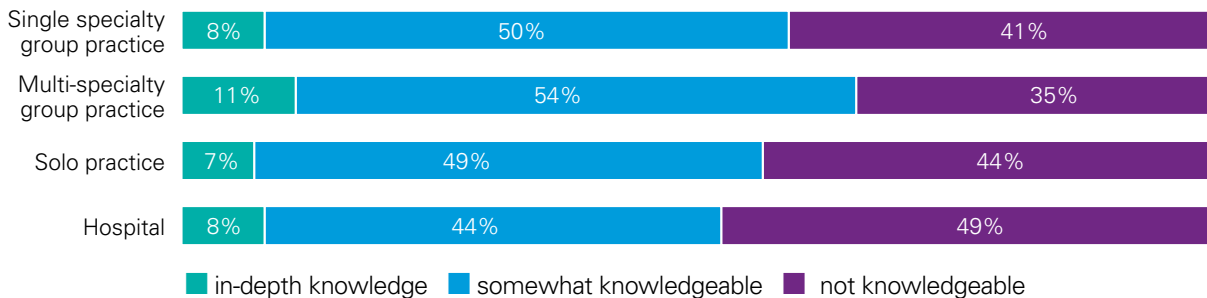


Fig.2 Level of physician knowledge of MACRA/QPP by practice setting



Participation

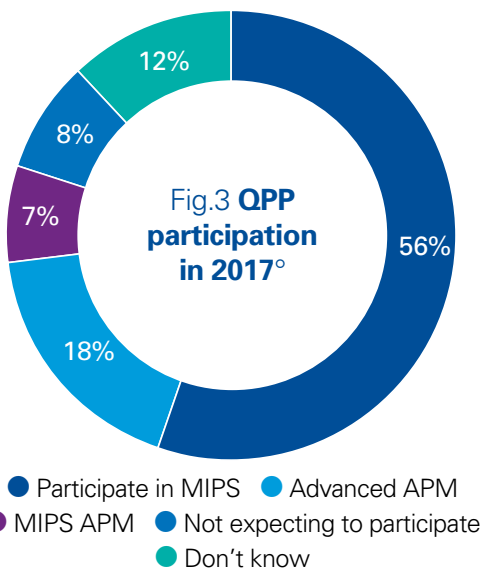
A majority of physicians surveyed (56 percent) expect to participate in MIPS in 2017, while just under 2 in 10 physicians expect to meet the definition of Qualifying APM Participant (QP) and be exempt from MIPS reporting. Another 7 percent expect to participate in an APM, but not meet the QP standard; 8 percent do not expect to participate; and 12 percent do not know whether and how they will participate in 2017.

Of the nearly 1 in 10 physicians not planning to participate in MIPS in 2017, nearly half (49 percent) had voluntarily chosen not to participate; while the other half expected to be exempted as a result of the low volume threshold for revenue (26 percent) or patients (24 percent). [Note: the survey was fielded prior to physicians and practices receiving formal notification from CMS about whether they would be required to participate in MIPS in 2017].

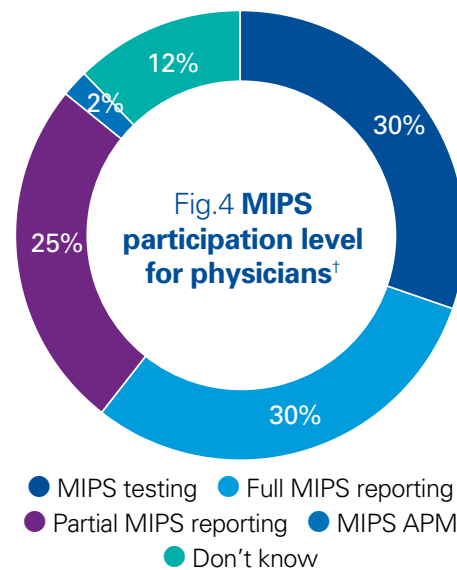
Of those physicians planning to participate in MIPS, 3 in 10 plan to report the minimum possible (one measure) in 2017; one-quarter plan to report partially (more than one measure) in 2017; 3 in 10 plan to opt for MIPS full reporting in 2017;

2 percent expect to report as a MIPS APM in 2017; and 12 percent do not know what level of reporting their practice will do in 2017. The quality performance category is the one most likely to be used (76 percent) by physicians planning to report only one measure in 2017. Nearly three-quarters (74 percent) of MIPS participating physicians plan to report as a group, rather than as an individual; and three-fifths of all MIPS participants plan to use their electronic health record, (EHR), qualified registry, or qualified clinical data registry (QCDR) to report performance in 2017, with 91 percent planning to report quality through their EHR or QCDR.

Physicians expecting to be exempted from MIPS reporting as a result of Advanced APM participation were most likely to be part of an organization in the Next Generation ACO model (54 percent); Medicare Shared Savings Program (MSSP) Tracks 2 or 3 (50 percent); or Comprehensive Primary Care Plus (CPC+) (35 percent) [Note: some respondents indicated participation in multiple Advanced APMs, resulting in a total greater than 100 percent].



^o Excludes 8% of respondents not planning to participate in QPP



[†] Among those planning to participate in MIPS in 2017

Preparation

Seven in ten physicians say their practices have already begun preparations to meet QPP requirements in 2017, while 17 percent have not begun preparations, and 13 percent are not sure if their practice has begun preparations. Of those who have not begun preparing, one-third planned to do so in the next 1 to 3 months (between May and July 2017), and just under one-half planned to do so within the next 6 months (by November 2017). Of those who have begun preparing, nearly 8 in 10 respondents feel well prepared (23 percent) or somewhat prepared (65 percent) to meet reporting requirements in 2017. Almost one-half of physicians (45 percent) have received educational or training sessions on QPP from their practice, hospital, or health system, and just under one-quarter (22 percent) have received education or training from a medical society.

Fig.5 **Preparation for 2017 QPP** (among those who are planning to participate in QPP)

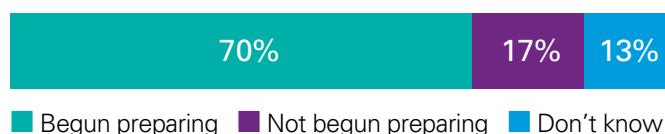
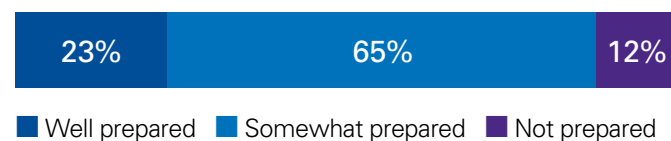


Fig.6 **Level of preparation for 2017 QPP** (among those who have begun preparing)†



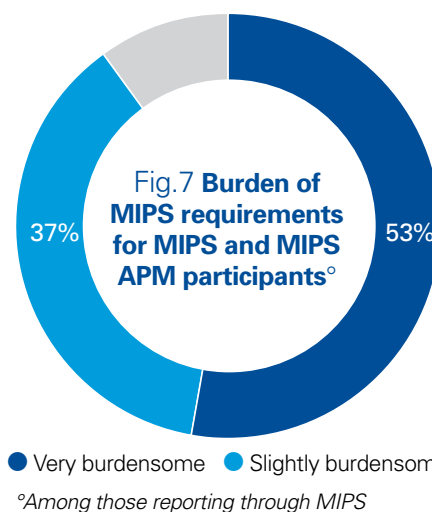
† Excludes 8% of respondents not planning to participate in QPP

Which reporting requirements are the most challenging?

“Our office has four physicians, very burdensome to take time from seeing patients to do all this. Adds probably 40 minutes per day to charting in EHR.”

Challenges

Despite the fact that seven in ten physicians planning to participate in some portion of QPP have begun preparing for requirements in 2017 and that nearly 90 percent of those who have begun preparing for participation in MIPS feel at least somewhat prepared, significant challenges remain. Of those expected to participate in MIPS in 2017, nine in ten respondents feel that the MIPS requirements are very burdensome (53 percent) or slightly burdensome (37 percent).



There were a number of concerns expressed and a majority of respondents cited more than one challenge. Two-thirds of respondents expressed concerns about the time required to report - with 28 percent saying it is the most significant challenge and nearly one-half (48 percent) believing it will continue to be a challenge going forward. More than half believed they need help with understanding reporting requirements (58 percent), understanding the overall MIPS scoring process (57 percent), and the cost required to accurately capture and report performance data (53 percent). Respondents also reported that time is the most significant challenge.

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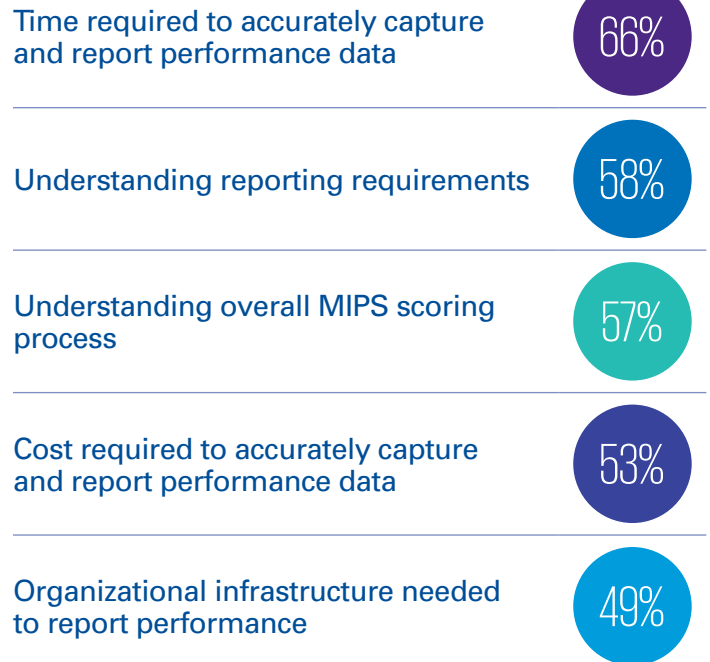
Results (continued)

More than four in five respondents (83 percent) believe their practice needs more educational opportunities, including 70 percent who want to know more about MIPS reporting requirements; 67 percent who want to know more about the financial impact of MACRA/QPP; 65 percent who want to know more about the MIPS scoring methodology; and 54 percent who want to know more about clinical practice transformation strategies. A majority of respondents also want to know more about each of the performance categories: 82 percent on quality; 74 percent on improvement activities; and 63 percent on ACI. The most likely source of educational and practice resources for respondents today is CMS (46 percent), followed by medical associations (41 percent), and consultants (36 percent).

In addition to the need for more educational opportunities and resources, physicians feel ill-prepared for long-term financial success. Only 8 percent of respondents feel they are “very prepared” for long-term financial success, while 58 percent feel slightly prepared and 26 percent feel not at all prepared.



Table 1 **Respondents indicated they need help in the following areas:**



Which reporting requirements are the most challenging?

“Assembling the appropriate information for reporting as well as making sure all of the physicians are able to meet the requirements to submit as a group.”

Future participation

Excluding those physicians expecting to be Advanced APM participants in 2017, respondents were fairly uncertain about whether and how their practices would participate in QPP in 2018. More than one-third (34 percent) did not know if their practice planned to participate in MIPS in 2018, while 56 percent did anticipate reporting in MIPS, and 10 percent did not anticipate reporting (some might expect to be excluded as a result of Advanced APM participation for the first time in the second performance year). Of those physicians who plan to participate in MIPS in 2018, nearly two-thirds (65 percent) believe they will be prepared to meet MIPS requirements in that second performance year. Among respondents not currently participating in an APM with a private payer, nearly half believe that more APM options are needed if they are to meet the Advanced APM participant standard: 35 percent of respondents believe their specialty needs more options, while another 11 percent believe more APMs are needed in general.

Which reporting requirements are the most challenging?

“ The quality basis, how is that measured, and reported? What [are] acceptable practice improvements? ”



Practice size effect

There were some notable, although not unexpected differences between respondents in a large practice (50 or more physicians) and those physicians in a solo practice.

Solo practitioners, compared to those groups of 50 or more physicians, were

- significantly* more likely (56 percent) to view reporting requirements as very burdensome (76 percent versus 51 percent). Additionally, those respondents practices of 2 to 4 physicians were significantly* more likely to view requirements as very burdensome, compared to those in practices of 5 to 10 or 11 to 24 physicians (which were least likely to view requirements as very burdensome: 46 percent and 40 percent, respectively);
- significantly* more likely to feel “not at all prepared” for long-term financial success (8 percent versus 16 percent). Solo practitioners were also significantly more likely to feel “not at all prepared” compared to those in practice sizes between 5 and 49 physicians;
- less likely to be participating in an Advanced APM (8 percent versus 26 percent);
- less likely to have begun preparing (59 percent versus 77 percent);
- less likely to have received training from their health system (33 percent versus 51 percent);
- less likely to feel prepared to meet reporting requirements in 2018 (60 percent versus 70 percent);
- less likely to have reported through PQRS (56 percent versus 76 percent); and
- less likely to have met the requirements of Meaningful Use Stage 2 (45 percent versus 79 percent).

Although larger practices considered the time burden of reporting to be their most significant challenge, they were also most likely than smaller practices to be concerned about the organizational infrastructure needed to report (14 percent to 8 percent) and creating effective processes for sharing data among physicians (6 percent to 3 percent). This finding suggests that larger practices may lack the efficiencies and communication channels of smaller

practices in which physicians are more involved in day-to-day operations and decision-making. More than 8 in 10 respondents wanted more educational opportunities, with large practices slightly more likely to want these opportunities than small practices (85 percent versus 81 percent), perhaps again indicating that physicians in larger practices may not have as many opportunities to be involved in operations and decision-making.

	Solo Practitioner	2-4 Physicians	5-10 Physicians	11-24 Physicians	25-49 Physicians	50+ Physicians
Based on your current experience in MIPS, do you believe the overall reporting requirements under MIPS are...						
Very burdensome	76%	59%	46%	40%	54%	51%
Slightly burdensome	16%	31%	42%	54%	37%	38%
About right	3%	1%	3%	5%	7%	7%
Not enough	0%	1%	0%	1%	2%	0%
Don't know or have not begun reporting	6%	8%	8%	0%	0%	3%
How prepared does your practice feel for long-term financial success under the MACRA/QPP?						
Very prepared	8%	7%	4%	10%	13%	16%
Slightly prepared	46%	57%	61%	62%	67%	60%
Not at all prepared	40%	30%	27%	21%	13%	19%
Don't know	6%	6%	8%	7%	8%	4%
Have you begun preparing to meet the requirements of MACRA/QPP in 2017?						
Yes	59%	71%	64%	82%	75%	77%
No	33%	18%	18%	8%	10%	11%
Don't know	8%	11%	18%	10%	15%	12%
If CMS proceeds with the full MIPS reporting option in 2018, will your practice be prepared to meet requirements as currently defined?						
Yes	60%	61%	65%	63%	64%	70%
No	7%	18%	9%	16%	11%	11%
Don't know	33%	22%	25%	21%	26%	19%
Has your practice previously met the requirements for Meaningful Use Stage 2?						
Yes	45%	70%	77%	71%	76%	79%
No	44%	20%	11%	11%	5%	6%
Don't know	12%	10%	12%	18%	20%	15%
Did your practice participate in the 2016 Physician Quality Reporting System (PQRS)?						
Yes	56%	66%	74%	83%	79%	76%
No	36%	21%	14%	7%	6%	10%
Don't know	8%	12%	12%	10%	15%	14%

* Significance at a 95 percent confidence interval

Specialty vs. Primary Care

There were also some differences between respondents who were primary care specialists and those of another specialty.

Non-primary care specialists, relative to those in primary care, were

- slightly more likely to be deeply knowledgeable about MACRA/QPP (9 percent versus 7 percent),
- more likely to expect to participate in MIPS (61 percent versus 48 percent) and less likely to participate in an Advanced APM (15 percent versus 22 percent),
- more likely to do MIPS “testing”—report only one measure in 2017 (33 percent versus 26 percent), and
- more likely to expect to report in MIPS in 2018 (62 percent versus 48 percent).

Non-primary care specialists were as likely as those in primary care to view requirements as very burdensome or somewhat burdensome (90 percent), and nearly as likely to feel well or somewhat prepared to meet MIPS requirements in 2017 (87 percent versus 89 percent).

	Primary Care Physician	Specialist
Based on your current knowledge, what are your plans for MACRA/QPP participation in 2017?		
I expect that my practice will participate in MIPS	48%	61%
I expect that my practice will participate in an Advanced APM	22%	15%
I expect that my practice will participate in an APM but will not meet the requirements for an Advanced APM (MIPS APM)	7%	6%
Not expected to participate	12%	6%
Don't know	11%	12%
What level of reporting is your practice planning to do in 2017 under the “pick your pace” options? These options are:		
MIPS Testing: Report some data at any point in Calendar Year 2017 to demonstrate capability	26%	33%
Full MIPS Reporting: Meet all reporting requirements for at least a minimum of 90 consecutive days in Calendar Year 2017	27%	32%
Partial MIPS Reporting: Submit partial MIPS data for at least 90 consecutive days in Calendar Year 2017	27%	24%
Reporting through participation in Track 1 ACO or other MIPS APM	5%	1%
Don't know	14%	11%
Considering the likely 2018 MIPS requirements, is your practice planning to report through MIPS in 2018?		
Yes	48%	62%
No	15%	7%
Don't know	37%	31%

Practice setting effect

Respondents in multi-specialty practices appear to be, as a group, better prepared and more optimistic about their participation in QPP.

Compared to hospital-based, single-specialty and solo practices, multi-specialty practices were

- more likely to have in-depth knowledge of MACRA/QPP,
- more likely to be in an Advanced APM,
- more likely to feel well prepared to meet reporting requirements,
- less likely to view MIPS requirements as very burdensome, and
- more likely to expect a positive payment adjustment in 2019.

Solo practices, in comparison, were more likely to view reporting requirements as “very burdensome” (73 percent), but also more likely to expect to do full MIPS reporting in 2017 (35 percent). Challenges and concerns were largely the same across all practice settings (hospitals, single-specialty practices, solo practices, and multi-specialty practices).

	Single specialty group practice	Multi-specialty group practice	Solo practice	Hospital
How knowledgeable are you about the MACRA/QPP program?				
In-depth knowledge of MACRA/QPP	8%	11%	7%	8%
Somewhat knowledgeable about MACRA/QPP	50%	54%	49%	44%
Heard of MACRA/QPP, but am not knowledgeable	41%	35%	44%	49%
How prepared does your practice feel to meet the requirements of MACRA/QPP in 2017?				
Well prepared	21%	28%	22%	16%
Somewhat prepared	66%	61%	56%	79%
Not well prepared	13%	12%	22%	5%
Based on your current experience in MIPS, do you believe the overall reporting requirements under MIPS are...				
Very burdensome	53%	44%	73%	51%
Slightly burdensome	39%	45%	16%	29%
About right	2%	7%	5%	8%
Not enough	<1%	1%	0%	0%
Don't know or have not begun reporting for 2017	6%	3%	6%	12%
Based on your current knowledge, what are your plans for MACRA/QPP participation in 2017?				
I expect that my practice will participate in MIPS	59%	54%	52%	53%
I expect that my practice will participate in an Advanced APM	15%	27%	9%	24%
I expect that my practice will participate in an APM but will not meet the requirements for an Advanced APM (MIPS APM)	7%	5%	7%	10%
Not expected to participate	7%	5%	21%	3%
Don't know	12%	9%	11%	10%
Based on what you know, does your practice anticipate receiving a positive payment adjustment in 2019 for performance year 2017?				
Yes	46%	57%	46%	47%
No	16%	8%	20%	13%
Don't Know	38%	35%	34%	39%

Level of knowledge

Respondents' levels of knowledge (in-depth, somewhat, or not knowledgeable) influenced how they viewed QPP and its requirements.

Compared to those with in-depth knowledge, those with no knowledge were

- less likely to have begun preparing (50 percent versus 93 percent),
- less likely to feel well prepared for reporting in 2017 (8 percent versus 59 percent),
- less likely to expect to participate in MIPS in 2017 (45 percent versus 74 percent),
- nearly half as likely to expect to do full reporting (21 percent versus 40 percent),
- more likely to not know how they are participating in 2017 (23 percent to 0 percent),
- more than half as likely to expect a positive payment update in 2017 (32 percent versus 73 percent),
- more likely to view requirements as very burdensome (57 percent versus 40 percent), and
- nearly half as likely to plan to report in 2018 (38 percent versus 74 percent) and less likely to expect to meet requirements in 2018 (10 percent versus 82 percent).

	In-depth knowledge	Somewhat knowledgeable	Heard of MACRA/QPP
Based on your current knowledge, what are your plans for MACRA/QPP participation in 2017?			
I expect that my practice will participate in MIPS	74%	62%	45%
I expect that my practice will participate in an Advanced APM	18%	21%	14%
I expect that my practice will participate in an APM but will not meet the requirements for an Advanced APM (MIPS APM)	4%	6%	8%
Not expected to participate	4%	7%	11%
Don't know	1%	4%	22%
What level of reporting is your practice planning to do in 2017 under the "pick your pace" options? These options are:			
MIPS Testing: Report some data at any point in Calendar Year 2017 to demonstrate capability	40%	29%	30%
Full MIPS Reporting: Meet all reporting requirements for at least a minimum of 90 consecutive days in Calendar Year 2017	40%	34%	21%
Partial MIPS Reporting: Submit partial MIPS data for at least 90 consecutive days in Calendar Year 2017	19%	27%	23%
Reporting through participation in Track 1 ACO or other MIPS APM	0%	3%	2%
Don't know	0%	8%	23%
Have you begun preparing to meet the requirements of MACRA/QPP in 2017?			
Yes	93%	81%	50%
No	5%	12%	27%
Don't know	2%	7%	23%
How prepared does your practice feel to meet the requirements of MACRA/QPP in 2017?			
Well prepared	59%	23%	8%
Somewhat prepared	36%	67%	71%
Not well prepared	5%	10%	21%
Based on your current experience in MIPS, do you believe the overall reporting requirements under MIPS are...			
Very burdensome	40%	53%	57%
Slightly burdensome	51%	40%	27%
About right	9%	4%	3%
Not enough	0%	1%	<1%
Don't know or have not begun reporting for 2017	0%	2%	13%
Considering the likely 2018 MIPS requirements, is your practice planning to report through MIPS in 2018?			
Yes	74%	70%	38%
No	7%	11%	10%
Don't know	19%	19%	53%
If CMS proceeds with the full MIPS reporting option in 2018, will your practice be prepared to meet requirements as currently defined?			
Yes	82%	68%	51%
No	12%	11%	13%
Don't know	6%	20%	36%

PQRS and Meaningful Use experience effect

Respondents who reported in PQRS in 2016 or have attested to Meaningful Use Stage 2 were significantly more likely to feel prepared to do MIPS reporting and more likely to anticipate doing full reporting in 2017.

Compared to those who did not report in PQRS in 2016, those who did report were

- significantly* more likely to expect to do full MIPS reporting in 2017 (34 percent versus 17 percent),
- significantly* more likely to feel well prepared for 2017 reporting (25 percent versus 13 percent), and
- significantly* more likely to anticipate a positive payment update in 2019 (55 percent versus 37 percent).

Compared to those who had not attested to Meaningful Use Stage 2, those who had attested were

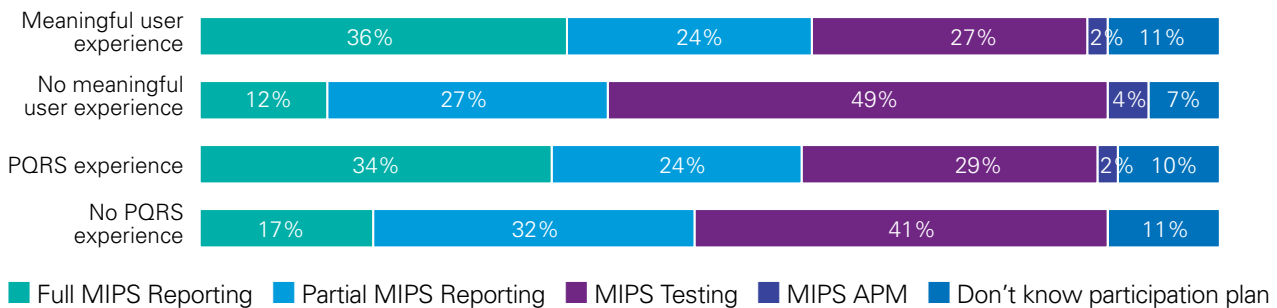
- significantly* more likely to plan to do full MIPS reporting in 2017 (36 percent versus 12 percent),
- significantly* more likely to feel well prepared for 2017 requirements (25 percent versus 9 percent),
- significantly* more likely to anticipate receiving a positive payment update in 2019 (56 percent versus 30 percent), and
- significantly* less likely to view reporting requirements as very burdensome (52 percent versus 66 percent).

	PQRS Experience	No PQRS Experience
What level of reporting is your practice planning to do in 2017 under the “pick your pace” options? These options are:		
MIPS Testing: Report some data at any point in Calendar Year 2017 to demonstrate capability	29%	41%
Full MIPS Reporting: Meet all reporting requirements for at least a minimum of 90 consecutive days in Calendar Year 2017	34%	17%
Partial MIPS Reporting: Submit partial MIPS data for at least 90 consecutive days in Calendar Year 2017	24%	32%
Reporting through participation in Track 1 ACO or other MIPS APM	2%	0%
Don't know	10%	11%
How prepared does your practice feel to meet the requirements of MACRA/QPP in 2017?		
Well prepared	25%	13%
Somewhat prepared	63%	66%
Not well prepared	11%	21%
Based on what you know, does your practice anticipate receiving a positive payment adjustment in 2019 for performance year 2017?		
Yes	55%	37%
No	10%	34%
Don't Know	35%	28%

Which reporting requirements are the most challenging?

“Our EHR is not agile and can't easily adapt to new reporting requirements of MIPS.”

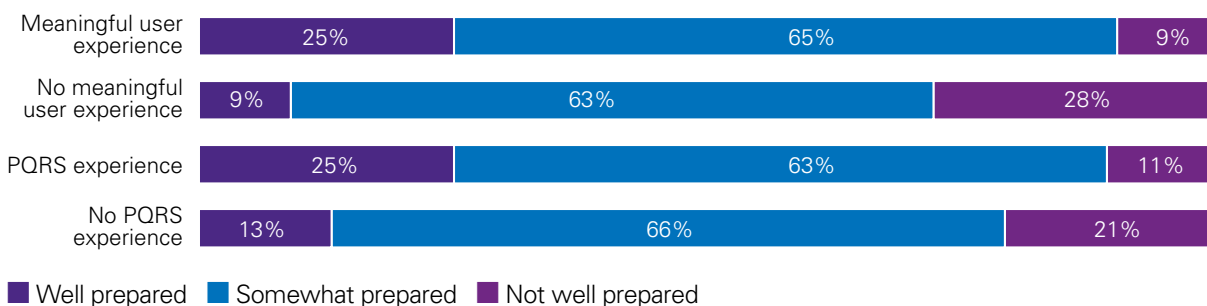
Fig.8 Impact of Meaningful Use and PQRS on MIPS Participation Levels for 2017



* Significance at a 95 percent confidence interval

	Met Meaningful Use Stage 2 Requirements	Not Met Meaningful Use Stage 2 Requirements
What level of reporting is your practice planning to do in 2017 under the "pick your pace" options? These options are:		
MIPS Testing: Report some data at any point in Calendar Year 2017 to demonstrate capability	27%	49%
Full MIPS Reporting: Meet all reporting requirements for at least a minimum of 90 consecutive days in Calendar Year 2017	36%	12%
Partial MIPS Reporting: Submit partial MIPS data for at least 90 consecutive days in Calendar Year 2017	24%	27%
Reporting through participation in Track 1 ACO or other MIPS APM	2%	4%
Don't know	11%	7%
How prepared does your practice feel to meet the requirements of MACRA/QPP in 2017?		
Well prepared	25%	9%
Somewhat prepared	65%	63%
Not well prepared	9%	28%
Based on what you know, does your practice anticipate receiving a positive payment adjustment in 2019 for performance year 2017?		
Yes	56%	30%
No	10%	34%
Don't Know	34%	37%
Based on your current experience in MIPS, do you believe the overall reporting requirements under MIPS are...		
Very burdensome	52%	66%
Slightly burdensome	40%	24%
About right	4%	4%
Not enough	<1%	1%
Don't know or have not begun reporting for 2017	4%	4%

Fig.9 Impact of Meaningful Use and PQRS on perceived preparedness for MIPS



Implications

The findings of this survey largely support a number of widely held assumptions about physician knowledge of and preparedness for QPP requirements: physicians, especially those in small practices, need more help in preparing; some challenges, particularly the time required for reporting, are universal regardless of practice size, specialty, or previous value-based care experience; physicians want more alternative payment model options; those with value-based payment reporting experience are more prepared and more confident about their performance yet only a small percentage of them (roughly 1 in 4) feel well prepared; and physicians remain deeply concerned about long-term financial success under QPP.

These findings have significant implications for physicians, as well as a number of other industry stakeholders as the QPP approaches the beginning of its second year of reporting. Policymakers must consider existing challenges when crafting future policies and QPP requirements. CMS and professional medical societies, including the AMA, can use these findings to craft better educational and training resources for members, to consider targeting their efforts to specific subsets of the population that appear to need the most help, and to assist with better evaluation of program challenges and potential changes.

Physicians need more help

Despite potentially increasing familiarity with QPP and its requirements, a vast majority of surveyed physicians participating in MIPS (90 percent) still believe those requirements are slightly or very burdensome and want more help (83 percent) in understanding what they should be doing to prepare for and operationalize changes within their practice. The reported level of knowledge closely correlates with how confident respondents felt about QPP, including their level of preparedness, plans for participation, timing of preparation, expectation of receiving a positive payment update, and view of the reporting burden. It is of particular concern that only 25 percent of physicians with prior reporting program experience feel well prepared for the QPP. Better knowledge creation and sharing is vital for not only assisting physicians with meeting requirements, but also increasing their level of comfort and optimism about QPP.

However, simply having knowledge about QPP and its requirements does not directly translate into success if a practice, for example, lacks the funding or experience to appropriately implement an EHR system, aggregate data in an appropriate way to report to payers, or identify areas of high-risk and clinical priority within its patient population. These challenges appear to be more pronounced in practices of fewer than five physicians. These practices may lack the resources to create their own educational materials and effectively share that knowledge with all of their physicians. For this reason, they may be more reliant on educational resources created by others (CMS, medical societies, consultants, EHR vendors, etc.).

CMS continues to add resources to its dedicated QPP website⁴,

but there may be additional opportunities to reach physicians or provide ongoing support to practices on a one-on-one basis (without requiring the practice to invest in private sector supporting organizations). Opportunities clearly exist for medical societies to reach those physicians in greatest need of support—less than one-quarter of physicians surveyed had received education or training from their respective medical society.

Ongoing educational assistance from CMS, as well as those in the private sector, should focus on the areas where physicians need the most help: understanding requirements and potential financial impact, selection of quality measures, and clinical practice transformation strategies.

Certain challenges are universal

The challenges identified by survey respondents do not appear to be significantly driven by physician characteristics (practice size, practice setting, knowledge of requirements, specialty, or experience with value-based reporting systems). Although some groups were more likely to identify specific challenges than others, the same obstacles were nearly universally identified. A majority of respondents identified the following as ongoing challenges: the time required to accurately capture and report performance data, understanding QPP requirements, understanding the mechanics of reporting, the cost burden of performance reporting, and the organizational infrastructure needed to report performance. Knowing how to collect and report performance data are central to success under MIPS—which suggests that another transition year may be necessary to allow more time to educate all physicians and, more importantly, additional time for practices to prepare.



Value-based care reporting experience matters

Those respondents with experience reporting in PQRS or meeting Meaningful Use requirements were significantly* more likely than those without experience to feel “well prepared” to meet MIPS requirements, to expect to do full year reporting in 2017, and to expect a positive payment update in 2019. This finding is not unexpected, and suggests that prior value-based reporting experience is a very important determinant of physicians’ comfort with MIPS and their level of optimism for receiving a favorable payment adjustment. Of course, optimism does not translate into success—follow-up research on those with experience at the conclusion of 2017 may provide more evidence about determinants of success. CMS, medical societies, and other stakeholders could use such a finding to better target educational resources and support to those who will be reporting performance for the first time in 2018.

More alternative payment models are needed

Physicians also want to know more about how they can participate in an Advanced APM—less than one in five respondents expected to meet the definition of a Qualifying APM Participant (QP) in 2017. Nearly half of respondents wanted to know more about their specific Advanced APM or MIPS APM options, and nearly half believed that either their specialty needed more options or that more APMs were needed for all physicians. CMS has continued to express a strong commitment to increased adoption of alternative payment models in all parts of the country and across specialties. Our findings highlight the need to fill gaps in APM options. CMS will need to continue to work with stakeholders, and with the Physician-Focused Payment Model Technical

Advisory Committee (PTAC), which has been established to review and recommend new Advanced APMs to HHS based on submitted proposals, to identify models that can better meet the diversity of clinical and practice setting characteristics of physicians. More APMs are needed to give physicians options for transitioning to an Advanced APM in which they would assume financial risk for clinical outcomes and the management of health care costs. New models can be developed by using existing authority in the Center for Medicare and Medicaid Innovation or the PTAC, or through new legislative vehicles. Medical societies and other stakeholders can play an important role in helping to define and establish the most appropriate model(s) for the physicians they serve.

Physicians are worried about long-term implications

Physicians are deeply concerned about the long-term financial implications of QPP for them and their practices. Over one-quarter of respondents believed they were “not at all prepared” for long-term financial success, while less than 1 in 10 respondents felt “very prepared.” Although physicians may view long-term financial success differently depending on their risk tolerance and expectations of how they may perform relative to today, this finding suggests that a lot of uncertainty and pessimism remains about how QPP will affect physicians for the foreseeable future. In addition to better education about QPP, its requirements, and what is needed to prepare, there are some potential approaches that could help address this unease such as providing additional flexibility or a longer period of time for transition, timely reports to participants from CMS or others on progress and examples of how physicians are being impacted, and more education and transparency around how payment updates are calculated.

** Significance at a 95 percent confidence interval*

Nearly half believed that either their specialty needed more options or that more APMs were needed for all physicians.



Conclusion

This survey provides valuable insights into physician understanding of and preparedness for the Quality Payment Program among those who are involved in MACRA related decisions. Although some groups of physicians (larger practices, multi-specialty practices, and those with experience in value-based reporting programs) appear somewhat more prepared and optimistic about their performance in MIPS, a majority of physicians across practice sizes, practice settings, and specialties perceive MIPS requirements as burdensome. Given the gaps in knowledge and uncertainty about how best to prepare for success, there is considerable opportunity for CMS, medical societies, and other interested stakeholders to help better educate and prepare all physicians. There also exists a need for more alternative payment models to help physicians and the broader health care system move more quickly toward value-based care models. CMS should consider the findings of this survey and others when crafting policies on participation requirements, implementation timelines, and other program specific regulations.

Methodology and demographics

Survey design and fielding

Questions for the survey (see Appendix B) were co-developed by KPMG and AMA during the month of April 2017 and administered by M3 Global Research. The target population was randomly selected from the M3 Global Research online panel of US physicians to include a wide variety of specialties.

The survey was soft-launched on April 25 to a total of 87 respondents to ensure data accuracy and completeness. After review and validation of the soft launch data, the survey was released to the field between Wednesday, April 26, 2017 and Monday, May 1, 2017 until a total of 1,000 responses were received.

The survey was completed by 1,000 practicing physicians in the United States. Potential respondents were screened out if they were (a) a medical resident or fellow; (b) retired; (c) a full-time employee of a federal agency, such as the U.S. Public Health Service, Veterans Administration, or a military service; (d) did not accept Medicare; (e) were a pediatrician; (f) did not provide 20 or more hours of patient care per week; (g) had never heard of MACRA/QPP; or (h) were not involved in decision-making related to MACRA or QPP in their practice. A total of 1,240 potential respondents were screened out and did not complete the full survey. Of those screened out, 489 potential respondents had never heard of MACRA or QPP, 247 were not involved in decisions related to MACRA or QPP, and the remainder were excluded as a result of attributes (a) through (f) above.

Although previous surveys^{vi} have explored the extent to which physicians are generally familiar with MACRA, our survey focused on those physicians who have heard of MACRA and are involved in MACRA decision-making, in order to better understand gaps in understanding, early views and attitudes about the roll-out of the program, and their plans to participate in the program in the future.

Respondent demographics

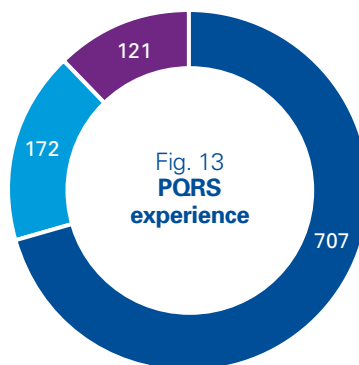
A total of 1,000 practicing physicians in the United States completed the full survey. Just over one-third of respondents were in a solo practice or a group practice of less than five physicians; nearly four in ten were in a practice size between 5 and 24; and just under one-quarter were in a practice with 25 or more physicians (see Figure 10). This distribution is roughly proportional to the practice size breakdown highlighted in the most recent AMA Physician Practice Benchmark Survey.^{vii} More than four in ten respondents were members of a single specialty group practice; roughly one-quarter were in a multi-specialty group practice; nearly two in ten were in a solo practice; and less than one in ten reported that a hospital was their primary place of practice (see Figure 11). Just over one-half (52 percent) of respondents were full or part-time owners of their practice; 43 percent were an employee; and 5 percent were an independent contractor.

Roughly 42 percent of respondents identified as a primary care specialists. Of those identifying as a non-primary care specialists, the most common respondents were obstetrics and gynecology, anesthesiology, ophthalmology, emergency medicine, psychiatry, cardiology, radiology, and gastroenterology. More than half of respondents were from the Northeast and Southeast, with less than 2 in 10 respondents from the West and Midwest, respectively; and less than 1 in 10 from the Southwest (see Figure 12)

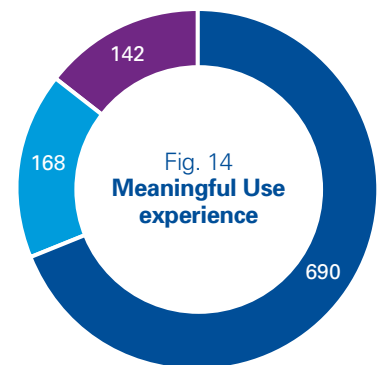
Roughly seven out of 10 respondents had experience reporting through the Physician Quality Reporting System (PQRS) in 2016 and had successfully met the requirements of Meaningful Use Stage 2



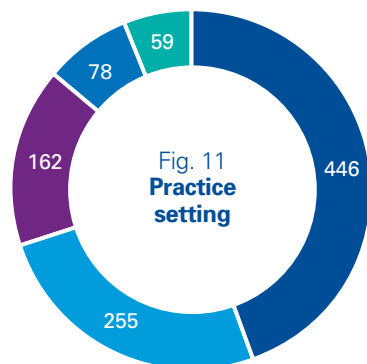
● 1 ● 2-4 ● 5-10 ● 11-24 ● 25-49 ● 50+



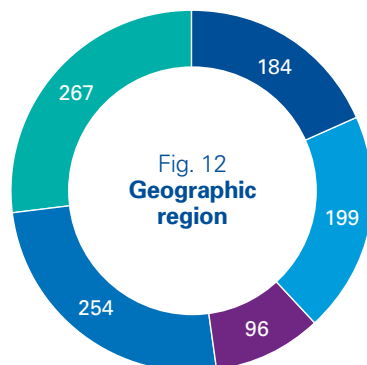
● PQRs experience ● No PQRs experience ● Don't know



● MU experience ● No MU experience ● Don't know



● Single specialty group practice
 ● Multi-specialty group practice ● Group practice
 ● Hospital ● Other



● West ● Midwest ● Southwest
 ● Northeast ● Southeast

Table 2 **Most common specialties of respondents**

Family or General Practice	19%	Endocrinology & Diabetes	2%
Internal Medicine	13%	Nephrology	2%
Obstetrics/Gynecology	9%	Orthopedic Surgery	2%
Anesthesiology	6%	Pain Medicine	2%
Ophthalmology	5%	Urology	2%
Emergency Medicine	4%	Hospitalist	2%
Psychiatry	4%	Hematology & Oncology	2%
Cardiology	3%	Neurology	2%
Radiology	3%	Pulmonary Disease	2%
Gastroenterology	3%	Surgery	2%

Analysis

Analysis of the raw survey data was conducted by KPMG between May 2 and May 30, 2017. Analysis included aggregating survey responses and producing cross-tabulation based on respondent characteristics. Cross-tabulations based on practice size (1, 2-4, 5-10, 11-24, 25-49, and 50+) were done for all survey questions; whereas a subset of questions was included for cross-tabs based on practice setting (single specialty group practice, multi-specialty group practice, solo practice, and hospital); region of the country (Northeast, Southeast, Midwest, Southwest, and West); primary care physicians or specialists; whether their practice participated in PQRs in 2016; whether their practice had met the requirements of Meaningful Use Stage 2; and how knowledgeable they felt about MACRA and/or QPP.

Significance testing (95 percent confidence interval) was also conducted to assess the strength of differences between selected cross-tabs for certain questions. Significance testing was conducted for a subset of questions based on the practice size of respondents; whether respondents had experience with the Physician Quality Reporting System (PQRs); and whether respondents had successfully attested to Meaningful Use Stage 2.

Survey questions

Screening questions

QS1. Do you consider yourself to be any one of the following?

- I am a medical resident or fellow
- I am retired
- I am a full-time employee of a federal agency, such as the U.S. Public Health Service, Veterans Administration or a military service
- None of these TERMINATE IF NOT SELECTED

S2. How many hours of direct patient care do you provide during a typical week of practice?

- Programmer
- Numeric
 - Range 0-100.
 - Show "don't know" in addition to numeric box. TERMINATE IF LESS THAN 20 OR "DON'T KNOW"

S3. Please select the state in which you practice.

Drop down list. Include 50 states plus Washington DC and "other".
TERMINATE IF "OTHER" SELECTED

S4. Which of the following best describes your medical specialty?

- Allergy & Immunology
- Anesthesiology
- Cardiology
- Colon & Rectal Surgery
- Dermatology
- Emergency Medicine
- Endocrinology & Diabetes
- Family or General Practice
- Gastroenterology
- General Preventive Medicine
- Hematology & Oncology
- Hepatology
- Hospitalist
- Infectious Disease
- Internal Medicine
- Medical Genetics
- Nephrology
- Neurological Surgery
- Neurology
- Obstetrics/Gynecology
- Occupational Medicine
- Ophthalmology
- Orthopedic Surgery
- Other
- Otolaryngology

TRACK:

PCP = Internal/
General/Family
Medicine,
ObGyn,
Pediatrics

SPECIALIST
= All other
specialties not
listed above

- Pain Medicine
- Pathology
- Pediatric Cardiology
- Pediatrics SOFT TERMINATE AFTER S6
- Physical Medicine & Rehabilitation
- Plastic Surgery
- Psychiatry
- Public Health & General Preventative Medicine
- Pulmonary Disease
- Radiology
- Rheumatology
- Surgery
- Thoracic Surgery
- Transplant Surgery
- Urology
- Vascular Medicine
- Other (specify)

S5. Does your practice currently use an Electronic Health Record (EHR) system?

- Yes
- No
- Don't know

S6. Please indicate which of the following types of insurance are accepted in your practice. Select all that apply.

- Medicare (TERMINATE IF NOT SELECTED)
- Medicare Advantage
- Medicaid (including Medicaid managed care plans and CHIP)
- Commercial health insurance (e.g., HMOs, PPOs, indemnity, exchange plans)
- Workers compensation
- Other

S7. Now we'd like to ask you a few questions regarding the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015.

MACRA is a law passed by Congress that changes how physicians will be paid for seeing Medicare patients. The specific new program is called the Medicare Quality Payment Program (QPP). MACRA/QPP gives physicians a choice of two pathways that will be used to adjust Medicare physician payments up or down starting in 2019 based on their performance in 2017. As currently

written, the two pathways are as follows:

Pathway 1 - MIPS

- _ The Merit-based Incentive Program (MIPS) replaces the Physician Quality Reporting System (PQRS), Value-Based Modifier (VBM), and Meaningful Use of electronic health records (EHR) program.
- _ Under MIPS physicians will get a single annual score based on quality, cost (resource use), clinical practice improvement activities, and advancing care information (EHR use). (For 2017 reporting, resource use will be weighted at 0 percent but will increase for 2018 and beyond).
- _ MIPS penalties are smaller than under the existing programs with more bonus opportunities.
- _ Physicians with \$30,000 or less in Medicare revenues OR who care for 100 or fewer Medicare patients OR who are in their first year of Medicare enrollment will be exempt from MIPS.

Pathway 2 - APMs

- _ Physicians in Advanced Alternative Payment Models (APMs) will have an opportunity to receive a 5 percent bonus and be exempt from MIPS.
- _ Advanced APMs will include certain Medical Homes, Accountable Care Organizations (ACOs), and other models that meet criteria regarding certified EHR technology, quality based payment, and financial risk.
- _ To qualify for the 2019 bonus at least 25 percent of physicians' 2017 Medicare revenues or 20 percent of physicians' 2017 Medicare patients must come through an Advanced APM.

Before today, had you heard anything about MACRA/QPP? (

- _ Yes
- _ No (TERMINATE)

S8. How knowledgeable are you about the MACRA/QPP program?

- _ In-depth knowledge of MACRA/QPP
- _ Somewhat knowledgeable about MACRA/QPP
- _ Heard of MACRA/QPP, but am not knowledgeable

S9. To what extent are you or do you expect to be personally involved in decisions related to the MACRA/QPP for your practice?

- _ I am a primary decision maker
- _ I am or expect to be involved in these decisions, but not a primary decision maker
- _ I am not involved in these decisions (TERMINATE)

Main survey questions

Q1. Based on your current knowledge, what are your plans for MACRA/QPP participation in 2017?

- _ I expect that my practice will participate in MIPS. (GO TO Q2.1A)
- _ I expect that my practice will participate in an Advanced APM. (SKIP TO Q2.1B)
- _ I expect that my practice will participate in an APM but will not meet the requirements for an Advanced APM (MIPS APM). (SKIP TO Q2.1C)
- _ Not expected to participate. (SKIP TO Q2.1D)
- _ Don't know (SKIP TO Q3.1)

Q2. 1A. In order to provide physicians with additional time to prepare their practice and reporting system for the full set of requirements across the MIPS performance categories, CMS is allowing physicians to decide what level of reporting to do through a "pick your pace" option in 2017.

What level of reporting is your practice planning to do in 2017 under the "pick your pace" options? These options are:

- _ MIPS Testing: Report some data at any point in Calendar Year 2017 to demonstrate capability by reporting on 1 quality measure, or 1 improvement activity, or required ACI measures, in order to avoid a negative payment adjustment
- _ Partial MIPS Reporting: Submit partial MIPS data for at least 90 consecutive days in Calendar Year 2017 on 1+ quality measure, or 1+ improvement activities, or required ACI measures, in order to potentially qualify for a minimal positive payment adjustment

- _ Full MIPS Reporting: Meet all reporting requirements for at least a minimum of 90 consecutive days in Calendar Year 2017 for all three performance categories (Quality, Improvement Activities, Advancing Care Information)
- _ Reporting through participation in Track 1 ACO or other MIPS APM
- _ Don't know

Q2.1A.a. Which category do you or your practice plan to report on to satisfy the MIPS Testing reporting requirements?

- _ Quality
- _ Advancing Care Information
- _ Improvement Activities

Q2.1B. Which of the following Advanced APM programs are you participating in for 2017? [Choose all that apply]

- _ Next Generation ACO
- _ Medicare Shared Savings Program Track 2 or Track 3
- _ Comprehensive Primary Care Plus
- _ ESRD Seamless Care Model
- _ Oncology Care Model
- _ Comprehensive Joint Replacement Model

Q2.1C In which of the following model(s) are you participating?

- _ Medicare Shared Savings Program Track 1
- _ Cardiac Care Bundled Payment
- _ Other

Q2.1D. What is your reason for not reporting?

- _ Less than \$30,000 in allowed Medicare charges
- _ 100 or fewer Medicare Part B patients
- _ 1st year of Medicare provider enrollment
- _ Voluntarily chose to not report
- _ Hope to meet definition of an Advanced APM Qualifying Participant
- _ Other (please specify)

Q2.2. Are you/your practice planning to report as...

- _ An individual provider
- _ A group
- _ Don't know

Survey questions (continued)

Q2.3 Have you discussed with your health IT vendor using your EHR or registry (qualified registry or qualified clinical data registry) to report MIPS performance to CMS?

- Yes
- No
- Don't know

Q2.3A For which categories do you plan on using your EHR or registry to satisfy MIPS requirements [check all that apply]?

- Quality
- Advancing Care Information
- Improvement Activities

GROUP 3: Current Experience/Problems

Q3.1 Have you begun preparing to meet the requirements of MACRA/QPP in 2017?

- Yes
- No
- Don't know

Q3.1A. How prepared does your practice feel to meet the requirements of MACRA/QPP in 2017?

- Well prepared
- Somewhat prepared
- Not well prepared

Q3.1B. When does your practice plan to begin preparations for 2017 reporting?

- Next 1 to 3 months
- Next 4 to 6 months
- Don't know

Q3.2 Has your practice, hospital, or health system conducted educational or training sessions with you or other physicians on MACRA/QPP?

- Yes
- No
- Don't know

Q3.3 Have you or your practice received educational or training sessions from a medical society?

- Yes
- No
- Don't know

Q3.4 Based on what you know, does your practice anticipate receiving a positive payment adjustment in 2019 for performance year 2017?

- Yes
- No
- Don't know

GROUP 4: What help could you use

Q4.1 Based on your current experience in MIPS, do you believe the overall reporting requirements under MIPS are...

- Very burdensome
- Slightly burdensome
- About right
- Not enough
- Don't know or have not begun reporting for 2017

Q4.1A In the space below, please describe which reporting requirements are the most challenging. (Please be specific)

Q4.2 Where do you feel your practice needs help right now in meeting MACRA/QPP processes or requirements? (check all that apply)

- Understanding reporting requirements
- Understanding overall MIPS scoring process
- Time required to accurately capture and report performance data
- Cost required to accurately capture and report performance data
- Organizational infrastructure needed to report performance
- Processes for sharing data among physicians
- Process for identifying which physicians are required to participate in MIPS

- Process for identifying which physicians are Advanced APM Qualifying Participants
- Determining whether to report as an individual or as a group
- Understanding available APMs
- Other
- [entry form]

Q4.3 Which of the challenges noted above has been most significant?

Q4.4 Which of these challenges do you believe will continue to exist in the 2018 performance year and beyond?

Q4.5 Do you feel your practice needs more educational opportunities to learn about aspects of MACRA/QPP?

- Yes
- No
- Don't know

Q4.5A Which aspect of MACRA/QPP would you like to know more about? [Check all that apply]

- MIPS reporting requirements
- Advanced APM participation options
- Financial impacts of MACRA/QPP
- Clinical practice transformation strategies
- MIPS scoring methodology
- Other
- [entry form]

Q4.5B Which MIPS categories would you like to know more about? [Check all that apply]

- Quality
- Advancing Care Information
- Improvement Activities
- None

Q4.6 How prepared does your practice feel for long-term financial success under the MACRA/QPP?

- Very prepared
- Slightly prepared
- Not at all prepared
- Don't know

**GROUP 5:
Potential Future Participation**

Q5.1A What assistance/education would be most helpful for your practice to prepare for potential future participation in MACRA/QPP?

[Entry form]

Q5.1B As currently proposed, CMS intends to begin assessing physicians on cost beginning in performance year 2018 under MIPS. Example measures on cost that may be included are total per-capita costs and Medicare spending per beneficiary.

Considering these proposed requirements for 2018, is your practice planning to report through MIPS in 2018?

- Yes
- No
- Don't know

Q5.1B.a If CMS proceeds with the full MIPS reporting option in 2018, will your practice be prepared to meet requirements as currently defined? As a reminder, full MIPS reporting as currently defined requires a practice to meet all reporting requirements for the entire 2018 calendar year for all four performance categories (Quality, Improvement Activities, Advancing Care Information, Cost)

- Yes
- No
- Don't know

DEMOGRAPHICS:

D1. Did your practice participate in the 2016 Physician Quality Reporting System (PQRS)?

- Yes
- No
- Don't know

D2. Has your practice previously met the requirements for Meaningful Use Stage 2?

- Yes
- No
- Don't know

D3. Where does your practice access education and practice resources about payment reform? [Check all that apply]

- Medical Association
- CMS
- Consultant
- Hospital Employer
- Other
- [entry form]

D4. Is your practice currently participating in an APM with a private payer (health plan)?

- Yes
- No
- Don't know

D4A If your practice is not yet participating in an APM, do you believe there are enough APMs available to you or your practice?

- Yes
- No—my specialty needs more options
- No—more APMs are needed in general
- Don't know

D5. Are you a full or part owner of your main practice?

- Yes, I am a full or part owner
- No, I am an employee
- No, I am an independent contractor

D6. Which of the following best describes your main practice?

- Solo practice
- Single specialty group practice
- Multi-specialty group practice
- Faculty practice plan
- Hospital
- Ambulatory surgical center
- Urgent care facility
- HMO/Managed care organization
- Medical school
- Other (please specify)

D7. Including yourself, how many physicians (MD/DO) are in your practice? Please include all of your practice locations/sites in your answer.

Please enter a number below.

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