Change seems to be taking place everywhere in the U.S. healthcare system, particularly in the world of reimbursement. Practices know that Medicare and commercial payers want to shift reimbursement from volume to value, meaning that physicians and practices face increasing pressure to adapt and accept more risk for the quality of patient care they deliver. Failure to meet quality measures may result in Medicare penalties and could, ultimately, impact a practice’s ability to remain a part of commercial payer networks.

Currently, the most obvious representation of this shift is through MACRA, but the reality is that we have been moving in this direction for years, with programs such as Meaningful Use, PQRS, and the Affordable Care Act. Commercial payers are also signaling this shift in many markets through value-based contracts and quality data reporting requirements that aim to engage providers in sharing accountability for lowering the cost and improving the quality of healthcare for members. The result is added pressure from payers for providers to improve patient care while lowering the cost of healthcare delivery.

The ongoing changes in how insurance payers reimburse practices for services will continue to have a dramatic impact on the future viability of ophthalmology practices. With change, practices will have options but will need to make important decisions about how they plan to move forward. Practices can be resistant to change (i.e., keep doing things the way they have always done them), or they can see the changing landscape as an opportunity to adapt and prepare for the future. Obviously, the option to resist change is not feasible or sustainable for future success. Practices must take a creative and strategic approach to these changing trends by modifying the way they think about reimbursement.

Like any practice-wide initiative, success starts with a unified commitment from the leadership team (physicians and administration). There must be a cultural shift in the way reimbursement is approached, and an acceptance that all team members play a role in the process. More than ever, the entire mindset of an organization must be focused on providing superior, quality-based patient care that is consistent with the goals of CMS and private health plans.

There is no specific, one-size-fits-all approach to thriving in this new reimbursement world, but there are several important areas ophthalmology practices can focus on when charting their new path. This article addresses four of these areas.

REDEFINE THE PAYER AND PROVIDER RELATIONSHIP
Practices need to stop seeing commercial payers as adversaries and, instead, see them as partners in patient care. Due to the nature of traditional fee-for-service contracts, physician practices and health plans are naturally at odds because their priorities are not aligned. However, this paradigm has shifted to a point where physician practices and health plans must now work collaboratively due to the rising cost of providing healthcare services and initiatives driving value-based care and population health improvement.

DETERMINE PAYER PRIORITIES AND GOALS
Proactively developing relationships with local marketplace payers is essential, especially those with many covered lives. A practice needs to determine which priorities are important to each health plan and work to meet those priorities.

HEDIS is a good example. HEDIS is an acronym for “Health Effectiveness Data and Information Set,” which are healthcare performance metrics that health plans must report to demonstrate quality and access to care, as well
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as measure the satisfaction of their members. Private insurance plans with Medicare and Medicaid contracts are required to submit HEDIS data, and those with low scores can be penalized.

Ophthalmology practices can play a significant role in health plans improving their HEDIS scores because it is recommended that those members with diabetes receive a dilated exam screening for retinal disease. Many practices are collaboratively working with health plans to take on the responsibility of contacting and seeing patients for this annual exam.

USE QUALITY DATA TO ACTUALLY DEMONSTRATE QUALITY
Practices can demonstrate their commitment to quality by remaining current and complying with the quality reporting requirements via MIPS. Although not all commercial health plans have the same requirements, demonstrating that your practice is adhering to Medicare’s new reimbursement system clearly shows a commitment to improving patient outcomes through quality reporting metrics and practice improvement activities.

It is also recommended that practices regularly track quality metrics and procedure utilization by physician internally to compare to benchmarks published in the IRIS Registry.

Along the same proactive lines, many practices are inviting private health plans to visit their practices to see their modern facilities, meet their excellent providers, and most importantly, witness the outstanding patient experience their members receive.

BE PROGRESSIVE WITH TECHNOLOGY
The use of technology in healthcare is growing at a rapid pace. Practices must be able to clearly demonstrate that they are using technology to communicate with patients, other medical providers, and health plans. Payers are typically looking to partner with practices that can demonstrate progressive use of technology. Having a certified EHR system is a minimum for practices to meet the Advancing Care Information category of MIPS.

Yet meeting the minimum threshold is not enough today. One example of how technology is being used to improve access to quality care is telemedicine, which gives a practice the ability to remotely diagnose and manage patients through telecommunication. A growing number of ophthalmology practices now have the ability to take fundus photos remotely (such as satellite locations or primary care practices) with the subsequent analysis being done somewhere else by an ophthalmologist to diagnose ocular disease such as age-related macular degeneration, glaucoma, or diabetic retinopathy.

SUCCESS IN A CHANGING REIMBURSEMENT WORLD
Progressive practices are finding multiple ways of making a commitment to being part of the solution in the changing world of reimbursement. By proactively engaging in this process, it is more likely that health plans will see ophthalmology practices as a valued partner in patient care. AE

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