

Midwest Surgical Association Winter Council Meeting February 2016 Governors Report

I was inducted as a MSA American College of Surgeons governor at the conclusion of the October 2015 Clinical Congress and therefore was not allowed to participate in governors' activities during that meeting. I have attended the ACS new governors introductory webinar in December 2015 and my first official onsite meeting will be the ACS Advocacy Meeting in Washington DC April 9-12, 2016. Nonetheless, I can provide some information on ACS activity.

The ACS was instrumental in lobbying the passage of MARCRA, Medicare Access and CHIP (Children's Health Insurance Program) Reauthorization Act of 2015. What does MACRA do?

Funds the Children's Health Insurance Program until 2017.

Repeals SGR (Sustainable Growth Rate) for Medicare negating the 30% reduction in fees.

Annual payment update for Medicare fees of 0.5% for 5 years.

Blocks the transition to 0-day global codes.

Establishes a merit-based Incentive Payment System (MIPS) in 2019.

The Surgeon Specific Registry can be used for PQRS (Physicians Quality Reporting System). So can NSQIP. The ACS Performance Measurement Committee facilitates the surgical quality measurement program for the ACS as it seeks to work with other stakeholders in the areas of measurement science for quality, safety, patient experience, appropriateness, and resource use/cost.

The ACS is currently lobbying to maintain the Health Professional Shortage Area clause in the Affordable Care Act. The 10% incentive is due to end in 2016.

What is the position of the ACS on EMR for the surgeon's office? The Medicare and Medicaid Incentive Program is over. The Meaningful use incentives based on use of the certified EMR technology are now penalties! The penalties start in 2017 based on the use or non-use of the EMR in 2015. The penalties will be applied to the Medicare Part B fee for service payments. The penalties are a minus 3%. If 3% is nothing to you, then don't spend the large amount of money to get an EMR. If you work for a hospital or large system as an employee, there is nothing to worry about. They all have EMRs. The ACS is working with the Office of National Coordinator for Health Information Technology to create the ONC "roadmap" to secure interoperable data exchange for clinical platforms, data registries and applications for physician use during patient care. This could make our lives much better and standardize the EMR in the future!

Respectively submitted,

Donn Schroder