



## WASHINGTON UPDATE: A Week Steeped in Health Care Policy

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Spending an entire day or so learning about the history of the Medicare and Medicaid programs? Fascinating, said Dr. Matthew Sideman, chair of the SVS Coding and Reimbursement Committee.

The experience was one of the highlights of his week at the Executive Leadership Program in Health Policy and Management at Brandeis University in 2016. The program also included participating in the American College of Surgeons Leadership and Advocacy Summit in Washington, D.C., this past May.

"The knowledge gained from my time at Brandeis is just coming to fruition and I look forward to working hard to serve the societies in the future," Dr. Sideman, who has worked with SVS on policy and advocacy for more than a decade, wrote in his report on the program.

Dr. Stuart Altman, who was involved with setting up Medicare and Medicaid, gave a historical presentation on the history of the two programs. "It was fascinating to hear how we got where we are from the mouth of someone who was a participant," Dr. Sideman said.

With Medicare and Medicaid reimbursement now undergoing a sea change, the week was especially pertinent, he said. Members of the American College of Surgery presented a session on its work creating an Advanced Alternative Payment Model, a key portion of the Medicare replacement program, now known as the Quality Payment Program. QPP was created via the replacement legislation, the Medicare Access and CHIP Reauthorization Act of 2015. Dr. Sideman is on the SVS APM subcommittee to create a payment model for vascular surgery.

"I learned more about the background plus cutting-edge information: this is where things are going on right now," he said.

Much of the MACRA concept has been championed by SVS and other physician groups for years, he said. "It was concepts, but not a lot of nuts and bolts," he said of the original law. "Now we're trying to figure out how the nuts and bolts will work."

For example, a "cost measure" will be one of the determinants of a physician's score. "They're going to figure out how much money you individually cost the Medicare system and compare you to others," he explained. "It's not just 'are you providing good care,' because if it's costly, they don't like it."

A company currently is examining all of Medicare's claims data to try to define an "episode." Dr. Sideman listed some

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of the claim details to examine: overall cost for the patient, including which costs are attributable to surgery and which to other factors. "Ultimately CMS will come up with standardized costs, be it a procedure or an illness," he said. "Medicare wants to use these as a benchmark and you're either above it or below it.

"It's vitally important we get these things right," he added. "We have to write down everything we do, document everything, because otherwise we'll be too expensive."

Many surgeons remain unaware of MACRA's details and ramifications. "There are going to be a lot of people who will be blindsided by this as it kicks in," he warned.

The week included sessions on leadership skills and hospital business management, in addition to policy.

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