FR28- MACRA, MIPS and APM: Will the Nursing Home Practice Survive the Alphabet Tsunami

Friday, March 23
3:30 PM - 5:00 PM

Session Description

This session is truly constructed based on learner feedback from last few years at Society Annual Conferences. Attendees last year showed a great interest in finding out "what their practice was worth?" Healthcare reform has changed the landscape of private practice throughout the United States. In this session, speakers will discuss the current health care landscape and physician practices under MACRA, MIPS, and APM, and the results of a physician survey showing trends in private practices, employment status, and physician morale. The speakers will also review business basics of organizational behavior, corporate finance, and operations management, and discuss leadership during financial hardship and keeping physician integrity alive while maximizing revenue. Personal experiences of solo, small group, and a large multi-specialty to group and various options physician practices have to safeguard financially secure future will be discussed.

Learning Objectives

Outline MACRA related policy, practice and payment changes as they relate to nursing home practices.
Review national physician practice trends and compare attitudes of self-employed vs. employed physicians.
Describe basics of organizational behavior, operations management and corporate finance as it pertains to the Service industry of PA/LTC practice.
Discuss the process of Business valuation and using this information to help with the decision of staying independent versus joining a large Group.

Presenter(s): Dheeraj Mahajan, MD, CMD; Don Barbo, CPA; Rod Baird, MS; Daniel Haimowitz, MD, CMD

Presenter(s) Disclosures: All speakers have reported they have no relevant financial relationships to disclose.
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Daniel Haimowitz MD FACP CMD
Private Practice
March 23 2018

My Clinical Practice
- Solo private practice
- IM/Geriatrics est 1986
- No NP/PA
- Small office practice
- Two nursing homes
- Medical Director two CCRCs (one attending, one administrative)
- Three other Assisted Living (one medical director, one “de facto”)
- PACE program (nursing homes)
- Rare house calls
- No EHR
- Two associates in past

Why I'm Here
- Representative of AMDA membership (?!)
- “Expert” (?!?)
- Nobody wants to buy my practice
- OVERWHELMED

Speaker Disclosures
Speaker has no disclosures relevant to this presentation

My Staff
**Me and MACRA**

- Part of hospital ACO (APM)
- Qualified APM participant: [https://data.cms.gov/qplookup](https://data.cms.gov/qplookup)
- Asked my billing company
- What a hassle

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**Medical Economics poll March 2017**

- Sell your practice 2%
- Participate but complain about it 12%
- Convert to direct care 13%
- Participate 31%
- Not participate 42%

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**AMA Survey July 2017**

- Solo practices "significantly more likely (56%) to view reporting requirements as significantly burdensome...significantly more likely to feel 'not at all prepared' for long-term financial success,...less likely to be participating in an advanced APM, and less likely to have begun preparing”

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**Economics**

- Full participation in MIPS could run small practices additional $10,000 to $30,000 a year
- With $200K in Medicare receipts, even with adjusted maximum of 4% increase, that’s $8000
- I’d rather take the loss
- “Money doesn’t matter to me”
- “Live on love”

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**My Income**

- Small office patients (~50/yr)
- Nursing home residents (~70)
- Assisted Living residents
- PACE *
- Two NH Medical Directorships *
- AL Medical Director *
- Retirement Village Medical Director/residents
- Home Care Medical Director *
- Case Management Medical Advisor*
- NP reviews*
- Legal work*
- Policy reviews*
- PharMerica talks*
- Investments/Revenue Stream*

*Not affected by MACRA
Changes since Last Year

• Forced out of hospital
• Hospital trying to push out private practices
• Took part-time Case Management Medical Advisor position
• Getting coverage increasingly difficult
• ACO – pushing for Annual Wellness Visits

Observations/threats to my NH Practice

• Tandigm model
• Hospital-owned group referring to hospital-owned nursing home doctors
• Owned practices being told what to do
• Owned practices forced into "economies of scale"

What Keeps Me Up at Night

• ACO won’t want me anymore – so different, not enough patients
• MIPS actually does apply to me
• Not certain private practice (particularly solo) is doable anymore

What I Think You Can Do

• RETIRE
• Collaborate with other private practices
• Join organized medicine
• Political advocacy
• Work with PACE program
• NH employment (Genesis)
• “Eggs in one basket”

Optimize Your NH Referrals

• Call patients/families while they’re IN THE HOSPITAL
• Call PCPs who refer to you
• Meet with hospitalists
• Meet/work with ACO
• Meet with NH administration to SHOW YOUR VALUE

Educate Yourself

• AMDA
• Medical Society
• Geriatric organizations
• QIO
• Medical Economics
• Billing company (?)
• Hire a consultant
I Hope I've Helped You at Least a Little…
Thanks for your attention!

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