

How Will Health Care Reform Impact the Practice of Fracture Surgery

Steven A. Olson, MD

Impact on Surgeons Performing Fracture Surgery

Health Care Reform in the United States = MACRA

In 2018 – Physician Quality Reporting System (PQRS) will be replaced with

- Merit Based Incentive Payment System (MIPS)
- Alternative Payment Models (APMS)

The Majority of Fracture Surgery will be covered by MIPS

MIPS payments will be determined by a physician's performance

Performance will be based on 3 categories

60% Quality, 25% Advancing care information, 15% Improvement Activities

Quality Measures

What are quality measures?

Who determines what quality measures are used?

What makes a good quality measure?

Attribution, Residual distinction

What is OTA doing to help members report quality measures?

Impact of Health Care Reform on Overall Burden of Fracture Surgery

Who provides fracture care?

Most uncomplicated fractures are managed in community hospitals. An important point of care for all of us.

Important work to establish competencies of the general Orthopaedic Surgeon in fracture care

Unanswered Questions about the Impact of Health Care Reform:

Will surgeons continue to see fracture care as an important second specialty in their practice?

Will surgeons who work mainly in APMs be willing to continue to provide fracture care (MIPS) in the future?

Unanswered Questions about the Impact of Bundled Payments on Fracture Surgery:

For Surgeons – Will bundled payments force changes in the selection criteria for elective patients, applying evidence based criteria for care provided? Will surgeons work to increase efficiency in the OR and Clinics?

For Hospitals - Will hospitals have incentives to see low volume surgeon or high cost surgeons as high risk outliers?

Will hospitals respond by focusing even more support to successful service lines?

References:

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