ORIGINAL RESEARCH

Medicare Access and CHIP Reauthorization Act in Small to Medium-Sized Primary Care Practices

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Background: **Despite major efforts to transition to a new physician payment system under the Medicare Access and CHIP Reauthorization Act (MACRA), little is known about how well practices are prepared. This study aimed to understand how small and medium-sized primary care practices in the Heart of Virginia Healthcare (https://www.vahealthinnovation.org/hvh/) perceive their quality incentives under MACRA.**

Methods: **This study analyzed data from 16 focus-groups (70 participants), which yielded a range of physician, advanced practice clinician, office manager, and staff perspectives. Focus-groups were audio-recorded and transcribed, then imported into NVivo for coding and analysis of themes. A multidisciplinary research team reviewed the transcripts to maximize coding insights and to improve validity.**

Results: **The main findings from the focus-groups are: 1) MACRA awareness is relatively higher in independent practices, 2) steps taken toward MACRA differ by practice ownership, and 3) practices have mixed perceptions about the expected impact of MACRA. Two additional themes emerged from data: 1) practices that joined accountable care organizations are taking proactive approaches to MACRA, and 2) independent practices face ongoing challenges.**

Conclusions: **This study highlights a dilemma in which independent practices are proactively attempting to prepare for MACRA's requirements, yet they continue to have major challenges. Practices are under extreme pressure to comply with reimbursement regulations, which may force some practices joining a health system or merging with another practice or completely closing the practices. Policy makers should assess the unintended consequences of payment reform policies on independent practices and provide support in transitioning to a new payment system. (J Am Board Fam Med 2020;33:942–952.)**

Keywords: **Accountable Care Organizations, Focus-Groups, Interdisciplinary Research, Medicare, Ownership, Pay for Performance, Primary Care, Quality Improvement, Virginia**

Introduction

Health care payment reform in the United States is transitioning from a fee-for-service payment system to one that partially reimburses physicians based on quality indicators.[1] This is a major shift that requires practices to use advanced functions of electronic health records (EHRs) and conduct complex quality measurement and data analysis.[1] The new quality payment program (QPP) under the Medicare Access and CHIP Reauthorization Act (MACRA) aims to reward clinicians who provide better care rather than provide more services to Medicare beneficiaries. MACRA offers 2 choices to clinicians: 1) the merit-based incentive payment system (MIPS), which bases the composite performance score on quality, resource use, clinical practice improvement activities, and meaningful use of EHRs; or 2) the alternative payment model that rewards clinicians through a 5%

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lump-sum bonus payment based on the physician's achievement of a threshold portion of their revenue or patients covered under a qualifying alternative payment model.[1]

Since the new payment program went into effect in January 2019, there has been limited research on MACRA preparations. In 2017, the American Medical Association surveyed 1000 physicians from different practice sizes, specialties, practice settings, and geographic locations to better understand physician preparation and knowledge of MACRA.[2] The survey specifically focused on the decision makers who were involved in MACRA preparations. Results revealed 51% of physicians were somewhat knowledgeable about MACRA.[2] A recent survey of 1431 primary care physicians across the United States found that more than half of the physicians believed MIPS could have unintended consequences and shift physicians' focus away from patient care activities.[3] Further, 60% of the respondents believed MACRA would reduce or have no effect on the value of care.[3]

Recent studies have also pointed to additional burdens MACRA would place on medical practices. The American Medical Association survey found that 90% of the respondents perceived MACRA requirements as burdensome.[2] Respondents stated the time required for reporting quality measures was the most significant challenge. The study highlighted that physicians, especially those in small practices, needed more help preparing for MACRA.[2] Other studies also emphasize the time and resource constraints of small practices[4] and challenges in keeping physicians involved in quality improvement efforts in general.[5]

Multiple studies suggest small practices face major problems during transformation efforts such as lack of financial resources, evidence-based practice implementation, and time for reporting;[6,7] challenges with adopting EHRs;[8] and provider burnout.[9–11] One consequence is that small and independent practices are increasingly likely to join a health system, decrease the number of patients seen, or close the practice due to financial challenges.[12] Physician-owned practices decreased from 76% in 1983 to 51% in 2014.[13] More than two-thirds of primary care clinicians now work for health systems.[14–16]

The Heart of Virginia Healthcare (HVH) collaborative was 1 of 7 regional efforts supported by the Agency for Healthcare Research and Quality.[17] The HVH recruited 203 small and medium-sized primary care practices to participate in the initiative.[14] The objective of the overall project was to transform small and medium-sized primary care practices while improving population heart health.[17] This study aimed to understand how small and medium-sized primary care practices participating in the HVH reported on their perceived quality incentives under the Medicare Access and CHIP Reauthorization Act (MACRA).

Methods

This article reports on the analysis of the focus-group data focused on MACRA, which was part of a broader objective of the HVH study between January and April 2018. The main goals of the HVH focus-groups were to collect data on the adoption of clinical guidelines, EHRs, assessment of the patients for aspirin use, blood pressure, cholesterol, and smoking cessation, clinical data extraction and reporting, evaluation of coaching support, and MACRA. Practices that enrolled in the HVH received face-to-face support from the coaches[18] during the first 3 months of the intervention. The goal of the focus-group was to obtain group consensus from each practice on a range of topics involving practice transformation. The study was approved by the George Mason University Institutional Review Board in September 2017.

Study Design, Setting, and Sampling

Our key practice selection criteria included identifying practices with a minimum of 2 coach visits during the intervention period to better assess the perception of practice participants. We implemented a purposeful sampling, a maximum variation strategy, among practices participating in the HVH. We recruited practices for focus-groups[19–23] by stratifying the sample to obtain a maximum variation on practice ownership (independent practice, hospital-owned practice or federally qualified health center);[11,14,24,25] practice size (2 to 5 providers, 6 to 10 providers, and 11 or more providers);[11–14] practice single or multispecialty; practice designation as a patient-centered medical home;[11,14,24,25] practice part of an accountable care organization (ACO);[11–14,24] and whether the practice was located in a medically underserved area.[11,14,24]

A sample of 30 practices that met the selection criteria was targeted for focus-group recruitment. Our exclusion criteria were removing the practices with phone interview, insufficient discussions on MACRA, and Federally qualified health centers

(FQHCs), which were exempt from the MACRA regulations. The final sample consisted of 16 focus-groups with a total of 70 participants, including physicians, advanced practice clinicians, practice managers, and other staff from the same practice.[23,25–27] Focus-groups were conducted onsite at the practice location. The average number of participants per focus-group was around 4, ranging from 1 to 10 individuals (Table 1). Each focus-group session lasted between 60 to 90 minutes and MACRA consisted of approximately 10% of the overall focus-group time. On completion of the focus-group, $150 was provided to each participant.

Data Capture, Coding and Analysis

During the focus-groups, we asked questions about MACRA awareness, steps taken toward preparing for MACRA, and the impact of the new payment program on practices' finance, workflow, and patient care (Figure 1). An experienced moderator facilitated the focus-groups and elicited responses from all participants. A written interview guide that included open-ended questions was provided (Appendix A). Focus-groups were audio-recorded and professionally transcribed, then imported into NVivo 12 qualitative data management software for coding and identifying themes. Data analysis included reviewing and coding transcripts by practice, then analyzing codes by cross-tabulating across attributes such as practice ownership, practice size, patient-centered medical home, ACO, etc.

The 5 phases of coding consisted of reading and reviewing hardcopies of all transcripts, examining the transcript text and developing themes for the information, identifying the repeating patterns and connecting the themes, running cross-tabulation queries with different attributes, and developing a complete narrative of provider's perspectives on MACRA from themes that resulted in a set of theoretical propositions.

We used researcher triangulation,[28] which reflects that we purposefully included researchers from

Table 1. Characteristics of Primary Care Practice Sample, Heart of Virginia Healthcare, 2018 (n = 16)

Practice ID	Practice Size (Number of Providers*)	Practice Specialty Mix	MUA	PCMH	ACO	Medicare Payment Mix %	Number of Participants per Focus-Group†
Independent practice (8)							
I1	2 to 5	Single specialty	Yes	No	No	10	2
I2	2 to 5	Single specialty	Yes	No	No	8	10
I3	2 to 5	Single specialty	Yes	No	Yes	20	6
I4	2 to 5	Single specialty	Yes	Yes	Yes	30	5
I5	11 to 15	Single specialty	Yes	Yes	Yes	16	5
I6	6 to 10	Multispecialty	No	No	Yes	8	3
I7	11 to 15	Single specialty	Yes	No	No	23	2
I8	6 to 10	Single specialty	Yes	No	No	25	7
Total							40
Hospital-owned/ health system (8)							
H1	2 to 5	Single specialty	No	Yes	No	30	3
H2	2 to 5	Single specialty	No	Yes	Yes	35	8
H3	2 to 5	Single specialty	Yes	Yes	Yes	57	1
H4	6 to 10	Single specialty	No	Yes	Yes	30	4
H5	2 to 5	Single specialty	No	Yes	Yes	30	1
H6	6 to 10	Single specialty	Yes	Yes	Yes	33	6
H7	2 to 5	Single specialty	Yes	No	Yes	10	3
H8	2 to 5	Multispecialty	Yes	No	Yes	10	4
Total							30

ACO, Accountable Care Organization; MUA, medically underserved area; PCMH, patient-centered medical home.
*Providers include MD, DO, Nurse Practitioner, and Physician Assistant.
†Focus-group participants consist of physicians, nurse practitioners, office managers, nurses, and nonclinical staff.

Figure 1. Examples of the Heart of Virginia Healthcare (HVH) focus-group questions. Abbreviation: MACRA, Medicare Access and CHIP Reauthorization Act.

Topic	*Question*
MACRA Awareness	Are you aware of MACRA? Have you heard about MACRA, the government calls it "Quality Payment Program, QPP?" What do you know about MACRA?
Steps taken towards MACRA	What steps has your practice taken towards MACRA? What did your practice do to get ready for MACRA? Can you describe the steps taken for MACRA to get ready?
Impact of MACRA	What overall impact do you think the quality payment program will have on your practice? a. any financial impact on your practice? b. any impact on your practice workflow? c. any impact on your practice's patient care?

different disciplines for data analysis and external review to enhance the study's validity and rigor. Three reviewers from different disciplines, Family Medicine, Health Administration and Policy, and Sociology, reviewed the transcripts and participated in discussions of the findings. Three researchers attended 8 focus-group sessions in-person which provided an opportunity to observe, listen, and interpret the findings.

Results

Study Population

The final sample included 16 small and medium-sized primary care practices with 70 participants. Practice sample consisted of 8 independent practices, and 8 hospital-owned and health system affiliated practices. Table 1 outlines the characteristics of the focus-group sample.

Themes Emerged from the Focus-Groups

A total of 3 themes emerged from the focus-group discussions that included 1) MACRA awareness; 2) steps taken toward compliance; and 3) the impact of MACRA on practices' finance, workflow, and patient care.

1) MACRA Awareness

Participants from practices reported differing levels of MACRA awareness, which varied based on practice ownership (Table 2). Participants in independent practices had a higher level of awareness and knowledge on MACRA, whereas we observed less awareness and lack of knowledge of the participants in hospital-owned practices. Independent practice participants either discussed the recognition of due dates for MACRA reporting or the advanced payment model itself. A participant statement from an independent practice to a question, "Are you aware of MACRA?" included:

Table 2. MACRA Awareness and Analytic Themes by Practice Ownership, Heart of Virginia Healthcare, 2018 (n = 16)

	Practice Ownership	
	Independent	Hospital Owned and Health-System Affiliated
MACRA Awareness	[I8]: "Already reported [MACRA measures]." [I7]: "Well, we're done with this year. You know, deadline [for MACRA reporting] is passed. We did score the maximum number of points that we could score this year." [I4]: "Yes, [MACRA reporting is through the advanced payment model], I'm qualified for the bonus payments next year."	[H2]: "I must admit, I am not as knowledgeable as I probably should be [about MACRA]. I have not delved all that much into the stuff about MIPS and MACRA." [H5]: "How we are doing [MACRA processes] that is confusing to me, but I do know that that is part of the reason why we have all of these boxes we have to click and document, and reminders, alerts that pop-up." [H7]: "I hear about it [MACRA] at meetings." [H8]: "That [MACRA] sounds like, our quality initiatives are based on that."
Analytic Themes	"*Highly involved and knowledgeable*"	"*Distanced and Bureaucratic*"

N = 16 (independent = 8; hospital-owned and health system affiliated = 8).
MACRA, Medicare Access and CHIP Reauthorization Act.

[I7]: "Well, we're done with this year. You know, [the] deadline [for MACRA reporting] is passed. We did score the maximum number of points [for MACRA] that we could score this year."

Hospital-owned or health system-affiliated practices had relatively lower awareness for MACRA. The practice participants either did not know much about MACRA or found it confusing (Table 2). In response to the question, "Are you aware of MACRA?" many physicians and staff in hospital-owned practices made similar statements such as:

[H2]: "I must admit, I am not as knowledgeable as I probably should be [about MACRA]. I have not delved all that much into the stuff [related processes] about MIPS and MACRA."

2) Steps Taken toward MACRA Compliance

Preparation for MACRA also varied by practice ownership (Table 3). Independent practices were focused on improving the capacity of their EHR systems to meet MACRA reporting. Practices mentioned building additional features into their EHRs such as integrating an "alert system" or "pop-ups" to meet the requirements. One independent practice participant responded to the question "How do you get ready for MACRA?" with the statement:

[I6]: "We are building templates in our electronic medical records (EMR) that captures all the tick marks [for MACRA that] you have got to meet for meaningful use. So, we are working on that right now."

In contrast to independent practices, hospital-owned and health system-affiliated practices were dependent on corporate guidance for MACRA preparations. Practices were not involved directly in the decision making around MACRA; rather the corporate or larger health entity would inform the practice what and when to do things (Table 3). For example, one of the participant statements from a health system included:

Table 3. Steps Taken toward MACRA, Variation by Practice Ownership, Heart of Virginia Healthcare, 2018 (n=16)

	Practice Ownership	
	Independent	Hospital Owned and Health-System Affiliated
Steps toward MACRA	[I1]: "It's [MACRA reporting] through our EHR. We have to do an annual risk analysis. And it has to be uploaded and sent to the EHR to verify that we did it. Yes, they send us alerts going, Hey, where are you. This needs to be done. Or this needs to be uploaded." [I6]: "We are building templates in our EMR that captures all the tick marks [related to MACRA] you have got to meet for meaningful use. So, we are working on that right now." [I3]: "I think if you know how to use your EHR system, it makes it better [for MACRA quality measure reporting]. Because if you are afraid of it, and don't know how to use it, and you know, as with anything, you walk into it saying, Oh, I don't want to do that [extract quality measures and report]. I don't know how to do that. But if you are understanding the complexity and you know how to use it, it works for you instead of not working. "	[H7a]: "They [corporate] will tell us what to do, and we will do it, 'Yes, sir.' [We will try] to the best of our ability [to comply with MACRA requirements" [H7b]: "To the best of our ability. I don't expect them [corporate] to give us the freedom to either participate or not participate in MIPS." [H5]: "It's [MACRA preparations] coming from above [corporate], yes. We have not, the three of us, come up with our plan. It comes down. . .That is one thing that we don't have to worry about. Now we end up with unnecessary work sometimes." [H3]: "I'm sure they [corporate] have, I can't answer that 100%, from an organizational standpoint, I feel like that they [corporate] will have us prepare for whatever we need." [H6]: "We also, the health system has a list of board approved goals that come down from the health office that are recommendations, goals that we target [for MACRA] so we try to meet." [H1]: "But in order, [larger health system] to just, is wanting us to kind of wait on it [on MACRA] until it rolls out to all the care centers. Because I guess they're [corporate] going to be giving out their own, you know plan for that. Right now, we haven't really done anything toward it, because [larger health system] doesn't want us to yet."
Analytic Themes	*"Focus is on the EHR capability for MACRA reporting"*	*"Corporate Dependency"*

n = 16 (Independent = 8; Hospital owned and health-system affiliated = 8).
MACRA, Medicare Access and CHIP Reauthorization Act; EHR, electronic health record.

Table 4. Impact of the Quality Payment Program (QPP) on Practices' Finance, Workflow, and Patient Care - Heart of Virginia Healthcare, 2018 (n = 16)

	Financial Impact	Workflow Impact	Patient Care Impact
Impact of MACRA	[I1]: "Probably not a huge amount of [positive] impact [on practice's finance] because, right now, it's just Medicare and Medicaid." [I7]: "Sure. I didn't have an [administrative staff] 10 years ago. Or at least [admin. staff] wasn't doing this job [MACRA related work] 10 years ago."	[I1]: "Probably not make a big difference in workflow [and workload]. Because so much of it is captured by the EHR." [I6]: "We are trying not to let it have a [negative] impact on our workflow [because of the way we chart]." [H8a]: "Well, I would say there's a lot of those things that the [MACRA related] documentation slows you down because you think you've documented but it's not going into whatever little box that they want checked." [H8b]: "Yes, it's [MACRA processes] added a big burden to the nurses because there's a lot of more, a lot more stuff they have to do in the rooming process, boxes that have to be checked and questions that have to be asked and all of that stuff has added a lot of time to the rooming process."	[I1]: "I don't think it's [quality payment program] going to improve [our patient care]." [I7]: "Is it [the impact of MIPS] measurable? I don't know that can measure it [improvement in patient care]. I think we all have our opinions about that." [H8]: "I don't think [QPP will improve our patient care] so because I think it's being done [now] but it's just not necessarily being [a priority before]. . .So essentially, this stuff [MACRA measures] was kind of being done it's just being tracked now and it's more of a priority [now]."
Analytic Themes	*"Mixed perceptions toward the impact of the QPP on practices' finance, workflow, and patient care."*		

n = 16 (I, independent practice = 8; H, hospital-owned practice = 8).
MACRA, Medicare Access and CHIP Reauthorization Act; EHR, electronic health record; MIPS, merit incentive payment system.

[H7]: "They [corporate] will tell us what to do, and we will do it. 'Yes, sir.' [We will try] to the best of our ability [to comply with MACRA requirements]".

3) Impact of MACRA on Practices' Finance, Workflow, and Patient Care

There were mixed perceptions regarding the impact of the QPP on practices' finance, workflow, and patient care under MACRA (Table 4). Some practice participants were unsure about the impact, while others discussed the negative influences of the program on their practice such as needing to hire a new person and spending extra time to extract data. Regardless of the practice ownership, the participants had mixed perceptions on the impact of MACRA on practices' finance, workflow, and patient care and responded to the question: "How will the quality payment program (QPP) affect your practice overall?"

Hospital-Owned Practice: "Too Soon to Tell".

Independent practice [I7]: "Sure. I didn't have [administrative staff] 10 years ago. Or at least [administrative staff] wasn't doing this job 10 years ago."

In addition to participant responses to our impact questions, we heard grunts and sighs, and saw several participants roll their eyes or make other moves to show their dissatisfaction with participating in MACRA.

Themes Emerged from the Data

ACO Involvement

The first is that regardless of the practice ownership, being part of an ACO was a major differentiator of MACRA awareness and steps taken toward MACRA (Table 5). Participation in an ACO provided an advantage for reporting quality measures. A participant statement from ACO practices included:

[H4]: "[When preparing for MACRA], I think the ACO has given us an opportunity to really grow across party lines, so to speak, and see what everybody else is doing."

[I3]: "We are a Track I ACO, so we will be reporting as MIPS, and then we have to report separately advancing care initiatives. So, last year we reported through the ACO because that was their first reporting year. We will be reporting again through the ACO."

Challenges with MACRA

The second finding was that independent practices experienced relatively more challenges preparing for MACRA than the hospital-owned practices (Table 6). Among the challenges included the noncompatibility of existing EHR system with quality measures required under MACRA (Table 6). A statement from a physician at one independent practice stressed the difficulties with EHR systems about the quality reporting:

> [I7a]: "They [TCPI: Transforming Clinical Practice Initiative] don't do all the measures, but they do a portion of the [MACRA] measures in getting you on track. It keeps you on track with our EHR, that program does make us upgrade and do things that are painful. So that is where the pain portion is, [which] is with the EHR."

Independent practice participants also perceived that they had limited resources, such as human resources and capital when dealing with MACRA (Table 6). A participant statement from an independent practice included:

> [I7b]: "We wear multiple hats here in our independent practice. We have to be very creative in how we [do things], and [be] resourceful with our employees. So, having resources that are knowledgeable and reputable, that could benefit. You know, it was me going through these steps and preparing for MIPS."

Another major concern for independent practices was spending extra hours on tracking and documenting the quality measures (Table 6). Providers had to see fewer patients because the responsibility for MACRA reporting fell on the providers. Physicians in independent practices expressed similar sentiments as the following:

> [I2] "One to three hours every night, and I do spend one to three hours [on] MACRA."
>
> [17a] "So, is there a cost? Absolutely there is a cost. And do docs see less patients? The answer is yes."
>
> [I2] "Yes, because you can see 100 patients a day. It's going back and charting on what their issue is. Because, you can see the patients, you can take care of them but there is so much documentation that they're going to require until we see a revamping of that, of the whole system."

More resources were available to hospital-owned practices for MACRA preparations compared with independent practices. None of the hospital-owned practices mentioned challenges for MACRA preparations; in fact, some spoke of receiving additional support (Table 6). For example, one of the hospital-owned practice participants stated:

> [H4]: "Well, we're, also have [third party organization]. Have you heard of [third party organization]? We have an outside consultant that's helping run this whole deal. So yes, so [parent health system] hired them to."

Finally, we expected to see the impact of some of the attributes such as patient-centered medical home recognition, practice size (number of providers), and Medicare patient population (payment mix), but the analysis did not produce critical findings.

Discussion

This qualitative study explored how small to medium-sized primary care practices participating in the HVH reported their perceived quality incentives under MACRA. To our knowledge, this study is the first analyzes focus-group data to understand how primary care practices perceive quality

Table 5. MACRA Awareness and Steps Taken with MACRA by the Accountable Care Organization Practices - Heart of Virginia Healthcare, 2018 (n = 16)

ACO Practices	[I7]: "Well, we're done with this year. You know, [the MACRA reporting] deadline is passed." [I3]: "We are a Track I ACO, so we will be reporting as MIPS, and then we have to report separately advancing care initiatives. So, last year we reported through the ACO, because that was their first reporting year. We will be reporting again through the ACO." [H4]: "We already track that [quality measures related to MACRA], yes that comes from the corporate. We're an ACO, [larger organization] is an ACO so that's being, yes [to receiving support]." [I5]: "We're working with our ACO to help us through the Next Gen process. But we've been able to adapt pretty quickly and develop good workflows around the other [MACRA related quality] measures." [I4]: "Starting early [for ACO practices] with the realization that things were going to be different and be ready for change, whether we try to resist."
Analytic Themes	*Practices part of an Accountable Care Organization are more proactive.*

n = 16 (I, independent practice = 8; H, hospital-owned practice = 8).
MACRA, Medicare Access and CHIP Reauthorization Act; ACO accountable care organization.

Table 6. Challenges with MACRA Preparations - Heart of Virginia Healthcare, 2018 (n =16)

	Practice Ownership	
	Independent	Hospital Owned
Challenges with MACRA	Capability of the EHR [I7]: "So that's where the pain portion is, is with the EHR." [I2]: "Once you ask the computer to go ahead and start manipulating the data, now you've got a problem." Lack of Financial Resources [I7a]: "So, is there a cost [related to MACRA]? Absolutely there is a cost. And do docs see less patients? The answer is yes. They do see less patients than they used to." [I7b]: "We wear multiple hats here in our independent practice. We have to be very creative in how we [do things], and [be] resourceful with our employees. So, having resources that are knowledgeable and reputable, that could benefit. You know, it was me going through these steps and preparing for MIPS." Time Scarcity [I2]: "One to three hours every night, and I do spend one to three hours [on] MACRA." [I2]: "Yes, because you can see 100 patients a day. It's going back and charting on what their issue is. Because, you can see the patients, you can take care of them but there is so much documentation that they're going to require until we see a revamping of that, of the whole system. I think it's going to have to come."	[H4]: "Well, we're, also have [third party organization]. Have you heard of [third party organization]? We have an outside consultant that's helping run this whole deal. So yes, so [larger organization] hired them to."
Analytic Themes	*"Independent practices have more challenges with MACRA reporting"*	

n = 16 (independent = 8; hospital owned and health-system affiliated = 8).
MACRA, Medicare Access and CHIP Reauthorization Act; EHR, electronic health record.

incentives under MACRA. Our study's findings are relevant because the new payment reform is still in transition from volume-based to a value-based model that requires practices to transform and adopt to quickly changing situations. Our study highlights the importance of supporting independent practices and assessing the unintended consequences of policy changes on small practices.

Our study findings revealed that respondents in independent practices were more involved in the MACRA processes and faced relatively more challenges with MACRA preparations in contrast with the hospital-owned practices. The independent practice physicians are more likely to be involved in the processes because they are responsible for implementing these types of changes in regulations. In contrast, our study findings of hospital-owned and health system-affiliated practices were more distanced and bureaucratic with respect to MACRA may reflect that the corporate entity has centralized resources devoted to dealing with MACRA. The finding also indicates the influence of autonomy in the independent practices and bureaucracy in hospital-owned systems. Our findings suggest there might be a link between the challenges independent practices face—time constraints, limited resources, the capability of EHRs for data extraction and reporting[6–8,14,24]—and a tendency of joining a health system or merging with another practice or completely closing the practice.[12–16,29] MACRA preparations could be burdensome[2,4,5] for small to medium-sized independent practices, which may need additional support and technical assistance to comply with MACRA requirements. The findings suggest that for independent practices, MACRA is simply another administrative burden for which they cannot get relief, in contrast to system owned and operated practices. This likely results in more hours spent on compliance, a greater risk of burnout, having to reduce the number of patients served, and feeling forced to trade independence and autonomy for the potential security and support that

comes from being employed by a health system. Well-intentioned efforts to improve the quality of primary care should take into account the potential for unintended consequences.

We also found practices that were part of an ACO are more proactive with reporting quality measures and taking steps toward MACRA for quality improvement. [24] Our study suggests being part of an ACO may provide an advantage and add value to small practices with respect to quality improvement efforts, which enables the practice to receive support for health information technology (IT), data analysis, and quality reporting. [30] Further, regardless of the ownership, our study demonstrates practices' mixed perceptions toward the impact of the QPP on financial stability, workflow, and patient care. Considering the QPP is still in progress, it is too early for the practices to measure the real impact of the payment program on their practices.

Our study has several limitations. First, it might be possible that small practices already doing well may have been more likely to participate in the study. This has a potential to create sampling bias as well as positive study findings. Second, the main goals of the focus-groups were broader than this study. Due to a limited time spent on MACRA during focus-groups, it was not possible to obtain a detailed perspective of physicians on MACRA preparations by MIPS domains or by ACO types. Third, the physicians were the process owners and the implementers in independent practices. Therefore, those individuals might have known more about the process than physicians and staff interviewed from hospital-owned practices. Future studies should explore the main reasons for this variance. Fourth, the study findings are limited to the perspectives of respondents within the practices. We did not have the opportunity to analyze corporate perspectives within health systems. Fifth, our focus group participants consisted of individuals from different professional roles in which the hierarchy within the group may have affected discussions. Finally, the study was based on 16 primary care practices in Virginia willing to participate in focus-group, but results may not generalize to other geographic areas or practices.

To see this article online, please go to: http://jabfm.org/content/33/6/942.full.

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Appendix. MODERATOR FOCUS-GROUP DISCUSSION GUIDE

Quality Payment Program (QPP) (Brief) (10 Minutes)

We are almost done, but I want to take this opportunity to get some information from you on your practice's readiness for the requirements and regulations of MACRA (The Medicare Access and CHIP Reauthorization Act of 2015) and what the Centers for Medicare and Medicaid Services is calling the Quality Payment Program or QPP.

A. Preparing for the Quality Payment Program.

- ☐ Describe what steps your practice has taken to prepare for MACRA/QPP.
- ☐ Can you tell us whether the clinicians at this practice feel committed to the steps you described in preparation for MACRA/QPP? What about your practice manager? Your IT staff?
- ☐ Do the clinicians at your practice believe these steps can be accomplished in time to meet the MACRA/QPP deadlines?
- ☐ What is left for your practice to do? When do you expect your practice will be ready?

B. How do you think the Quality Payment Program will affect your practice overall?

- ☐ Do you expect it to have a financial impact on your practice? Discuss.
- ☐ Do you expect it to have any impact on your workflow? Discuss.
- ☐ Do you expect it to have any impact on patient care? Discuss.

C. Do you have anything to add regarding the MACRA/Quality Payment Program?

Topic	Question
MACRA Awareness	Are you aware of MACRA?
	Have you heard about MACRA, the government calls it "Quality Payment Program, QPP?"
	What do you know about MACRA?
Steps taken toward MACRA	What steps has your practice taken towards MACRA?
	What did your practice do to get ready for MACRA?
	Can you describe the steps taken for MACRA to get ready?
Impact of MACRA	What overall impact do you think the quality payment program will have on your practice?
	a. Any financial impact on your practice?
	b. Any impact on your practice workflow?
	c. Any impact on your practice's patient care?

MACRA, Medicare Access and CHIP Reauthorization Act.