Current Perspective

DAVID W. PARKE II, MD

Now What?

I'm writing this on November 9—one day after a historic election. I can't count the emails I've received basically asking, "What does this mean for ophthalmologists?" I don't pretend to have sufficient information to answer, but here are a few ruminations (that may prove wrong by the time *EyeNet* is mailed).

Obamacare is already being identified as one of the principal underappreciated factors in President-Elect Trump's victory. He vowed to repeal the 2010 legislation so quickly that he might summon Congress into a special session for that purpose, having termed the legislation "a catastrophe." (Repeal has been a mantra for House Republicans, as the House has voted more than 5 dozen times to overturn the Affordable Care Act.) However, it's interesting to note that the ACA was absent from Mr. Trump's victory speech.

With the recent substantive increases in ACA premiums and the withdrawal of several key insurance companies, House Speaker Paul Ryan has noted that Obamacare is "collapsing under its own weight." However, elements of the legislation (notably the insurance reform components) enjoy significant popularity. Who wants to return to the days of "preexisting conditions" and of charging women more for coverage?

I think it is fair to predict that the fight to overturn the ACA will be highly contentious, with pro-ACA groups already developing lobbying strategies. At the same time, it is very likely that some aspects of the bill (such as the federal exchanges and the taxes used to prop them up) will be easy targets for rescission. Accountable care organizations are a likely target of the new administration, as there have been few demonstrated cost savings and (in many cases) significant taxpayer-funded financial support.

Most important, elements of the bill will need to be "repealed and replaced" rather than simply repealed. However, it's worth noting that the nonpartisan Congressional Budget Office has forecast that, over the coming decade, a full ACA repeal would cause a deficit growth of $353 billion, with about 24 million Americans losing insurance coverage. We all await the Republican plan. And we should keep in mind that even in advance of any legislative action, regulatory action alone can weaken many aspects of the law.

What about MACRA and MIPS? MACRA's enactment was overwhelmingly bipartisan and is effectively independent of the ACA, arising out of the repeal of the sustainable growth rate (SGR) formula. I would predict that much of the MIPS portion of MACRA will largely survive, as there is strong support for "value-based payment," not simply at the federal government level but in the business community and other key stakeholder groups. This does, however, provide an opportunity to develop new regulations that make measures more clinically relevant and to modify attendant penalty and bonus structures.

Regardless of what emerges from legislation and regulation in the Trump administration, it is important to remember that the drivers of health care reform antedate Obamacare and remain potent forces. Vertical and horizontal integration of health systems and the subsequent mergers and acquisitions of hospitals and physician groups began before the ACA, as cost savings and contracting power were sought through aggregation and consolidation.

David W. Parke II, MD
Academy CEO

Health care costs continue to rise faster than wages. Currently, commercial insurers and business coalitions constitute a vanguard of change—through reference-based pricing, quality measures, profiling and tiering, and other initiatives. That won't change. And it's a fair bet that total cost will remain a strong driver of health policy in the new administration, which is sensitive to growth and competitiveness in the American job sector.

The Academy pledges to engage as a strong partner with the new administration. The philosophy and features that our members and their patients seek in the American health care system are largely administration-agnostic.