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Wyden Statement at Finance Committee Hearing on MACRA Implementation
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Four years ago, this committee led the effort to revolutionize the way doctors are paid under Medicare. Into the dustbin of history went the out-of-date system known as the Sustainable Growth Rate -- a system that had inflicted more than a decade of uncertainty on doctors and seniors.

The new system that replaced it engraved a basic principle in stone: Medicare is going to reward the quality of care rather than the quantity of care. That's the direction that health care is headed in across the country, and Medicare ought to lead the way.

That new system established by the bipartisan MACRA law has now been in place for two years, and this committee has kept a close eye on its implementation. So today, the committee will hear from the doctors who operate under this system about what's working and what's not. There are a few key issues to focus on this morning.

First, all doctors should have a meaningful opportunity to succeed under the new payment system -- including those in small practices and in rural and underserved areas. Oftentimes those rural physicians are the backbone of their communities, and they're relied on for a broad range of care. It's absolutely essential, as there's a greater focus on rewarding value in health care, that doctors in small and rural practices aren't left behind. Otherwise that'll degrade the care rural patients get, and it'll cause an even bigger health care gap between big cities and small towns.

Second, when it comes to assessing quality, the goal of implementing this new system is not to have doctors checking boxes all day long. Our system needs to measure and reward the care that is most impactful for patients' health. When you're all about rewarding value, that's what matters.

Third, the system needs to continue wringing more value out of taxpayer dollars in Medicare while coordinating the care seniors need. You can do that, for example, by encouraging more doctors to provide care through Accountable Care Organizations, medical homes and bundled payments.

One final point on the topic of physician payments as I wrap up. Last year the Congress passed a historic Medicare bill, the CHRONIC Care Act. It marked a major shift for Medicare away from being an acute care program treating broken ankles and bouts of the flu. It recognized that modern medicine for seniors in America is about treating cancer, diabetes, Alzheimer's and other chronic illnesses. After that progress, it's time to think about what's next.

In my view, the next step ought to be helping to guide the countless seniors who get lost in the blizzard of modern health care. Forms and prescriptions and instructions and pill bottles -- it can be too much and too complicated for any one person to manage on their own.

As a former basketball player, I put the solution in basketball terms. Every senior with chronic illness ought to have what I call a chronic care point guard managing their care and making sure their doctors work together. To extend the metaphor, it's about having somebody out there running the floor. The truth is, regardless of whether an older person is enrolled in traditional Medicare or a Medicare Advantage plan, that kind of assistance could help improve care and avoid a lot of mistakes.

As for today, I want to hear from those on the ground about how the new physician payment system is working and what can be done to improve it. I want to thank all of our witnesses for joining us today, and I look forward to questions.

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