



# Transcription

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Justin: Thank you very much, everybody, for joining us, and very excited about my next guest. We're waiting for Dr. Del Salvo, but I appreciate my good fun Greg Fulton jumping in here. Greg from Wellcentive, welcome to the show.

Greg: Thanks, Justin. Thanks for having me.

Justin: I think this is your third time on my show.

Greg: It is overall, yeah.

Justin: Fantastic.

Greg: I won't say the same thing again.

Justin: No, but you're always a fantastic guest, and so why don't we warm everybody up a little bit to...we're having a policy discussion with Karen, but why don't we start off a little bit with MACRA...is kind of a...as you heard the ending of the last panel, we talked...my prediction for 2016 and even 2017 is doctors and care providers are going to be extremely effected, and learn more about MACRA here coming up in the next four to five months, because they really don't quite understand it, they don't know it's coming, but it's a sea change for them. So tell us about MACRA, and what they can do to best navigate it in the short run.

Greg: Yeah, two things I think will be very interesting about MACRA. One is will the proposed rule match ONC's 2015 certification final rule? We know that final rule was about decoupling certification from meaningful use. So therefore, what's an opportunity to do that? The MACRA-proposed rule. Will those things match up? I think that will be very interesting to see, for one thing.

The other thing around MACRA that we keep trying to talk about is, there's the two payment models. There's MIPS, there's APM. What you're going to find out in that proposed rule is there's even some crossover in that also. What we're hearing from CMS already is that if you're an ACO and you're not qualifying as an APM ACO, you can still get scoring points toward your SNIPS score in the clinical practice improvements category of MIPS. I know that's a mouthful, and it almost sounds Byzantine, but it's sort of good news about how they're going to open up alignment, and how hopefully we'll see that proposed rule how MACRA can maybe not be such a scary thing.

I think in the previous panel, you just said, oh, they were talking a lot about alignment, and I heard some predictions around increased alignment and

consolidation, MACRA needs to make that come true also. I would tell all your...

Justin: They will.

Greg: I would tell all your provider people and all your folks looking into it, look now. There are some resources for you now, but pay real attention when that proposed rule comes out. Keep in mind some very fundamental things; 2017 is your first performance year of which you will be scored, even though MACRA's not supposed to start as a program until 2019. A lot of things like that to try and keep track of.

Justin: That's actually fantastic. So, and that's kind of what my point was in bringing up that last panel is I do a lot of public speaking, and when I ask people to raise their hands on who's heard of MACRA, understanding what MACRA's going to bring to the future of...

Greg: Got a couple of hands out in the audience.

Justin: Yeah, well, I only have a couple, so 98% don't know MACRA, don't understand it. So I think that's a key point here today. We got a couple thousand people on the line listening, is to let them know, you know, MACRA's coming, certainly if you're a care provider, in the ambulatory setting. And in general, understand MACRA, be ready for it. Like you said, it could start in 2017 performance year. So, that's very impressive to begin to pay attention to, understand how it affects you.

Greg: It's a little surprising to me that more people don't know about it. If you recall, and of course you know this, it got caught up in the ICD10 one-year delay, so maybe that took it out of the consciousness, but it will come back with some venom, I think. Spring, summer, we're still hearing for that proposal.

Justin: Yeah, so that's what I was going to ask you next. When should we keep an eye out for it, do you think?

Greg: Everybody's saying spring, summer. There was a demonstration at a booth I was overhearing that had some government people in it, and they were saying, "Soon," which led me to believe before spring, summer, but you just don't know.

Justin: Yeah.

Greg: You just don't know. Bundled payments is also coming, not to switch gears on you, but there's...

Justin: That's my next question, is ask what else is going to be coming up here the next two, three, four, five months or so.

Greg: Yeah, I think it's in April that the CMS...there's a bundled payments demonstration coming out. We've all heard about the joint replacement that's already been underway, but come April, you're going to see another round of the bundled payments come out of CMS. You know, chronic care management that came out of the Fee Schedule this year. Once again, will we see alignment? What are we going to see line up with MACRA and that 2015 ONC final rule, which is already in paper. That's in stone. Can MACRA match up with it?

Justin: Yep. So now, let's shift gears a little bit over to where you've shifted your life into population health, and strategies, and analytics, and so forth. So what are some of the things that you guys are looking at from a strategy...and you've done some thought leadership recently around that, so tell me...open that up a little bit to us.

Greg: Yeah, I think where you see...I know you got Karen coming up, and this is sort of near and dear to her heart, around social determinants of health, we're doing a bill with a new customer, and we're building social determinants of health into the data bill, and I think that's very interesting. This is an integrated network that got an ACO, and some things like that, so I think some things like that that you're seeing in PopHealth is really going to advance the ball a little bit, too.

The other big thing we're saying in PopHealth a lot to people is, "Look, if the EHR is going to be your data repository, let it be that. Don't feel like you have to rip and replace your EHR just to do PopHealth, if it may not have the technology you need for it. Get a PopHealth solution on top of it to move that data around. It has enough code sets to do the translations you need if your EHR can't do it now, don't rip and replace it, sort of add on to it. It's going to cost you more to start over." In terms of a market force, here was are at HIMSS, where everybody's doing business, and there's market forces, and who's doing this, keep that in mind as you go around. If you're looking to do PopHealth, maybe don't look at the idea that, "Well, can my EHR do it?" Maybe it can with some help, or maybe it can as it is. Maybe it can in the future.

Justin: So, what are some of the predictions...we were all asked in that last panel, were asked some predictions for 2016, 2017, someone put you in the hot seat. What are some of your predictions that you're going to see?

Greg: I predict that Justin Barnes Radio Show will go syndicated.

Justin: It is syndicated.

Greg: Ah, damn it.

Justin: So it's a very good prediction.

Greg: Serious. I predict Justin will transfer over to television and get off radio.

Justin: Oh jeez.

Greg: No, don't do that.

Justin: No, no, no.

Greg: Again, I hate to be so single-minded, but as we sit here and say people don't know about MACRA, I'll just keep talking about MACRA. I predict MACRA final rule is going to occur at the end of 2016, and that it will go to course as to what its timeline looks like, and I predict we'll all get up to speed on it.

Justin: Fantastic. Very good, my friend. Well, I appreciate jumping on air at the last second here. You're obviously a great partner in crime for me in the industry. Appreciate all that you do, and Wellcentive is very lucky to have you, so thank you very much, my friend.

Greg: Thanks, Justin.

Justin: You got it buddy.

Greg: Couldn't have had a better mentor than Justin T. Barnes.

Justin: Thanks, man.