The times are a-changin'—Rapidly!

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The implementation of the aggressive cost constraint components of the Patient Protection and Affordable Care Act are rapidly being implemented. The payment reforms through the Medicare Access and CHIP Reauthorization Act will change the methods of physician payment, align providers and hospitals, achieve quality performance, and reduce unnecessary costs. Physician financial accountability and role in expenditure reduction will be encouraged by financial incentives. Potential gain sharing by accepting financial risk will move many physicians from the Merit-Based Incentive Payment System to qualified Advanced Alternative Payment Models. Engelman¹ has provided a focused review.

Bundled payments for coronary artery bypass surgery may launch by July 2017. This will not be a voluntary demonstration project; it will be mandatory. Cardiac surgeons have been leaders in measuring and delivering quality surgical care, in part due to the activities of our professional societies and the use of the Society of Thoracic Surgeons database. We have actively and enthusiastically participated into Medicare demonstration projects. The stakes now, however, are higher and more complex.

We must partner with our colleagues and hospitals to improve postdischarge care coordination out to 90 days, maintain quality of care, and remain financially viable in the new payment system. The federal government payment system will be based on performance metrics, patient experience, and patient outcomes. Cardiac surgeons cannot delay in preparing for these radical changes.

We are our patients' advocates, and for us to maintain our traditional quality, we must reorganize into Accountable Care Organizations that are structured to assist us in providing coordinate care. Dedicated midlevel providers will be a routine part of the team. Discharge planning and home care with telemedicine technology will help avoid the use of skilled nursing facilities. If a skilled nursing

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Central Message

Medicare payment models are changing the incentives and challenging the health care system. Surgeons have always been adaptable to provide the innovation necessary for success.

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facility is necessary, we must contract with high quality, efficient, cost conscious facilities that share common incentives regarding cost, quality, and patient satisfaction. Tracking patients after discharge to prevent readmissions is essential. Continuing management and care coordination in the bundled global period (90 days) will be an administrative challenge.

I advocate that a reliable risk algorithm is important to identify patient severity and anticipated needs. Accurate documentation and coding will be an essential component of the reimbursement system. Our success within the new system will provide excellent care to our patients at reduced costs without devaluing our services.

I would like to end with the Bob Dylan lyrics²:

Come gather 'round people
Wherever you roam
And admit that the waters
Around you have grown
And accept it that soon
You'll be drenched to the bone
If your time to you is worth savin'
Then you better start swimmin' or you'll sink like a
stone
For the times they are a-changin'

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