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## New MedPAC chair: It's about analytics, not politics

MICHAEL BRADY  

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**Michael Chernew**  
Chairman of the  
Medicare Payment  
Advisory Commission

**Michael Chernew** in late May was named chairman of the Medicare Payment Advisory Commission. Chernew, a professor of health policy at Harvard Medical School, is no stranger to MedPAC. He was a member of the congressional advisory panel from 2008 to 2014, serving as vice chair for the last two years of his term. He discussed some of his goals with Modern Healthcare's rules and regulation reporter Michael Brady.

### On becoming chairman

I think it's recognized that I am a nonpartisan. I view it as an analytics, not a political exercise, for example, and I have tremendous respect for the institution. I think it's important for MedPAC to provide the best analysis possible to support congressional leaders on both sides of the aisle. ... I'm very aware that policy has a number of considerations beyond the analytics.

## On his areas of interest

The role of social determinants of health is a very important issue broadly. I don't know how that impacts a range of things in the Medicare program recommendation-wise, but being aware of the social determinants issues is important; COVID illustrates some of the challenges that our healthcare system faces across different communities.

Administrative costs are a really big deal for me. We have created a complicated Medicare program and the extent to which we can find ways to reduce its complexity, reduce the related administrative costs ... the recommendations that we make will be very important to me. I don't think we collectively spend enough time understanding the administrative burden associated with the various things we do.

The third one is low-value care. It's really important to have a Medicare program where beneficiaries have access to high-quality care. There's wide variation in utilization patterns and not all care would be considered appropriate or high-value.

The Choosing Wisely campaign illustrates that. Understanding things we might be able to do in Medicare to promote efficiency, to discourage use of low-value care and encourage use of high-value care would be important. That's hard to do with the tools that the Medicare program has, but it's important to understand and to at least think about those and the recommendations that anyone makes.

The last one, which I don't think is surprising to a lot of people, there continues to be a lot of concern about the primary-care system.

I am interested in understanding more and thinking about policies to support primary care in this country because (some) have argued that it is quite challenged. We at least need to think about the health of the primary-care system as we go forward.

These are (my) areas of interest. MedPAC's main goal is to be responsive to Congress and provide information that the congressional members and their staff need.

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## On the impact of COVID-19

It's not completely clear how COVID will affect things in a substantive way. MedPAC's fundamental mission is to make recommendations, to promote beneficiary access to efficient, high-quality care. COVID has just sent shock waves through the healthcare system.



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## COVID-19 is prompting Medtech to adapt to a rapidly changing world

We are still in the early stages of the COVID-19 health emergency, but many medtech companies have already shifted their attention to addressing the immediate needs of the medical community. Some companies, for example, are ramping up production of ventilators, surgical masks, test kits, and other products that are in short supply. Some of them are collaborating with other medtech companies or organizations from outside the sector. Distilleries, cosmetics manufacturers, and even coffee roasters are pitching in to produce hand-sanitizers for first-responders.<sup>1,2,3</sup>

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There's just an enormous number of related questions—from how to support a sustainable delivery system given the financial stress they're under due to COVID, how all the different programs that MedPAC looks at are affected in micro or macro ways by COVID, what happens to Medicare Advantage, what happens to alternative payment models. Some of it is complicated and technical, like what happens to risk adjustments or those types of questions. I'm not sure MedPAC will take on all of those questions, but the point is the vast majority of topics that MedPAC focuses on are influenced one way or another by the COVID pandemic.

## On the biggest challenges facing MedPAC

(They are the) same as the biggest challenges facing the country: how do we set up payment systems to promote high-quality care in an efficient way? The blocking and tackling of MedPAC involves, for example, how do we set the (Medicare) updates in a reasonable way, how do we deal with challenges ... like the baseline trajectories that you see in MACRA (and) all the productivity adjustments. It's all of those questions that plague Medicare.

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