

Background Paper

Physician Compare Website: Town Hall Meeting February 24, 2014

Section 10331 of the Patient Protection and Affordable Care Act

Objectives

The objectives for the Town Hall meeting are to allow the Centers for Medicare & Medicaid Services (CMS) to solicit input from stakeholders on the future of the Physician Compare website. Stakeholders will be able to participate in the session in person and via telephone. The Town Hall will be held on Monday, February 24, 2014, from 1:00 p.m. to 5:00 p.m. e.s.t at the main auditorium (Central building) at CMS, 7500 Security Boulevard, Baltimore, MD 21244.

The Town Hall will include a short background presentation on the Physician Compare website and public reporting plan to date, followed by a presentation setting out the key issues of interest for the day. On-site session attendees will be provided the opportunity to give brief three-minute comments on the issues of interest. As time allows, telephone participants will also have the opportunity to provide brief three-minute comments on each of these issues. Stakeholders can submit written testimony, questions, or other statements before the meeting and up until March 3, 2014 at 5:00pm e.s.t. We ask that feedback not exceed two, single-spaced typed pages.

Background

Section 10331(a) of the Patient Protection and Affordable Care Act (Pub. L. 111–148, enacted on March 23, 2010, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. 111-15, and collectively known as the Affordable Care Act) requires by January 1, 2013, and with respect to reporting periods that begin no earlier than January 1, 2012, that CMS develop a plan for making publicly available through Physician Compare information on physician performance that provides comparable information on quality and patient experience measures. We met this requirement ahead of the deadline, and continue to build on the plan through rulemaking.

Specifically, we finalized the first phase of a plan in the 2012 Physician Fee Schedule (PFS) final rule with comment period (76 FR 73417) and the 2013 PFS final rule with comment period (77 FR 69166) to add quality data to Physician Compare via a phased approach. According to this plan, CMS will post the first set of measure data on the site in early 2014, reflecting data collected in program year 2012, if technically feasible. These data will include Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO) measures for group practices and Accountable Care Organizations (ACOs) collected via the web interface. In the 2014 PFS final rule with comment period (78 FR 74229), we further built on the plan for public reporting including PQRS GPRO Registry and EHR measures in addition to a larger pool of web interface measures, as well as Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-

CAHPS) measures for certain group practices and ACOs. We also finalized public reporting of 2014 individual quality measures in calendar year (CY) 2015 as specified in the 2014 PFS rule, if technically feasible.

Since Physician Compare's inception in 2010, we have been working continually to enhance the site and its functionality, improve the information available, and include more and increasingly useful information about physicians and other healthcare professionals who take part in Medicare. This effort, along with the addition of quality measures on the site, will help it serve its two-fold purpose:

- To provide information for consumers to encourage informed healthcare decisions; and,
- To create explicit incentives for physicians to maximize performance.

In an effort to maximize Physician Compare and make it as useful and beneficial as possible for consumers, we are seeking input regarding the types of information that could potentially be included on Physician Compare in the future. This Town Hall meeting is an opportunity to provide feedback and suggestions regarding the future of public reporting on Physician Compare.

Evolution of the Physician Compare Website

CMS was required by Section 10331(a) of the Affordable Care Act to establish the Physician Compare website. To meet this mandate, we repurposed the Medicare.gov Healthcare Provider Directory into Physician Compare per the 2011 PFS final rule with comment period (75 FR 73170). Physician Compare was officially launched on December 30, 2010, using the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) as its underlying data source. In addition to providing basic contact and demographic information, the site also included information on eligible professionals who satisfactorily reported in the Physician Quality Reporting System (PQRS) and successfully took part in the Electronic Prescribing (eRx) Incentive Program. Through a series of quarterly releases, we worked to further improve the site by including additional information and features that enhanced site usability and functionality.

2013 Physician Compare Redesign

Evaluating input and feedback from stakeholders, professionals, and users received through multiple forums since the inception of Physician Compare, and understanding the Accountable Care Act requirements for the site, we focused all efforts on a full redesign of the Physician Compare site starting in 2012. The redesigned Physician Compare was successfully launched in late June 2013. The primary goals of the redesign included:

- Improving the accuracy and performance of the underlying database,
- Providing additional information that will help users make informed healthcare decisions,
- Improving functionality and usability, and
- Providing a robust foundation for the future inclusion of quality measures.

Two major enhancements formed the cornerstone of the redesign of the Physician Compare website. They were an overhaul of the underlying database and the inclusion of Intelligent Search functionality.

First, in order to improve the accuracy and currency of the information available on the website, we implemented a process to verify the information in PECOS using Medicare Part B claims data. This provided us the ability to ensure the information on Physician Compare is as accurate and up-to-date as possible. Claims are used to ensure that only active physicians and other healthcare professionals are included on the site. Using claims also ensures that only those addresses where a professional is currently billing (within the last 12 months) are included on the website.

Using claims, we were also able to improve the accuracy of group practice affiliations. Evaluating the information in PECOS against claims in the last year allowed us to only include those group practice or solo practice affiliations that professionals are actively billing to, which ensures more accurate and timely information. It also allowed us to include only those group practice addresses where professionals are actually providing services.

The second major enhancement included in the Physician Compare redesign was a completely new Intelligent Search functionality. The new search functionality allows users to search by entering a professional's last name or group practice name, a medical specialty, a medical condition, a body part, or an organ system. To further assist users who are unsure of the type of professional they should visit, an option to search for all primary care physicians is always presented at the top of every search. The search function ensures that all professionals are easily locatable and that users have more tools to help them navigate the site in the way that makes most sense to them.

The location search was also improved with the redesign. In addition to being able to search by ZIP code or city/state combination, users can also search by an exact street address or a landmark.

In addition, the redesign added responsive design capabilities to the site making it more easily accessible on mobile devices.

Currently on Physician Compare

Currently on Physician Compare, you can find general information, such as demographic information as well as information regarding participation in some of CMS' quality initiatives. Specifically, you can now find the following information on Physician Compare:

- Physicians' and other healthcare professionals' names, addresses, and phone numbers;
- Physicians' primary and secondary specialties;
- Information on physicians and other healthcare professionals who are affiliated with a given group practice, including their specialty;
- Physicians' and other healthcare professionals' clinical training information;
- Physicians' and other healthcare professionals' gender;
- Whether physicians and other healthcare professionals write or speak languages other than English;
- Physicians' and other healthcare professionals' hospital affiliation, which links to the hospital's profile on Hospital Compare, when possible;
- American Board of Medical Specialties (ABMS) Board Certification information;
- Whether physicians and other healthcare professionals accept Medicare Assignment;
- An indicator of individual eligible professionals' satisfactory participation in the 2012 PQRS Incentive Program;

- An indicator of group practices' satisfactory participation in the 2012 GPRO Incentive Program;
- An indicator of individual eligible professionals' and group practices' successful participation in the 2012 eRx Incentive Program; and,
- An indicator of individual eligible professionals' successful participation in the 2012 Electronic Health Records (EHR) Incentive Program.

2014 and Beyond

Per the 2013 PFS final rule with comment period (77 FR 69166), additional information will be added to the Physician Compare website in CY 2014. Specifically, the rule finalized adding indicators for eligible professionals who satisfactorily report the PQRS Cardiovascular Prevention measures in support of the Million Hearts Initiative and physicians that earned a PQRS Maintenance of Certification Program incentive.

In an effort to maximize Physician Compare and make it as useful and beneficial as possible for consumers, we are seeking input regarding additional information that should be included on Physician Compare in the future. Specifically, we are looking to receive input on questions such as:

1. Is there additional Board Certification information we should consider including on Physician Compare?
2. What other types of quality improvement programs or quality initiatives should we potentially consider publishing participation information for?
3. Are there additional medical qualifications we should consider publishing on Physician Compare?
4. Is there additional healthcare professional or group practice information we should include on Physician Compare, such as office hours or website addresses, etc.?

For all of the above questions, we also seek input on accessing the most up-to-date and accurate data sources for this information.

Public Reporting on Physician Compare

The Affordable Care Act requires that the measures for public reporting of physician performance include, to the extent practicable, the following:

- Measures collected under the Physician Quality Reporting System (PQRS);
- An assessment of patient health outcomes and the functional status of patients;
- An assessment of the continuity and coordination of care and care transitions, including episodes of care and risk-adjusted resource use;
- An assessment of efficiency;
- An assessment of patient experience and patient, caregiver, and family engagement;
- An assessment of the safety, effectiveness, and timeliness of care; and
- Other information as determined appropriate by the Secretary.

The Affordable Care Act further requires us, to the extent practicable, to consider the following:

- Processes to assure that data made public is statistically valid and reliable, including risk adjustment methodology;
- Processes by which a physician or other eligible professional has a reasonable opportunity to review his or her individual results before they are made public;
- Processes to assure that the data made available to the public provide a robust and accurate portrayal of a physician's performance;
- Data that reflects the care provided to all patients by the physician under both the Medicare program and, to the extent practicable, other payers;
- Processes to ensure appropriate attribution of care;
- Processes to ensure timely statistical performance feedback;
- Implementation of computer and data systems to support valid, reliable, and accurate public reporting activities.

Consistent with Section 10331(a) of the Affordable Care Act, CMS will phase in quality measures on Physician Compare over the next several years. We began outlining a plan in the 2012 PFS final rule with comment period (76 FR 73417) and the 2013 PFS final rule with comment period (77 FR 69166). According to this plan, CMS will post the first set of measure data on the site in early 2014, reflecting data collected in 2012, if technically feasible. These data will include PQRS GPRO measures for group practices and Accountable Care Organizations (ACOs) collected via the web interface. We are committed to providing data on Physician Compare that help beneficiaries make informed healthcare decisions, while being accurate, valid, reliable, and complete. Therefore, the first set of measures to be publicly reported will be a sub-set of the PQRS GPRO Diabetes Mellitus (DM) and Coronary Artery Disease (CAD) measures. The specific measures under consideration for publication include:

Diabetes Mellitus (DM)

- DM3: Blood Pressure Control in Patients with Diabetes
- DM10: Hemoglobin A1c Control (<8%)
- DM11: Daily Aspirin Use for Patients with Diabetes and Ischemic Vascular Disease (IVD)
- DM12: Tobacco Non-Use

Coronary Artery Disease (CAD)

- CAD7: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD)

The 2013 PFS final rule with comment period (77 FR 69166) further builds on the plan for public reporting with the addition of the following quality measure data:

- 2013 PQRS GPRO and ACO GPRO measures will be published in late 2014, if technically feasible.
 - Only a subset of web interface measures will be eligible for public reporting.
- Composite scores for PQRS GPRO Diabetes Mellitus (DM) and Coronary Artery Disease (CAD) will be posted no earlier than 2014.

- Patient Experience of Care Measures, specifically CG-CAHPS measures for 2013 PQRS GPRO participants and Medicare Shared Savings Program (MSSP) ACOs will be reported.
 - GPROs of 100 or more eligible professionals reporting via the GPRO web interface and ACOs will have CG-CAHPS data published in calendar year 2014.
 - CMS administered data collection for these GPROs.

The 2014 PFS final rule with comment period (78 FR 74229), published in November 2013, continues to expand upon our vision for the future of public reporting on Physician Compare. As per the rule, the following data have been finalized for publication on Physician Compare in 2015, if technically feasible:

- 2014 PQRS GPRO and ACO GPRO web interface measures.
 - Expanded to include all web interface measures.
- 2014 PQRS GPRO Registry and EHR measures.
- 2014 CG-CAHPS measures for group practices and ACOs.
 - CMS will continue to fund the data collection and report 2014 CG-CAHPS measures for groups of 100 or more eligible professionals reporting via the GPRO web interface.
 - Physician Compare will also publicly reported CG-CAHPS data submitted to CMS from groups of 25 to 99 eligible professionals, but CMS will not fund data collection for these groups.
 - 2014 data will be reported no earlier than 2015.
- 2014 PQRS individual measures collected through an EHR, registry, or claims.
- 2014 Cardiovascular Prevention measures group in support of the Million Hearts Initiative.

A 30-day preview period was also finalized for all 2012, 2013, and 2014 quality data. In accordance with these PFS final rules, this preview period will provide an opportunity for group practices and individuals to review their measure displays before they are publicly reported on Physician Compare. Details regarding the process and timeline of each preview period will be provided in advance of the start of the preview period. The first preview period for the 2012 PQRS GPRO measures was held from mid-December to mid-January 2014.

In an effort to maximize Physician Compare and make it as useful and beneficial as possible for consumers, we are seeking input regarding the types of measures that should be included on Physician Compare in the future. We are looking to receive input on questions such as:

1. What types of measures could be most useful to consumers?
2. What measures would most accurately identify quality care?
3. What measures would most accurately/completely represent the various CMS specialties?
4. What non-CMS measures should potentially be considered for Physician Compare and what are the logistical means of obtaining these measure data?
5. Is it appropriate to reduce the length of the measure preview period from 30 days to 2 weeks?

Participation in the Town Hall Meeting

The Division of Electronic and Clinician Quality (DECQ) within the Center for Clinical Standards and Quality (CCSQ) of CMS is coordinating the meeting registration for the Town Hall. While there is no registration fee, individuals must register to attend. All participants must register by Monday, February 17, 2014.

You may register by sending an e-mail to PhysicianCompare@Westat.com. Please use the subject line "Physician Compare Town Hall Registration" and include your name, address, telephone number, e-mail address, and, if available, fax number. Indicate if you wish to participate in person or via telephone.

You will receive a registration confirmation with instructions for your arrival at the CMS complex or for accessing the meeting via telephone. If capacity has been reached, you will be notified that the meeting has reached capacity.

Time for participants to make a statement will be limited according to the number of registered participants. Therefore, individuals who wish to make a statement must send an e-mail to the Physician Compare team at PhysicianCompare@Westat.com as soon as possible to register for the meeting and to sign up to make a statement. Participants will be permitted to speak in the order in which they sign up starting with participants who attend in person and followed by participants who attend via telephone.

Any interested party may send written comments by mail or electronically. We will accept written testimony, questions, or other statements, not to exceed two single-spaced, typed pages, before the meeting, and up until March 3, 2014, at 5:00 p.m. e.s.t. Send written testimony, questions, or other statements to:

Division of Electronic and Clinician Quality (DECQ),
Mailstop S3-02-01,
Centers for Medicare & Medicaid Services,
7500 Security Boulevard,
Baltimore Maryland 21244-1850,
Attention: Rashaan Byers or Regina Chell

Or, PhysicianCompare@Westat.com

Links to Useful Physician Compare Resources

Physician Compare Homepage

<http://www.medicare.gov/physiciancompare>

Physician Compare Initiative Page

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/physician-compare-initiative/index.html>

Provider Enrollment, Chain, and Ownership System (PECOS) – Log in

<https://pecos.cms.hhs.gov/>

Physician Quality Reporting System (PQRS) Incentive Program

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>

Electronic Health Records (EHR) Incentive Program

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms>

Electronic Prescribing (eRx) Incentive Program

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/index.html?redirect=/ERxIncentive/06_E-Prescribing_Measure.asp

PQRS Maintenance of Certification (MOC) Program Incentive

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Maintenance_of_Certification_Program_Incentive.html

Million Hearts

<http://millionhearts.hhs.gov/health-officials.html>

Accountable Care Organizations (ACOs)

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram>

Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS)

<https://cahps.ahrq.gov>

Acronyms

ABMS – American Board of Medical Specialties

ACA – Affordable Care Act

ACO – Accountable Care Organizations

CAD – Coronary Artery Disease

CG CAHPS - Clinician and Group Consumer Assessment of Healthcare
Providers and Systems

CMS – Centers for Medicare and Medicaid

CY – Calendar Year

DM – Diabetes Mellitus

EHR – Electronic Health Records

eRx – Electronic Prescribing

GPRO – Group Practice Reporting Option

MSSP – Medicare Shared Savings Program

MOC – Maintenance of Certification

PECOS – Provider Enrollment, Chain, and Ownership System

PQRS – Physician Quality Reporting System