

Physician Compare PY 2016 non-PQRS QCDR Measures

Publicly Reported in December 2017

Overview

In December 2017, the Centers for Medicare & Medicaid Services (CMS) publicly reported 2016 performance information on the [Physician Compare website](#) per the 2016 Physician Fee Schedule final rule (80 FR 71124 through 71129). Qualified Clinical Data Registries (QCDRs) could elect to publicly report their non-PQRS measures on Physician Compare profile pages or on their own website. In total, 40 non-Physician Quality Reporting System (PQRS) 2016 measures collected via QCDRs are publicly reported – 34 on Physician Compare profile pages and six on QCDR websites.

All publicly reported measures will also be included in the Downloadable Database available at Data.Medicare.gov in 2018. Select one of the following links for a list of 2016 non-PQRS QCDR measures publicly reported on Physician Compare:

- [Physician Compare clinician profile pages](#)
- [Physician Compare group profile pages](#)
- [QCDR websites \(clinician measures\)](#)

For more information on public reporting of 2016 non-PQRS QCDR performance scores, visit the [Physician Compare Initiative page](#).

NOTE: Inverse measures that are published on the public-facing profile pages on Physician Compare will be denoted with an asterisk (*) in the Downloadable Database. The performance rates for these measures were reverse-scored, so that a higher score is better to ensure accurate website user interpretation. The plain language descriptions for these inverse measures were written to reflect this reverse scoring.

Physician Compare clinician profile pages

| ABG Anesthesia Data Safety Group, LLC | | | |
|---------------------------------------|---|---|---|
| Measure number | Technical measure title | Plain language measure title | Plain language measure description |
| ABG12 | Anesthesia: Patient Experience Survey | Giving satisfaction surveys to patients who got anesthesia. | <p>A higher score is better because it means more of this clinician's patients got surveys to assess their satisfaction with their anesthesia care.</p> <p>Surveying patients for their level of satisfaction with their care gives clinicians an opportunity to improve care.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician's patients who got anesthesia and got a survey to assess their satisfaction with their anesthesia care.</p> |
| ABG8 | Use of Checklist or Protocol for Transfer of Care in Phase I recovery From Anesthesia Provider to PACU or ICU | Smooth transfer of care after anesthesia. | <p>A higher score is better because it means this clinician used appropriate checklists or protocols more often when passing a patient's care to another clinician.</p> <p>The use of checklists and protocols during the process of handing off care to a new clinician who is unfamiliar with a patient has been shown to minimize errors.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician's patients who were transferred to the recovery room or intensive care unit (ICU) for whom the clinician used a safety checklist or protocol.</p> |

| American College of Radiology National Radiology Data Registry | | | |
|--|---|--|---|
| Measure number | Technical measure title | Plain language measure title | Plain language measure description |
| ACRAD14 | Participation in a National Dose Index Registry | Documenting radiation levels of patients who received a CT scan. | <p>A higher score is better because it means more of this clinician's patients had their radiation levels documented to a Dose Index Registry when they got a CT scan.</p> <p>The goal of a Dose Index Registry is to collect data about radiation dose from facilities all over the country and use this data to help facilities adjust the radiation dose their patients are receiving.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician's patients who got a CT scan and had their radiation levels documented to a Dose Index Registry.</p> |

| ASPIRE (Anesthesiology Performance Improvement and Reporting Exchange) | | | |
|--|--|--|---|
| Measure number | Technical measure title | Plain language measure title | Plain language measure description |
| ASPIRE16 | Avoiding intraoperative hypotension | Avoiding low blood pressure during surgery. | <p>A higher score is better because it means this clinician's patients had fewer episodes of low blood pressure during surgery.</p> <p>Sustained periods of low blood pressure can lead to damage to organs such as the heart, kidney, and brain.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician's patients who had no sustained periods of low blood pressure during surgery.</p> |
| ASPIRE8 | Core temperature measurement for all general anesthetics | Checking body temperature during anesthesia. | <p>A higher score is better because it means this clinician checked patients' internal body temperature during anesthesia when appropriate.</p> <p>Internal body temperature is more accurate than skin temperature and can ensure that the patient stays warm during surgery. If a patient gets too cold, they are at higher risk for having complications after surgery.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician's patients that had their internal body temperature checked and documented at least once during surgery requiring anesthesia.</p> |

| GI Quality Improvement Consortium's GIQuIC | | | |
|--|--|---|---|
| Measure number | Technical measure title | Plain language measure title | Plain language measure description |
| GIQIC2 | Adequacy of bowel preparation | Adequate preparation of patients' bowels before colonoscopy. | <p>A higher score is better because it means more of this clinician's patients had adequately prepared their bowels for their colonoscopy.</p> <p>Preparation for colonoscopy should include emptying the lower digestive tract of all feces so a clinician can more accurately diagnose and treat abnormalities.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician's patients who had a colonoscopy and had their bowel preparation checked before the procedure with documentation of the preparation as adequate or better.</p> |
| GIQIC9 | Documentation of history and physical rate - Colonoscopy | Documenting patient history and physical health before a colonoscopy. | <p>A higher score is better because it means more of this clinician's patients had their history and physical health assessed and documented before having a colonoscopy.</p> <p>Documenting a patient's history and physical health prior to a colonoscopy exam helps the clinician determine if the patient is an appropriate candidate for a colonoscopy exam at that time.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician's patients who had a colonoscopy and had their history and physical health assessed and documented before the colonoscopy exam.</p> |

| GI Quality Improvement Consortium's GIQuIC | | | |
|--|--|--|---|
| Measure number | Technical measure title | Plain language measure title | Plain language measure description |
| GIQIC10 | Appropriate management of anticoagulation in the peri-procedural period rate - EGD | Giving instructions to patients who take blood thinners after upper digestive tract exams. | <p>A higher score is better because it means more of this clinician's patients who take blood thinners got instructions on when to re-start the blood thinner medicine after an exam of the upper digestive tract.</p> <p>It is important for clinicians and patients to discuss medicine use before and after an exam of the upper digestive tract. Since this type of procedure can cause bleeding, it is especially important to give instructions about using blood thinners.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician's patients on blood thinners who had an exam of the upper digestive tract and got instructions for re-starting the blood thinners after the procedure.</p> |
| GIQIC12 | Appropriate indication for colonoscopy | Performing colonoscopies for appropriate reasons. | <p>A higher score is better because it means this clinician performed more colonoscopies for appropriate reasons.</p> <p>When a colonoscopy is done for appropriate reasons, clinicians can make better diagnoses.</p> <p>To give this clinician a score, Medicare looked at the percentage of colonoscopies this clinician performed that were for clinically relevant reasons.</p> |

| Michigan Bariatric Surgery Collaborative | | | |
|--|--|---|--|
| Measure number | Technical measure title | Plain language measure title | Plain language measure description |
| MBS4 | MBSC Venous Thromboembolism prophylaxis adherence rates for Perioperative Care | Using preventive medicine for blood clots before bariatric surgery. | <p>A higher score is better because it means this clinician more frequently used medicine to prevent blood clots in patients before bariatric surgery when appropriate.</p> <p>Surgery can increase the risk of blood clots. The appropriate preventive medicine given to patients before bariatric surgery can prevent the formation of blood clots.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician's patients who had bariatric surgery who got the recommended preventive medicine for blood clots within 24 hours before surgery when appropriate.</p> |
| MBS5 | MBSC Venous Thromboembolism prophylaxis adherence rates for Postoperative Care | Using preventive medicine for blood clots after bariatric surgery. | <p>A higher score is better because it means this clinician more frequently used medicine to prevent blood clots in patients after bariatric surgery when appropriate.</p> <p>Surgery can increase the risk of blood clots. The appropriate preventive medicine given to patients after bariatric surgery can prevent the formation of blood clots.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician's patients who had bariatric surgery who got the recommended preventive medicine for blood clots while in the hospital after surgery.</p> |

| OBERD QCDR | | | |
|----------------|---|---|--|
| Measure number | Technical measure title | Plain language measure title | Plain language measure description |
| OBERD4 | Pain Assessment and Follow-Up | Screening for pain and developing a follow-up plan. | <p>A higher score is better because it means this clinician checked more patients for pain and provided a follow-up plan when pain was present.</p> <p>Pain is the number one reason people get medical care. Uncontrolled pain is a leading cause of a disability. Clinicians can work with their patients to manage their pain. Using a numerical pain scale helps a patient to convey their pain levels to their clinician at every visit.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician's patient visits where the patient was screened for pain and, if pain was present, had a plan to control their pain documented.</p> |
| OBERD6 | Orthopedic Pain: Mental Health Assessment | Screening for depression due to orthopedic pain. | <p>A higher score is better because it means this clinician checked more patients with chronic orthopedic pain for depression.</p> <p>Chronic pain can lead to depression. Detecting depression and treating it when it arises will help the patient's recovery. Managing depression can lead to better coping and outcomes for patients.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician's patients with a diagnosis of orthopedic pain who had a depression screening before surgery or steroid injection, or when pain was present for more than 6 weeks.</p> |
| OBERD 7.1 | Orthopedic Pain: Patient Reassessment | * | |
| OBERD 7.2 | Orthopedic Pain: Patient Reassessment | * | |

| OBERD QCDR | | | |
|----------------|--|--|---|
| Measure number | Technical measure title | Plain language measure title | Plain language measure description |
| OBERD7.3 | Orthopedic Pain: Patient Reassessment | Follow-up assessment of pain in orthopedic patients. | <p>A higher score is better because it means this clinician conducted a follow-up assessment of pain and ability to function with more patients.</p> <p>Checking for pain and function allows the clinician to evaluate the patient’s treatment progress.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician’s patients with a diagnosis of orthopedic pain who had their pain and function reassessed 4 to 6 weeks after their initial visit or surgery date.</p> |
| OBERD10 | Quality of Life (VR-12 or Promis Global 10) Monitoring | Assessing quality of life. | <p>A higher score is better because it means this clinician assessed more patients on how their physical and mental health affected their quality of life over time.</p> <p>Assessing quality of life is important to health care quality improvement and allows for nationwide comparisons to further the quality improvement of patient care.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician’s patients who completed a survey one or more times during the year to report their current quality of life.</p> |

| OBERD QCDR | | | |
|----------------|---|--|--|
| Measure number | Technical measure title | Plain language measure title | Plain language measure description |
| OBERD12 | CG-CAHPS Adult Visit Composite Tracking | Assessing aspects of patient satisfaction. | <p>A higher score is better because it means more of this clinician’s patients completed questions about timely care, clinician communication, helpful office staff, and follow-up on a satisfaction survey.</p> <p>Satisfaction surveys allow patients to assess their satisfaction with the health care they receive.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician’s patients who got a satisfaction survey and responded to the questions about timely care, clinician communication, helpful office staff, and follow-up on test results.</p> |
| OBERD14 | Orthopedic 3-Month Surgery Follow-up | Checking functional status of patients who had orthopedic surgery. | <p>A higher score is better because it means this clinician checked the functional status of more patients before and after orthopedic surgery.</p> <p>Functional status is a measure of a patient's physical limitations and ability to perform daily tasks. Checking functional status can help patients get recommended treatment. Functional status surveys can help also clinicians assess the effectiveness of surgery and provide information for quality improvement.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician’s patients whose functional status was checked within 2 weeks before their surgery and again within 3 months after their surgery.</p> |

| OBERD QCDR | | | |
|----------------|-------------------------|--|--|
| Measure number | Technical measure title | Plain language measure title | Plain language measure description |
| OBERD17.1 | CG-CAHPS Patient Rating | How well the clinician communicates. | <p>A higher score is better because it means that more patients found it easier to communicate with the clinician.</p> <p>An important part of high quality health care is having a clinician listen to you and talk to you about your health in a way that is easy for you to understand.</p> <p>To give this clinician a score, Medicare looked at the percentage of patients that said the clinician always communicated well including: Explaining things in a way that was easy to understand. Listening carefully. Showing respect for what patients had to say. Spending enough time with patients.</p> |
| OBERD17.3 | CG-CAHPS Patient Rating | Patients' rating of clinician. | <p>A higher score is better because it means that more patients gave a high rating to the clinician.</p> <p>To give this clinician a score, Medicare looked at the percentage of patients who gave their clinicians a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).</p> |
| OBERD17.4 | CG-CAHPS Patient Rating | Patients would recommend this clinician. | <p>A higher score is better because it means that more patients would recommend this clinician.</p> <p>To give this clinician a score, Medicare looked at the percentage of patients that said they would definitely recommend the clinician to other patients.</p> |

| OBERD QCDR | | | |
|----------------|-------------------------|---|--|
| Measure number | Technical measure title | Plain language measure title | Plain language measure description |
| OBERD17.5 | CG-CAHPS Patient Rating | Courteous and helpful clinician and office staff. | <p>A higher score is better because it means that more patients thought the clinician and office staff were polite and helpful.</p> <p>Office staff are the clerks and receptionists you talk with when you want to schedule appointments or have questions. To have a high quality patient experience, it is important that both the clinician and office staff help you when you need it.</p> <p>To give this clinician a score, Medicare looked at the percentage of patients that said the clinician and office staff were always helpful, polite, and respectful.</p> |
| OBERD17.7 | CG-CAHPS Patient Rating | Patient satisfaction with visit. | <p>A higher score is better because it means this clinician's patients were satisfied with their experiences with the clinician and staff in the clinician's office.</p> <p>Satisfaction surveys allow patients to assess their satisfaction with the health care they receive.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician's patients who got a satisfaction survey and said they were always satisfied with their care during their visit.</p> |
| OBERD17.8 | CG-CAHPS Patient Rating | Collecting patient satisfaction information. | <p>A higher score is better because it means more of this clinician's patients completed a satisfaction survey.</p> <p>Satisfaction surveys allow patients to assess their satisfaction with the health care they receive.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician's patients who got a satisfaction survey and completed it.</p> |

*This measure will only be available in the [Physician Compare Downloadable Database](#).

| PPRNET | | | |
|----------------|----------------------------------|--|--|
| Measure number | Technical measure title | Plain language measure title | Plain language measure description |
| PPRNET15 | Osteoporosis Screening for Women | Screening for osteoporosis in older women. | <p>A higher score is better because it means this clinician tested more female patients for bone health when appropriate.</p> <p>Older women have a higher risk of developing osteoporosis, a disease that causes bones to weaken. Weak bones can lead to broken bones. If bones are weak, treatment can strengthen them to help prevent broken bones and improve patient health.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician's older female patients who had the strength of their bones measured.</p> |
| PPRNET16 | Cervical Cancer Screening | * | |
| PPRNET17 | Breast Cancer Screening | Screening for breast cancer in women. | <p>A higher score is better because it means this clinician screened more female patients for breast cancer when appropriate.</p> <p>Screenings can help find breast cancer early, when treatment works best. If breast cancer is found, it can be treated to prevent further cancer problems. All women ages 50 and older should be screened at least every two years.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician's female patients ages 50 to 74 who got a mammogram in the previous two years.</p> |
| PPRNET18 | Colorectal Cancer screening | Screening for colon cancer. | <p>A higher score is better because it means this clinician screened more patients for colon cancer when appropriate.</p> <p>All patients ages 50 and older should be checked for colon cancer. If colon cancer is found, it can be treated to prevent further cancer problems.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician's patients ages 50 to 75 who were screened for colon cancer.</p> |

| PPRNET | | | |
|----------------|-------------------------------------|------------------------------|---|
| Measure number | Technical measure title | Plain language measure title | Plain language measure description |
| PPRNET19 | Pneumococcal Vaccination in Elderly | Vaccinating for pneumonia. | <p>A higher score is better because it means this clinician vaccinated more patients for pneumonia when appropriate.</p> <p>Pneumonia is a common cause of illness and death in older adults and people with certain health conditions. A pneumonia vaccine helps prevent pneumonia and problems pneumonia causes.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician's patients ages 65 and older who had ever gotten a pneumonia vaccine.</p> |
| PPRNET20 | Zoster (Shingles) Vaccination | Vaccinating for shingles. | <p>A higher score is better because it means this clinician vaccinated more patients for shingles when appropriate.</p> <p>Shingles can occur in patients that previously had chicken pox. Shingles can cause serious health problems, especially in older patients. Shingles vaccine can help prevent shingles or lessen the problems related to shingles.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician's older patients who had ever gotten a shingles vaccine.</p> |
| PPRNET21 | Depression Screening | Screening for depression. | <p>A higher score is better because it means this clinician screened more patients for depression.</p> <p>Depression is a leading cause of disability. Treatment for patients with depression can help improve their condition and prevent related health, family, and social problems.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician's adult patients who were screened for depression in the previous 2 years.</p> |

| PPRNET | | | |
|----------------|---|--------------------------------------|--|
| Measure number | Technical measure title | Plain language measure title | Plain language measure description |
| PPRNET22 | Alcohol Misuse Screening | Screening for unhealthy alcohol use. | <p>A higher score is better because it means this clinician screened more patients for unhealthy alcohol use.</p> <p>Drinking too much is dangerous and can lead to multiple conditions and serious health issues. Identifying patients that drink too much can lead to treatment or advising them to quit or reduce their drinking.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician's adult patients who were asked about their level of drinking alcohol in the previous 2 years.</p> |
| PPRNET23 | Tobacco Use: Screening and Cessation Intervention | Helping patients quit tobacco. | <p>A higher score is better because it means this clinician provided counseling to more patients who used tobacco and encouraged them to quit.</p> <p>Quitting tobacco lowers a patient's chance of getting heart and lung diseases.</p> <p>To give this clinician a score, Medicare looked at the percentage of this clinician's patients who were asked if they used tobacco at least once in the last two years. If patients were using tobacco, this clinician spoke with them about ways to help them quit using tobacco.</p> |

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Physician Compare group profile pages

| American College of Radiology National Radiology Data Registry | | | |
|--|---|--|---|
| Measure number | Technical measure title | Plain language measure title | Plain language measure description |
| ACRAD14 | Participation in a National Dose Index Registry | Documenting radiation levels of patients who received a CT scan. | <p>A higher score is better because it means more of this group's patients had their radiation levels documented to a Dose Index Registry when they got a CT scan.</p> <p>The goal of a Dose Index Registry is to collect data about radiation dose from facilities all over the country and use this data to help facilities adjust the radiation dose their patients are receiving.</p> <p>To give this group a score, Medicare looked at the percentage of this clinician's patients who got a CT scan and had their radiation levels documented to a Dose Index Registry.</p> |

QCDR websites (clinician measures)

| American College of Rheumatology, Rheumatology Informatics System for Effectiveness Registry | |
|--|--|
| Measure number | Technical measure title |
| ACR1 | Disease Activity Measurement for Patients with Rheumatoid Arthritis (RA) |
| ACR2 | Functional Status Assessment for Patients with Rheumatoid Arthritis (RA) |
| ACR5 | Glucocorticosteroids and Other Secondary Causes |

| The American Society of Breast Surgeons Mastery of Breast Surgery Program | |
|---|--|
| Measure number | Technical measure title |
| ASBS1 | Surgeon assessment for hereditary cause of breast cancer |

| U.S. Wound Registry | |
|---------------------|---|
| Measure number | Technical measure title |
| USWR14 | Blood glucose check prior to hyperbaric oxygen therapy (HBOT) treatment |

Questions or feedback? Contact us at PhysicianCompare@Westat.com.