



ACUMEN

**Physician Compare Quality Measurement
Technical Expert Panel (TEP) Summary Report**

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1 ABOUT THE TEP

The Centers for Medicare & Medicaid Services (CMS) has contracted with Acumen, LLC (henceforth “Acumen”) to assist in the selection of physician quality measures for public reporting via the Physician Compare website. As part of the measures selection process, Acumen has convened the Physician Compare Quality Measurement Technical Expert Panel (TEP) with the objectives of obtaining expert input on physician quality measures that CMS has proposed for public reporting and seeking recommendations regarding future quality measures for public reporting. Specifically, input from the TEP will help meet the Affordable Care Act (ACA) requirement to ensure that data reported on Physician Compare provide an accurate and robust portrayal of physician performance. The TEP composition meets the CMS Measures Management Blueprint criteria, including the involvement of individuals who represent the perspectives of patient/caregiver and purchasers, and technical experts who can provide a broad range of technical experience and expertise in public reporting of performance measures, health care quality improvement, and quality measure development and testing. Table 1.1 lists the 16 individuals who comprise the TEP.

Table 1.1: TEP Member Composition

TEP Member	Position(s), Organization	Location
A.J. Yates, MD	Associate Professor, Department of Orthopedic Surgery/University of Pittsburgh School of Medicine	Pittsburgh, PA
Bettina Berman, RN, MPH	Project Director for Quality Improvement, Jefferson School of Population Health/Thomas Jefferson University	Philadelphia, PA
Dale Shaller, MPA (TEP Chair) ¹	Principal, Shaller Consulting Group	Stillwater, MN
David Baker, MD, MPH	Michael A. Gertz Professor in Medicine, Chief of the Division of General Internal Medicine and Geriatrics, and Deputy Director of Institute for Public Health and Medicine at Feinberg School of Medicine, Northwestern University	Chicago, IL
David Casarett, MD, MA	Associate Professor, Division Geriatrics/University of Pennsylvania; Director of Hospice and Palliative Care at Penn Medicine; Medical Director for Research and Quality for the National Hospice and Palliative Care Organization	Philadelphia, PA
Emma Kopleff, MPH	Senior Policy Advisor, National Partnership for Women & Families	Washington, DC
Eric Holmboe, MD	Senior Vice President for Milestones Development and Evaluation of the Accreditation Council for Graduate Medical Education	Philadelphia, PA
Gregory Dehmer, MD	Cardiologist, American College of Cardiology	Temple, TX
Jeffrey P. Jacobs, MD	Professor of Cardiac Surgery, Johns Hopkins University	St. Petersburg, FL
Michael Muhlbauer, MS	Practice Administrator, Anesthesiology Associates of Wisconsin	Milwaukee, WI
Richard deBronkart	Co-Founder, Society for Participatory Medicine (ePatient Dave)	Nashua, NH
Robert Krughoff, JD	Founder and President, Center for the Study of Services/Consumers' Checkbook	Washington, DC
Sara Schoelle, DrPH	Vice President, Research & Analysis/National Committee for Quality Assurance	Washington, DC
Sherrie Kaplan, PhD, MSPH, MPH	Professor of Medicine and Assistant Vice Chancellor, Healthcare Evaluation and Measurement Executive Co-Director, Health Policy Research Institute School of Medicine/ University of California, Irvine	Irvine, CA
Ted von Glahn, MS	Contractor, Covered California	San Francisco, CA
Thomas Smith, MD, MS	Vice President of Research & Analysis, New York State Office of Mental Health / Columbia University Medical Center	New York, NY

¹ Please note that Mr. Shaller was not available to chair the TEP on that day, so a representative from the Acumen team was appointed to chair in his place.

Acumen conducted a teleconference meeting with the TEP on Monday, March 3, 2014, from 3-6pm EST. The goal of the meeting was to gather the TEP's feedback regarding the selection of quality measures for public reporting in the future. Acumen sought the TEP's feedback on the following questions:

- What types of measures would be most useful to consumers?
- What measures will most accurately identify quality care?
- What measures can most accurately/completely represent various CMS specialties?
- What non-CMS measures should be considered for Physician Compare and what are the logistical implications of obtaining these measure data?

The next section summarizes the TEP's input on the questions above.

2 SUMMARY OF TEP INPUT

The TEP offered the following input regarding the selection of quality measures for public reporting on Physician Compare in the future:

- A TEP member commented that group-level quality measures would need to be properly communicated to laypersons to help them understand what constitutes a meaningful difference between group practices and to avoid misleadingly attributing group-level quality measures to individual physicians
- A TEP member recommended aggregating measures of patient experience of care over time into composite measures for public reporting. Several TEP members expressed support for publishing composite measures
- A TEP member suggested supplementing Physician Compare’s five-star display with histograms or graphs that show where a particular group practice lies on the distribution of performance scores, as allowing health care providers to see how their performance compares to other providers could influence them to provide better care
- A TEP member recommended providing health care consumers with information about the number of group practices whose quality information is currently displayed on the website, to give them an idea of how prevalent quality reporting currently is
- Several TEP members expressed support for having regional performance benchmarks for the publicly reported measures
- A TEP member stated that sample size issues with the Consumer Assessment of Health Providers & Systems (CAHPS) data may lead to instability in estimates which could be misinterpreted by health care consumers, as the reliability of the data varies with group size; larger group practices are expected to have more stable estimates due to their larger patient samples compared to smaller group practices
- Several TEP members expressed support for continuing to select patient experience of care and patient-reported outcome measures (i.e., outcome measures reported and scored by the patient) for public reporting, as the value of this kind of information is clear to health care consumers
- Several TEP members mentioned data related to shared decision-making and clarifying and aligning patients’ expectations regarding a medical treatment; for example, whether patients felt like expectations before surgery were well-explained and whether their expectations after the surgery were met
- A TEP member stated that there’s a need to define “quality of care” in the context of Physician Compare; what aspect of the “quality of care” would CMS like to bring forth through Physician Compare? How do the processes/structures of providers influence the “quality of care”? What aspect of quality is truly comparable across all specialties and physicians?

- A TEP member suggested having different levels of reporting as appropriate for different specialties. For example, the first level of reporting could involve process reporting (i.e., did the provider implement a recommended care practice?); the second level could report on physician-patient communications; and the third level could involve registry and patient-reported outcome measures
- A TEP member mentioned that if CMS were to engage specialty societies, CMS should strike a balance between publicly reporting measures that are meaningful to health care consumers and the measures that the providers believe to be feasible and meaningful to their practice