



mln call

A MEDICARE LEARNING NETWORK® (MLN) EVENT

Physician Compare: What you need to know

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Disclaimer

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Acronyms in this Presentation

ACO – Accountable Care Organization

CAHPS – Consumer Assessment of Healthcare Providers and Systems

COPD – Chronic Obstructive Pulmonary Disease

EHR – Electronic Health Record

EIDM – Enterprise Identify Management

HCPCS – Healthcare Common Procedure Coding System

MIPS – Merit-based Incentive Payment System

PECOS – Provider Enrollment, Chain, and Ownership System

PFS – Physician Fee Schedule

PQIP – Provider Quality Information Portal

PQRS – Physician Quality Reporting System

QCDR – Qualified Clinical Data Registry

TEP – Technical Expert Panel



Agenda

- Physician Compare overview
- Public reporting in late 2017
- Preview period
- Question & answer



Physician Compare Overview



Physician Compare background

Helps people with Medicare make informed decisions



Incentivizes clinicians to maximize performance



Types of general information on Physician Compare

	Clinicians	Groups
Name	✓	✓
Medical specialties	✓	✓
Addresses and phone numbers	✓	✓
Medicare assignment status	✓	✓
Board certifications	✓	
Education and residency	✓	
Group affiliation	✓	
Hospital affiliation	✓	
Gender	✓	
Affiliated clinicians		✓
ACO affiliation (in late 2017)		✓



Sources of general information on Physician Compare

Provider Enrollment, Chain, and Ownership System (PECOS)

- Name
- Practice location(s) and phone number(s)
- Group affiliation
- Primary and secondary specialties
- Medicare assignment status
- Education
- Gender

Claims Data¹

- Practice location(s)
- Group affiliation(s)
- Hospital affiliation(s)

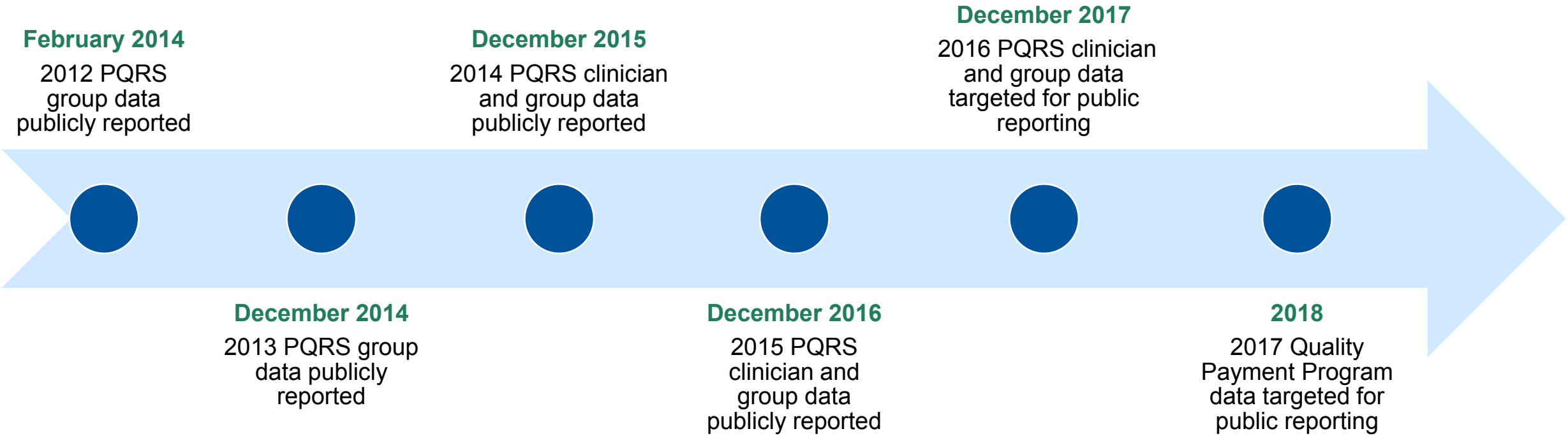
Board Certifications

- American Board of Medical Specialties
- American Osteopathic Association
- American Board of Optometry

¹Claims data is used to verify PECOS information for practice locations and group affiliations.



Performance information on Physician Compare



Quality Payment Program – Merit-based Incentive Payment System



Quality

Replaces PQRS.



Improvement Activities

New Category.



Advancing Care Information

Replaces the Medicare EHR Incentive Program also known as Meaningful Use.



Cost

Replaces the Value-Based Modifier.



Public Reporting in Late 2017



Measures available for public reporting

- Available for public reporting per the 2016 Physician Fee Schedule final rule.
 - 2016 PQRS measures (clinician and group)
 - 2016 CAHPS for PQRS measures (group)
 - 2016 non-PQRS QCDR measures (clinician and group)
 - Subset of utilization data (clinician)
- Measures that are available for public reporting and meet statistical public reporting standards are available for public reporting on Physician Compare profile pages and/or the Physician Compare Downloadable Database.
 - The statistical public reporting standards require that measures be valid, reliable, accurate, and comparable.
 - A minimum sample size of 20 patients is required for performance information to be included on Physician Compare.

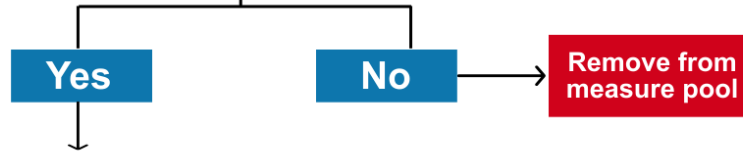


Reporting measures in the Downloadable Database



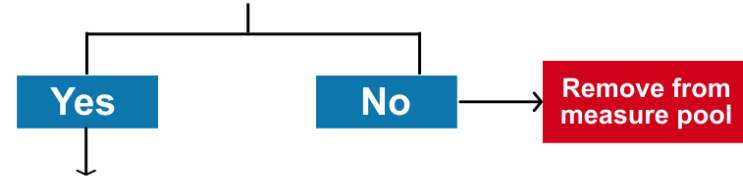
1. Measure eligibility

Is the measure available for public reporting?



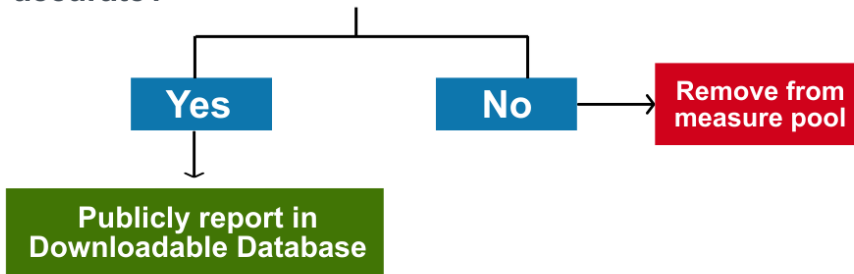
2. Sufficient number of patients

Was the measure reported for at least 20 patients by measure by reporter?



3. Public reporting standards

Was the measure determined to be statistically valid, reliable, and accurate?



Reporting measures on profile pages

- All measures reported on profile pages must meet statistical public reporting requirements and resonate with users.
- As part of our phased approach to public reporting, a subset of 2016 group PQRS measures will be reported on profile pages as star ratings.
- 2016 Non-PQRS QCDR and CAHPS for PQRS summary survey measures will be reported as a percent performance score.
 - Non-PQRS QCDR measures are reported as a performance score for clinicians and groups.
 - CAHPS for PQRS measures are reported as top-box performance scores for groups.



Moving to a star rating

2014	<p>Jul. 2014 – 2015 Physician Fee Schedule (PFS) proposed rule</p> <p>Aug. 2014 – Physician Compare Technical Expert Panel (TEP)</p> <p>Dec. 2014 – Exploratory conversations with stakeholders</p>
2015	<p>Jan. 2015 – Exploratory conversations with stakeholders</p> <p>Feb. 2015 – Six informal benchmark webinars, including written feedback</p> <p>Mar. 2015 – Physician Compare TEP</p> <p>Jul. 2015 – 2016 PFS proposed rule</p> <p>Aug. 2015 – Physician Compare TEP</p> <p>Nov. 2015 – 2016 PFS final rule</p>
2016	<p>Feb. 2016 – ABC™ benchmark methodology webinar</p> <p>Jun. 2016 – Benchmark and star rating National Provider Call</p> <p>Oct. 2016 – Public reporting, benchmark, and star rating webinars</p>
2017	<p>Feb. 2017 – Star rating TEP & public reporting, benchmark, and star rating webinars</p> <p>Apr. 2017 – Informal star rating webinars, including written feedback</p> <p>Jun. 2017 – Star rating follow-up TEP</p>



Achievable Benchmark of Care™ (ABC) strengths

- Represents an achievable standard of quality.
- Shown to lead to improved quality of care.
- Provides a point of comparison to help patients and caregivers interpret the performance information published on Physician Compare.
- Works well with the data available for public reporting on Physician Compare.



Equal ranges method strengths

- Defines the process for assigning 1 to 4 stars.
- Intuitive to interpret.
 - Tested well with patients and caregivers.
- Generates more stable star rating cut-offs.
- Benchmarks and cut-offs expected to be more stable across years.
- More reliable and meaningful classification.



Achievable Benchmark of Care™

1

Rank groups from highest to lowest performance score for a specific measure and reporting mechanism.

2

Select the subset of top groups representing at least 10 percent of the eligible patient population for that measure.

3

Calculate the number of patients receiving the intervention or desired level of care, or achieving the desired outcome, for that measure.

4

Divide the number of patients from Step 3 by the total patient population for the top performing groups.

**ABC™
BENCHMARK**



Equal ranges method

lowest performance score



2-star cut-off



3-star cut-off



4-star cut-off



5-star cut-off (ABC™ Benchmark)



\geq ABC™ Benchmark



Equal ranges method

lowest performance score



2-star cut-off



3-star cut-off



4-star cut-off



5-star cut-off (ABC™ Benchmark)



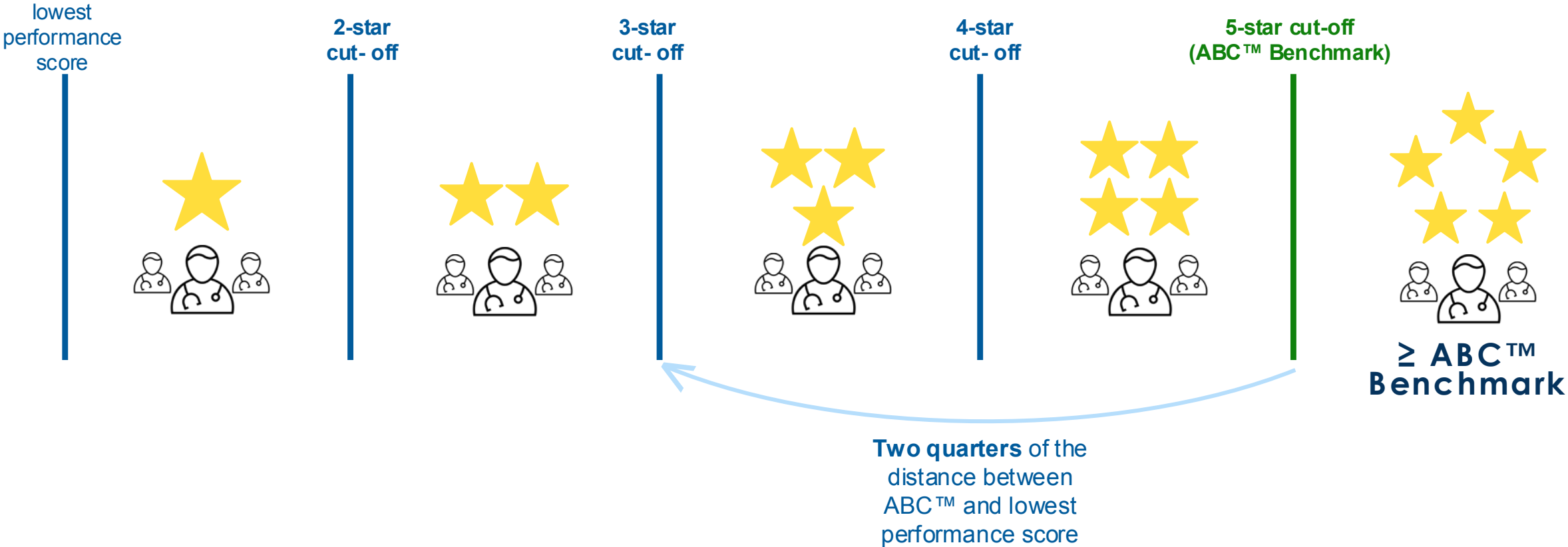
\geq ABC™ Benchmark



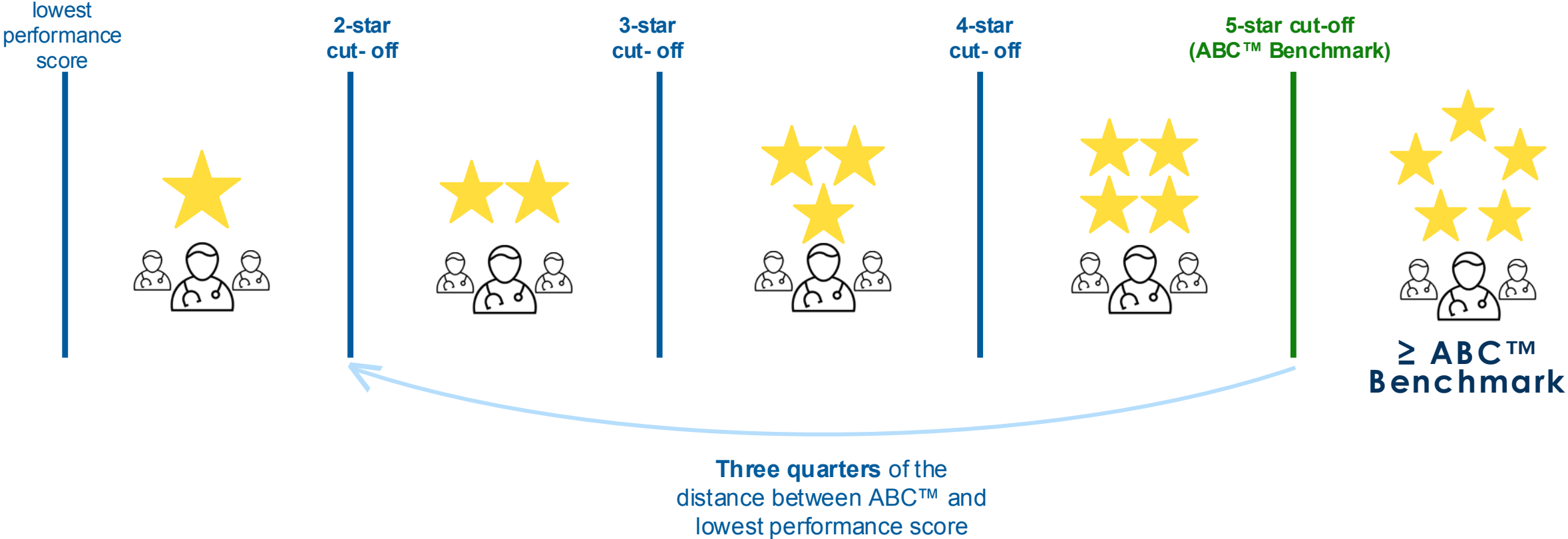
One quarter of the distance between ABC™ and lowest performance score



Equal ranges method



Equal ranges method



Equal ranges method

lowest performance score



2-star cut-off



3-star cut-off



4-star cut-off



5-star cut-off
(ABC™ Benchmark)



\geq ABC™ Benchmark

> Three quarters of the distance between ABC™ and lowest performance score



Physician Compare Benchmark & Star Rating Fact Sheet

Physician Compare Benchmark and Star Ratings Fact Sheet

Overview

In late 2017, [Physician Compare](#) will be publicly reporting measure-level star ratings for the first time. The Centers for Medicare & Medicaid Services (CMS) finalized a publicly reported item-level benchmark in the 2016 Physician Fee Schedule (PFS) final rule ([80 FR 71128-71129](#)). As a result, CMS will publish the benchmark in late 2017 where it will serve as the basis for the Physician Compare star ratings.

Download from the [Physician Compare Initiative](#) page.



Physician Compare 30-Day Preview Period

October 18 – November 17, 2017



Information available for preview

The following documents are available for download from the [Physician Compare Initiative](#) page:

- Physician Compare PY 2016 Group Profile Page Measures Available for Preview
- Physician Compare PY 2016 Group Downloadable Database Measures Available for Preview
- Physician Compare PY 2016 Clinician Downloadable Database Measures Available for Preview
- Physician Compare PY 2016 Non-PQRS QCDR Measures Available for Preview
- Physician Compare PY 2015 Clinician Utilization Data Available for Preview



Group measures being publicly reported as star ratings

PQRS Measure #	Plain Language Title	Mechanism
006	Giving antiplatelet blood thinners to patients with heart disease.	Registry
047	Older patients who have an advanced care plan or someone to help make medical decisions for them when they can't.	Registry
048	Evaluating loss of bladder control in older women.	Registry
051	Spirometry evaluations in patients with COPD.	Registry
110	Getting a flu shot during flu season.	Web Interface
111	Making sure older adults have gotten a pneumonia vaccine.	Web Interface
113	Screening for colorectal (colon or rectum) cancer.	Web Interface
117	Eye exam for patients with diabetes.	Web Interface
128	Screening for an unhealthy body weight and developing a follow-up plan.	Web Interface
134	Screening for depression and developing a follow-up plan.	Web Interface
226	Screening for tobacco use and providing help quitting when needed.	Registry
238	Limiting high-risk medicine use in older adults.	Registry
318	Screening older patients' risk of falling.	Web Interface
412	Signed opioid treatment agreements for patients that are prescribed opioids.	Registry
438	Giving statin therapy to patients at risk for cardiovascular problems.	Web Interface



5 Tips to Preview Period

1

Download the resources – guides and more!

A resource toolkit is available to help you navigate the 2017 Physician Compare preview period. Download these resources from the [Physician Compare Initiative](#) page:

- Physician Compare Guide to Preview
- 2017 National Provider Call Presentation Slides – Physician Compare: What you need to know



5 Tips to Preview Period

2

Use the Lookup Tool to find out if you have measures available for preview.

Did you know you can use the Physician Compare [Lookup Tool](#) to check if you have measures available for preview? The [Lookup Tool](#) will be available on October 18, 2017. Learn more about using the tool in the Physician Compare Guide to Preview.



5 Tips to Preview Period

3

Establish the correct EIDM account and user role.

You need to have the correct **Enterprise Identity Management (EIDM)** account and appropriate user role to access the **Provider Quality Information Portal (PQIP)**, where you can preview your measures. We encourage you to verify that you have an active EIDM account and the correct user roles as early as possible. Learn more about EIDM and user roles in the Physician Compare Guide to Preview. To request the correct user role, or for assistance with your EIDM account or information, contact the QualityNet Help Desk: 866-288-8912, TTY: 877-715-6222, qnetsupport@hcqis.org.



5 Tips to Preview Period

4 Preview your data early.

The 2017 Physician Compare 30-day preview period begins **October 18, 2017** and ends **November 17, 2017 at 8 PM ET**. Preview your data as early as possible to make sure you get a chance to see what your performance information will look like before they are published on Physician Compare!



5 Tips to Preview Period

5 Sign up for reminders and updates.

Get the latest news and updates about all things Physician Compare, including preview period, by signing up for our [Physician Compare eNews](#).



PQIP Display

Depending on the measures that you or your group reported, you may see one to three different tabs while signed in to PQIP.

- **Performance Scores tab**

- The Performance Scores tab only appears if you or your group have 2016 performance information available for public reporting on Physician Compare profile pages later this year.

- **Patient Survey Scores tab**

- The Patient Survey Scores tab only appears if your group has 2016 CAHPS for PQRS performance information available for public reporting on Physician Compare later this year.

- **Downloadable Data tab**

- The Downloadable Data tab only appears if you or your group will have performance information in the Physician Compare [downloadable datasets](#) when they become available.



Question & Answer Session



Resources

- Physician Compare support team – PhysicianCompare@Westat.com
- ACO team – ACO@cms.hhs.gov
- QualityNet Help Desk– 866-288-8912, TTY: 877-715-6222,
qnetsupport@hcqis.org
- Quality Payment Program Service Center – QPP@cms.hhs.gov



Resources

- Please direct inquiries regarding Physician Compare to PhysicianCompare@Westat.com.
- Find additional information at [CMS.gov](https://www.cms.gov)
 - Search for “Physician Compare,” or
 - Go directly to the [Physician Compare Initiative](#) page.
- [Physician Compare website](#)
- [Downloadable database](#)
- [Quality Payment Program](#)
- [Internet-based PECOS](#)



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