Physician Compare: What you need to know

Thursday, September 28, 2017

Presenters:

Alesia Hovatter, Centers for Medicare & Medicaid Services (CMS)
Denise St. Clair, PhD, Westat
Allison Newsom, Westat
Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.
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

<table>
<thead>
<tr>
<th>Information</th>
<th>Clinicians</th>
<th>Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Medical specialties</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Addresses and phone numbers</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Medicare assignment status</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Board certifications</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Education and residency</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Group affiliation</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Hospital affiliation</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Affiliated clinicians</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>ACO affiliation (in late 2017)</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
Sources of general information on Physician Compare

<table>
<thead>
<tr>
<th>Provider Enrollment, Chain, and Ownership System (PECOS)</th>
<th>Claims Data¹</th>
<th>Board Certifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Name</td>
<td>• Practice location(s)</td>
<td>• American Board of Medical Specialties</td>
</tr>
<tr>
<td>• Practice location(s) and phone number(s)</td>
<td>• Group affiliation(s)</td>
<td>• American Osteopathic Association</td>
</tr>
<tr>
<td>• Group affiliation</td>
<td>• Hospital affiliation(s)</td>
<td>• American Board of Optometry</td>
</tr>
<tr>
<td>• Primary and secondary specialties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medicare assignment status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Gender</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

February 2014
2012 PQRS group data publicly reported

December 2014
2013 PQRS group data publicly reported

December 2015
2014 PQRS clinician and group data publicly reported

December 2016
2015 PQRS clinician and group data publicly reported

December 2017
2016 PQRS clinician and group data targeted for public reporting

2018
2017 Quality Payment Program data targeted for public reporting
## Quality Payment Program – Merit-based Incentive Payment System

<table>
<thead>
<tr>
<th>Quality</th>
<th>Improvement Activities</th>
<th>Advancing Care Information</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Replaces PQRS.</td>
<td>New Category.</td>
<td>Replaces the Medicare EHR Incentive Program also known as Meaningful Use.</td>
<td>Replaces the Value-Based Modifier.</td>
</tr>
</tbody>
</table>
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?
     - Yes
     - No → Remove from measure pool

2. Sufficient number of patients
   - Was the measure reported for at least 20 patients by measure by reporter?
     - Yes
     - No → Remove from measure pool

3. Public reporting standards
   - Was the measure determined to be statistically valid, reliable, and accurate?
     - Yes
     - No → Remove from measure pool

Publicly report in Downloadable Database
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

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

Performance levels:
- 1 star
- 2 stars
- 3 stars
- 4 stars
- 5 stars

≥ 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)

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

≥ ABC™ Benchmark
Equal ranges method

Two quarters of the distance between ABC™ and lowest performance score
Equal ranges method

- **lowest performance score**
- **2-star cut-off**
- **3-star cut-off**
- **4-star cut-off**
- **5-star cut-off (ABC™ Benchmark)**

Three quarters of the distance between ABC™ and lowest performance score
Equal ranges method

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

- **2-star cut-off**
- **3-star cut-off**
- **4-star cut-off**
- **5-star cut-off (ABC™ Benchmark)**

≥ ABC™ Benchmark
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 71112-71129). 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
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

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

• Physician Compare website
• Downloadable database
• Quality Payment Program
• Internet-based PECOS
Thank You – Please Evaluate Your Experience

Share your thoughts to help us improve – Evaluate today’s event

Visit:

• MLN Events webpage for more information on our conference call and webcast presentations

• Medicare Learning Network homepage for other free educational materials for health care professionals.

The Medicare Learning Network® and MLN Connects® are registered trademarks of the U.S. Department of Health and Human Services (HHS).