

## Physician Compare Public Reporting Plan

This document is an overview of the Physician Compare public reporting plan, which was finalized in the 2012, 2013, 2014, 2015, and 2016 [Physician Fee Schedule \(PFS\) final rules](#). If a group practice or individual health care professional reports any of the measures designated as “available for public reporting” in the relevant PFS final rule, then the measure may be included on the Physician Compare website. Only those measures that meet the public reporting standards will be included on the website. The public reporting criteria require that the measures must be statistically valid and reliable, accurate, and comparable, have a minimum sample size of 20 patients, and resonate with consumers.

If the minimum threshold is not met for a particular measure, or the measure is otherwise deemed not to be suitable for public reporting, the group or individual’s performance rate on that measure will not be publicly reported. All measures submitted, reviewed, and deemed valid and reliable will be publicly reported via a downloadable database on [Data.medicare.gov](http://Data.medicare.gov). Only those measures that are deemed most useful and best understood by consumers will be included on Physician Compare profile pages. Group practices and individual eligible professionals will be given a 30-day preview period to view their measures as they will appear on Physician Compare prior to measure publication. ACOs will be able to preview their quality data via the ACO Quality Reports, which will be made available to ACOs for review at least 30 days prior to the start of public reporting on Physician Compare each year.

**Questions or feedback?** Email the Physician Compare Support Team at [PhysicianCompare@Westat.com](mailto:PhysicianCompare@Westat.com).

### Group Practice Measures

#### Group practice measures publicly reported in 2014

- Five 2012 Physician Quality Reporting System (PQRS) Group Reporting Option (GPRO) measures collected via the Web Interface were published for 66 group practices in **February 2014**.
  - Diabetes: High Blood Pressure Control.
  - Diabetes: Hemoglobin A1c Control (<8%).
  - Diabetes: Daily Aspirin or Antiplatelet Medication Use for Patients with Diabetes and Ischemic Vascular Disease.
  - Diabetes: Tobacco Non-Use.
  - Coronary Artery Disease: ACE-I/ARB Therapy – Diabetes or LVSD.
- Four 2013 PQRS GPRO measures collected via the Web Interface were published for 139 group practices in **December 2014**.
  - Diabetes: High Blood Pressure Control.
  - Diabetes: Hemoglobin A1c Control (<8%).
  - Diabetes: Daily Aspirin or Antiplatelet Medication Use for Patients with Diabetes and Ischemic Vascular Disease.
  - Coronary Artery Disease: ACE-I/ARB Therapy – Diabetes or LVSD.

## Group practice measures publicly reported in December 2015

- Fourteen 2014 PQRS GPRO measures collected via the Web Interface were published for approximately 275 group practices.
  - Preventive Care: Influenza Immunization.
  - Preventive Care: Pneumococcal Vaccination Status for Older Adults.
  - Preventive Care: Screening for Clinical Depression and Follow-Up Plan.
  - Preventive Care: Tobacco Use: Screening and Cessation Intervention.
  - Preventive Care: Body Mass Index (BMI) Screening and Follow-Up.
  - Preventive Care: Screening for High Blood Pressure and Follow-Up Documented.
  - Preventive Care: Breast Cancer Screening.
  - Preventive Care: Colorectal Cancer Screening.
  - Patient Safety: Medication Reconciliation.
  - Diabetes: High Blood Pressure Control.
  - Diabetes: Daily Aspirin or Antiplatelet Medication Use for Patients with Diabetes and Ischemic Vascular Disease.
  - Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD).
  - Coronary Artery Disease: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction.
  - Ischemic Vascular Disease: Use of Aspirin or another Antithrombotic.
- Eight 2014 Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS summary survey measures were published for approximately 290 group practices.
  - Getting timely care, appointments, and information.
  - How well health care professionals communicate.
  - Health promotion and education.
  - Patients' rating of doctors.
  - Care coordination.
  - Courteous and helpful office staff.
  - Between visit communication.
  - Stewardship of patient resources.

## Group practice measures available for public reporting in late 2016

- All 2015 PQRS GPRO measures collected via any reporting mechanism for groups of 2 or more EPs.
- Twelve 2015 CAHPS for PQRS summary survey measures.
  - Required for group practices of 100 or more EPs.
  - Optional for group practices of 25-99 EPs reporting via a certified CAHPS vendor.
  - Available summary survey measures:
    - Getting timely care, appointments, and information.
    - How well providers Communicate.
    - Patient's Rating of Provider.
    - Access to Specialist.
    - Health Promotion & Education.
    - Shared Decision Making.
    - Health Status/Functional Status.
    - Courteous and Helpful Office Staff.
    - Care Coordination.
    - Between Visit Communication.
    - Helping Your to Take Medication as Directed.
    - Stewardship of Patient Resources.

## **Group practice measures available for public reporting in late 2017**

- All 2016 PQRS GPRO measures collected via any reporting mechanism for groups of 2 or more EPs.
- All 2016 Qualified Clinical Data Registry (QCDR) measures.
  - Includes both PQRS and non-PQRS measures.
  - First year measures will not be reported.
- Twelve 2016 CAHPS for PQRS summary survey measures.
  - Available summary survey measures are the same as 2015.
- An item (or measure)-level benchmark derived using the Achievable Benchmark of Care (ABC™) methodology.

## **Individual Eligible Professional Measures**

### **Individual measures publicly reported in December 2015**

- Six 2014 PQRS individual EP measures collected via claims.
  - Preventive Care: Screening for Clinical Depression and Follow-Up Plan.
  - Preventive Care: Tobacco Use: Screening and Cessation Intervention.
  - Preventive Care: Body Mass Index (BMI) Screening and Follow-Up.
  - Preventive Care: Screening for High Blood Pressure and Follow-Up Documented.
  - Patient Safety: Medication Reconciliation.
  - Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD).

### **Individual measures available for public reporting in late 2016**

- All 2015 PQRS individual EP measures collected via registry, EHR, or claims.
- All 2015 Clinical Qualified Data Registry (QCDR) measures.
  - Includes both PQRS and non-PQRS measures.
  - First year measures will not be reported.
- Four individual EP 2015 PQRS measures in support of Million Hearts.
  - Ischemic Vascular Disease (IVD): Use of Aspirin or another Antithrombotic.
  - Preventive Care and Screening: Tobacco Use.
  - Controlling High Blood Pressure.
  - Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented.

### **Individual measures available for public reporting in late 2017**

- All 2016 PQRS individual EP measures collected via registry, EHR, or claims.
- All 2016 Qualified Clinical Data Registry (QCDR) measures
  - Includes both PQRS and non-PQRS measures.
  - First year measures will not be reported.
- An item (or measure)-level benchmark derived using the Achievable Benchmark of Care (ABC™) methodology.

## Accountable Care Organization (ACO) Measures

### ACO measures publicly reported in 2014

- Five 2012 Accountable Care Organizations (ACO) measures were published for 141 Medicare Shared Savings Program (Shared Savings Program) and Pioneer ACOs in **February 2014**.
  - Diabetes: High Blood Pressure Control.
  - Diabetes: Hemoglobin A1C Control (<8%).
  - Diabetes: Daily Aspirin or Antiplatelet Medication Use for Patients with Diabetes and Ischemic Vascular Disease.
  - Diabetes: Tobacco Non-Use.
  - Coronary Artery Disease: ACE-I/ARB Therapy – Diabetes or LVSD.
- Four 2013 ACO measures were published for 214 Shared Savings Program and 23 Pioneer ACOs in **December 2014**.
  - Diabetes: High Blood Pressure Control.
  - Diabetes: Hemoglobin A1c Control (<8%).
  - Diabetes: Daily Aspirin or Antiplatelet Medication Use for Patients with Diabetes and Ischemic Vascular Disease.
  - Coronary Artery Disease: ACE-I/ARB Therapy – Diabetes or LVSD.
- Four CAHPS for ACOs summary survey measures were publicly reported in **December 2014**.
  - Getting timely care, appointments, and information.
  - How well providers Communicate.
  - Patient's Rating of Provider.
  - Health Promotion & Education.

### ACO measures publicly reported in December 2015

- All 2014 Shared Savings Program and Pioneer ACO quality measure data.
  - Eighteen ACO measures across four domains.
    - Patient/caregiver experience.
    - Care coordination/patient safety.
    - At-risk population.
    - Preventive care.

### ACO measures available for public reporting in late 2016

- All 2015 Shared Savings Program and Pioneer ACO quality measure data.
  - Thirty-three ACO measures across four domains.
    - Patient/caregiver experience.
    - Care coordination/patient safety.
    - At-risk population.
    - Preventive care.