

Background Paper

Physician Compare Website: Redesign and Public Reporting Webinar Available January 7-14, 2013

Section 10331 of the Patient Protection and Affordable Care Act

Objectives

The objectives for the Redesign and Public Reporting Webinar are to allow the Centers for Medicare & Medicaid Services (CMS) to solicit input from stakeholders on the Physician Compare Website Redesign, scheduled for release in early 2013, and the plan for publicly reporting quality measures on the Physician Compare Website. Stakeholders will be able to access the webinar and supporting materials through a link provided on the CMS.gov [Physician Compare Initiatives](#) web page at any time beginning at 10:00AM e.s.t. on January 7, 2013 until 5:00PM e.s.t. on January 14, 2013. The pre-recorded webinar will include an overview and background on Physician Compare, a walkthrough of the redesigned website under development, a presentation on the public reporting plan, and a review of measures display concepts under consideration. Stakeholders can submit written feedback on the website, redesign, and public reporting plan from January 7 through January 14 at 5:00 p.m. e.s.t. We ask that feedback not exceed two, single-spaced pages and be submitted electronically to our Physician Compare team at PhysicianCompare@Westat.com. We greatly value all input. There will be no formal response provided. However, all will be taken into consideration, as feasible, for future releases of Physician Compare.

Background

Section 10331(a) of the Patient Protection and Affordable Care Act (Pub. L. 111–148, enacted on March 23, 2010) (the Affordable Care Act) requires by January 1, 2013, and with respect to reporting periods that begin no earlier than January 1, 2012, that CMS develop a plan for making publicly available through Physician Compare information on physician performance that provides comparable information on quality and patient experience measures. We have outlined a plan in the calendar year (CY) 2012 Physician Fee Schedule (PFS) final rule with comment period (76 FR 73417) and the CY 2013 PFS final rule (77 FR 69164) to add quality data to Physician Compare via a phased approach. Currently, the website features a Medicare provider directory and information about participation in CMS quality programs. With the inclusion of quality measures, Physician Compare will serve the two-fold purpose of:

- Providing reliable information for consumers to encourage informed patient choice; and
- Creating explicit incentives for physicians to maximize performance.

Since Physician Compare's inception in 2010, we have been enhancing and updating the website via quarterly public releases. With each release, we continually work to improve the usability and functionality of the website while introducing new website tools that can assist consumers in making informed healthcare decisions.

In an effort to maximize the potential of Physician Compare we are focusing efforts on a comprehensive redesign. The redesign offers an opportunity for us to make significant improvements to the current website. In particular, through the Physician Compare redesign, we will seek to address not only issues related to the website's core database but also its overall functionality and design. These improvements will better prepare Physician Compare for the inclusion of quality measures over the next few years and greatly improve site usability and functionality.

Physician Compare Website 2011 & 2012

CMS was required by Section 10331(a) of the Patient Protection and Affordable Care Act of 2010 to establish the Physician Compare website. To meet this mandate, we repurposed the Medicare.gov Healthcare Provider Directory into Physician Compare per the 2011 PFS Final Rule. Physician Compare was officially launched on December 30, 2010, using the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) as its underlying data source. In addition to providing basic contact and demographic information, the site also included information on eligible providers who satisfactorily reported in the Physician Quality Reporting System (PQRS) and successfully took part in the Electronic Prescribing (eRx) Incentive Program. Through a series of quarterly releases, we have worked to further improve the site by including additional information and features that enhance site usability and functionality. The goal of each release is to improve the site and to make information available to help users make informed healthcare decisions. Some of the key enhancements made to the website through April 2012 are briefly described below:

July 2011 Release

- Improved consistency across Medicare Compare websites
- Added eRx participation information
- Added links to eRx and PQRS eligible professional downloadable files and content

October 2011 Release

- Improved navigation, search, and general usability
- Added hospital affiliation data
- Updated to 2010 eRx and PQRS eligible professional downloadable files

January 2012 Release

- Redesigned search and profile pages, including search functionality and search filter options
- Improved look and feel and general usability of the site
- Worked to make specialty list more user-friendly
- Re-organized and improved content
- Added dedicated Physician Compare e-mail address

April 2012 Release

- Introduced the Group Practice Search Option and Group Practice Compare pages
- Added information regarding which professionals are accepting new Medicare patients

Physician Compare Website Redesign 2013

The goals of the Physician Compare Redesign include:

- Improving the accuracy and performance of the underlying database,
- Providing additional information that will help users make informed healthcare decisions,
- Improving functionality and usability, and
- Providing a robust foundation for the future inclusion of quality measures.

Through review of public comments on PFS proposed rules and communications from consumers and stakeholders, as well as stakeholder engagement and consumer testing efforts, we have heard the concerns of users and stakeholders and are working to address them, as feasible, with the redesign. One particular area of focus is data accuracy of basic information currently available on the site. In an effort to improve this, we are working to enhance the use of PECOS data by evaluating Medicare claims. Claims can help to ensure only the most current information is included on Physician Compare. This includes more accurate individual (National Provider Identifier (NPI) level) to group practice (Tax Identification Number (TIN) level) linkages, practice location information, and hospital affiliation information. However, PECOS will remain the primary, validated data source for the Physician Compare website, and thus it remains critical that physicians and other healthcare professionals keep their PECOS information current. The use of claims information will also help pare down the size of the current database, improving website performance.

We are also working to include additional information on the website that will help users make more informed decisions. Currently, general information is included on the website such as:

- Physicians' and other healthcare professionals' names, addresses, phone numbers, primary specialties, clinical training, and genders;
- Whether physicians and other healthcare professionals write or speak languages other than English;
- Hospital affiliation for physicians and other healthcare professionals; and
- Whether physicians and other healthcare professionals accept the Medicare Assignment.

We are looking to add information on Board Certification and secondary specialties. In addition, we are looking to refine practice location information, hospital affiliation information (including linking to Hospital Compare), and are evaluating how to best assess the dynamic information on whether a physician is currently accepting new patients.

In an effort to improve usability and address concerns about the current functionality of the site, we are looking to institute a more intelligent search functionality for the redesign. At this time, a user must:

1. Enter a location in the form of a zip code or city/state combination;
2. Choose to search for a physician, other healthcare professional, or group practice; and
3. Select a specialty from a drop-down menu.

The redesign will allow users to:

- Search by zip code or city/state combination OR an exact street address or landmark
- Enter a specialty by name
- Search by healthcare professional name, without needing to know specialty
- Search by condition, body part, or other keyword to receive specialty suggestions
- Search for Group Practices by name OR specialty

The new location functionality, the removal of the specialty drop-down list, and the ability to search by name and location only will make searches more precise and user friendly. And, the more intelligent search will make searching easier for users who are not sure what type of physician or other healthcare professional they wish to see.

During the webinar, we will provide an opportunity to view the redesigned site in progress. We seek feedback on the redesign. Some questions on which we seek input include:

1. How can we continue to work to improve the quality, currency, and accuracy of the general information included on the website?
2. What are stakeholders' impressions of the website redesign look and feel?
3. What considerations, if any, should we make regarding the new search functionality?
4. What other content should we consider adding to the website?
5. What additional recommendations, if any, should we consider to verify information displayed on the site?

Public Reporting on Physician Compare

One primary goal of the Physician Compare Redesign is to provide a robust foundation for the future inclusion of quality measures. The Affordable Care Act (ACA) requires that the measures for public reporting of physician performance include, to the extent practicable, the following:

- Measures collected under the Physician Quality Reporting System;
- An assessment of patient health outcomes and the functional status of patients;
- An assessment of the continuity and coordination of care and care transitions, including episodes of care and risk-adjusted resource use;
- An assessment of efficiency;
- An assessment of patient experience and patient, caregiver and family engagement;
- An assessment of the safety, effectiveness and timeliness of care; and
- Other information as determined appropriate by the Secretary.

ACA further requires us, to the extent practicable, to consider the following:

- Processes to assure that data made public is statistically valid and reliable, including risk adjustment methodology;
- Processes by which a physician or other eligible professional has a reasonable opportunity to review his or her individual results before they are made public;
- Processes to assure that the data made available to the public provide a robust and accurate portrayal of a physician's performance;
- Data that reflects the care provided to all patients by the physician under both the Medicare program and, to the extent practicable, other payers;
- Processes to ensure appropriate attribution of care;
- Processes to ensure timely statistical performance feedback;
- Implementation of computer and data systems to support valid, reliable and accurate public reporting activities.

Consistent with Section 10331(a) of the Affordable Care Act, CMS will phase in quality measures on Physician Compare over the next several years. The 2012 PFS Final Rule provided the first step – the ability to add 2012 PQRS Group Practice Reporting Option (GPRO) data to the website no earlier than 2013, if feasible, for both group practices and Accountable Care Organizations (ACOs). To continue to satisfy the Affordable Care Act mandate, we are working to identify additional data sources for Physician Compare. The 2013 PFS Final Rule built on this with decisions to add additional measures.

Specifically, the 2013 PFS Final Rule called out both administrative data and quality measures:

- Administrative Data
 - Currently, Physician Compare indicates eligible professionals who satisfactorily report in PQRS and successfully take part in the eRx Incentive Program
 - The 2013 Rule finalized adding indicators for eligible professionals who participate in the Million Hearts™ Initiative, the Electronic Health Records (EHR) Incentive Program, and the PQRS Maintenance of Certification Program Incentive
- Quality Measures
 - 2013 PQRS GPRO and ACO GPRO measures
 - Composite scores for PQRS GPRO Diabetes Mellitus (DM) and Coronary Artery Disease (CAD), posted no earlier than 2014
 - Patient Experience of Care Measures, no earlier than 2014 for 2013 PQRS GPRO participants and Medicare Shared Savings Program (MSSP) ACOs
 - Measures collected by approved and vetted specialty societies (specific measures to be decided in future rule making)
 - Additional claims-based process, outcome, and resource use measures, aligning with measures selected for the Value-Based Modifier (VBM)
 - 2014 PQRS and VBM measures for individual professionals, targeted for posting in 2015, if technically feasible

The way in which the measures are publicly reported on Physician Compare is as important as which ones are reported. For that reason, CMS will share during the webinar initial considerations regarding display of the first set of measures proposed for Physician Compare – 2012PQRS GPRO and ACO GPRO measures and 2013 PQRS GPRO and ACO patient experience of care measures.

We seek input on the following questions:

1. What are stakeholders' impressions of the proposed display of GPRO and patient experience measures?
2. Are there particular considerations for measure display we should take into account?
3. How might comparative data be displayed on Physician Compare?
 - a. What types of data should be considered comparable and at what level (e.g. individual measure and/or measure group)?
 - b. Are there particular data types that we should consider not including in the comparison function?
 - c. Are there special considerations we should potentially take into account regarding comparison data for particular specialties and/or particular data types?

Links to Useful Physician Compare Resources

Physician Compare Homepage

<http://www.medicare.gov/find-a-doctor/provider-search.aspx>

Physician Compare Initiative Page

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/physician-compare-initiative/index.html>

Provider Enrollment, Chain, and Ownership System (PECOS) – Log in

<https://pecos.cms.hhs.gov/>

Physician Quality Reporting System (PQRS) Incentive Program

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>

Electronic Health Records (EHR) Incentive Program

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms>

Electronic Prescribing (eRx) Incentive Program

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/index.html?redirect=/ERxIncentive/06_E-Prescribing_Measure.asp

Maintenance of Certification (MOC) Incentive Program

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Maintenance_of_Certification_Program_Incentive.html

Million Hearts Incentive Program

<http://millionhearts.hhs.gov/health-officials.html>

Accountable Care Organizations (ACOs)

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html>

Acronyms

ABMS – American Board of Medical Specialties

ACA – Affordable Care Act

ACO – Accountable Care Organizations

CAD – Coronary Artery Disease

CG CAHPS - Clinician and Group Consumer Assessment of Healthcare
Providers and Systems

CMS – Centers for Medicare and Medicaid

CY – Calendar Year

DM – Diabetes Mellitus

EHR – Electronic Health Records

eRx – Electronic Prescribing

GPRO – Group Practice Reporting Option

MSSP – Medicare Shared Savings Program

MOC – Maintenance of Certification

NPI – National Provider Identifier

PAR – Medicare Participating Physician Agreement

PECOS – Provider Enrollment, Chain, and Ownership System

PQRS – Physician Quality Reporting System

PY – Program Year

TIN – Tax Identification Number