What's New with Physician Compare?

Webinar and Q&A session

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Acronyms in this Presentation

- **ABC^{TM}** – Achievable Benchmark of Care
- **ACO** – Accountable Care Organization
- **APM** – Alternative Payment Model
- **CAHPS** – Consumer Assessment of Healthcare Providers and Systems
- **MIPS** – Merit-based Incentive Payment System

- **PECOS** – Provider Enrollment, Chain, and Ownership System
- **PFS** – Physician Fee Schedule
- **PQRS** – Physician Quality Reporting System
- **QCDR** – Qualified Clinical Data Registry
- **TEP** – Technical Expert Panel
- **TIN** – Taxpayer Identification Number

Agenda

- Overview of Physician Compare

- Performance information added in December 2017

- Upcoming additions to the website

- Q&A

Housekeeping

- Question & answer
  - Raise your hand
  - Type a question

- Questions? Contact us at PhysicianCompare@Westat.com.
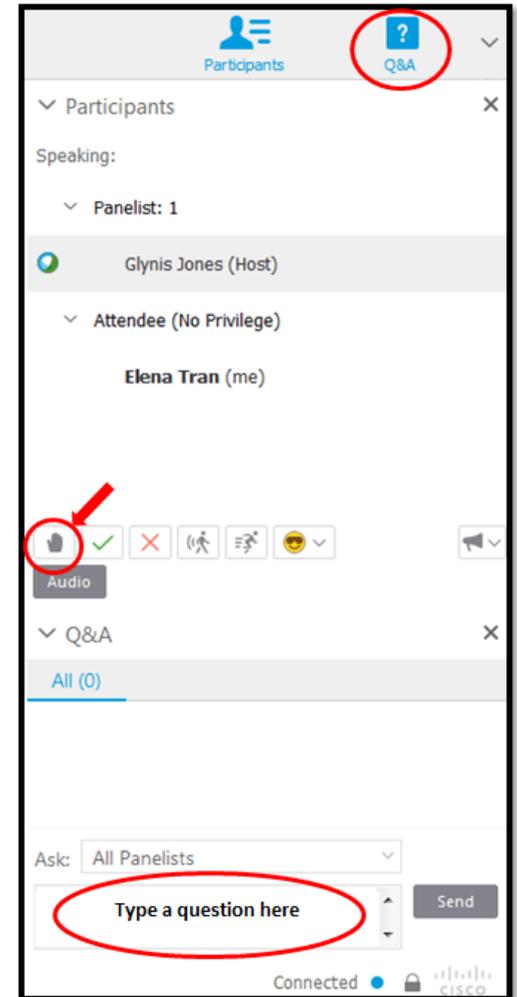
Physician Compare Overview

Background

Helps people with Medicare make informed decisions

Incentivizes clinicians to maximize performance

Criteria to Be Listed on Physician Compare

Clinicians must:

- ✓ Be in approved status in PECOS
- ✓ Provide at least one practice location address
- ✓ Have at least one specialty noted in PECOS
- ✓ Have submitted a Medicare fee-for-service claim or be newly enrolled in PECOS within the last 6 months

Groups must:

- ✓ Be in approved status in PECOS
- ✓ Have a valid practice location address
- ✓ Have submitted a Medicare fee-for-service claim or be newly enrolled in PECOS within the last 6 months
- ✓ Have a legal business name
- ✓ Have at least two active Medicare health care professionals reassign their benefits to the group's TIN

General Information

	Clinicians	Groups	ACOs
Name	✔	✔	✔
Addresses and phone numbers	✔	✔	
Medical specialties	✔	✔	
Medicare assignment status	✔	✔	
Board certifications	✔		
Education and residency	✔		
Gender	✔		
Group affiliation	✔		
Hospital affiliation	✔		
Affiliated clinicians		✔	
ACO affiliation		✔	
Website URL			✔

General Information Sources

PECOS

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

Claims Data[1]

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

Board Certifications

- American Board of Medical Specialties
- American Osteopathic Association
- American Board of Optometry
- American Board of Wound Medicine and Surgery

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

Keep Your Information Updated

- Make sure your information is up-to-date in Internet-based PECOS.
  - It can take up to 2 to 4 months for changes in PECOS to be reflected on Physician Compare.

- Visit the Physician Compare Initiative page to learn more about which information can be updated via PECOS, and which data can be updated by contacting the Physician Compare support team.

- If you have additional questions about updating your listing on Physician Compare, contact us at PhysicianCompare@Westat.com.
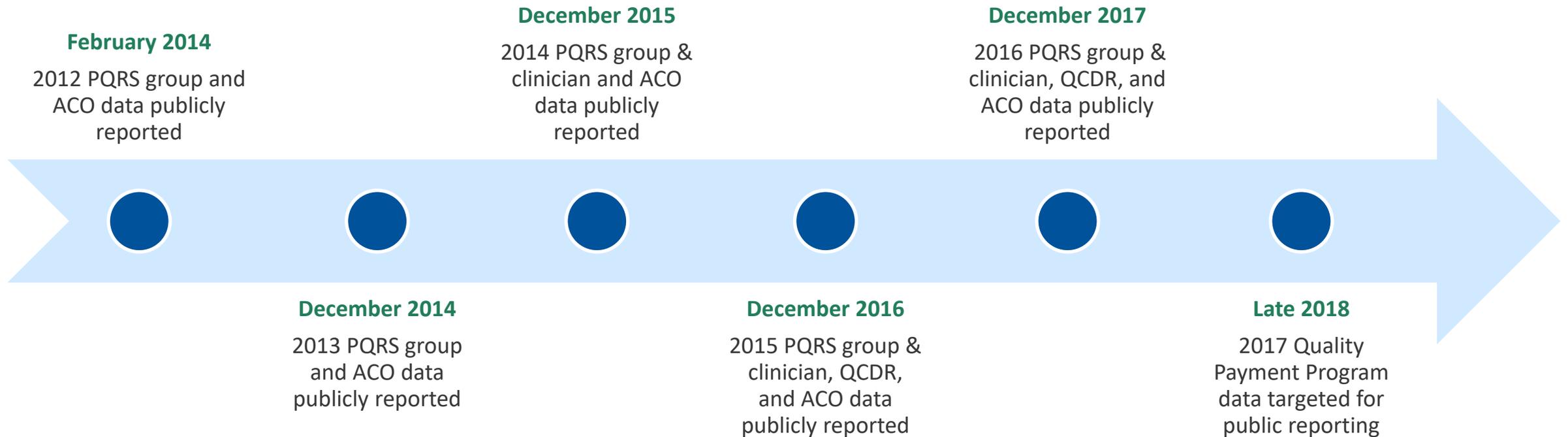
Physician Compare Live Demo

Visit www.medicare.gov/PhysicianCompare to explore the site on your own.

Performance Information added in December 2017

Performance Information

February 2014

2012 PQRS group and ACO data publicly reported

December 2014

2013 PQRS group and ACO data publicly reported

December 2015

2014 PQRS group & clinician and ACO data publicly reported

December 2016

2015 PQRS group & clinician, QCDR, and ACO data publicly reported

December 2017

2016 PQRS group & clinician, QCDR, and ACO data publicly reported

Late 2018

2017 Quality Payment Program data targeted for public reporting

Available for Public Reporting

- The following data were available for public reporting in December 2017 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 2015 utilization data (clinician)

Public Reporting Standards

- Measures that are available for public reporting and meet public reporting standards may be publicly reported on Physician Compare profile pages and/or the Downloadable Database.

  - All measures must be statistically valid, reliable, accurate, and comparable across submission mechanisms, and meet the minimum reliability threshold to be included in the Physician Compare Downloadable Database.

  - To be included on profile pages, measures must also prove to resonate with patients and caregivers.

Reporting Measures on Profile Pages

- 2016 performance information was added to group, clinician, and ACO profile pages in December 2017.

Measure type	# of measures
2016 group PQRS measures reported as star ratings	15
2016 group CAHPS for PQRS summary survey measures reported as top-box scores	8
2016 non-PQRS QCDR group and clinician measures reported as performance scores	32
2016 ACO measures reported as performance scores	9
2016 CAHPS for ACO summary survey measures reported as average (mean) scores	5

- Visit the Physician Compare Initiative page to view a list of measures publicly reported on profile pages.

Group Profile Page PQRS Measures

Measure #	Plain Language Measure Title[1]	Reporting Mechanism
PQRS 6	Giving antiplatelet blood thinners to patients with heart disease.	Registry
PQRS 47	Older patients who have an advanced care plan or someone to help make medical decisions for them when they can't.	Registry
PQRS 48	Evaluating loss of bladder control in older women.	Registry
PQRS 51	Spirometry evaluations in patients with COPD.	Registry
PQRS 110	Getting a flu shot during flu season.	Web Interface
PQRS 111	Making sure older adults have gotten a pneumonia vaccine.	Web Interface
PQRS 113	Screening for colorectal (colon or rectum) cancer.	Web Interface
PQRS 117	Eye exam for patients with diabetes.	Web Interface
PQRS 128	Screening for an unhealthy body weight and developing a follow-up plan.	Web Interface
PQRS 134	Screening for depression and developing a follow-up plan.	Web Interface
PQRS 226	Screening for tobacco use and providing help quitting when needed.	Registry
PQRS 238.1	Limiting high-risk medicine use in older adults.	Registry
PQRS 318	Screening older patients' risk of falling.	Web Interface
PQRS 412	Signed opioid treatment agreements for patients that are prescribed opioids.	Registry
PQRS 438	Giving statin therapy to patients at risk for cardiovascular problems.	Web Interface

[1] Plain language measure titles are used on Physician Compare profile pages to allow patients and caregivers to more easily understand the information. Visit the Physician Compare Initiative page to review the PQRS technical titles.

Group Profile Page CAHPS for PQRS Measures

Measure #	Plain Language Measure Title[1]
CAHPS 1	Getting timely care, appointments, and information.
CAHPS 2	How well clinicians communicate.
CAHPS 5	Health promotion and education.
CAHPS 3	Patients' rating of clinicians.
CAHPS 8	Courteous and helpful office staff.
CAHPS 9	Clinicians working together for your care.
CAHPS 10	Between visit communication.
CAHPS 12	Attention to patient medicine cost.

[1] Plain language measure titles are used on Physician Compare profile pages to allow patients and caregivers to more easily understand the information. Visit the Physician Compare Initiative page to review the CAHPS for PQRS technical titles.

Reporting Measures in the Downloadable Database

- The 2015 Downloadable Database is available at Data.Medicare.gov.

- The 2016 Downloadable Database is targeted for release after the conclusion of the Informal Review process (late spring/ early summer 2018).

- The primary audience is clinicians, group representatives, and third-party data users.

- Visit the Physician Compare Initiative page to view information that will be publicly reported in the Downloadable Database.

Physician Compare Star Ratings

Moving to a Star Rating

2014	**Jul. 2014 –** 2015 Physician Fee Schedule (PFS) proposed rule **Aug. 2014 –** Physician Compare Technical Expert Panel (TEP) **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 **Dec. 2017 –** Star ratings added to profile pages (15 group PQRS measures)

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Physician Compare Star Ratings

- Measure-level star ratings are currently available for fifteen (15) 2016 group PQRS measures.

- The 5-star rating cut-off is determined using the Achievable Benchmark of Care™ (ABC) methodology. 1- to 4-star ratings are attributed using the equal ranges method. The resulting star ratings:

  - Represent an achievable standard of quality and reflect actual performance on the measure.

  - Work well with the data available for public reporting on Physician Compare.

  - Provide a point of comparison to help patients and caregivers interpret the performance information published on Physician Compare.

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**

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Equal Ranges Method

lowest performance score

2-star cut-off

3-star cut-off

4-star cut-off

5-star cut-off (ABC™ Benchmark)

≥ ABC™ Benchmark

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.

Upcoming Additions to Physician Compare

Quality Payment Program on Physician Compare

- 2017 Quality Payment Program data are available for public reporting on Physician Compare profile pages and the Downloadable Database in late 2018.

- Data must meet the established public reporting requirements to be included on Physician Compare.
  - Data must be statistically valid, reliable, and accurate; be comparable across submission mechanisms; and, meet the minimum reliability threshold.
  - To be included on the public-facing profile pages, data must also resonate with website users.

Merit-based Incentive Payment System (MIPS) on Physician Compare

- The following 2017 MIPS data are *available for public reporting*[1] for clinicians and groups in late 2018:
  - Quality
  - Improvement Activities
  - Advancing Care Information
  - Cost
  - Final Score
- Aggregate MIPS information will be periodically publicly reported.

[1]Although data are considered *available for public reporting*, not all data will be publicly reported. The Physician Compare support team will share more information about what will be publicly reported as it becomes available.

Alternative Payment Models (APM) on Physician Compare

- Beginning in late 2018, Physician Compare is targeting to publicly report information about Advanced APMs and Shared Savings Program ACOs, including:
  - APM names and measure performance, and
  - Name of clinicians/groups affiliated with APMs.
- Physician Compare will link clinicians and groups to APM profile pages, as technically feasible.

Board Certification

- A proposal to add additional board certification data was finalized in the Quality Payment Program Year 2 Rule.

- Boards that are interested in being added to Physician Compare must:
  - Fill a gap in currently available information on Physician Compare,
  - Be able to make the necessary data available, and
  - Make arrangements and enter into agreements to share the needed information, if necessary.

- Boards should email the [Physician Compare support team](#) to indicate their interest and initiate the review and discussion process.

Future Rulemaking Items

- In the Quality Payment Program Year 2 proposed rule, CMS and the Physician Compare support team sought comment on:

Patient experience narrative data

Stratification by social risk factors

- CMS and the Physician Compare support team will take the feedback into consideration for possible inclusion in future rulemaking.

Next Steps

- The Physician Compare support team will share more information about what will be publicly reported as it becomes available.

- Interested in providing input on the future of Physician Compare? Let's continue our ongoing conversation on public reporting, star ratings, and Physician Compare. Email the Physician Compare support team at PhysicianCompare@Westat.com.

- [Sign up](#) to receive the Physician Compare eNews.

Q&A Session

- ## To ask a question
  - Raise your hand
  - Enter a question in the chat box

- ## Questions?
  - Contact Physician Compare at PhysicianCompare@Westat.com
  - Contact the Quality Payment Program Service Center at 1-866-288-8292 (TTY:1-877-715-6222) or QPP@cms.hhs.gov
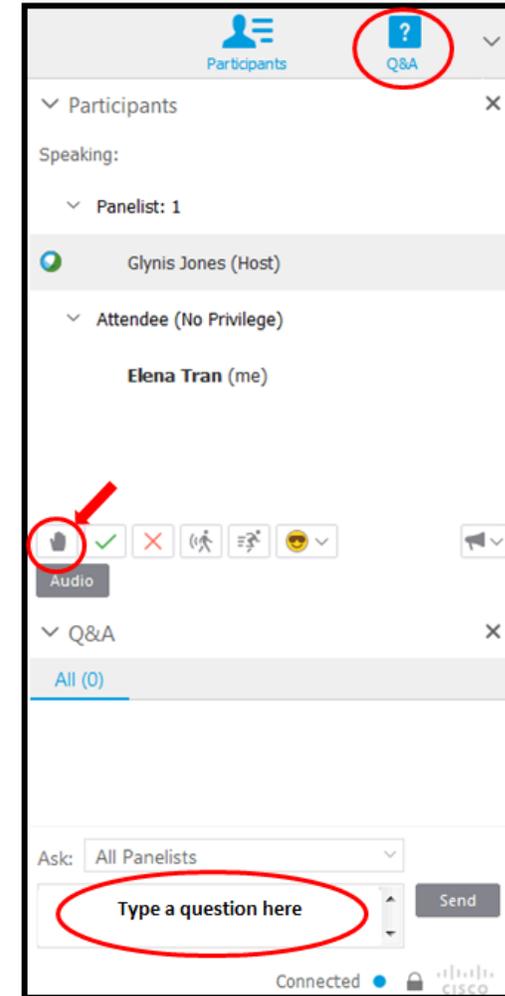
For More Information

- 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.

Resources

- [Physician Compare Initiative page](#)
- [Downloadable Database](#)
- [Quality Payment Program](#)
- [CY 2017 Quality Payment Program Final Rule](#)
- [CY 2018 Quality Payment Program Final Rule with Comment Period](#)

Contact Information

- Physician Compare support team – PhysicianCompare@Westat.com

- QualityNet Help Desk– 866-288-8912, TTY: 877-715-6222, qnetsupport@hcqis.org

- Quality Payment Program Service Center – 1-866-288-8292, TTY: 1-877-715-6222, or   QPP@cms.hhs.gov