

Quality Payment Program Performance Information Published
on Physician Compare
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Angela: Good afternoon, everyone, and welcome to today's webinar to discuss Quality Payment Program Performance Information Published on Physician Compare. I'm Angela Foster, Health Insurance Specialist located in the Division of Electronic and Clinician Quality in the Quality Measurement and Value Based Incentives Group or QMVG, which is in the Center for Clinical Standards and Quality here at the Centers for Medicare and Medicaid Services, or CMS. QMVG is responsible for evaluating and supporting the implementation of quality measure programs. These programs aim to assess healthcare quality in a broad range of settings such as hospitals, clinicians' offices, nursing homes, home health agencies, and dialysis facilities. Our group actively works with many stakeholders to promote widespread participation in the quality measurement, development, and consensus process. I'll also be joined today by two members of the Physician Compares Support Team, Lisa Lentz and Allison Newsom. Next slide please.

The purpose of today's presentation is to give a brief overview of Physician Compare, share information about the public reporting of the Merit-based Incentive Payment system or MIPS, and Alternative Payment Models, often as APMs, and discuss the Physician Compare measures release of 2017 performance information. During the last half of the presentation you will have a chance to ask questions. I will now pass the presentation over to Lisa Lentz. Lisa?

Lisa: Great. Thank you, Angela, and good afternoon everyone. Just a few notes before we get started. The slides for today's presentation will be posted on the Physician Compare initiative page within the next week, so we will urge you to check back on that website and we'll share the link for that later in the presentation, if you would like a copy of today's slides. And then also as Angela mentioned, we will have a Q and A session at the end. However, throughout the presentation you may enter a question into the Q and A box and we'll queue those up at the end.

So before we dive into the 2017 measures release, I'd like to give just a brief background and overview of Physician Compare. Physician Compare is a website that lists information about clinician group and Accountable Care Organizations, or ACOs. Physician Compare's overarching goals include helping people with Medicare make informed healthcare decisions, and incentivizing clinicians and groups to maximize their quality performance.

Frequently we get questions about who is on Physician Compare. To be listed on Physician Compare both clinicians and groups must be approved and the Provider Enrollment Chain and Ownership System or PECOS, which is the sole verified source of Medicare provider information, have at least one practice location address, and in the last six months have submitted a Medicare fee for service claim or be

newly enrolled in PECOS. Additionally, clinicians must have at least one specialty listed in PECOS. For group practices, they must have a legal business name and at least two active Medicare clinicians that have reassigned their benefits to the group's Taxpayer Identification Number or TIN.

For both clinicians and groups we display on Physician Compare: name, address, phone number, medical specialties, Alternative Payment Model, or APM affiliation, and Medicare assignments status. That is whether or not a clinician accepts the Medicare approved payment amounts. Additionally, for just clinicians, but not groups, we display board certifications, education, and residency, gender, and their group and hospital affiliation if applicable. For groups, we also have information about affiliated clinicians, meaning those clinicians that practice as a part of that group. The affiliated clinicians determine the groups specialties listed on their page.

I also want to note that the ACO affiliation, where applicable, is noted on the group pages. However, ACO affiliation is not noted at the individual clinician level. For the ACOs we have a bit more basic information on Physician Compare than we do for clinicians and groups, and this is because we're able to link directly to the ACO web pages.

Sometimes we get questions from clinicians and groups about why certain information show on the Physician Compare profile page. And since that PECOS is the primary source for much of our general information, it's very important to keep that up to date. If you are a clinician and do make a change to your information in PECOS, please note that it could take two to four months for such changes to then appear on Physician Compare. The Physician Compare initiative page hyperlinked here on the slide has more information about which fields are PECOS driven, as well as under which circumstances you should contact the Physician Compare support team for other updates.

Okay. Now we'd just like to go over a bit of the history of publicly reporting performance information on Physician Compare before talking about the most recent updates. We began publicly reporting performance information with the subset of 2012 ACO measures and group level Physician Quality Reporting System, or PQRS measures. Since that time, we have on an annual basis, publicly reported a subset of the previous year's performance data as part of our continued phased approach to public reporting.

For example, in December, 2015 we publicly reported 2014 data for groups in ACOs. In addition to publicly reporting the group and ACO level data, this was also the first time we added in clinician level data. And then in 2016 we continued with our phased approach, adding to that measurement set the public reporting of Qualified Clinical Data Registry, or QCDR information. And then in December, 2017 we added 2016 performance information, and this was our first time also reporting star ratings for a subset of the 2016 group level PQRS measures. And then most recently we added Year 1 Quality Payment Program, or QPP 2017 performance information.

So now we'll discuss in a bit more detail the 2017 QPP performance information that was available for public reporting. And then from that information what is currently publicly reported on the website. So CMS is required by law to implement the Quality Payment Program. And I want to start here so that we can relate QPP to what we are publicly reporting at this time. So just for a bit of background, there are two tracks under QPP. The Merit-based Incentive Payment System, or MIPS, and advanced Alternative Payment Models, or advanced APMs. These two tracks influences what is available for public reporting on Physician Compare.

In MIPS, performance is measured through the data clinicians and groups report in four areas: Quality, Cost, Improvement Activities, and Advancing Care Information. I do want to note that Advancing Care Information is now called the Promoting Interoperability performance category, but because we are talking about Year 1 of QPP today, we are referring to this using the Year 1 name which was Advancing Care Information. And then moving over to the other side, the advanced Alternative Payment Models. These are payment approaches that give added incentive payments to participants for providing high quality and cost efficient care. These APMs can apply to a specific clinical condition, a care episode, or a population. Advanced APMs have separate measure reporting criteria for MIPS, and we'll discuss the public reporting implications of this shortly.

So now to relate the two QPP tracks, MIPS, and advanced APMs to Physician Compare. First I want to note that Physician Compare draws its operating authority from two laws. Section 10331(a)(1) of the Affordable Care Act, or ACA. And two, Section 1848 (q)(9)(a) and (D) of the Medicare Access And Chip Reauthorization Act, or MACRA. Under the ACA, CMS established that Physician Compare website and implemented a phased approach to public reporting. MACRA provided further authority that now requires Physician Compare to publicly report MIPS eligible clinicians' final scores, MIPS eligible clinicians' performance under each performance category, the names of eligible clinicians and advanced APMs, and to the extent feasible performance of such advanced APMs. And finally, aggregate information on MIPS, including the range of final and performance category scores for all MIPS eligible clinicians. And the aggregate information is required to be publicly reported on a periodic basis.

So now to go a bit deeper into each of the MIPS performance categories with respect to public reporting. So 2017 MIPS data, just to recap, is available for public reporting under the QPP Year 1 final rule: Quality, Advancing Care Information, Improvement Activities, and Cost. I want to note in particular that although data are designated as available for public reporting, not all of the data is actually publicly reported. This is because data has to be evaluated against our established public reporting standards. I also wanted to note that performance information in the Cost performance category are not reported in Year 1 since they do not meet our public reporting standards for Year 1. And aggregate MIPS information, although it will be periodically publicly reported, they are not publicly reported for Year 1.

And now for the APMs on Physician Compare. If applicable, individual clinician profile pages will have an indicator that they participated in one of 12 APMs that are not ACO APMs, and we'll list these 12 on a later slide. Physician Compare links group profile pages to selected Medicare Shared Savings Program and Next Generation ACO profile pages as applicable. And I just want to reiterate something I did mention on a previous slide and that is ACO affiliation indicators are on group profile pages only. There are no ACO affiliation indicators on individual clinician profile pages.

Okay. So then let's talk about that connection between what is available for public reporting versus what is actually publicly reported at this time. The data currently available for public reporting came from the 2017 QPP, which is the first year of the Quality Payment Program. From there we took the available data and evaluated them against our public reporting standards. Specifically, the data must be statistically valid, reliable, and accurate, comparable across submission mechanisms, and meet the minimum reliability threshold. And then to be included on the public facing profile pages, data must also resonate with the website's primary audience, which is patients and caregivers. And this is determined through user testing. Measures available for public reporting and that meet these public reporting standards may be reported on Physician Compare profile pages and/or in the downloadable database. I want to also just note that first year measures, meaning measures used for the very first time, are not publicly reported on Physician Compare.

This slide gives a bit of a recap of what we just went over and shows it a bit in a visual way, and then also just dives into bit more detail on the information available for public reporting within each of the areas we've talked about so far. So in the quality performance category, we have the MIPS quality measures, QCDR measures, CAHPS for MIPS measures, and then the quality performance category score as available for public reporting. Under the advancing care information performance category, the transition measures, attestations, and ACI performance category score were available. However, the non-transition measures were not available as these were deemed first year measures. Under improvement activities, the performance category score was available. Again, the actual improvement activities themselves were considered first year and unavailable for public reporting.

And then to reiterate on the cost performance category, this information did not meet public reporting standards for Year 1, so therefore they were not available for Year 1 public reporting. And then finally the MIPS final scores are required by law to be published on Physician Compare. Moving over to the advanced APM side. We have the APM affiliation requirement that we're fulfilling. And in terms of APM performance information, at this time for Year 1 only the Medicare Shared Savings Program and Next Generation ACO performance information were available for public reporting.

So now that I've talked a bit about what was available for public reporting, I'm going to pass things over to my colleague, Allison, who will talk about which information was published in our 2017 Performance Information Measures release.

Allison: Thanks, Lisa. So I'll start things off by talking broadly about where the 2017 MIPS performance information is being publicly reported. At the measure level, for Year 1, only measures from the quality performance category are publicly reported on both profile pages and in the Physician Compare downloadable database. Also at the measure level, we have some advancing care information transition measures and attestations that are publicly reported. These are only publicly reported in the downloadable database. They are not publicly reported on profile pages. For the improvement activities category, all of the individual activities are considered to be first year measures and therefore are not being publicly reported on either profile pages or in the downloadable database.

Lastly, all of the 2017 final scores and performance category scores are publicly reported in the downloadable database, with the exception of the cost category score, which is not being publicly reported at this time. I do want to point out, as you can see at the bottom of this table, that a subset of the 2016 utilization data were added to the Physician Compare downloadable database.

Continuing on, I'll move into how the information is publicly reported on Physician Compare. As you can see, quality and advancing care information are displayed on the profile pages. Quality is shown using either star ratings or percentages depending on the specific type of quality measure, which we'll get into a bit more in the coming slides. For advancing care information, we show participation in that category on the profile pages, which is indicated with a check mark and accompanying text. The additional information is shown in the Physician Compare downloadable database.

Specifically, for MIPS quality measures, we're publicly reporting a subset of group quality measures, on group profile pages using star ratings. And part of our phased approach to public reporting we publicly are reporting a similar set of group quality measures as star ratings as we did under the legacy program. On this slide you can see an example of the current quality measure display on Physician Compare. To walk through this, what you're looking at is a plain language measure title and plain language description. We use plain language instead of the technical language because we've seen that this is what resonates best with Medicare patients and their caregivers. If you're interested in a crosswalk between the technical titles and the plain language that is used on the slide you can find that on the Physician Compare Initiative page.

You can also see on this slide an example of what the star ratings look like. There can be either one, two, three, four, or five stars for the quality measures. If you're interested in knowing more about the star ratings, that information is available on the Physician

Compare Initiative page as well and the benchmark and start reading fact sheet.

I'll give you a quick overview now though of how we calculate the measure level star ratings. To do this, we use the Achievable Benchmark of Care, or ABC method, to determine five star performance for each measure. Then we use the equal range method to attribute one to four star ratings for each measure. Some of the pros of this approach are that they represent an achievable standard of quality and reflect actual performance on a measure. This method also works well with the data available for public reporting on Physician Compare. Finally, star rating helps to provide a point of comparison so that patients and caregivers are able to interpret the performance information that we publicly report.

This slide walks through how we calculate the measure level of benchmark, which is again shown on group profile pages. It can be a little bit in the weeds, so I'll do my best to keep things understandable. You're always welcome to refer back to these slides once they're posted on the initiative page or to reference the fact sheet that I previously mentioned.

The ABC method starts with the pared-mean. This is the average of the best performers on a measure for at least 10% of the patient population, not the population of reporters. This is then the top 10% of all patients measured who got the best care on a specific measure. Step one of the ABC method is to rank order groups from highest to lowest performance score to find the pared-mean. In step two we create a subset of groups by selecting the best performing groups until we have selected enough of them to represent at least 10% of all patients eligible for that measure.

In steps three and four we calculate the benchmark by dividing the high scoring subset of patients by the total number of patients measured by the top performing subset of groups. This produces a benchmark that represents the best care provided to the top 10% of patients. And again, once we've established that benchmark that then becomes the five star rating cutoff for a given measure. And then we use the equal range of method to assign one to four stars. I do want to point out that the benchmark must meet our public reporting standards to be included on Physician Compare. The benchmark is only applied to measures which have been deemed valid and reliable and that are reported by enough groups to produce a valid result.

In addition to the MIPS quality data, Qualified Clinical Data Registry, or QCDR measures, are also reported on Physician Compare. For these measures both clinicians and groups may have them publicly reported on their profile pages. The QCDR measures are reported as percent performance scores, which is how they were reported in previous years. This is consistent with our phased approach to public reporting. Here on the screen you can see an example of what a QCDR measure looks like on Physician Compare. It looks similar to the MIPS quality measures in that it's publicly reported using the plain

language title and plain language description. And here you can see the percent performance score instead of the star ratings.

Additionally, under the quality category, groups may also have CAHPS for MIPS summary survey measures available for public reporting on their profile pages. These measures are reported as top box percent scores. These performance scores represents the percentage of patients who reported the most positive responses. More information about top box scores is provided by the Agency for Healthcare Research and Quality, or AHRQ, and the guide linked to at the bottom of this slide. This is consistent with how measures were reported in previous years under the legacy program. It's also consistent with how we have tested the measures and we found that it works really well to help Medicare patients and their caregivers understand the CAHPS for MIPS measures.

On this slide we've listed out the eight CAHPS for MIPS summary survey measures that are publicly reported on Physician Compare. On this slide we've used the technical measure titles, but again the Physician Compare Initiative page has a crosswalk between the technical titles and the plain language titles and description. One other note about the Physician Compare Initiative page is that there are documents that list the specific MIPS quality and QCDR measures that are publicly reported as well.

Moving along to the Advancing Care Information category. 2017 ACI measures are reported in the Physician Compared downloadable database. The transition measures, or measures that used the 2013 Certified Electronic Health Record Technology, are publicly reported in the downloadable database if they met the public reporting standards. 2017 measures that use the 2015 Certified Electronic Health Record Technology are considered to be first year measures and are not publicly reported at this time. In addition to the measures on the profile pages, there is also an indicator, a green check mark and accompanying text for clinicians and groups who successfully submitted 2017 ACI information. And you're able to see an example of that indicator on the screen below.

The next category, Improvement Activities, is not publicly reported on profile pages. That's because all of the 2017 performance year improvement activities are considered to be first year activities and are not available for public reporting. However, while the individual activities are not publicly reported on profile pages, the 2017 improvement activities performance category score is publicly reported for clinicians and groups in the Physician Compare downloadable database. In future years all improvement activities will be available for public reporting.

The last of the measure performance categories is Cost. We're not publicly reporting 2017 cost data as they do not meet the established public reporting standards. However, the Physician Compare team is continuing to evaluate ways to publicly report this performance category in future years.

As previously mentioned, Quality, Advancing Care Information, and Improvement Activities performance category scores are publicly reported in the Physician Compare's downloadable database. Final score information is also publicly reported in the downloadable database. At this time we are not publicly reporting any aggregate data but are looking at ways to do that in the future.

Now I'm going to switch gears a bit and talk about Alternative Payment Models, or APMs. Group who participated in Next Generation or Medicare Shared Savings Program ACOs have an indicator on their profile pages noting their participation in these models. On this slide is an example of what that indicator looks like. This is for groups only and will only show up on group profile pages. To talk through what is in this indicator, you'll see a note about which ACO model they participated in as well as the organization through which they participated in that ACO. The ACO organization is hyperlinked so that users can navigate from the groups' profile pages to an ACO profile page, which will have that ACO's performance information.

For ACOs we have performance information available for the 2017 Medicare Shared Savings Programs and Next Generation ACOs. If you visit the Physician Compare Initiative page, you'll be able to find a list of the ACO quality measures and the CAHPS for MIPS measures that are publicly reported on Physician Compare. Clinicians are a little bit different than groups. Clinicians also have an indicator of participation in APMs. However, instead of having an indicator for APM participation, they have an indicator if they participated in one of the APMs listed on this slide. Here you can see an example as well of what that indicator would look like on a clinician profile page.

In addition to having an indicator on the profile pages, noting that clinicians participated in an APM, APM participation affects the way in which individual clinician performance information may be publicly reported on Physician Compare. If a clinician is a qualified participant in an APM, and they submit data as an individual, that data will not be publicly reported on their profile page. If a clinician is in a MIPS APM, that data may be publicly reported on their clinician profile pages if they reported individual measures through a TIN that is not in a MIPS APM. Their data will not be publicly reported if they reported those individual measures through a TIN that is in a MIPS APM. And finally, if an eligible clinician is in a non- MIPS APM, they may have performance information on their clinician profile page if they submitted data as an individual.

And with that, we have concluded today's presentation portion of the webinar. So I'll pass things over to my colleague, Michelle, to facilitate the question and answer session.

Michelle: Thank you, Alison. We are now stopping the recording for the question and answer session.