



Centers for Medicare & Medicaid Services

2011 Physician Compare Web Site

Town Hall Meeting Background Paper
October 27, 2010



Background Paper for October 27, 2010 Town Hall Meeting on the Physician Compare Web Site:

Section 10331 of The Patient Protection and Affordable Care Act

Objectives for the Session

The objective for the session is to solicit input from stakeholders on the Physician Compare Web Site. Following each presentation, the meeting agenda will provide opportunities for brief 2-minute comments on each of the key issues from on-site session attendees. As time allows, telephone participants will also have the opportunity to provide brief 2-minute comments on each of the key issues. CMS will accept written submissions during the public comment period that will close 5:00 p.m. (E.S.T.) on Tuesday, November 30.

Please e-mail any comments to physiciancompare@cms.hhs.gov or send them to:
Centers for Medicare & Medicaid Services,
7500 Security Boulevard, Baltimore,
MD 21244-1850,
Mail Stop S3-02-01,
Attn: Physician Compare Town Hall Meeting Comments.

Background

Section 10331 of the Patient Protection and Affordable Care Act of 2010 (the Affordable Care Act) requires CMS to establish, by January 1, 2011, a Web Site proposed to be known as Physician Compare. The Affordable Care Act requires that this Web Site contain information on physicians enrolled in the Medicare program and other eligible professionals who participate in the Physician Quality Reporting System (formerly known as Physician Quality Reporting Initiative).

Based on section 1848(k) (3) (B) of the Social Security Act, the professionals eligible to participate in the Physician Quality Reporting System are:

Medicare physicians

- Doctor of Medicine
- Doctor of Osteopathy
- Doctor of Podiatric Medicine
- Doctor of Optometry
- Doctor of Oral Surgery
- Doctor of Dental Medicine
- Doctor of Chiropractic

Practitioners

- Physician Assistant
- Nurse Practitioner

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- Clinical Nurse Specialist
 - Certified Registered Nurse Anesthetist (and Anesthesiologist Assistant)
 - Certified Nurse Midwife
 - Clinical Social Worker
 - Clinical Psychologist
 - Registered Dietician
 - Nutrition Professional
 - Audiologists (as of 1/1/2009)

Therapists

- Physical Therapist
- Occupational Therapist
- Qualified Speech-Language Therapist (speech-language therapists began billing Medicare directly as of 7/1/2009).

Visit the CMS Physician Quality Reporting System Web Site at <http://www.cms.hhs.gov/PQRI> for additional information on which professionals are eligible to participate in the Physician Quality Reporting System.

Section 10331 of the Affordable Care Act requires that not later than January 1, 2013, and with respect to reporting periods that begin no earlier than January 1, 2012, CMS implement a plan for making publically available through Physician Compare, information on physician performance, including measures collected under the Physician Quality Reporting System. Section 10331 of the Affordable Care Act also requires CMS to assure patient privacy in the public reporting of physician quality data. CMS is required to solicit input from multi-stakeholder groups, and take into consideration the plan to transition to value-based purchasing. CMS is required to submit a report to Congress on the Physician Compare Web Site by January 15, 2015.

Section 10331 also authorizes CMS to establish a demonstration program, by January 1, 2019, to provide financial incentives to Medicare beneficiaries who are furnished services by high quality physicians.

Physician Compare Web Site Design

CMS currently publishes the Healthcare Provider Directory <http://www.medicare.gov/find-a-doctor/provider-search.aspx> on Medicare.gov, the official U.S. Government Site for people with Medicare. The Site currently allows individuals to search for a physician or other healthcare professional by specialty or type of professional and location. Additional search criteria allows the user to search by gender and whether or not the physician or other healthcare professional accepts Medicare-approved amount as payment in full on all claims. Information is available about languages spoken, group practice locations, education, and hospital affiliation.

The Healthcare Provider Directory also includes the names of eligible professionals who participated in the 2008 Physician Quality Reporting System. CMS had also intended to use this Web site to post the names of the eligible professionals (or group practices) who satisfactorily submit data on quality measures for the Physician Quality Reporting System and the names of the eligible professionals (or group practices) who are successful electronic prescribers as required by section 1848(m) (5) (G) of the Social Security Act.

To comply with the Affordable Care Act requirement of establishing the Physician Compare Web Site by January 1, 2011, CMS proposed to use the current Healthcare Provider Directory as a foundation for the Physician Compare Web Site.

The Site will continue to include information about Medicare physicians and other professionals intended to be of value to people with Medicare and the information required under section 1848(m) (5)(G) of the Social Security Act. CMS seeks feedback on the usefulness of the Site.

Some questions CMS seeks input on include:

1. What features would be most desirable and useful on the Web Site?
2. Should the Web Site be linked to other sites?
 - o If the Physician Compare Web Site links to other sites, how should these other sites be determined?
3. How frequently should the Web Site information be updated?
 - o Should physicians be allowed to directly update their information on the Web Site?
4. What other content should CMS add to the Web Site (e.g., board certification, accepting Medicare patients, etc?)
5. What steps can CMS take to verify the physician specialty?

Measure Selection

Based on Section 10331 of the Affordable Care Act, starting January 1, 2013, CMS has to implement a plan for making information on physician performance public on the Physician Compare Web Site. CMS is interested in obtaining feedback regarding the selection of measures for public reporting of physician performance. The Affordable Care Act 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.

With these requirements in mind, CMS seeks input on the following question:

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1. Should there be a core set of measures that apply to all physicians regardless of specialty? (in addition to specific measures for the specialty)
 2. Should CMS only use NQF-endorsed measures?
 3. Should CMS report some measures as composites?
 4. Should trending information be displayed?

Issues

The Affordable Care Act further requires CMS, 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.

There are various methods for collecting information on quality. Each method has advantages and disadvantages. Some commonly used methods of collecting information on quality include: claims data; claims augmented with quality reporting codes, registries, electronic health records, data collection tools, such as the one used in the Group Reporting Option of the Physician Reporting Quality System; and combined methods of data collections.

CMS must ensure that regardless of the method of data collection, the computer and data systems support valid, reliable, and accurate public reporting. Key considerations for selecting data collection methods include: the reliability and validity of the data, the burden to the physicians and other eligible professionals, and the cost of the data collection to both the providers and to CMS.

Following the above requirements specified by the Affordable Care Act, CMS is evaluating multiple issues associated with public reporting of physicians' quality data. Specifically, CMS seeks input on the following topics and questions:

Level of Reporting

1. At what level should the measures be reported?
 - Individual professional

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- Group practices
 - How should group practice be identified?
 - Should individuals associated with group practices be identified?
 - Combination
2. How should CMS define a practice?
 3. Are there any physician specialties that do not need to be publicly reported?

Data Collection

1. From which data sources should measures be reported on Physician Compare?
 - Claims (Abundant data, but limited scope at physician practice level and attribution challenges)
 - Augmented Claims – such as Physician Quality Reporting System with quality codes (Broad scope of measures and self-attribution)
 - Registries(Benefits of augmented claims plus capture outcomes)
 - EHRs(Clinical, primary source data; EHR use growing)
 - Data Collection Tools – such as the Group Reporting Option (GPRO)
 - Combined Data Sources
2. What steps can CMS take to ensure that the data reported reflects the care provided to all patients seen by physicians?
3. How might various data sources reduce the burden of reporting?
4. In order to make data more representative and to reduce duplication of effort, how should CMS aggregate data across other purchasers?

Data Preview

The Affordable Care Act requires CMS to establish processes, to the extent practicable, to ensure that physicians receive timely statistical performance feedback. It also requires that the physicians and other eligible professionals have a reasonable opportunity to review their individual data prior to publication.

With these requirements in mind, CMS seeks input on the following questions:

1. How should CMS provide physicians and other professionals with the opportunity to preview the measure results prior to posting them on the Web Site?
2. What process should CMS develop for timely, statistical provider feedback?