

Physician Compare Updates in 2016- Module 5

Module five of the Medicare Quality Reporting Programs presentation gives a brief overview of the information that will be made public on the Physician Compare website.

Physician Compare will continue the phased approach to public reporting by publishing 2016 data for individuals, groups, and ACOs. The following quality data is available for public reporting in late 2017. All 2016 individual EP and group practice PQRS measures All CAHPS for PQRS measures for groups of two or more EPs who meet the specified sample size requirements and collect data via a CMS-specified certified CAHPS vendor are available for public reporting; and All ACO measures, including CAHPS for ACOs. In addition, Physician Compare will include an indicator on profile pages for individual EPs who satisfactorily report the 2016 PQRS Cardiovascular Prevention measures group in support of Million Hearts. All individual and group-level QCDR measures, including PQRS and non-PQRS measures are available for public reporting in late 2017. Physician Compare also plans to publicly report an item-level benchmark for group practice and individual EP PQRS measures using the Achievable Benchmark of Care (ABC) methodology in late 2017. The benchmark will be stratified by reporting mechanism to ensure comparability and reduce the interpretation burden for consumers. Benchmarks are important to ensuring that the quality data published on Physician Compare are accurately understood. A benchmark would allow consumers to more easily evaluate the published information by providing a point of comparison between groups and between individuals. On Physician Compare, the benchmark will be displayed as a five star rating. CMS will conduct analysis and stakeholder outreach around the star attribution methodology prior to public reporting in 2017.

Consistent with existing policies, all data must meet the public reporting standards. This means that any measure designated as "available for public reporting" may be included on the Physician Compare website. However, CMS decides which measures to publicly report based on a number of factors. All measures on Physician Compare must be statistically accurate, valid, reliable, and comparable and must resonate with consumers.

We conduct various analyses to ensure that the data posted on the website are statistically valid, reliable, and accurate, and to be sure the data are comparable. We also know that more is not always better, because too much information can overwhelm a health care consumer. This can lead to confusion and make it harder to make an informed decision. Therefore, only those measures that resonate with consumers and are deemed to be relevant to them will be included on the profile pages of the website. However, in the interest of transparency, CMS will publicly report all measures submitted, reviewed, and deemed valid and reliable in the Physician Compare downloadable file.

Physician Compare also uses the downloadable database for information that is geared toward health care professionals, industry analysts, and researchers who are familiar with more complex data. Adding information to the downloadable database ensures that the Physician Compare profile pages remain consumer focused while providing useful information to the health care industry, researchers, and other stakeholders. Therefore, Physician Compare will add some utilization and Value Modifier data to the downloadable database. Under section 104(e) of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Physician Compare is required to publicly report utilization data. As a result, Physician Compare will publicly report utilization data in the downloadable database rather than the consumer-

focused Web site profile pages. Not all available data will be included in the downloadable database. The specific HCPCS codes included will be determined based on analysis of the available data, focusing on the most used codes. Physician Compare also plans to add the following 2016 Value Modifier information to the downloadable database in 2018: Quality tiers for cost and quality noting if the group practice or EP is high, low, or neutral on cost and quality per the Value Modifier. A notation of the payment adjustment received based on the cost and quality tiers. An indication if the individual EP or group practice was eligible to but did not report quality measures to CMS All data added to the downloadable database must also meet the public reporting standards - measures must be statistically accurate, valid, reliable, and comparable. You can learn more about the information available on Physician Compare and how to use the site by watching the Physician Compare video. It's available on the Physician Compare homepage and YouTube. In addition, you can always find more information on the Physician Compare Initiative Page on CMS.gov or reach the Physician Compare Support Team at PhysicianCompare@Westat.com.

That concludes Module five of the Medicare Quality Reporting Programs presentation for 2016. Thank you for watching. To view the remaining modules of this presentation, please see the links in the "Descriptions" section of this video.