



# **MLN Connects<sup>®</sup>**

*National Provider Call*

## **Physician Compare: What You Need To Know**

June 16, 2016

Alesia Hovatter, Centers for Medicare & Medicaid Services, and the  
Physician Compare Support Team (Denise St. Clair, Glynis Jones, Allison Newsom)



Official Information Health Care  
Professionals Can Trust



# Disclaimers

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# Agenda

- Physician Compare background and overview
- Information available on Physician Compare
- Performance data and public reporting
- The future of Physician Compare
- Question and answer session



# Physician Compare Background And Overview

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Alesia Hovatter

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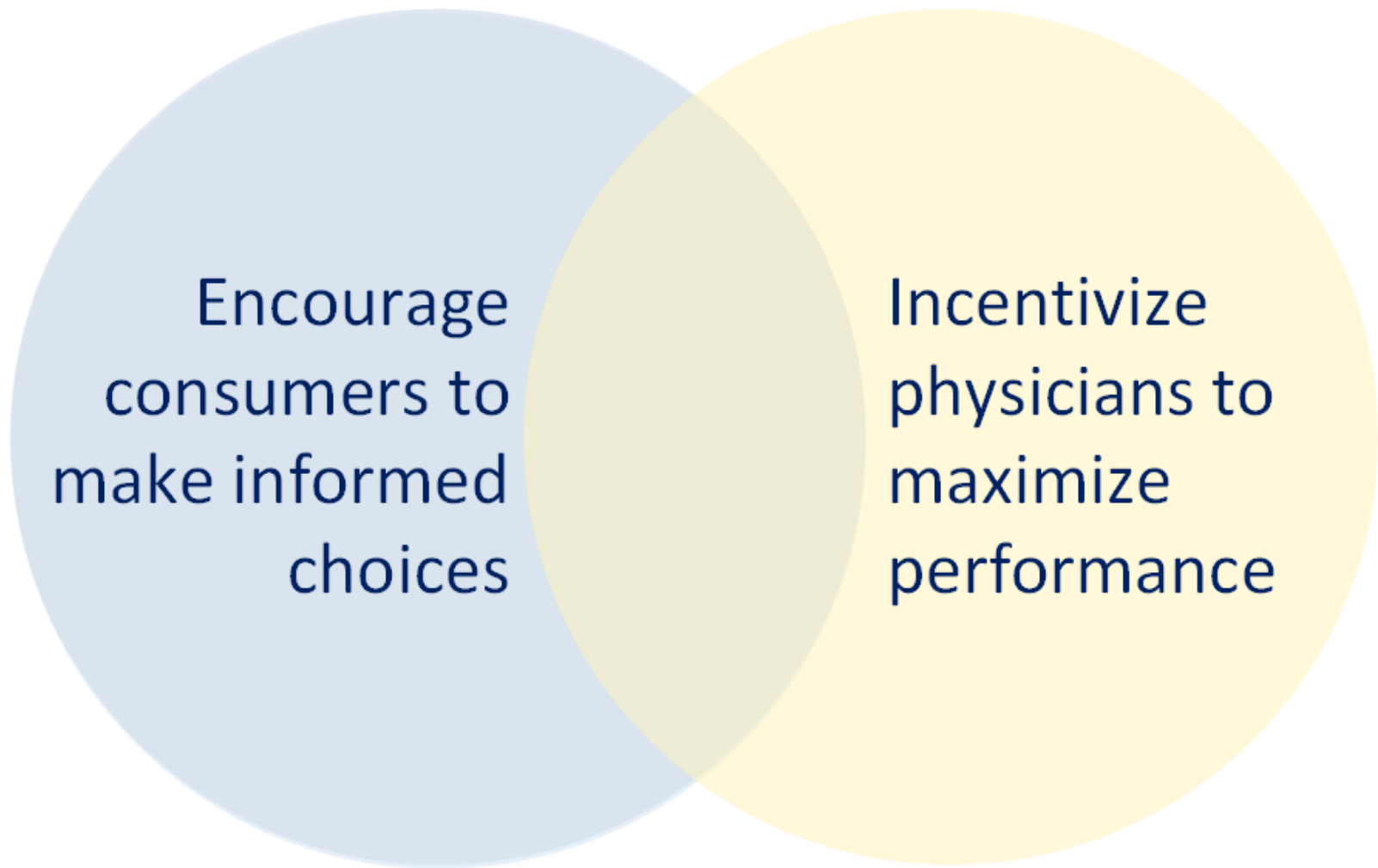
Center for Clinical Standards and Quality

Centers for Medicare & Medicaid Services

# Background

- The Centers for Medicare & Medicaid Services (CMS) were required by Section 10331 of the Patient Protection and Affordable Care Act to establish the Physician Compare website.
- Since the website's launch in 2010, CMS has been continually working to:
  - Enhance the site and its functionality;
  - Improve the information available; and
  - Include more and increasingly useful information about physicians and other health care professionals who participate in Medicare.

# Two-fold Purpose



# Information Available On Physician Compare

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Glynis Jones, M.S.

Physician Compare Support Team

# Information Available On Physician Compare

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- Physicians and other health care professionals
- Group practices
- Shared Savings Program and Pioneer Accountable Care Organizations (ACOs)



# Information Available On Physician Compare

	Health care professionals	Group practices
Name	✓	✓
Medical specialties	✓	✓
Addresses and phone numbers	✓	✓
Medicare assignment status	✓	✓
Board certifications	✓	
Education and residency	✓	
Group practice affiliation	✓	
Hospital affiliation	✓	
Gender	✓	
Affiliated health care professionals		✓

# Participation In CMS Quality Activities

Indicated on profile pages:

- ✓ Reported quality measures.
- ✓ Participated in the PQRS Maintenance of Certification Program.
- ✓ Used electronic health records.
- ✓ Committed to heart health through the Million Hearts® initiative.

# Where Does This Information Come From?

## Provider Enrollment, Chain and Ownership System (PECOS)

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

## Claims Data

- Practice locations
- Hospital affiliation
- Group practice affiliation

## Board Certifications

- American Board of Medical Specialties
- American Osteopathic Association
- American Board of Optometry

Have questions about your information? Contact [PhysicianCompare@Westat.com](mailto:PhysicianCompare@Westat.com)

# Criteria For Being Listed On Physician Compare

Health care professionals must:	Group practices must:
<ul style="list-style-type: none"><li>• Be in approved status in PECOS</li><li>• Provide at least one practice location address</li><li>• Have at least one specialty noted in PECOS</li><li>• Have submitted a Medicare fee-for-service claim within the last 12 months or be newly enrolled in PECOS within the last 6 months</li></ul>	<ul style="list-style-type: none"><li>• Be in approved status in PECOS</li><li>• Have a legal business name</li><li>• Have a valid practice location address</li><li>• Have at least two active Medicare health care professionals reassign their benefits to the group's TIN</li><li>• Have submitted a Medicare fee-for-service claim within the last 12 months or be newly enrolled in PECOS within the last 6 months</li></ul>

# Physician Compare Home Page

**Medicare.gov** | **Physician Compare**  
The Official U.S. Government Site for Medicare

[Physician Compare Home](#)[About Physician Compare](#)[About the data](#)[Resources](#)[Help](#)

Physician Compare Home [+ Share](#)



[Find physicians and other health care professionals](#)[Find group practices](#)[Search another way](#)

A field with an asterisk (\*) is required.


**\* Location**

**\* What are you searching for? ⓘ**

[Search](#)

[Additional search options ▶](#)

# Health Care Professional Profile Page

**PALLAVOLU N REDDY, MD**   
Primary specialty: Internal medicine

[Print all information](#)  
[Is this you?](#)  
[Go here to learn how to update your information.](#)

[Add to My Favorites](#)


General information

Locations


Clinical quality of care

**Participation in quality activities:**

Participation in quality activities is important because it can improve care for people with Medicare. The most recent information on quality activities is from 2014. If this health care professional participated in any quality activities, they are listed below.

✓ Reported [quality measures](#). 

[View information about quality activity participation.](#)

**Board certification:** 

Internal Medicine

**Gender:**

Male



**Education:**

Graduated: 1982


**Hospital affiliations:**

[MEMORIAL HERMANN KATY HOSPITAL](#)  
[METHODIST WEST HOUSTON HOSPITAL](#)

**Medicare assignment:**

 Accepts Medicare assignment 

# Group Practice Profile Page

**MANKATO CLINIC, LTD.** 

Specialties: [Multiple](#)

[Add to My Favorites](#)

[Print all information](#)

**Is this your group practice?**  
[Go here to learn how to update your information.](#)

General information

Locations


Clinical quality of care

Survey of patients'  
experiences

Affiliated health care  
professionals



## Participation in quality activities:

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✓ Reported [quality measures](#). 

[View information about quality activity participation.](#)

## Medicare assignment:

 Accepts Medicare assignment 

# Performance Data And Public Reporting

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Allison Newsom

Physician Compare Support Team

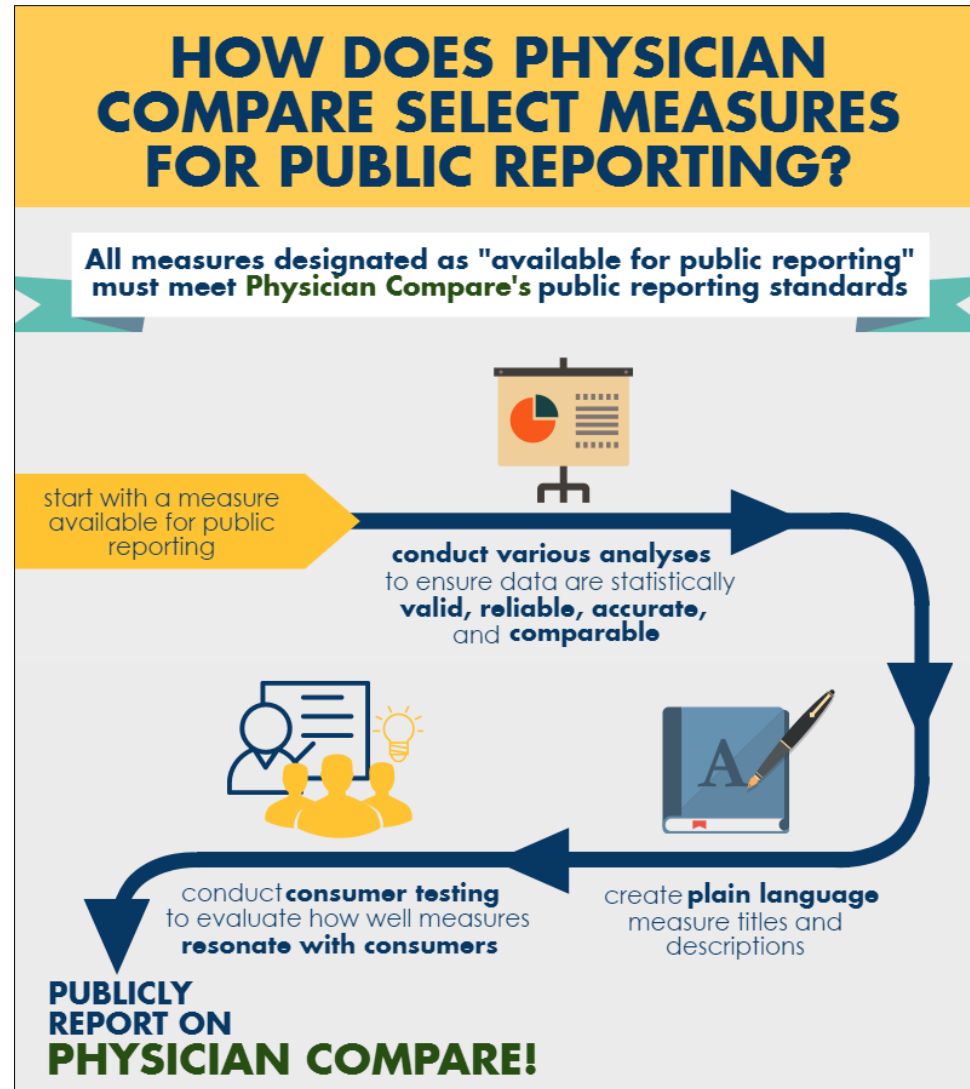


# Performance Data Background

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- Performance data can
  - Improve care for people with Medicare, and
  - Indicate that health care professionals and group practices have a commitment to providing quality care.
- CMS collects and publicly reports information about the quality of care clinicians and group practices provide to people with Medicare.

# Performance Data On Physician Compare



# Performance Data On Physician Compare



# Performance Data On Physician Compare

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- 2014 Physician Quality Reporting System (PQRS)
  - Preventive Care: General Health
  - Preventive Care: Cancer Screening
  - Heart Disease
  - Diabetes
  - Patient Safety
- 2014 CAHPS for PQRS summary survey measures

# Performance Data On Physician Compare

General information

Locations

Clinical quality of care

Survey of patients' experiences

Affiliated health care professionals

These clinical quality of care measures are reported by group practices. Group practices report these measures to Medicare. A selection of these quality measures are publicly reported on this website to help consumers make informed decisions and to encourage health care professionals to improve the quality of care they provide to patients. It is important to understand that not all group practices report the same measures, and the measures available to report are different depending on the types of services a group practice provides to patients. Reporting more or less measures is not a reflection of the quality of care given to patients. ([Get more information.](#))

**More stars are better.** Select a measure to read more information.

## Preventive care: General health

Some group practices do a better job than others providing care that keeps patients healthy. Medicare gave this group practice a performance score based on how well the group did on each measure. The scores are presented as stars and as a percent.

▶ Getting a flu shot during flu season.



73%

▶ Making sure older adults have gotten a pneumonia vaccine.



88%

▶ Screening for depression and developing a follow-up plan.



79%

# Performance Data On Physician Compare

General information

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Clinical quality of care

Survey of patients' experiences

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### ▼ Getting a flu shot during flu season.

 73%

More stars are better because it means that more patients seen by health care professionals in this group practice got a flu shot during flu season (October 1 to March 31).

Getting a flu shot during flu season can help prevent the flu and the problems the flu causes.

To give this group practice a score, Medicare looked at the percentage of this group practice's patients who could get the flu shot and either got one from this group practice or from someone else during flu season.

# The Future Of Physician Compare

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Denise St. Clair, Ph.D.

Physician Compare Support Team



# The Future Of Physician Compare

	Available for public reporting in <b>Late 2016</b>	Available for public reporting in <b>Late 2017</b>
<b>Group Practices</b>	<b>All</b> 2015 PQRS GPRO measures collected via any reporting mechanism  <b>12</b> 2015 CAHPS for PQRS summary survey measures	<b>All</b> 2016 PQRS GPRO measures collected via any reporting mechanism  <b>12</b> 2016 CAHPS for PQRS summary survey measures  <b>All</b> 2016 Qualified Clinical Data Registry (QCDR) PQRS and non-PQRS measures  <b>Item-level benchmark</b>
<b>Individual Eligible Professionals</b>	<b>All</b> 2015 PQRS measures collected via any reporting mechanism  <b>All</b> 2015 Qualified Clinical Data Registry (QCDR) PQRS and non-PQRS measures	<b>All</b> 2016 PQRS measures collected via any reporting mechanism  <b>All</b> 2016 Qualified Clinical Data Registry (QCDR) PQRS and non-PQRS measures  <b>Item-level benchmark</b>
<b>Accountable Care Organizations</b>	<b>All</b> 2015 Shared Savings Program and Pioneer ACO quality measures	<b>All</b> 2016 Shared Savings Program and Pioneer ACO quality measures



# Publicly Reported Benchmark

- A benchmark helps consumers understand quality data on Physician Compare by providing:
  - Context for measures performance rates, and
  - A point of comparison.
- An item (or measure)-level benchmark derived using the Achievable Benchmark of Care (ABC™) methodology was finalized in the 2016 Physician Fee Schedule final rule.

# Benefits Of The ABC™ Methodology

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- The ABC™ methodology is:
  - A well-tested, data-driven methodology;
  - Establishes top performers; and
  - Provides a point of comparison.
- The benchmark represents quality while being both realistic and achievable.
- The benchmark is based on the currently available data.

# Benchmark Methodology

1) Rank health care professionals from highest to lowest performance score for a specific measure and reporting mechanism.

2) Select the subset of top health care professionals 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 doctors.



**ABC<sup>TM</sup>**  
**BENCHMARK**

# Benchmark Next Steps

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- The benchmark is specific to the measure and reporting mechanism.
- The earliest the benchmark will be publicly reported is late 2017.
- CMS is currently analyzing how 5-star ratings will be derived from the benchmark.

# Quality Payment Program – Physician Compare

## Quality Payment Program

- ✓ **Repeals** the Sustainable Growth Rate (SGR) Formula
- ✓ **Streamlines** multiple quality reporting programs into the new Merit-based Incentive Payment System (MIPS)
- ✓ **Provides incentive payments** for participation in **Advanced Alternative Payment Models (APMs)**



The Merit-based  
Incentive  
Payment System  
(MIPS)

or

Advanced  
Alternative  
Payment Models  
(APMs)

- ✓ First step to a fresh start
- ✓ We're listening and help is available
- ✓ A better, smarter Medicare for healthier people
- ✓ Pay for what works to create a Medicare that is enduring
- ✓ Health information needs to be open, flexible, and user-centric

# Quality Payment Program – Physician Compare

## When and where do I submit comments?

- The proposed rule includes proposed changes not reviewed in this presentation. We will not consider feedback during the call as formal comments on the rule. See the proposed rule for information on submitting these comments by the close of the 60-day comment period on June 27, 2016. When commenting refer to file code CMS-5517-P.
- Instructions for submitting comments can be found in the proposed rule; FAX transmissions will not be accepted. You must officially submit your comments in one of the following ways: electronically through
  - [Regulations.gov](http://www.regulations.gov)
  - by regular mail
  - by express or overnight mail
  - by hand or courier
- For additional information, please go to:  
<http://go.cms.gov/QualityPaymentProgram>

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## MIPS: First Step to a Fresh Start

- ✓ **MIPS is a new program**
  - Streamlines 3 currently independent programs to work as one and to ease clinician burden.
  - Adds a fourth component to promote ongoing improvement and innovation to clinical activities.



Quality



Resource use



Clinical practice  
improvement  
activities



Advancing care  
information

- ✓ **MIPS provides clinicians the flexibility to choose the activities and measures that are most meaningful to their practice to demonstrate performance.**

# Question & Answer Session

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# Contact Physician Compare

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Contact the Physician Compare Support Team ([PhysicianCompare@Westat.com](mailto:PhysicianCompare@Westat.com)) for any comments, questions, or suggestions related to Physician Compare or public reporting of quality information.

# Acronyms In This Presentation

- ABC™ – Achievable Benchmark of Care methodology
- ACA – Affordable Care Act
- APM – Alternative Payment Model
- CAHPS – Consumer Assessment of Healthcare Providers and Systems
- CMS – Centers for Medicare & Medicaid Services
- GPRO – Group practice reporting option
- MACRA – Medicare and CHIP Reauthorization Act
- MIPS – Merit-Based Payment Incentive System
- PECOS – Provider Enrollment, Chain and Ownership System
- PQRS – Physician Quality Reporting System
- QCDR – Qualified Clinical Data Registry
- TIN – Tax Identification Number

# Additional Resources

- Physician Compare
  - [Physician Compare home page](#)
  - [Accountable Care Organization page](#)
  - [About Physician Compare](#)
  - [About the data](#)
  - [Glossary](#)
  - [Specialty definitions](#)
- Physician Compare [Initiative page](#)
  - [Group measures crosswalk](#)
  - [Individual measures crosswalk](#)
- Downloadable databases
  - [Data.Medicare.gov](#)
  - Physician Compare [datasets](#)
  - Medicare Shared Savings Program Accountable Care Organizations [Performance Year 2014 Results](#)
  - Pioneer ACO Model [Performance Year 3 \(2014\)](#)
- [Internet-Based PECOS](#)

# Evaluate Your Experience

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- Please help us continue to improve the MLN Connects® National Provider Call Program by providing your feedback about today's call.
- To complete the evaluation, visit <http://npc.blhtech.com> and select the title for today's call.

# Thank You

- For more information about the MLN Connects® National Provider Call Program, please visit <http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html>.
- For more information about the Medicare Learning Network®, please visit <http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>.

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