Centers for Medicare & Medicaid Services
Physician Compare Initiative
MLN Connects National Provider Call
Moderator: Aryeh Langer June 16, 2016 1:30 pm ET

The purpose of this addendum is to provide clarification and additional information based on questions received during the Physician Compare National Provider Call (NPC) related to the Achievable Benchmark of Care (ABC™) Benchmark methodology.

A publicly reported item-level benchmark was finalized in the 2016 Physician Fee Schedule (PFS) final rule (80 FR 71128-71129). The earliest the benchmark will be publicly reported is in late 2017.

Why a benchmark?

Benchmarks are important for ensuring that the quality data published on Physician Compare are accurately understood by consumers. A benchmark will allow consumers to more easily evaluate the information published by providing context for performance scores and a point of comparison for group practices and individual eligible professionals (EPs).

Physician Compare will use the ABC™ methodology[1][2][3]. The ABC™ methodology is well-tested and data-driven. It allows us to account for all of the data collected for a specific quality measure and determine the top performers. It also allows us to set a point of comparison for all of those groups or individual EPs who reported the measure.

In addition, the ABC™ methodology has been historically well-received by the health care professionals and entities being measured because the benchmark represents quality while being realistic and achievable. It also encourages continuous quality improvement, and it is shown to lead to improved quality of care.

Finally, the benchmark will be based on the Physician Quality Reporting System (PQRS) performance rates that are most recently available, so the benchmark is achievable regardless of the unique circumstances of data collection or the measures available in a given reporting year. We are targeting to publicly report the 2016 data in late 2017. This means a benchmark published in late 2017 will be derived from the 2016 PQRS performance rates. Therefore, the benchmark will use the current year data.

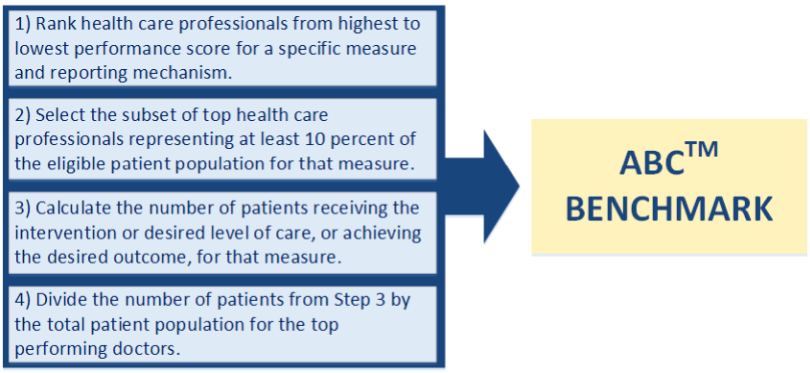
We will use the ABC™ methodology for each measure that meets our public reporting standards. This means, there will be a different benchmark for every measure. In addition, we will stratify the benchmark by reporting mechanism to ensure data on Physician Compare are comparable. Creating a benchmark for each measure by each reporting mechanism will help remove the complexity and potential differences between the same measure that is collected via multiple reporting mechanisms – Registry, EHR, and claims, for instance. It will also remove the burden of interpretation across mechanisms from consumers.

[1] Kiefe CI, Weissman NW, Allison JJ, Farmer R, Weaver M, Williams OD. Identifying achievable benchmarks of care: Concepts and methodology. International Journal of Quality Health Care. 1998 Oct; 10(5):443–7.
[2] Kiefe CI, Allison JJ, Williams O, Person SD, Weaver MT, Weissman NW. Improving Quality Improvement Using Achievable Benchmarks for Physician Feedback: A Randomized Controlled Trial. JAMA. 2001; 285(22):2871–2879.
[3] Wessell AM, Liszka HA, Nietert PJ, Jenkins RG, Nemeth LS, Ornstein S. Achievable benchmarks of care for primary care quality indicators in a practice-based research network. American Journal of Medical Quality 2008 Jan–Feb; 23(1):39–46.

How will it be calculated?

For the purpose of this explanation, we refer to health care professionals who report PQRS measures as individuals. However, this same methodology will be applied to group practices. See Figure 1.

Figure 1. *ABC™ Benchmark Calculation*



ABC™ starts with the pared-mean. This is the mean of the best performers on a measure for at least 10 percent of the patient population – not the population of reporters. This is then the top 10 percent of all patients measured who got the best care on the specific measure being evaluated.

To find the pared-mean, we rank-order health care professionals from highest to lowest performance score. Then, we create a subset of the health care professionals by selecting the best performers until we have selected enough reporters to represent at least 10 percent of all patients relevant for that measure.

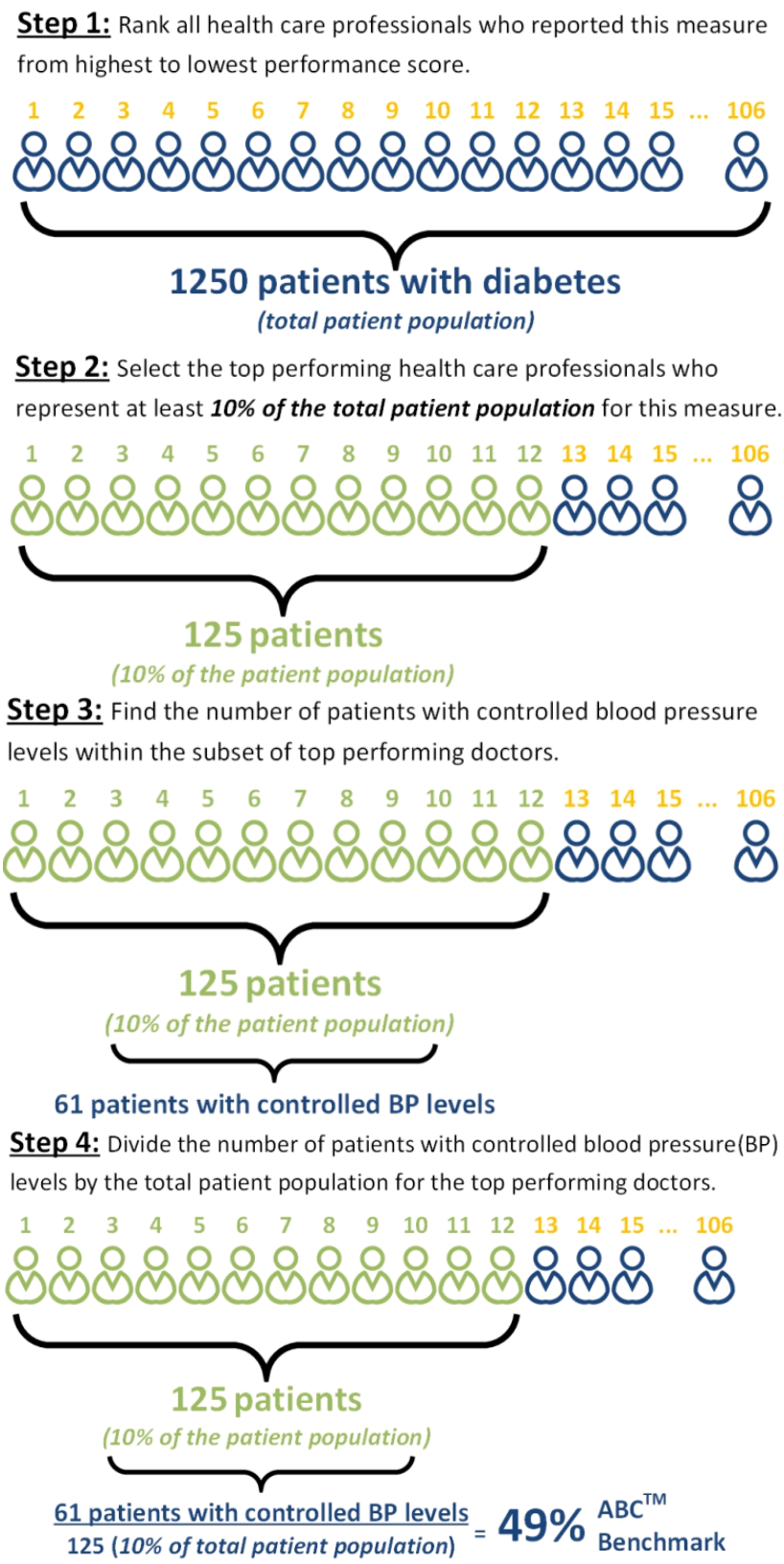
We derive the benchmark by dividing this high-scoring subset of patients by the total number of patients that were measured by the top performing subset. This produces a benchmark that represents the best care provided to the top 10 percent of patients.

To account for low denominators, ABC™ includes a calculation of an adjusted performance fraction --a Bayesian Estimator. This ensures that very small sample sizes do not overly-influence the benchmark and allows all data to be included in the benchmark calculation.

Similar to quality measure rate data, the benchmark must meet our public reporting standards. That means the benchmark must be statistically valid, reliable, and accurate. In addition, the benchmark will only be applied to measures that independently meet our public reporting standards.

For illustrative purposes only, we have outlined the steps of calculating the ABC™ benchmark with a hypothetical example (see Figure 2).

Figure 2. *ABC™ Benchmark Calculation Example*



What about the 5-star ratings?

We are committed to moving to 5-star ratings on Physician Compare as this is a consumer-friendly way to share complex information. As with all information available for public reporting on Physician Compare, the benchmark information and the resulting star ratings need to meet the public reporting standards – they must be statistically valid, accurate, reliable, and comparable data. And, they must resonate with consumers.

The goal of the benchmark is to have a 5-star rating that distinguishes statistically significant quality differences. Using the ABC™ methodology can help us ensure that 5-star performance is statistically different from 4-star performance, and so on.

Currently, CMS is analyzing the most recently available data but has not finalized the approach for assigning stars based on the benchmark. Information about how stars will be specifically assigned using the ABC™ methodology will be shared with stakeholders as available. In addition, we will continue to work to ensure that the 5-star ratings are accurately understood and interpreted by consumers. Consumer testing is therefore ongoing.

Further Questions

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