**NEW FEATURE: TELEHEALTH**

Why telehealth?

With more patients seeking telehealth in order to avoid COVID-19 exposure and CMS finalizing and expanding coverage of telehealth services payable under Medicare, we believed adding a telehealth indicator to clinician and group profile pages would be helpful to patients and caregivers.

The addition of the telehealth indicator was helpful because:

- **Having access to information** on which clinicians offer telehealth services would contribute to health equity goals; patients with mobility or transportation challenges may especially benefit from telehealth availability.
- **Telemedicine users** grew from 910,490 pre-public health emergency (Mar. 1, 2019-Feb. 29, 2020) to over 28 million (Mar. 1, 2020-Feb. 28, 2021), representing 53% of Medicare users.*

Impact on Health Equity

- Adding a telehealth indicator to profile pages increased access to healthcare services for patients who may struggle to physically access a clinician’s office.
- More than half of the Medicare population in almost every racial/ethnic group utilizes telehealth services, regardless of sex or Medicare and Medicaid status.
- Among telehealth users, racial/ethnic minorities use telehealth services more than White beneficiaries.

User Testing & Principal Findings

- Users accurately understood the telehealth indicator and some expressed an interest in knowing which services might be offered via telehealth.
- Most users found the telehealth indicator to be important and useful when selecting a clinician. They mentioned convenience or personal preference as reasons a telehealth indicator would be important to include on the website.

* Medicare Telemedicine Snapshot (cms.gov)

**Publicly reported clinician- and group-level MIPS measures and attestations over time (years of performance: 2019-2021)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Clinicians</th>
<th>Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>202</td>
<td>194</td>
</tr>
<tr>
<td>2020</td>
<td>257</td>
<td>296</td>
</tr>
<tr>
<td>2021</td>
<td>202</td>
<td>194</td>
</tr>
</tbody>
</table>

1*To the COVID-19 public health emergency, fewer clinician/group- measure data points were available for public reporting for FY 2020 and FY 2021. This did not significantly change the total measure count.

1*Measures eligible for reporting on Care Compare are a subset for those eligible for reporting on PDC; in addition to the public reporting standards, measures must also resonate with consumers.

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**BACKGROUND**

Medicare hosts a [website](https://www.medicare.gov/) that provides a web-based, single-source search-and-compare experience for people with Medicare and their caregivers to find information about doctors, clinicians, and other healthcare providers and settings. The [Provider Data Catalog (PDC)](https://www.cms.gov/) provides researchers and other interested parties direct access to view and download data used on profiles.

### What is reported for doctors and clinicians?

* On the [Doctors and Clinicians profile pages](https://www.medicare.gov:), we report:
  * **Practice information** such as phone numbers, addresses, specialties, education/residency, certification, and Continuing Medical Education (CME) credits.
  * **Participation and Attestation** checkmarks that indicate whether the clinician has participated in each measure, and the number of points earned for the measure.
  * **Performance information** including a subset of publicly reported MIPS measure-level star ratings and attestation checkmarks for clinicians, groups, and Accountable Care Organizations (ACOs).
* On the [Doctors and Clinicians section of the PDC](https://www.cms.gov/), we report:
  * **Practice information** for clinicians in the National Downloadable file. This includes information about doctors’ clinical services, locations, and education.

### How is doctor and clinician performance information selected for public reporting?

* **Performance information** must meet public reporting standards:
  * Measures and attestations must be **valid, reliable, accurate, and comparable**, as determined by an established set of quantitative and qualitative criteria.
  * To be listed on clinician or group profile pages, performance information (described in plain language) must also **resonate** with Medicare patients and their caregivers, as demonstrated through consumer testing.

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Want to learn more about public reporting for doctors and clinicians? Visit the [Care Compare: Doctors and Clinicians Initiative page](https://www.medicare.gov/). Have questions or feedback about public reporting for doctors and clinicians? Email us at QPP@cms.hhs.gov.