

# Physician Compare Web Site

*Town Hall Meeting  
October 27, 2010*

# Welcome

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# Purpose

- The purpose of this Town Hall meeting is to solicit input from stakeholders on the Physician Compare Web site.
- The opinions and alternatives provided during this meeting will assist us in future expansion of the Physician Compare Web site.

# Overview & Background of Section 10331 and Timeline for Implementation

*Regina Reymann Chell RN, BSN  
Health Insurance Specialist*

# Background

Section 10331 of the Patient Protection and Affordable Care Act of 2010 requires CMS to establish a Web Site, which will be known as Physician Compare.

The Web site will provide:

- information on physicians enrolled in the Medicare program and other eligible professionals who participate in the Physician Quality Reporting System (formerly known as the Physician Quality Reporting Initiative)
- information on physician performance

# Physician Quality Reporting System

- 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

# Physician Quality Reporting System

- The professionals eligible to participate in the Physician Quality Reporting System are:

## Practitioners

- Physician Assistant
- Nurse Practitioner
- 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)

# Physician Quality Reporting System

- The professionals eligible to participate in the Physician Quality Reporting System are:

## Therapists

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



# Physician Compare Web Site Design

In CY 2011 Medicare Physician Fee Schedule proposed rule which was published on July 13, 2010 CMS proposed to;

- Use the current Physician and Other Healthcare Professional Directory on <http://www.medicare.gov> as the foundation for Physician Compare
- Post Physician Quality Reporting System participation information on the site by January 1, 2011
- Implement a plan to add physician performance information by January 1, 2013

# Section 10331 Timeline

- Jan 1, 2011** Secretary shall develop a Physician Compare Internet Web Site with information on physicians enrolled in the Medicare program and other eligible professionals who participate in the Physician Quality Reporting System
- Jan 1, 2012** Earliest that reporting periods for physician performance information can begin
- Jan 1, 2013** Implement a plan for public reporting on physician performance available through Physician Compare
- Jan 1, 2015** Report to Congress on the Physician Compare Web site and plans to use data for Value Based Purchasing and consumer choice
- Jan 1, 2019** Demonstration project on providing financial incentives to beneficiaries who use high quality physicians

# Overview of Current Healthcare Provider Directory Web site

***Aaron N. Lartey***  
***Health Insurance Specialist***

# Physician Compare Web Site Design

- Healthcare Provider Directory is currently on <http://www.medicare.gov/>
- Allows search by
  - specialty or type of professional
  - location
  - gender
  - acceptance of Medicare-approved amount as payment in full
- Information is available about languages spoken, group practice locations, education, and hospital affiliation.

# Physician Compare Web Site Design and General Public Comments

*Regina Reymann Chell RN, BSN  
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# CMS seeks input on:

1. What features would be most desirable and useful on the Web Site?
2. Should the Web Site be linked to other sites?
  - If the Physician Compare is linked to other sites, how should these other sites be determined?
3. How frequently should the Web Site information be updated?
  - 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

*Aucha Prachanronarong*  
*Technical Advisor*

# Measures

To the extent scientifically sound measures, consistent with the requirements of this section are available, such information, to the extent practicable, shall include:

- Physician Quality Reporting System measures
- Patient health outcomes and the functional status of patients
- Continuity and coordination of care and care transitions, including episodes of care and risk-adjusted resource use
- An assessment of efficiency
- Patient experience and patient, caregiver, and family engagement
- Safety, effectiveness, and timeliness of care
- Other information as determined appropriate by the Secretary.



# CMS seeks input on:

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?

Break

# Level of Reporting and Data Collection

*Aucha Prachanronarong*  
*Technical Advisor*

# Other Required Considerations

- Measures are statistically valid and reliable, including risk adjustment
- Eligible professionals has a reasonable opportunity to review individual results before they are made public
- Data published provide a robust and accurate portrayal of a physician's performance
- Data reflect the care provided to all patients seen by physicians, under both the Medicare program and, other payers, to the extent such information would provide a more accurate portrayal of physician performance
- Attribution of care is appropriate
- Timely statistical performance feedback is provided to physicians
- Computer and data systems are valid, reliable and accurate

# CMS seeks input on:

## LEVEL OF REPORTING

1. At what level should the measures be reported?
  - Individual professional
  - Group practices
    - ▶ How should group practices 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?

# CMS seeks input on:

## DATA COLLECTION

1. Which data sources should be used for measures to 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

# CMS seeks input on:

## DATA COLLECTION (CONTINUED)

1. What steps can CMS take to ensure that the data reported reflects the care provided to all patients seen by physicians?
2. How might various data sources reduce the burden of reporting?
3. In order to make data more representative and to reduce duplication of effort, how should CMS conduct data aggregation across other purchasers?

# Data Preview

***Regina Reymann Chell RN, BSN  
Health Insurance Specialist***



# Data Preview

The Affordable Care Act requires CMS to establish processes, to the extent practicable, to ensure that the physicians and other eligible professionals:

- Receive timely statistical performance feedback
- Have a reasonable opportunity to review their individual data prior to publication

# CMS seeks input on:

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

# Additional Public Comment

# Closing Remarks & Next Steps

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