Physician Compare Preview Period

Part I: 2018 Quality Payment Program Performance Information

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Acronyms

- ACI – Advancing Care Information
- ACO – Accountable Care Organization
- AHRQ – Agency for Healthcare Research and Quality
- APM – Alternative Payment Model
- CAHPS – Consumer Assessment of Healthcare Providers and Systems
- CMS – Centers for Medicare & Medicaid Services
- ESRD – End-stage renal disease

- IA – Improvement Activities
- MACRA – Medicare Access and CHIP Reauthorization Act of 2015
- MIPS – Merit-based Incentive Payment System
- NPI – National Provider Identifier
- PI – Promoting Interoperability
- PQRS – Physician Quality Reporting System
- QCDR – Qualified Clinical Data Registry
- QPP – Quality Payment Program
- TIN – Taxpayer Identification Number

Agenda

- Background and Overview about Physician Compare*

- 2018 Quality Payment Program Information Available for Preview

- Frequently Asked Questions

*Please note that this is part one of a two-part presentation. The second part is also available and focuses on the Physician Compare Preview Period.

Background and Overview

Physician Compare Purpose

Helps people with Medicare make informed decisions

Incentivizes clinicians to maximize performance

Public Reporting Timeline

Performance Year (PY)	Public Reporting Year	Publicly Reported Data
PY 2012	**2014**	• 2012 PQRS group and ACO Quality performance information
PY 2013	**2014**	• 2013 PQRS group and ACO Quality performance information
PY 2014	**2015**	• 2014 PQRS group, clinician, and ACO Quality performance information
PY 2015	**2016**	• 2015 PQRS group, clinician, and ACO Quality performance information, including QCDR quality data
PY 2016	**2017**	• 2016 PQRS group, clinician, and ACO Quality performance information, including QCDR data • Small subset of group PQRS measures published as star ratings
PY 2017	**2019**	• 2017 QPP group, clinician, and ACO performance information, including MIPS Quality, QCDR, MIPS ACI, and MIPS Final and Performance Category Scores • Small subset of group MIPS Quality measures published as star ratings
PY 2018[1]	**Anticipated 2020**	• 2018 QPP group, clinician, and ACO performance information, including MIPS Quality, QCDR, MIPS PI, MIPS IA, and MIPS Final and Performance Category Scores • Larger subset of MIPS Quality, QCDR, and MIPS PI measures published as star ratings for groups and clinicians

[1] Although data are designated as available for public reporting, not all data will be publicly reported.

2018 Quality Payment Program Information Available for Preview

PY 2018 Information Available for Preview

- The 2018 Quality Payment Program performance information is available for preview.

- All performance information on Physician Compare must meet the established public reporting standards, except as otherwise required by statute (§414.1395(b)).

  - To be included in the Physician Compare **Downloadable Database**, performance information must be statistically valid, reliable, and accurate; be comparable across collection types; and meet the minimum reliability threshold.

  - To be included on the **public-facing profile pages**, performance information must also resonate with Medicare patients and caregivers, as determined by user testing.

- Additionally, quality and cost measures in their first 2 years of use will not be publicly reported on Physician Compare (§414.1395(c)).
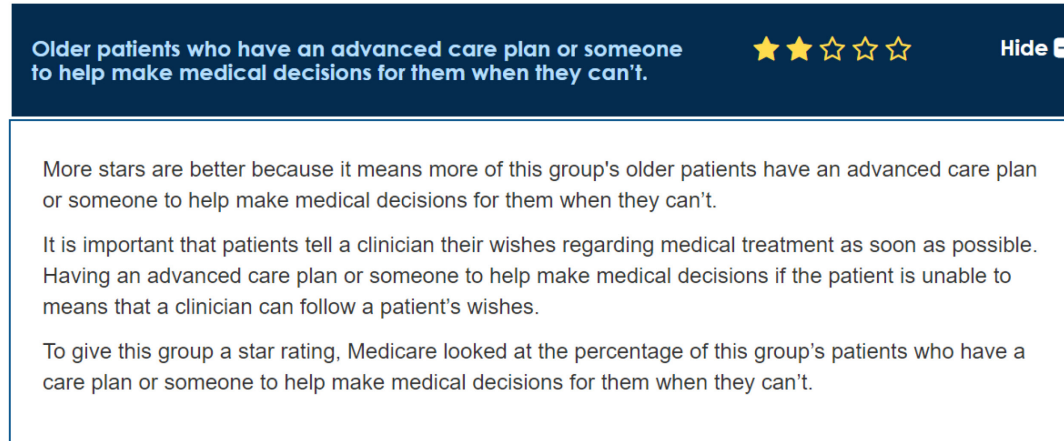
PY 2018 Information Available for Preview

Performance Information	Profile Pages	Downloadable Database
2018 MIPS Performance Information		
Quality measures	✔	✔
Quality performance category score	--	✔
Improvement Activities[1]	✔	✔
Improvement Activities performance category score	--	✔
Promoting Interoperability measures & attestations	✔[1]	✔
Promoting Interoperability performance category score	--	✔
Cost measures[2]	n/a	n/a
Cost performance category score[2]	--	✔
Final score	--	✔

[1] This information will be publicly reported for the first time this year, and was not published under performance year 2017 of the QPP.
[2] Physician Compare will not publicly report 2018 cost measures as they do not meet our public reporting standards.

Quality – MIPS

- A subset of PY 2018 MIPS Quality measures will be publicly reported on clinician and group profile pages as star ratings[1].

- PY 2018 MIPS Quality performance category scores will be publicly reported in the Physician Compare Downloadable Database.

- A full list of MIPS Quality measures targeted for public reporting will be available on the Physician Compare Initiative page.

- Download the Benchmark and Star Ratings Fact Sheet on the Physician Compare Initiative Page to learn more about star ratings.

[1] The picture is an example of what 2018 performance information may look like on Physician Compare profile pages and is subject to change.

Quality – Qualified Clinical Data Registry (QCDR)

- Physician Compare will publicly report QCDR measures on clinician and group profile pages as star ratings[1].

| Performing colonoscopies for appropriate reasons. | ★★★★★ | Hide − |

More stars are better because it means this clinician performed more colonoscopies for appropriate reasons.

When a colonoscopy is done for appropriate reasons, clinicians can make better diagnoses.

To give this clinician a star rating, Medicare looked at the percentage of colonoscopies this clinician performed that were for clinically appropriate reasons.

- A full list of QCDR measures targeted for public reporting will be available on the [Physician Compare Initiative](#) page.

[1] The picture is an example of what 2018 performance information may look like on Physician Compare profile pages and is subject to change.

Quality – CAHPS for MIPS Survey

- PY 2018 CAHPS for MIPS summary survey scores will be publicly reported on group profile pages as top-box scores[1,2].

A higher score is better. Select "Show +" to read more information.

Getting timely care, appointments, and information.	78%	Show ⊞
How well clinicians communicate.	78%	Hide ⊟

A higher score is better because it means that more patients found it easier to communicate with their clinicians.

An important part of high quality health care is having a clinician listen to you and talk to you about your health in a way that is easy for you to understand.

To give this group a score, Medicare looked at the percentage of patients that said clinicians always communicated well including:

- Explaining things in a way that was easy to understand.
- Listening carefully.
- Showing respect for what patients had to say.
- Spending enough time with patients.

[1] These performance scores represent the percentage of patients who reported the most positive responses. More information about top box scores is provided by AHRQ in the following guide: How to Report Results of the CAHPS Clinician & Group Survey.

[2] The picture is an example of what 2018 performance information may look like on Physician Compare profile pages and is subject to change.

Quality – CAHPS for MIPS Survey

- PY 2018 CAHPS for MIPS summary survey score measures available for preview

Measure #	Measure Title[1]
CAHPS 1	Getting timely care, appointments, and information
CAHPS 2	How well providers communicate
CAHPS 3	Patient's rating of provider
CAHPS 5	Health promotion and education
CAHPS 8	Courteous and helpful staff
CAHPS 9	Care coordination
CAHPS 12	Stewardship of patient resources

[1] This table includes the technical measure titles. Measures will be shown on profile pages using plain language titles. A crosswalk between the technical titles and plain language titles will be available on the Physician Compare Initiative page.

Quality – PY 2017 vs. PY 2018

- The subset of PY 2018 quality measures that will be publicly reported on clinician and group profile pages is an expansion of what was publicly reported for PY 2017.

Quality Measure Type	Individual Clinicians		Groups	
	PY 2017	PY 2018	PY 2017	PY 2018
MIPS Quality	0	77	12	84
QCDR Measures	11	9	6	9
CAHPS for MIPS	n/a	n/a	8	7
Total	11	86	26	100

Promoting Interoperability (PI) Overall Performance

- In alignment with PY 2017 public reporting, clinicians and groups who successfully submitted PY 2018 PI information will have a plain language indicator[1] on their profile pages.

  Electronic Health Record technology participation

  The Electronic Health Record Technology performance category promotes the secure electronic exchange of information using certified electronic health record technology to encourage patient engagement and communication between clinicians. ⓘ

  ✓ This group is a successful performer in the Electronic Health Record Technology performance category.

  Get more information

- PY 2018 MIPS PI performance category scores will be publicly reported in the Physician Compare Downloadable Database.

[1] The picture is an example of what the indicator may look like on Physician Compare profile pages and is subject to change.

PI Measures and Attestations

- For the first time, a subset of PY 2018 PI **measures** will be publicly reported on group and individual clinician profile pages as **star ratings**[1].

- For the first time, a subset of PY 2018 PI **attestations** will be publicly reported on group and individual clinician profile pages as **checkmarks**[1].

- A full list of PI measures and attestations targeted for public reporting will be available on the [Physician Compare Initiative](#) page.

Electronic Health Record Technology participation

A clinician can choose from many activities to demonstrate use of secure Electronic Health Record Technology. If this clinician participated in any Electronic Health Record Technology activities in 2018, they're listed below.

✓ Submits or is working to submit data to secure public health databases.

✓ Submits or is working to submit data to a secure clinical data registry.

Electronic health record technology performance

The electronic health record technology (EHR) star ratings are based on performance information this clinician reported to Medicare based on a set of specific criteria and guidelines about demonstrating use of EHR technology.

More stars are better. Medicare assigns star ratings based on a benchmark so you can compare this clinician's score to the best performers. Select "Show +" to read more information.

| Providing patients with timely access to view, download, and transmit their health information. | ★★★★☆ | Hide − |

To give this clinician a star rating, Medicare looked at the percentage of this clinician's patients who were provided timely access to their health information to view online, download, and transmit to a third party.

| Patients viewing, downloading, or transmitting their electronic health data. | ★★★☆☆ | Show + |

| Using health data reported by patients. | ★★★☆☆ | Show + |

| Receiving a summary of care for referred patients. | ★★★★☆ | Show + |

[1] The pictures are examples of what 2018 performance information may look like on Physician Compare profile pages and are subject to change.

Improvement Activities

- For the first time, IA attestations will be displayed on group and individual clinician profile pages as checkmarks.

- All 113 PY 2018 IA attestations passed public reporting standards.

  - Maximum of 10 attestations per profile page will be reported according to consumer preference.

  - For reporters with more than 10 attestations, the 10 most highly reported attestations by entity will be selected for public reporting on profile pages.

  - All MIPS Improvement Activities that meet the Physician Compare public reporting standards will be made publicly available in the Downloadable Database.

- A full list of IA attestations targeted for public reporting will be available on the Physician Compare Initiative page.

- PY 2018 MIPS IA performance category scores will be publicly reported in the Physician Compare Downloadable Database.

Cost

- Physician Compare will not publicly report PY 2018 cost measure performance information as it does not meet public reporting standards.

- PY 2018 MIPS Cost performance category scores will be publicly reported in the Physician Compare Downloadable Database.

- The Physician Compare support team will continue to evaluate ways to publicly report performance information in this performance category in future years.

Physician Compare Downloadable Database

- The Physician Compare Downloadable Database will include all performance information from profile pages, as well as:
  - Measures that met statistical public reporting standards but were not selected for public reporting on profile pages
  - Measure denominators
  - Measure benchmarks (if applicable)
  - Final score and performance category scores (MIPS Quality, PI, IA, and Cost)
- Aggregate performance information will be publicly available on Physician Compare in downloadable format and updated periodically beginning with performance year 2018.
- As required by MACRA, the Physician Compare Downloadable Database includes utilization data, which provides information on services and procedures provided to Medicare patients by clinicians.
  - A subset of 2017 utilization data will be published in the Downloadable Database.

Downloadable Database – PY 2017 vs. PY 2018

Performance Information Type	Individual Clinicians		Groups	
	PY 2017	PY 2018	PY 2017	PY 2018
MIPS Quality	108	139	107	148
QCDR Measures	13	12	7	11
CAHPS for MIPS	n/a	n/a	8	7
MIPS PI Measures	7	16	7	16
MIPS PI Attestations	4	26	4	26
MIPS IA Attestations	n/a	113	n/a	113

Groups in Alternative Payment Models

- Groups that participated in Next Generation or Medicare Shared Savings Program ACOs will have an indicator on their profile page.
  - Physician Compare will link groups to APM profile pages for selected Medicare Shared Savings Program and Next Generation ACO profile pages[1].

Innovative model participation

Alternative Payment Models (APMs) aim to improve the quality and cost-efficiency of care for patients and populations. APMs can apply to aspects of care such as a specific condition, a care episode, or a population.

Name of Alternative Payment Model (APM): ⓘ
MEDICARE SHARED SAVINGS PROGRAM

Participates through JOHNS HOPKINS MEDICINE ALLIANCE FOR PATIENTS, LLC

⊘ This group participates in an Alternative Payment Model (APM) with Medicare that aims to improve care delivery for patients.

This does **not** directly affect the way that you pay the group.

[1] The picture is an example of what APM information may look like on Physician Compare profile pages and is subject to change.

ACO Performance Information

- 2018 Medicare Shared Savings Program and Next Generation ACO performance information will be publicly reported on Physician Compare ACO profile pages.

- 2018 ACO performance information is **not available** in the Physician Compare Preview Portal[1]. ACOs are able to review their annual performance information via their 2018 Quality Performance Reports.

- Visit the Physician Compare Initiative page for a full list of ACO quality measures, including CAHPS for ACOs, targeted for public reporting[2].

[1] The Physician Compare Preview Portal can be accessed via https://qpp.cms.gov/login
[2] If you are part of an ACO and have any questions about the ACO reports, please contact the ACO team at ACO@cms.hhs.gov.

Clinicians in Alternative Payment Models

- Clinicians who participated in the following APMs will have an indicator on their profile page[1].

  - Medicare Shared Savings Program Accountable Care Organizations
  - Comprehensive ESRD Care Model
  - Next Generation ACO Model
  - Comprehensive Primary Care Plus Model
  - Million Hearts: Cardiovascular Disease Risk Reduction Model
  - Comprehensive Care for Joint Replacement Payment Model
  - Frontier Community Health Integration Project Demonstration
  - Oncology Care Model

  - Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents: Phase 2
  - Transforming Clinical Practice Initiative
  - Bundled Payment for Care Improvement Model 2
  - Bundled Payment for Care Improvement Model 3
  - Bundled Payment for Care Improvement Model 4
  - Accountable Health Communities Model
  - Bundled Payment for Care Improvement Advanced Model
  - Maryland All Payer Hospital Model

Innovative model participation

Alternative Payment Models (APMs) aim to improve the quality and cost-efficiency of care for patients and populations. APMs can apply to aspects of care such as a specific condition, a care episode, or a population.

Name of Alternative Payment Model (APM): ℹ
Transforming Clinical Practice Initiative

✓ This clinician participates in an Alternative Payment Model (APM) with Medicare that aims to improve care delivery for patients.

This does **not** directly affect the way that you pay the clinician.

Performance Information for Clinicians in APMs

- Clinicians who participated in an APM in 2018 may or may not have individual performance information available on their profile pages.

Qualifying APM Participants in Advanced APMs	Clinicians in MIPS APMs	Clinicians in All Other APM Types
MIPS performance information submitted by a Qualifying APM Participant in an Advanced APM as an individual will NOT be publicly reported on the clinician's profile page.	MIPS performance information submitted by an eligible clinician with a TIN/NPI in a MIPS APM: • May be available for public reporting on their clinician profile page. • Is eligible for opt-out during the Physician Compare Preview Period.	MIPS performance information submitted by an eligible clinician in APMs that are neither an Advanced APM or a MIPS APM may be publicly reported on their clinician profile page.

Frequently Asked Questions

Frequently Asked Questions

- How is performance information selected for public reporting?

- How are star ratings calculated?

- Are the measures and activities selected for public reporting the same as those used for scoring under the MIPS program?

- If my performance information changed as a result of Targeted Review, what will be publicly reported?

Have questions about the Physician Compare Preview Period?

- Forgot your credentials? Go to the CMS Enterprise Portal to reset your user ID or password.

- Don't have a user account yet? Visit the CMS Enterprise Portal to create one, or call 1-866-288-8292. For TTY: 1-877-715-6222.

- Contact PhysicianCompare-Helpdesk@AcumenLLC.com if you have scores that do not match your performance feedback report or if you have questions about the Physician Compare Preview Period.

- Visit the Physician Compare Initiative page for the following additional information and resources about the Preview Period:

  - Guide to the Physician Compare Preview Period

  - 2018 Clinician Performance Information Available for Preview

  - 2018 Group Performance Information Available for Preview

  - Part II: Accessing and Navigating the Physician Compare Preview Portal (Presentation)

Disclaimer

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