Physician Compare Benchmark & 5-Star Rating

Webinar and Q&A session

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Agenda

• Purpose of the Session
  – Explain benchmark background & methodology
  – Discuss options for a 5-star rating

• Q&A
Housekeeping

• Question & answer
  – Raise your hand
  – Type a question

• Questions? Contact us at PhysicianCompare@Westat.com
Background

Two-Fold Purpose

Encourage people with Medicare to make informed choices

Incentivize clinicians to maximize performance
## Performance scores on Physician Compare

<table>
<thead>
<tr>
<th></th>
<th>Groups</th>
<th>Clinicians</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Downloadable database</strong></td>
<td></td>
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<tr>
<td><strong>Physician Compare profile pages</strong></td>
<td></td>
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<tr>
<td><strong>2015 PQRS GPRO measures collected via Web Interface or registry</strong></td>
<td>112</td>
<td>100</td>
</tr>
<tr>
<td><strong>2015 CAHPS for PQRS summary survey measures</strong></td>
<td>8</td>
<td>31</td>
</tr>
<tr>
<td><strong>2015 PQRS GPRO measures collected via Web Interface or registry</strong></td>
<td>91</td>
<td>90</td>
</tr>
<tr>
<td><strong>2015 CAHPS for PQRS summary survey measures</strong></td>
<td>8</td>
<td>16</td>
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<tr>
<td><strong>2015 non-PQRS QCDR measures</strong></td>
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Performance score display

Current display of 2015 performance scores published in December 2016

Heart disease

Some group practices do a better job than others providing care that gets the best results for patients with heart disease. Medicare gave this group practice a performance score on each measure based on how well the group provided the recommended care to patients with heart disease. The scores are presented as stars and as a percent.

Giving antiplatelet blood thinners to patients with heart disease.

More stars are better because it means more of this group practice’s patients with heart disease got antiplatelet blood thinning medicine when appropriate.

Antiplatelet blood thinners prevent cells called platelets from clumping together to form clots. Antiplatelet blood thinners such as aspirin are often used to prevent stroke, heart attack, and other heart problems.

To give this group practice a score, Medicare looked at the percentage of this group practice’s patients with heart disease who got antiplatelet blood thinning medicine when appropriate.
Why a benchmark?

• A benchmark is the first step in developing a 5-star rating.

• A benchmark helps users understand performance scores on Physician Compare by providing:
  – Context for performance scores, and
  – A point of comparison.
• Conducted a fact-finding process and solicited input from stakeholders and our Technical Expert Panel (TEP).

• Finalized a measure-level benchmark using the Achievable Benchmark of Care (ABC™) methodology in the 2016 Physician Fee Schedule final rule.
Achievable Benchmark of Care™

✓ Well-tested, data-driven methodology
✓ Establishes top performers
✓ Provides a point of comparison
✓ Represents quality while being both realistic and achievable
✓ Based on the currently available data
1. Rank clinicians from highest to lowest performance score for a specific measure and reporting mechanism.

2. Select the subset of top clinicians 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 clinicians.
Example Benchmark Methodology

Total clinicians: 106
Example Benchmark Methodology

**Step 1**

Rank all clinicians who reported this measure from highest to lowest performance score.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 ... 106

these 106 clinicians serve: **1250 patients** with diabetes

(= total patient population)
Step 2

Select the top performing clinicians who represent at least 10% of the total patient population for this measure.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 ... 106

- top performing clinicians
- they serve 125 patients
- (10% of the total patient population)
Find the number of patients with diabetes who got a foot exam within the subset of top performing clinicians.

Top performing clinicians serve 125 patients (10% of the total patient population). Of those, 105 patients got a foot exam.
Example Benchmark Methodology

Step 4

Divide the number of patients who got a foot exam by the total patient population of the top performing clinicians.

\[
\left( \frac{105 \text{ patients \ (who got a foot exam)}}{125 \text{ patients \ (10\% \ of \ total \ patient \ population)}} \right) = 84\% = \text{ABC}^\text{TM} \text{ BENCHMARK for this measure}
\]
• Physician Compare will implement the benchmark and 5-star rating in late 2017 (using the 2016 data).
5-Star Rating

• Clinicians and groups who meet or exceed the benchmark will get 5 stars.

• Method for assigning 1 to 4 stars should:
  – Avoid forcing a star-rating distribution,
  – Not make it hard to achieve a moderate to good rating, and
  – Reliably categorize clinicians and groups into a star rating.
Choosing a 5-star rating method

1. Initial Research
   - Statistical analyses
   - TEP Input

2. Possible Methods
   - Equal-Ranges Method
   - Cluster Method

3. Additional testing/input
   - Statistical analyses
   - TEP Input
   - User testing
   - Stakeholder feedback

4. Final method
   - ?
Equal-ranges method

- Lowest performance score
- 2-star cut-off
- 3-star cut-off
- 4-star cut-off
- 5-star cut-off (ABC™ Benchmark)

≥ ABC™ Benchmark
Equal-ranges method

- Lowest performance score
- 2-star cut-off
- 3-star cut-off
- 4-star cut-off
- 5-star cut-off (ABC™ Benchmark)

One quarter of the distance between ABC™ and lowest performance score
Equal-ranges method

- **Lowest performance score**
- **2-star cut-off**
- **3-star cut-off**
- **4-star cut-off**
- **5-star cut-off (ABC™ Benchmark)**

Two quarters of the distance between ABC™ and lowest performance score.
Equal-ranges method

Three quarters of the distance between ABC™ and lowest performance score

lowest performance score

2-star cut-off

3-star cut-off

4-star cut-off

5-star cut-off (ABC™ Benchmark)

≥ ABC™ Benchmark
Equal-ranges method

- **lowest performance score**
- **2-star cut-off**
- **3-star cut-off**
- **4-star cut-off**
- **5-star cut-off (ABC™ Benchmark)**

> Three quarters of the distance between ABC™ and lowest performance score

\[ \geq ABC^{TM} \text{ Benchmark} \]
Cluster method

Group or cluster clinicians by:

Most similar performance scores
Cluster method

< Lowest performance scores

Highest performance scores >

ABC™ Benchmark
This measure was reported by 22,000 clinicians via registry.

This **benchmark** is **100%**, since many people performed well on this measure. The **lowest performance score is 0%** for this measure.
Example: Equal-ranges method

Performance scores

Lowest performance score

2-star cut-off

3-star cut-off

4-star cut-off

ABC™ Benchmark

Performance scores

- 1 - 10: 2%
- 11 - 20: 2%
- 21 - 30: 4%
- 31 - 40: 11%
- 41 - 50: 16%
- 51 - 60: 7%
- 61 - 70: 4%
- 71 - 80: 3%
- 81 - 90: 5%
- 91 - 99: 16%
- 100: 31%
Example: Cluster method
Performance score and star rating distributions

Example of performance score distribution

Example of equal ranges star rating distribution

Example of cluster-method star rating distribution
## Strengths & Limitations

<table>
<thead>
<tr>
<th>Description</th>
<th>Strengths</th>
<th>Limitations</th>
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<tbody>
<tr>
<td><strong>Option 1</strong></td>
<td><strong>Equal-ranges method</strong></td>
<td>• Not used in other CMS programs</td>
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<tr>
<td></td>
<td>• Reflects the performance scores distribution</td>
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<tr>
<td></td>
<td>• Generates more stable star rating cut-offs</td>
<td></td>
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<tr>
<td><strong>Option 2</strong></td>
<td><strong>Cluster method</strong></td>
<td>• Star rating cut-offs slightly less stable than those generated using the equal range method</td>
</tr>
<tr>
<td></td>
<td>• Reflects the performance scores distribution</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Used in other CMS programs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Clinicians &amp; groups in each cluster have similar performance scores</td>
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</tbody>
</table>
High-performing measures

- High-performing measures are measures where almost all clinicians or groups meet or exceed the benchmark.

- For these measures, we can reliably assign 5-stars, but may not be able to reliably assign 1-4 stars.

- We are considering two options for publicly reporting these measures.
# High-performing measures

<table>
<thead>
<tr>
<th>Description</th>
<th>Pro</th>
<th>Con</th>
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<tbody>
<tr>
<td>Option 1</td>
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</table>
| If 1 to 4 stars cannot be reliably assigned for a measure, only report 5 stars for that measure on profile pages.* | • More data and star ratings will be publicly reported.  
• Clinicians and groups who perform well on the measure are recognized. | • Clinicians and groups who nearly met the benchmark for the measure won’t have a star rating. |
| Option 2    |     |     |
| If 1 to 4 stars cannot be reliably assigned for a measure, do not report any star ratings for that measure on profile pages.* | • Ratings for clinicians and groups who nearly meet the benchmark for the measure will not be treated differently than 5 stars. | • Less data and star ratings will be publicly reported.  
• Users will not be able to see 5 stars for the measure. |

*All scores will be included in the Downloadable Database.*
In addition to the 5-star rating, profile pages could also include:

- Raw score,
- Benchmark score, and
- Reporting mechanism.

Aim to share enough information for users to understand the 5-star rating without causing them to misinterpret the 5-star rating.

All details will be included in the Downloadable Database.
Next steps

- Informal feedback from stakeholders, additional statistical analyses, TEP input, and user testing.
- Analyze 2016 data and determine 5-star rating by measure and mechanism targeted for public reporting based on our public reporting standards.
- Preview 5-star rating during the 30-day preview period.
- 5-star rating publicly reported on Physician Compare in late 2017.
Informal feedback questions

Please submit feedback* to the Physician Compare support team at PhysicianCompare@Westat.com by Wednesday, May 10, 2017.

1. Do you prefer the cluster method or equal-ranges method for the 5-star rating? Why?
2. Do you support only publicly reporting 5 stars for high-performing measures where almost all clinicians or groups meet or exceed the benchmark and we cannot reliably assign 1 to 4 stars? Would you prefer these high-performing measures not be reported at all? Why or why not?
3. Do you support publicly reporting only the 5-star ratings on public-facing profile pages and including all other detail in the downloadable database if this is determined to be website user preference? Why or why not?

If you have additional questions or concerns about any of these specific points or the 5-star rating in general, please include this information in your written feedback.

*2-page maximum
Q&A session

• To ask a question:
  – Raise your hand.
  – Enter a question in the chat box.

• Questions?
  – Contact Physician Compare at PhysicianCompare@Westat.com.
  – Contact the Quality Payment Program Service Center at QPP@cms.hhs.gov.
For More Information

• Please direct inquiries regarding Physician Compare to PhysicianCompare@Westat.com.

• Find additional information at CMS.gov
  – Search for “Physician Compare,” or
  – Go directly to the Physician Compare Initiative page.
Resources

- Physician Compare website
- Physician Compare Initiative page
- Downloadable database
- Quality Payment Program
Contact information

• Physician Compare support team – PhysicianCompare@Westat.com

• QualityNet Help Desk— 866-288-8912, TTY: 877-715-6222, qnetsupport@hcqis.org

• Quality Payment Program Service Center – QPP@cms.hhs.gov