

Physician Compare Benchmark & 5-Star Rating

Webinar and Q&A session

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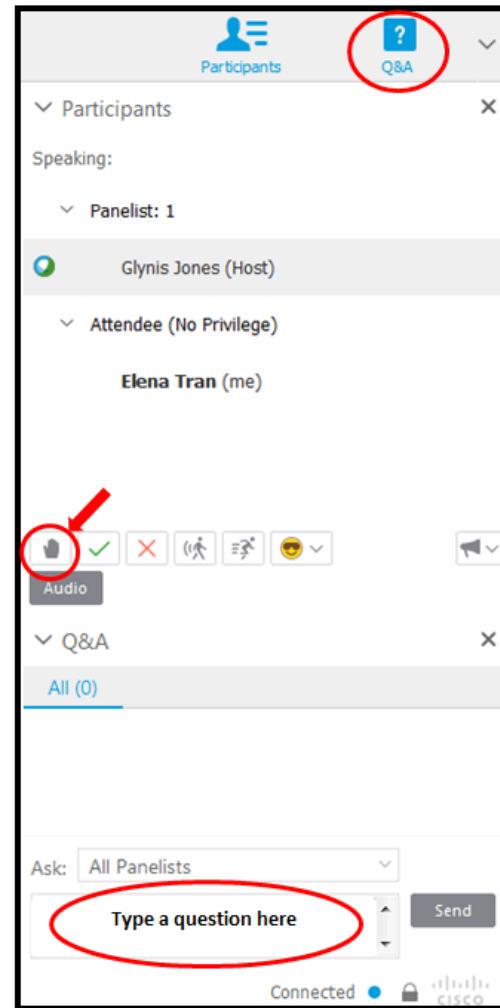
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Agenda

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

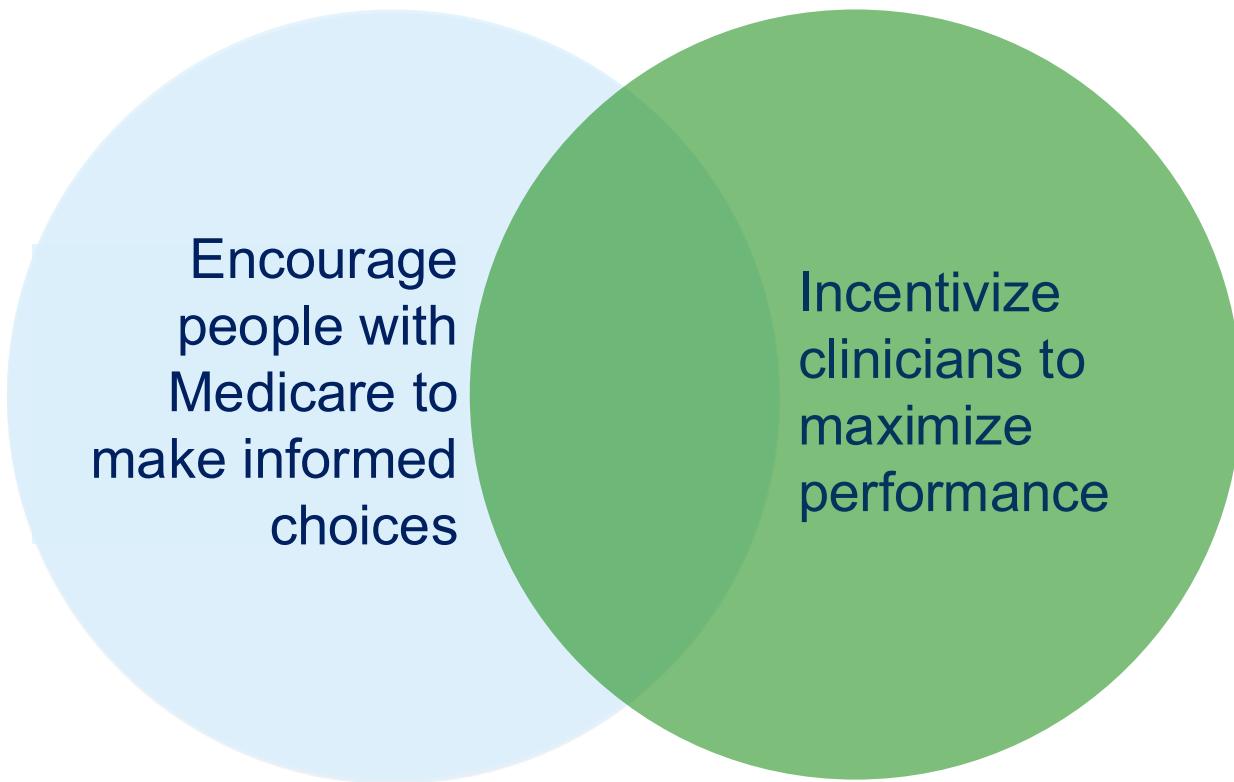
Housekeeping

- Question & answer
 - Raise your hand
 - Type a question
- Questions? Contact us at
PhysicianCompare@Westat.com



Background

Two-Fold Purpose



Performance scores on Physician Compare

 **Downloadable database**

 **Physician Compare profile pages**

Groups

112

2015 PQRS GPRO measures collected via Web Interface or registry

8

2015 CAHPS for PQRS summary survey measures

91

2015 PQRS GPRO measures collected via Web Interface or registry

8

2015 CAHPS for PQRS summary survey measures

Clinicians

100

2015 PQRS measures collected via claims or registry

31

2015 non-PQRS QCDR measures

90

2015 PQRS measures collected via claims or registry

16

2015 non-PQRS QCDR measures

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.



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.

Benchmark Background

- 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

Benchmark Methodology

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

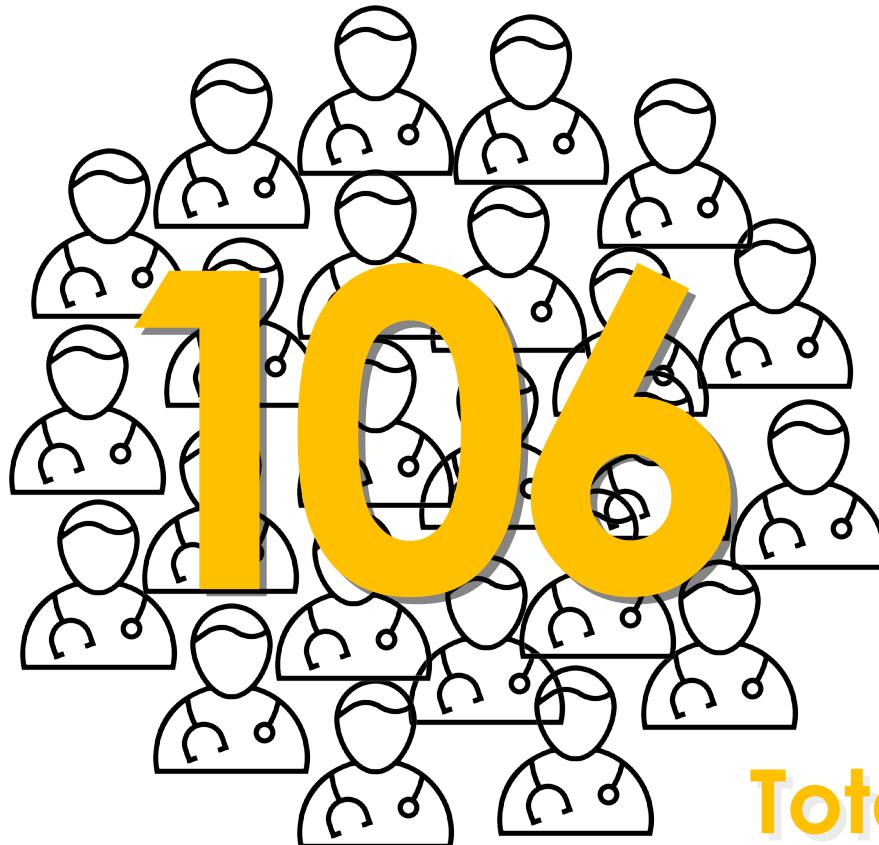
Calculate the number of patients receiving the intervention or desired level of care, or achieving the desired outcome, for that measure.

4

Divide the number of patients from Step 3 by the total patient population for the top performing clinicians.

**ABC™
BENCHMARK**

Example Benchmark Methodology



Example Benchmark Methodology

Step 1

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

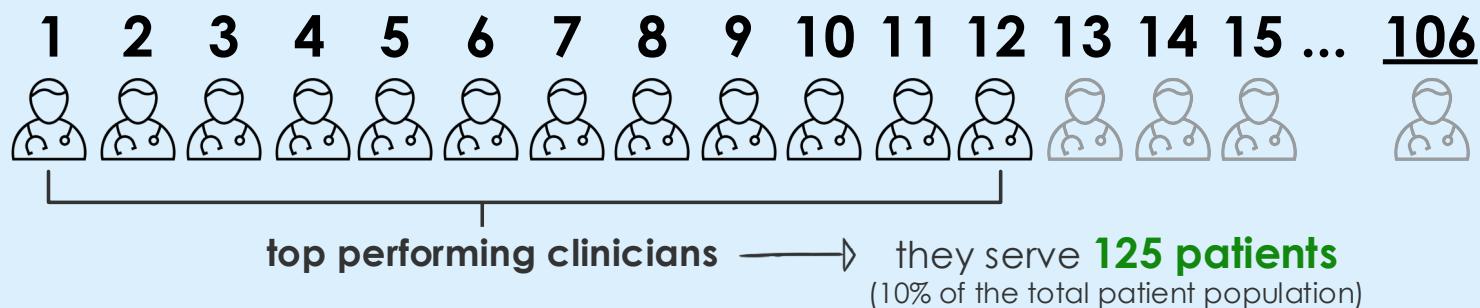


these 106 clinicians serve: **1250 patients with diabetes**
(= total patient population)

Example Benchmark Methodology

Step 2

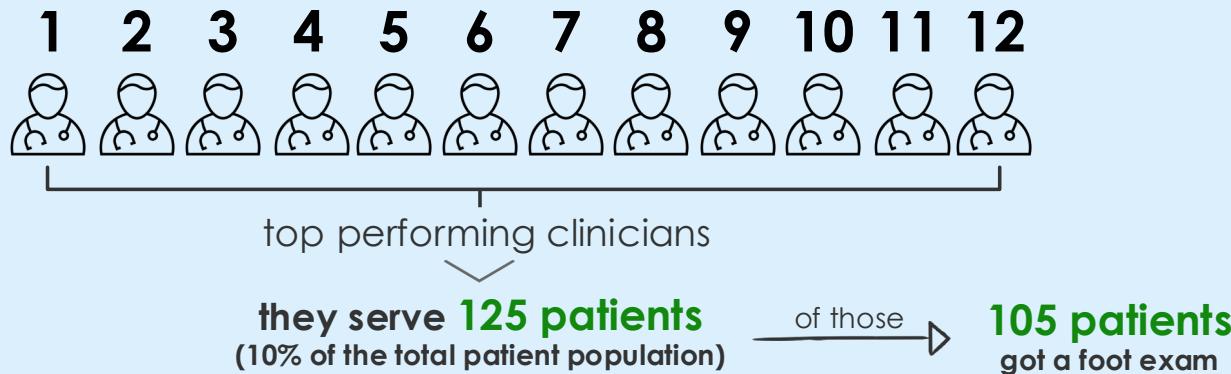
Select the top performing clinicians who represent at least 10% of the total patient population for this measure.



Example Benchmark Methodology

Step 3

Find the number of patients with diabetes who got a foot exam within the subset of top performing clinicians.



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.

$$\left(\frac{105 \text{ patients (who got a foot exam)}}{125 \text{ patients (10\% of total patient population)}} \right) = 84\% = \text{ABC}^{\text{TM}} \text{ BENCHMARK for this measure}$$

Benchmark and 5-Star Rating

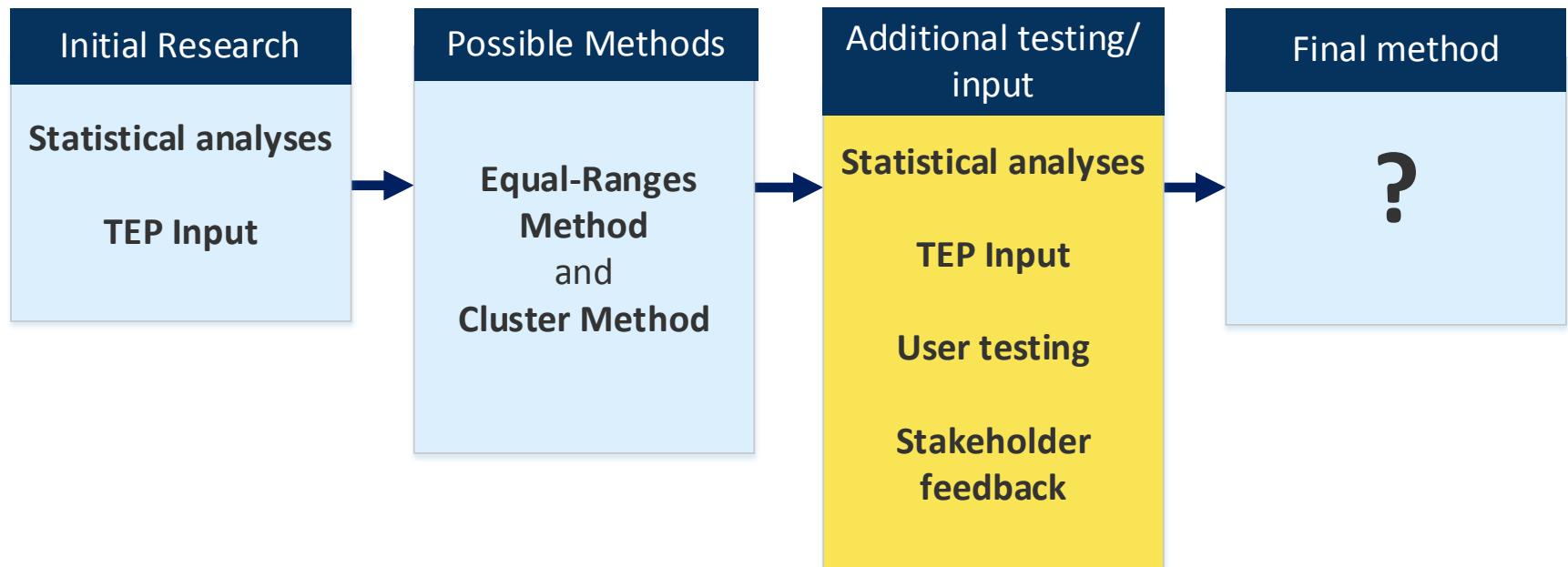
- Physician Compare will implement the benchmark and 5-star rating in late 2017 (using the 2016 data).



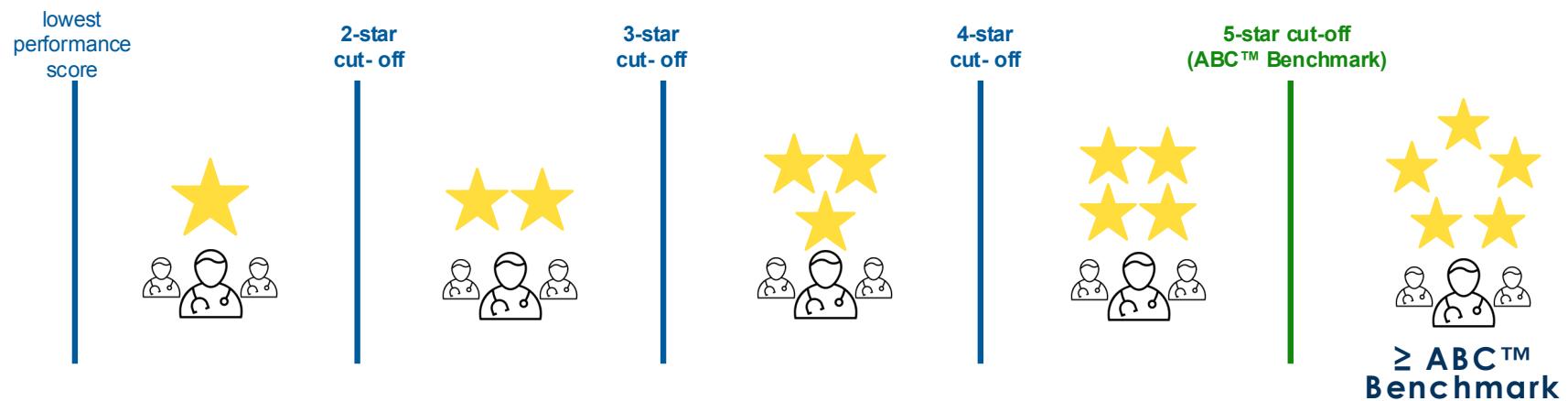
5-Star Rating

- 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.

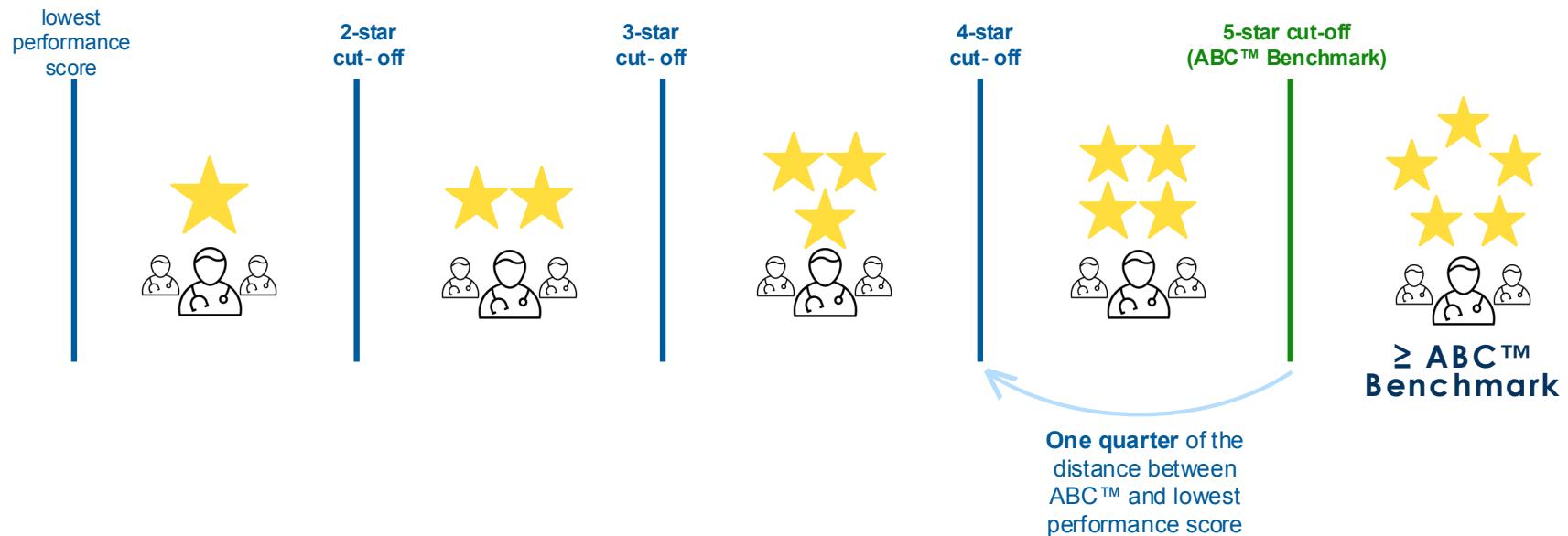
Choosing a 5-star rating method



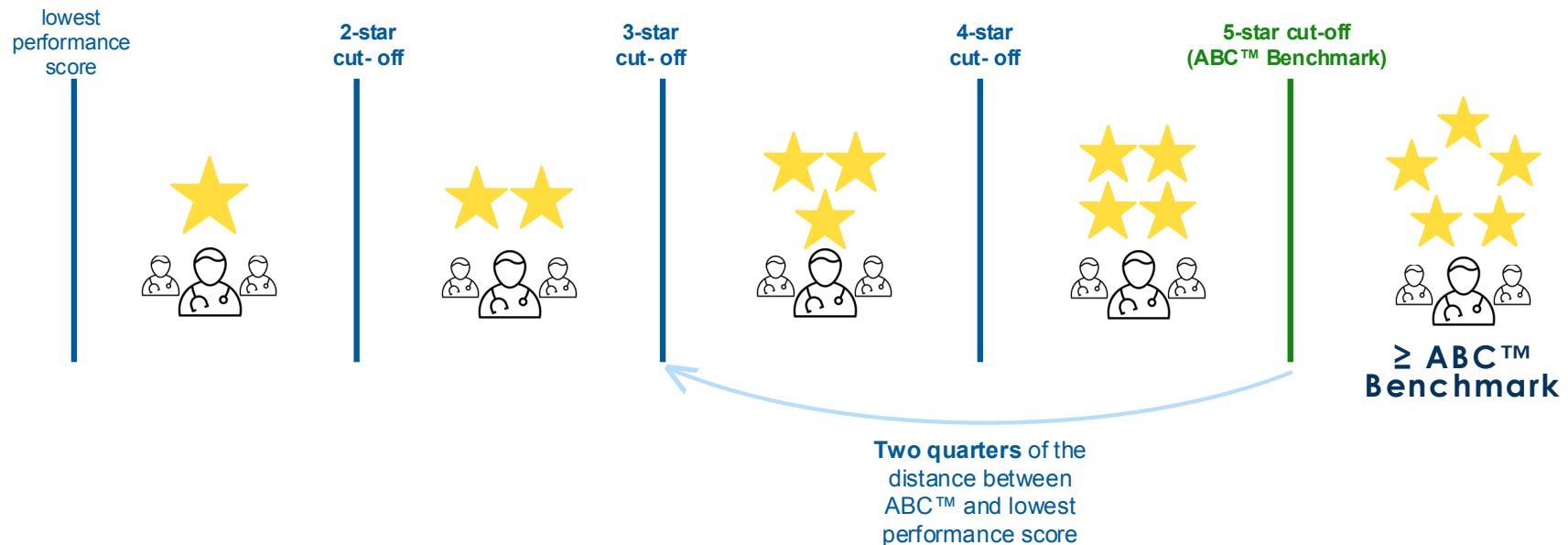
Equal-ranges method



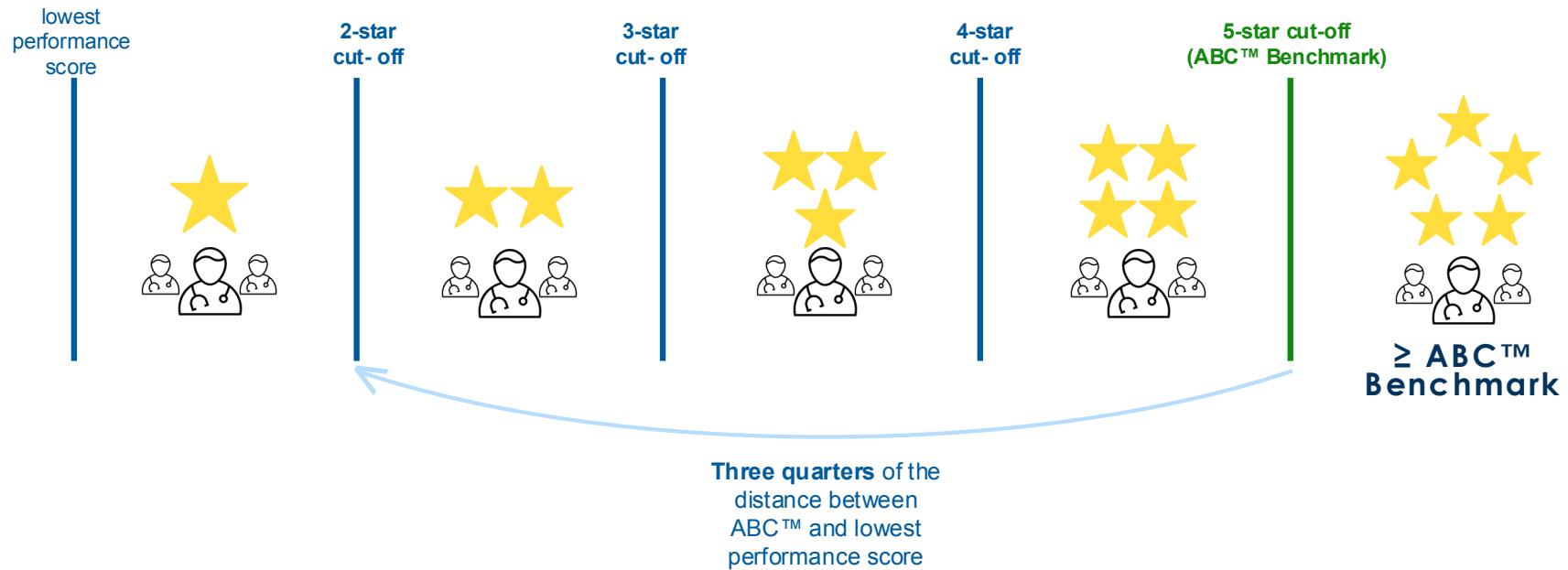
Equal-ranges method



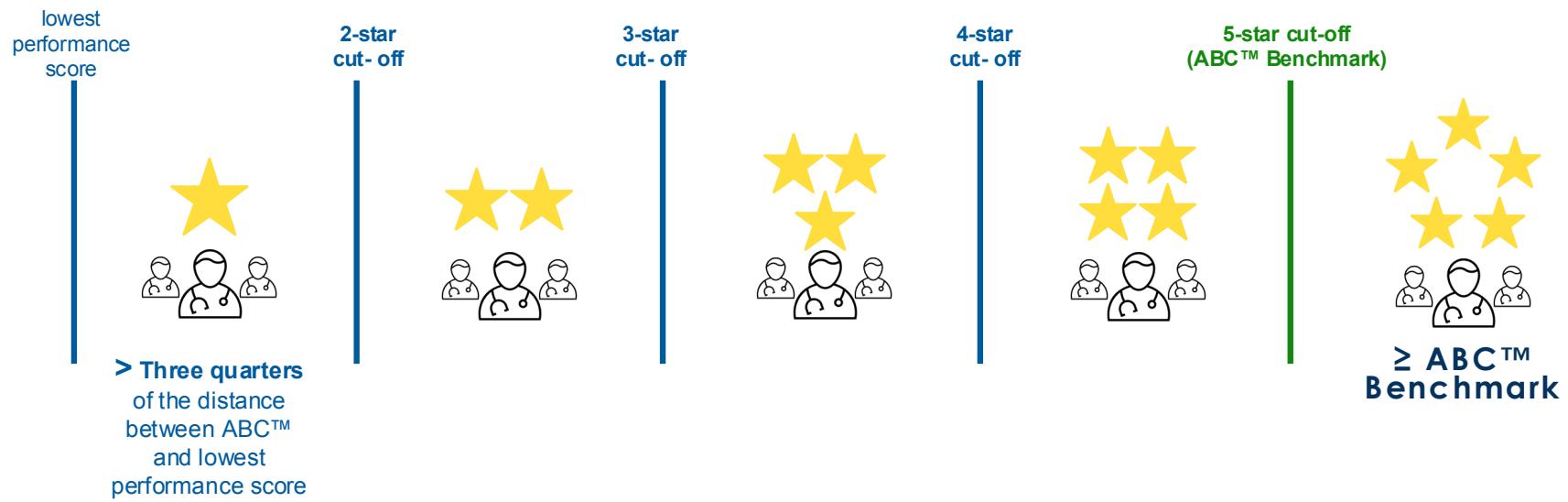
Equal-ranges method



Equal-ranges method



Equal-ranges method



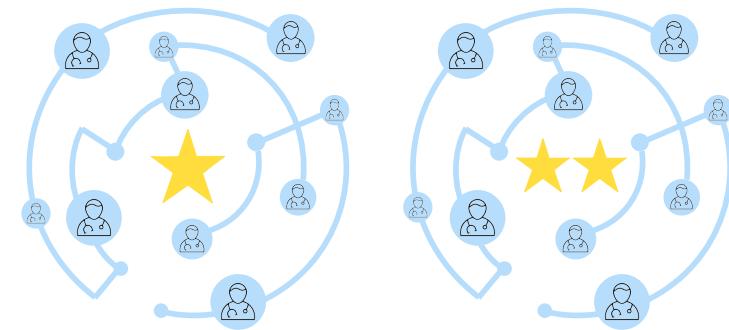
Cluster method

Group or cluster clinicians by:

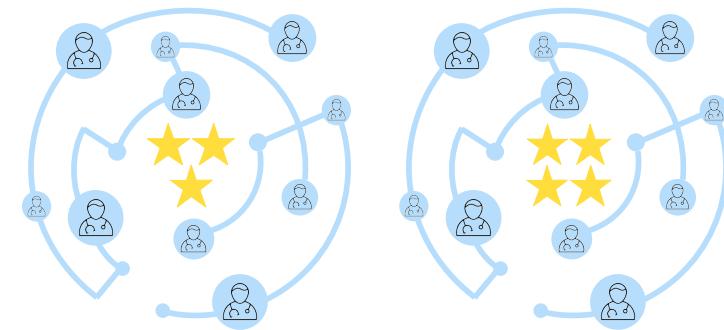


Cluster method

< Lowest performance scores



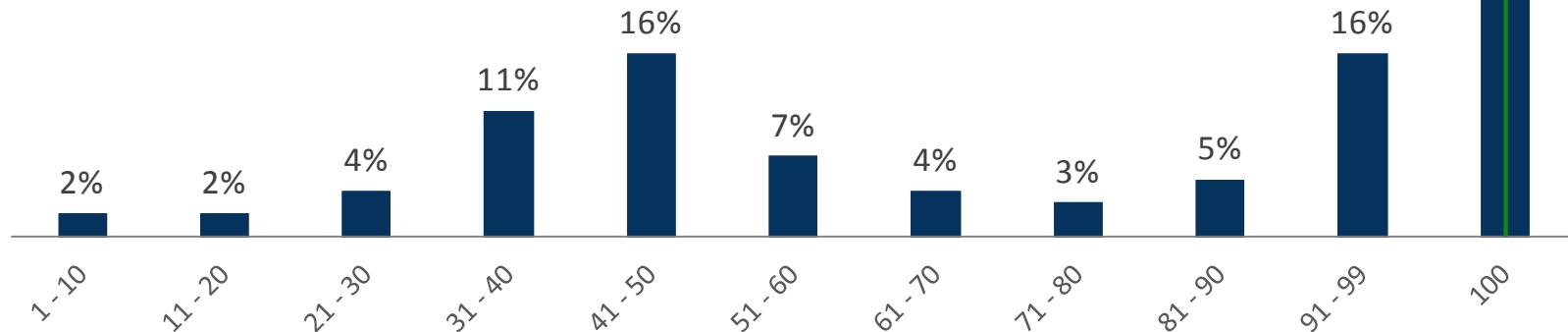
Highest performance scores >



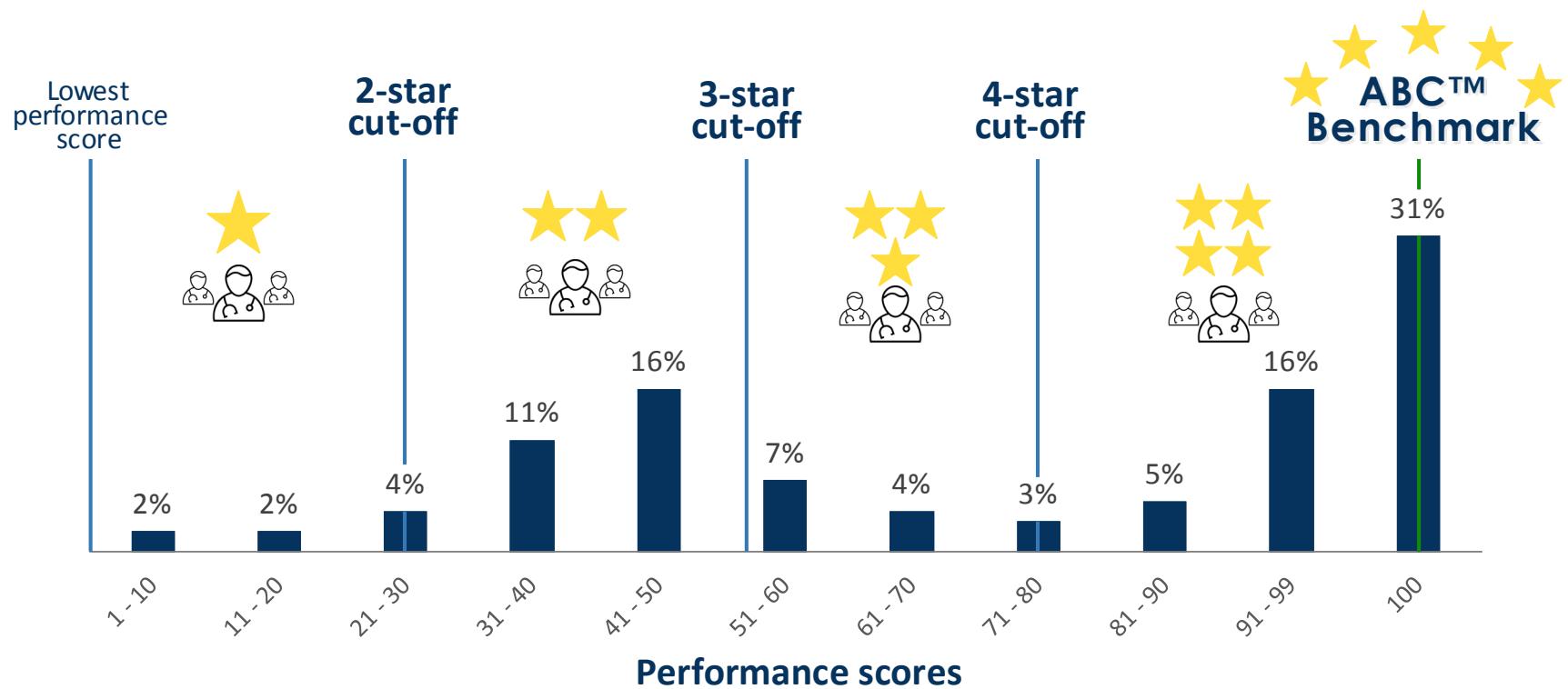
Example

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

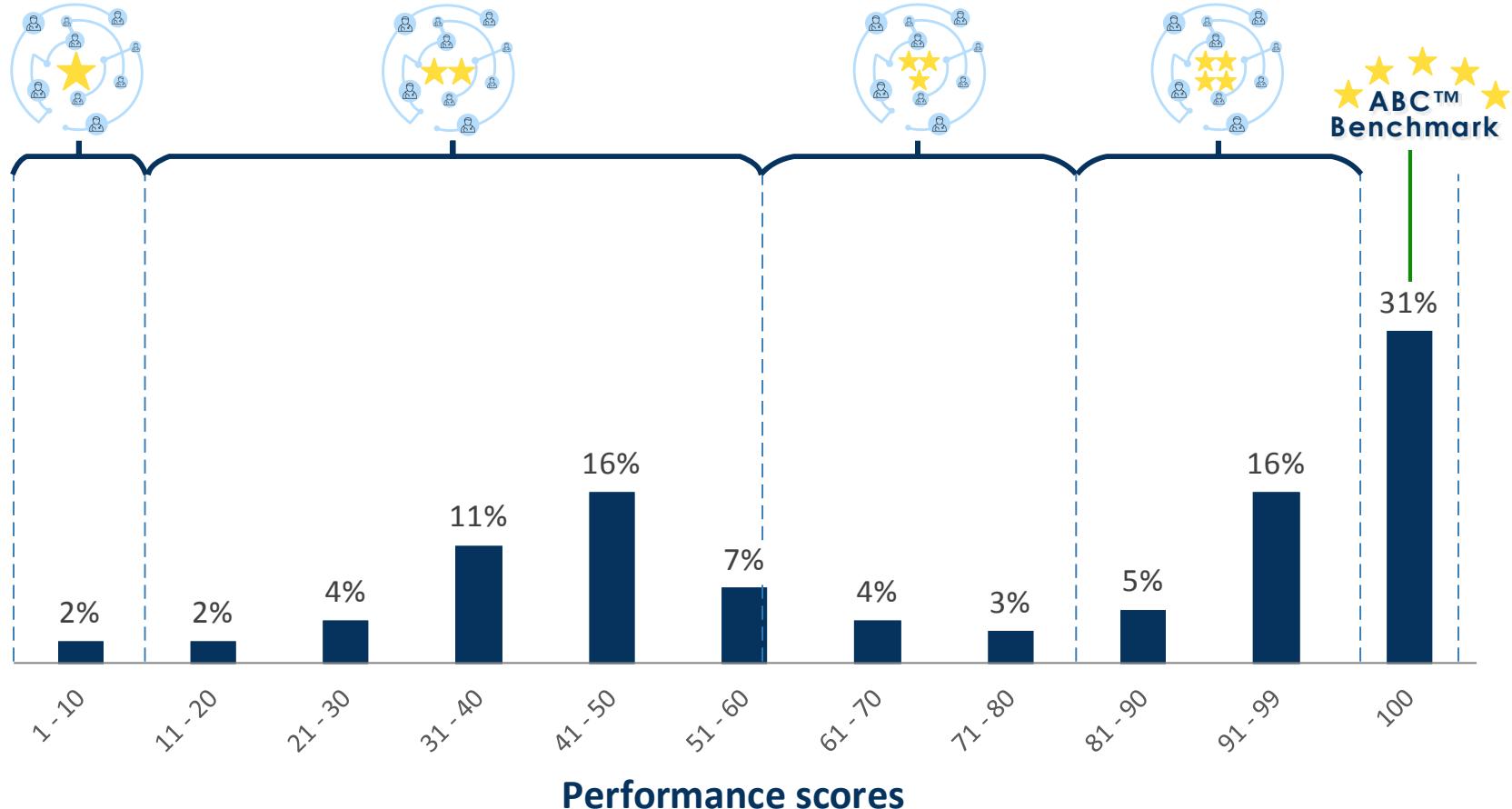
This **benchmark** is 100%, since many people performed well on this measure. The **lowest performance score** is 0% for this measure.



Example: Equal-ranges method

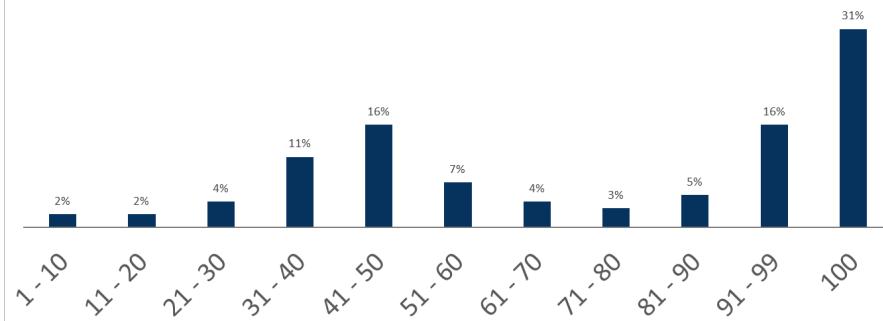


Example: Cluster method

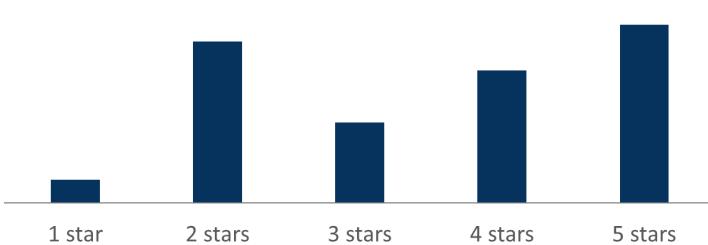


Performance score and star rating distributions

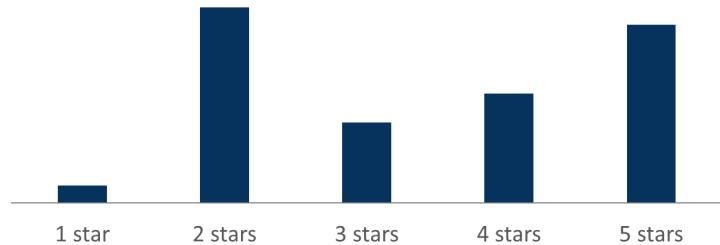
Example of performance score distribution



Example of equal ranges star rating distribution



Example of cluster-method star rating distribution



Strengths & Limitations

	Description	Strengths	Limitations
Option 1	Equal-ranges method	<ul style="list-style-type: none">• Reflects the performance scores distribution• Generates more stable star rating cut-offs	<ul style="list-style-type: none">• Not used in other CMS programs
Option 2	Cluster method	<ul style="list-style-type: none">• Reflects the performance scores distribution• Used in other CMS programs• Clinicians & groups in each cluster have similar performance scores	<ul style="list-style-type: none">• Star rating cut-offs slightly less stable than those generated using the equal range method

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

	Description	Pro	Con
Option 1	If 1 to 4 stars cannot be reliably assigned for a measure, only report 5 stars for that measure on profile pages.*	<ul style="list-style-type: none">More data and star ratings will be publicly reported.Clinicians and groups who perform well on the measure are recognized.	<ul style="list-style-type: none">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.*	<ul style="list-style-type: none">Ratings for clinicians and groups who nearly meet the benchmark for the measure will not be treated differently than 5 stars.	<ul style="list-style-type: none">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.

Benchmark & 5-star rating display

- 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

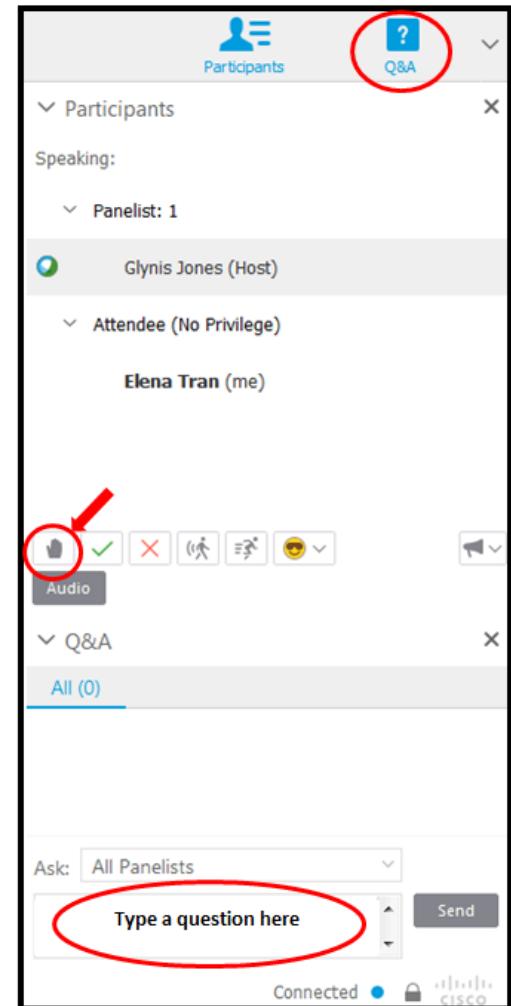
Please submit feedback* to the Physician Compare support team at PhysicianCompare@Westat.com by Wednesday, May 10, 2017.

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.

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