

Summit Documentation Article XVIII

DO YOU KNOW ABOUT THE PHYSICIAN COMPARE WEBSITE?

First convened in September 2007, the Chiropractic Summit represents leadership from some 40 organizations within the profession. The Summit meets regularly to collaborate, seek solutions, and support collective action to address challenges with the common goal of advancing chiropractic.

A major focus of the Summit has been to improve practitioner participation, documentation, and compliance within the Medicare system. The article that follows is the eighteenth in a series developed by the Chiropractic Summit Documentation Committee.

Currently, Physician Compare is a website that allows consumers to search for, and obtain information about, physicians and other healthcare professionals who provide Medicare services. It is important to know about this web site and the information it contains.

What is Physician Compare?

The Patient Protection and Affordable Care Act (ACA) required the Centers for Medicare and Medicaid Services (CMS) to establish the Physician Compare website. As a result, the site was launched on December 30, 2010. This site has a two-fold purpose:

- To provide information for consumers to encourage informed healthcare decisions; and
- To create explicit incentives for physicians to maximize performance.

What information is currently available on Physician Compare?

Some of the information **currently** on the site includes:

- Physicians' names, addresses where they see patients, and phone numbers
- Primary and secondary specialties
- Professional school and year of graduation
- Gender
- If physicians speak languages other than English
- **If physicians accept Medicare assignment**
- **Successful participation in the Physician Quality Reporting System (PQRS)**
- **Successful participation in the Electronic Health Incentive Program**
- Hospital affiliation
- Group affiliation

How are CMS' quality programs related to Physician Compare?

Physician Compare includes information about physicians who satisfactorily participate in CMS quality programs.

The Physician Quality Reporting System* (PQRS) is a pay-for-reporting program that gives eligible professionals incentives and payment adjustments if they report quality measures satisfactorily. Although PQRS is a standalone program, it touches on other CMS programs that require quality reporting, such as the EHR Incentive Program and the Value-based Payment Modifier*. This Medicare program encourages physicians to report information about the quality of the care they provide to people with Medicare who have certain medical conditions. Physicians can choose whether to report quality information through PQRS.

Profile pages show whether physicians have successfully taken part in PQRS.

The Electronic Health Record (EHR) Incentive Program is a Medicare program that provides incentives and payment adjustments to eligible professionals who use certified EHR technology in ways that may improve healthcare. **Profile pages will show if physicians are successfully participating in the EHR Incentive Program.**

What information will be added to Physician Compare in the future?

CMS has begun to implement a plan to make quality data available on Physician Compare. In the future, Physician Compare profiles will include information such as:

- The measures collected under the Physician Quality Reporting System (PQRS)
- An assessment of patient health outcomes and functional status of patients
- An assessment of the continuity and coordination of care as well as care transitions
- An assessment of efficiency
- An assessment of patient experience and patient, caregiver, and family engagement
- An assessment of the safety, effectiveness, and timeliness of care

Please note this data will 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).

The plan for Physician Compare also includes publically reporting patient experience data, such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures, for group practices of two or more eligible professionals. These measures include patient evaluation of things such as:

- Getting timely care, appointments, and Information
- How well providers communicate
- Patient's rating of provider
- Access to specialists
- Health promotion & education
- Shared decision making
- Health status/functional status
- Courteous and helpful office staff
- Care coordination
- Between visit communication

CMS will also be posting a list of individual physicians who satisfactorily report under PQRS (in addition to this being noted on the physician profiles).

Where do they get the information found on Physician Compare?

The underlying database on Physician Compare is generated from PECOS, as well as Fee-For-Service (FFS) claims, and it is therefore critical that physicians ensure their information is up-to-date and as complete as possible in the national PECOS database. (To update information not found in PECOS, physicians should contact the Physician Compare support team.)

**** To learn more about the Physician Quality Reporting System (PQRS) and the Value-Based Payment Modifier (VM), a webinar by Susan McClelland is available. For more information on this webinar: <http://www.chirohealthusa.com/special/pqrs-webinar>***

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