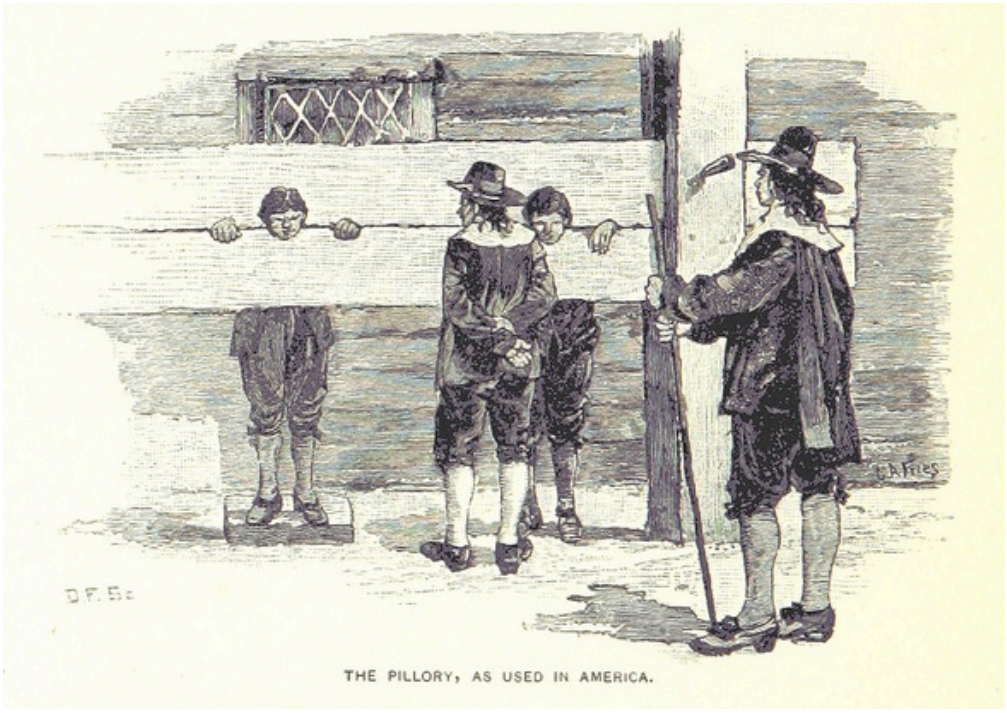
# Will Medicare's Published Physician Quality Data Push Your Patients Away?

written by Theresa Hush | July 15, 2015




CMS isn't the only group scrutinizing your quality and cost data any more. As the next step toward value-based health care, Medicare has begun publishing provider performance data for PQRS under "Physician Compare." Now patients and their families can make their own data-driven choices about health care providers with an online search.

The website is a game-changer. Performance variation between providers is startling. There are 50 provider groups with performance at or lower than 65 percent for at least one published measure. By contrast, a handful of groups show all four measures over 95 percent. The 2013 data are limited and do not include all providers. Yet the information provides a powerful first impression.

Would an internet-savvy family member try to convince a parent to leave you, based on the data? Take notice, physicians and health systems: Data will drive business.

## Physician Compare Data for PQRS at a Glance

Physician Compare is still evolving in scope of data publication, and Medicare is still tweaking its calculations to instill more fairness and accuracy. But publication has begun, and benchmarks are under discussion for the future. For PQRS measurement year 2013, this is what was on the site last week:

623 Provider Groups who Reported PQRS or eRx in 2013 are listed.
Of the 623 Groups, Medicare published data for 138.
Data is only for groups that reported through the Group Reporting Option (GPRO) Web Interface.
Aggregate data for four (of 22) GPRO PQRS measures are published for each group:

- Controlling blood sugar for patients with diabetes;
- Controlling blood pressure in patients with diabetes;
- Prescribing aspirin to patients with diabetes and heart disease;
- Prescribing medicine to improve the pumping action of the heart in patients who have both heart disease and certain other conditions.

The published measure data is specific to the group's performance.

Physician Compare also has other data on providers, such as a list of all providers, whether they accept Medicare assignment, their specialties, and in which of the quality programs they chose to participate. As the site and Medicare's programs develop, Physician Compare will undoubtedly become a primary source of physician quality, cost and Medicare participation data.

## How Can You Improve Your Standing in the Public Data?

Published data has some important implications for how providers should manage their public image. Although Physician Compare will change significantly in the future, here is how to help manage your situation now:

Reevaluate Your PQRS Reporting Options. So far, Medicare has restricted 2013 data publication to only groups reporting through the GPRO web interface method of PQRS reporting. You should evaluate your use of this option and consider GPRO Registry reporting instead for several reasons. (If you missed the June 30 self-nomination deadline, use the next months to get organized for 2016.)

- First, reporting on a sample of patients for quality data submittal can be a disadvantage. With an unknown effect on your total performance scores, why take a chance that you will lower your public performance profile?
- Second, although it is likely that all Medicare performance will eventually be published, Medicare has probably started with GPRO Web Interface because the measures are the same for all providers and therefore easier to compare. Consider whether you want to self-select your organization for publication by choosing this reporting method.

Evaluate your Data and Patient Attribution. As for all Medicare value-based health care programs including ACOs, the patients in your sample are there because of an algorithm Medicare used to assign them to you. Groups that report through the GPRO Web Interface tend to be large multi-specialty or academic groups, with high numbers of specialists. You may not actually be managing patients for the conditions being reported, yet you could be the attributed provider.

Evaluating the patient data through a Registry may suggest a path to improve attribution by coordinating care with referring primary care physicians or your own primaries. This will be especially important for avoiding penalties under the Value-Based Payment Modifier (VBPM), where your quality and cost calculations will be compared against other groups. The VBPM has a similar attribution methodology, so taking action to make sure that your specialty patients have (and see) a primary care coordinator will help you.

Measure your performance for all patients, including Medicare beneficiaries on an ongoing basis, using a Registry. Medicare may be ahead of the curve in publishing performance, but health plans and employers are contracting on the basis of quality and cost. Most large groups decided to use the GPRO Web Interface because it seemed easy and avoided either building or buying technology.

Consider whether avoiding $50,000 or more investment in PQRS Reporting (depending on your size) is worth the risk of losing several million in penalties under the VBPM. These are related—if your publicly reported performance is lower than your peers, your quality score under the VBPM is likely to be, too. And how much more will your revenues decline by the movement of your patients to higher performing groups?

Public reporting will grow gradually, but it will not take long before patients and families are ready to trust data rather than word-of-mouth in choosing providers. From that point, we can also imagine that Medicare patients could be offered a financial incentive to use higher performing/lower cost groups for health care services.

Likewise, cost-conscious ACOs and non-participating primary care or specialty groups—also with access to Physician Compare data—have a built-in incentive to use the data to alter their referral profiles. Because of the Medicare VBPM and ACO attribution methodologies, which are aligned, both groups have the motivation to reduce their total costs per beneficiaries, avoid penalties and achieve incentive monies or shared savings.

Many large systems are beginning to form ACOs or develop methods of internally measuring performance. But we're still far from the goal. Comparative data is a moving

target—performance must always improve in order to keep pace with the competition. Medicare's publication of performance data, coupled with VBPM penalties and ACO risk, will put pressure on groups to monitor their performance data along with social reputation. And, it will be the key to involving patients in decisions about where to seek "value" in their health care.

Download your free copy of the ICLOPS *Insider's Guide to PQRS 2015 Reporting: How to Succeed in the Value-Based Health Care Environment*.

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