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Pam Joslin, MM, CMC, CMIS, CMOM, CMCO, CEMA

On the topic:
Quality Data and Physician Compare
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Quality Data and Physician Compare

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Pam Joslin MM, CMC, CMIS, CMOM, CMCO, CEMA
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History of Physician Compare

- CMS created Physician Compare in December 2010 as required by the Affordable Care Act (ACA) of 2010.
- Performance scores on Physician Compare help you make informed decisions and also encourage clinicians to provide you the best care.
Physician Compare was officially launched on December 30, 2010. The underlying data source is the Medicare Provider Enrollment, Chain, and Ownership System (PECOS), which is the system Medicare uses to enroll and revalidate physicians and other health care professionals.

Since then, a number of enhancements to the site have been made through quarterly releases.

MACRA requires that performance and participation information under MIPS and APMs be made available for public reporting on the Physician Compare website.

The primary goal of Physician Compare is to help Medicare consumers make informed healthcare decisions.
About Physician Compare

• Physician Compare helps you find and compare physicians and other clinicians enrolled in Medicare so that you can make informed choices about your health care.

• **Helpful information at your fingertips**
  – Physician Compare puts up-to-date information about clinicians at your fingertips any time you need it.

• **Always check the information**
  – Physician Compare is updated often.
Resources for people with Medicare

Looking for more information? Use these resources to help you better understand Physician Compare.

Helpful information at your fingertips
Learn about Physician Compare and what it can do for you.

New to Physician Compare?
If you’re new to Physician Compare, you may have some questions.

Improving health care quality
Physician Compare tells you about what clinicians are doing to improve your care.

Resources

Frequently asked questions (FAQ)

General FAQs

How do I find doctors enrolled in Medicare on Physician Compare?

Why does it say my doctor "May accept Medicare assignment"?

Why isn’t my doctor on Physician Compare?

Why don’t I see any search results in my area?

How do I get the search to work?
Resources – Specialty Definitions

• Physician Compare lists clinicians who are qualified to practice in many specialties. Each specialty focuses on certain parts of the body, periods of life, or conditions.

• Please note that the specialties listed on Physician Compare are the specialties clinicians indicate when they enroll in Medicare.
Physician Specialties

- Addiction medicine
- Allergy / Immunology
- Anesthesiology
- Cardiac electrophysiology
- Cardiac surgery
- Cardiovascular disease (Cardiology)
- Chiropractic
- Colorectal surgery (Proctology)
- Critical care (Intensivists)
- Dermatology
- Diagnostic radiology
- Emergency medicine
- Endocrinology
- Family practice

Physician Specialties

- Gastroenterology
- General practice
- General surgery
- Geriatric medicine
- Gynecological oncology
- Hand surgery
- Hematology
- Hematology / Oncology
- Hospice and palliative care
- Infectious disease
- Internal medicine
- Interventional cardiology
- Interventional pain management
- Interventional radiology
- Maxillofacial surgery
- Medical oncology
- Nephrology
### Physician Specialties

- Neurology
- Neuropsychiatry
- Neurosurgery
- Nuclear medicine
- Obstetrics / Gynecology
- Ophthalmology
- Optometry
- Oral surgery (Dentist only)
- Orthopedic surgery
- Osteopathic manipulative medicine
- Otolaryngology
- Pain management
- Palliative care
- Pathology
- Pediatric medicine
- Peripheral vascular disease
- Physical medicine and rehabilitation

- Plastic and reconstructive surgery
- Podiatry
- Preventive medicine
- Primary care
- Psychiatry
- Psychiatry (Geriatric)
- Pulmonary disease
- Radiation oncology
- Rheumatology
- Sleep medicine
- Sports medicine
- Surgical oncology
- Thoracic surgery
- Urology
- Vascular surgery
Other Clinician Specialties

- Anesthesiologist assistant
- Audiology
- Certified nurse midwife
- Certified registered nurse anesthetist
- Clinical nurse specialist
- Clinical psychologist
- Clinical social worker
- Nurse practitioner
- Occupational therapy
- Physical therapy
- Physician assistant
- Registered dietitian / Nutrition professional
- Speech-language pathology

Physician Compare Performance Scores - Example

<table>
<thead>
<tr>
<th>PHYSICIAN'S NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of Practice</td>
</tr>
<tr>
<td>Phone number of Practice</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Education</td>
</tr>
<tr>
<td>Group affiliations</td>
</tr>
<tr>
<td>Hospital affiliations</td>
</tr>
</tbody>
</table>

General Information

Medicare assignment

The group accepts the Medicare-approved amount; you won't be billed for any more than the Medicare deductible and coinsurance. Accepts Medicare assignment.
Participation in quality activities

Participation in quality activities is important because it can improve care for people with Medicare. The most recent information on quality activities is from 2015. If this group participated in any quality activities, they're listed below.

Locations

<table>
<thead>
<tr>
<th>Address of Location</th>
<th>10.05 miles</th>
</tr>
</thead>
</table>

Performance Scores

These performance scores are based on information this clinician reported to Medicare using a set of specific criteria and guidelines developed to show whether this doctor provided patients the best recommended care. Performance scores are included on Physician Compare to help you make informed decisions about your health care and to encourage all clinicians to improve the care they provide. It's important to understand that not all clinicians report the same information to Medicare, and the types of care available to report on are different depending on the types of services they provide to patients. Reporting more or less information is not a reflection of this clinician's quality. And, the performance scores are not a complete picture of the types of services this clinician provides. This is just a snapshot of some of the care this clinician provided to people with Medicare in 2015.

Preventive care: General health

Some clinicians do a better job than others providing care that keeps patients healthy. Medicare gave this clinician a performance score based on how well the clinician did on each measure. The scores are presented as stars and as a percent.

Making sure older adults have gotten a pneumonia vaccine ★ ★ ★ ★ 80%

More stars are better because it means more of this clinician's older patients got a pneumonia vaccine. Pneumonia is a common cause of illness and death in older adults and people with certain health conditions. A pneumonia vaccine helps prevent pneumonia and problems pneumonia causes. To give this clinician a score, Medicare looked at the percentage of this clinician's patients who had ever gotten a pneumonia vaccine.

Diabetes

Some clinicians do a better job than others providing care to get the best results for patients with diabetes. Medicare gave this clinician a score on each measure based on how well the clinician provided the recommended care to patients with diabetes. The scores are presented as stars and as a percent.
Foot exam for patients with diabetes ★★★★☆ 25%

More stars are better because it means this clinician gave a foot exam to more patients with diabetes. Diabetes is characterized by high blood sugar levels. Untreated diabetes can cause many problems, including nerve damage to the feet. It is recommended that patients with both type 1 and type 2 diabetes receive an annual foot exam. To give this clinician a score, Medicare looked at the percentage of this clinician's patients with diabetes who got a foot exam.

Behavioral health

Some clinicians do a better job than others screening and providing care for patients with mental health or substance use disorders. Medicare gave this clinician a score on each measure based on how well the clinician provided the recommended care for mental health or substance use disorders. The scores are presented as stars and as a percent.

Screening for tobacco use and providing help quitting ★★★★★ 92%

More stars are better because it means this clinician provided counseling to more patients who used tobacco and encouraged them to quit. Quitting tobacco lowers a patient's chance of getting heart and lung diseases. To give this clinician a score, Medicare looked at the percentage of this clinician's patients who were asked if they used tobacco at least once in the last two years. If patients were using tobacco, this clinician spoke with them about ways to help them quit using tobacco.
The Importance of Patient Satisfaction

1. Satisfied patients will share their positive experience with five others, on average, and dissatisfied patients complain to nine (or more) other people.
2. Because the cost of obtaining a patient is high, losing a patient is a substantial loss of investment.
3. There is evidence of a reciprocal relationship between patient satisfaction and continuity of care (which is associated with better patient outcomes). Conversely, dissatisfaction and complaints can mean not only loss of business/investment, but also increased risk of malpractice lawsuits.
The Importance of Patient Satisfaction

• Surveying patient satisfaction can offer patients an opportunity to participate in their care by reporting their care experiences and building engagement.
  – reliable patient reporting for certain aspects of care from specialist and primary care providers.
  – relationships between patient dissatisfaction/complaints and poor outcomes.
  – patients’ ability to accurately report their disease category.

• Patient satisfaction surveys represent real-time feedback for providers and show opportunities to improve services/ decrease risks.
• Many organizations/providers do not know how to use the patient satisfaction information they receive.
• When you ask for additional reporting, you gain insight into whether an individual patient’s ratings are representative or reasonable.
The Importance of Patient Satisfaction

• Putting patients first starts with your practice's front desk.
• There are too many times when staff is fascinatingly engaged in conversation and patients are left to wait until the conversation is finished.
• Doctors and staff must immediately acknowledge patients, which means as soon as they arrive and even via telephone.

The Importance of Patient Satisfaction

• Take a good look at both the waiting room and the treatment rooms.
• Order and systems ensure that patients will enjoy being in your care because you care about them.
• Once you are certain that the changes you’ve made seem appropriate, hire someone to mystery shop your practice. You need someone to walk the experience to ensure all you have changed works.
The Importance of Patient Satisfaction

- Patient satisfaction is an important and commonly used indicator for measuring the quality in health care.
- Patient satisfaction affects clinical outcomes, patient retention, and medical malpractice claims.
- It affects the timely, efficient, and patient-centered delivery of quality health care.

The Importance of Patient Satisfaction

- In today’s economy, the patient sees himself as a buyer of health services; therefore, a “customer”.
- Once this concept is accepted in our industry, then there is a need to recognize that every patient has certain rights and expectations, which puts a special emphasis on to the delivery of quality health care, where each individual in the practice contributes to the positive or negative experience that the patient has each time they visit the practice.
First Impressions

• Researchers have found that a first impression is made within the first seven seconds after you meet someone new.
• As you are making your approach, they are deciding if they can trust you, if you are genuinely nice, if they want to know and work with you--so many questions are answered in those first few critical seconds based on what they see, and how you make them feel.

First Impressions

"People will forget what you said. People will forget what you did. But people will never forget how you made them feel."

- Maya Angelou
Service Excellence

• Service excellence revolves around three factors:
  1. doctor
  2. patient
  3. organization

Service Excellence - Doctor

1. *Break the ice:* make eye contact, smile, call people by name, and express with words of concern.
2. *Show courtesy:* Kind gestures and polite words make a patient very comfortable.
3. *Listen and understand:* encourage patients to tell their problem. Invite and answer their questions.
4. *Inform and explain:* it promotes compliance. People are less anxious when they know what's happening.
5. *See the whole person:* see beyond illness the whole person.
Service Excellence - Doctor

- *Share the responsibility*: risks and uncertainty are facts of life in medical practice. Acknowledging risks builds trust.
- *Pay undivided attention*: this reduces distractions and interruptions as much as possible.
- *Secure confidentiality and privacy*: watch what you say, where you say, and to whom you say.
- *Preserve dignity*: treat the patient with respect. Respect modesty.
- *Remember the patient's family*: families feel protective, anxious, frightened, and insecure. Extend yourself, reassure, and inform.
- *Respond quickly*: Keep appointments, return calls, and apologize for delays.

Service Excellence - Patient

- A patient's liking the doctor has a lot to do with the patient getting better.
- The amount of time the patient spends in the waiting corridor area plays a very important role in determining the outcome of patient satisfaction.
- In general, patients expect their doctors to keep up the timings, behave cordially, and communicate in their language. They expect care, concern, and courtesy in addition to a good professional job.
Service Excellence - Hospital

• Many times it happens that with a competent doctor and a compliant patient, the problems persist because of the policies, work culture, and attitude shown by the hospital.

• Building and sustaining a service-oriented organizational culture is important for the success of any organization.

Effective Telephone Procedures

• Ensure that a smart, competent, and intelligent person is placed to handle the telephone for he or she will be the voice of the practice.

• As employees, each of us portrays the image of our practice or medical facility through the telephone.

• It's not enough to answer the phone and connect the caller with the right party. It's the way we do the answering, transferring, and handling that makes a lasting impression.
Culture of Service

• Benefits of meeting/exceeding patient expectations
• Patient loyalty and referrals
• Higher morale and clinical productivity
• Better risk management
• Strong negotiating position with payers
• “Pay for performance” incentives
• Better public image
• Better medical outcomes and ultimately career satisfaction for all

Culture of Service

• Customers make purchases on the basis of whether the product appeals to them – not whether they like the people who made it. It is different in a medical practice.
• Your people are the product and customer satisfaction depends as much as people skills as on the outcome of the treatment.
• When someone calls your office, no matter if it is a patient, physician, or staff from another office or insurance company; you are setting and demonstrating the standard for the customer service provided by your office.
COMMON QUESTIONS and ANSWERS

Will All Individual and Group Practice Measures Designated as “Available For Public Reporting” Be Included on Physician Compare?

• If a group practice or individual health care professional reports any of the measures designated as “available for public reporting” in the Physician Fee Schedule rule, then the measure may be included on the Physician Compare website.

• Only those measures deemed statistically comparable, valid and reliable and that meet public reporting standards, including the minimum 20-patient threshold, will be considered for inclusion on the website.
If the minimum threshold is not met for a particular measure, or the measure is otherwise deemed not to be suitable for public reporting, the group or individual’s performance rate on that measure will not be publicly reported.

We continue to work to ensure that measures are labeled accurately and accompanied by explanations that are both true to the measure specifications and accurately understood by health care consumers, while adhering to HHS plain language guidelines.

In the interest of transparency, all measures found to be statistically valid and reliable will be made available to all via a downloadable database on data.medicare.gov, even if they are not all listed on the Physician Compare profile pages.
How are Measures Determined to Be “Suitable for Public Reporting”?

The Physician Compare support team conducts consumer testing to evaluate the best measures to include on the public-facing profile pages.

Testing includes:

• having consumers evaluate the plain language measure descriptions to ensure that they are accurately interpreted; and

• discussing with consumers how and if the measures they are evaluating would help them make a decision about choosing a health care professional or group practice.

CMS keeps open lines of communication with stakeholders to ensure that measures considered for public reporting are clinically relevant and consistent with current practice standards.

In addition, measures must meet the public reporting requirements set out in rulemaking, as noted in the question above.
How are Measures Displayed on Physician Compare?

• Each measure title is on its own expand/collapse bar with an associated graphical representation of the percent in a series of five stars and the actual percent listed to the right. All the measures will be collapsed when a user first sees the page. A user can then expand each measure to see additional information.

• At this time, the stars are simply graphical representations of the percent. Each star represents 20% and so 100% is 5 stars, 80% is 4 stars, etc.

We anticipate that measures will display similarly for 2014 data as they are currently displayed for 2013 data. CAHPS for PQRS, which are patient experience measures, will be added.

These will have the summary survey scores displayed, and we anticipate this will be shown as both stars indicating a graphical representation of the percent and the percent performance score. The details of the measure display will be finalized after additional consumer testing is completed.
If an Individual Health Care Professional Participates Under a GPRO, Will the Individual Professional have Measure Data on His/Her Profile Page?

- Group level measures are only displayed on the group practice profile page. Individual EP data will only be displayed at the individual level.

- If an individual EP is affiliated with a group practice that has measure data, there is a check mark on the individual’s profile that indicates PQRS participation but no group-level measure data.

How are Measures Calculated?

For specific details on how measures are calculated, you can consult the PQRS specifications or contact the QualityNet Help Desk with questions.
Can Users Compare Individual Health Care Professionals or Group Practices on Physician Compare?

- Users can compare group practices on Physician Compare. You can select up to three group practices to compare side by side.

- This feature is only available for group practices at this time. CMS is considering options for including the same functionality for individual health care professionals.

What Quality Measures are Currently on Physician Compare?

- In December 2014, the 2013 PQRS GPRO Diabetes and CAD measures collected via the Web Interface were posted on Physician Compare for 139 group practices and 214 Shared Savings Program and 23 Pioneer ACOs.

- CAHPS for ACO survey measures were also added. This is the first set of patient experience of care measures to be included on Physician Compare.
What Quality Program Information is Currently Available on Physician Compare?

Physician Compare includes information about physicians and other health care professionals who satisfactorily participate in CMS quality programs.

Currently, Physician Compare publicly reports the data for the following programs.

Individual EPs have a green check mark on their profile page if they:

• Satisfactorily report under the Physician Quality Reporting System (PQRS);

Group Practices have a green check mark on their profile page if they:

• Successfully participate in the Electronic Prescribing (eRx) Incentive program;
• Participate in the Electronic Health Record (EHR) Incentive program; or
• Report as part of the 2013 PQRS Cardiovascular Prevention measures group in support of Million Hearts®.
• Group Practices have a green check mark on their profile page if they:
• Satisfactorily report under the Group Practice Reporting Option (GPRO); or
• Successfully participate in the Electronic Prescribing (eRx) Incentive program.
When Will Individual Measures Be Publicly Reported on Physician Compare?

The following individual data was made available for public reporting on Physician Compare in late 2015:

- A sub-set of 2014 PQRS individual EP measures collected via claims.
- Individual EP measures from the 2014 PQRS Cardiovascular Prevention measures group in support of Million Hearts.
- For a list of the specific measures, refer to the 2014 Individual EP Table. This was finalized in the 2014 PFS final rule.

Will CAHPS Measures for Individual Health Care Professionals Be Publicly Reported on Physician Compare?

CAHPS measures for individual health care professionals are not under consideration for public reporting on Physician Compare at this time as such data are currently not being collected.
Are ACO Quality Data Available on Physician Compare?

• Users can access these data from the Physician Compare home page by clicking on the “Accountable Care Organization (ACO) Quality Data” link in the Additional Information section. This will take you to a section of the website dedicated solely to Shared Savings Program and Pioneer ACO public reporting. At the top of the page there is general information about the ACO program and the 2014 quality data available.

• Users can search for an ACO in two ways. The first tab allows users to search for an ACO by name or browse through all ACOs with the “Search A-Z Index” option.

• Currently, 2013 measures that mirror the measures reported for group practices and CAHPS for ACO measures are available on Physician Compare.

Will There Be An Appeals Process?

• No, there will not be a formal appeals process. If measure data is collected and deemed suitable for public reporting, the data will be published on Physician Compare.

• All data will be published regardless of whether measure preview was confirmed.
How the Industry Is Responding to MACRA’s Patient Engagement Rules?

- Many stakeholders have taken a positive view of the patient engagement and care coordination provisions included in the new payment program.

- “MACRA's Quality Payment Program has the potential to be a catalyst for changing how our nation pays for health care and moving us away from fee-for-service and toward value-based payment,” said National Partnership president Debra L. Ness in a comments letter.

Tools, Tips, and Techniques

- Going forward, providers will need to prepare to successfully participate and reflect positive Physician Compare Scoring.

- Engaged patients develop and maintain a stronger bond to their medical practices and have the patient experience of greater value, trust and quality with their care which leads to patient satisfaction.

- In summary, we should always strive for better patient care through patient engagement which should lead us to increased patient satisfaction.
Questions?

• Thank you for your attendance!

• Get your questions answered on PMI’s Discussion Forum: http://www.pmimd.com/pmiForums/rules.asp