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An Analysis Of Physician Compare Website

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THE RISE OF consumer-driven health care passed a milestone on Feb. 21, when, for the first time, the Centers for Medicare and Medicaid Services, or CMS, posted on its Physician Compare website performance scores on quality measures for 66 physician group practices and 141 accountable care organizations.

For example, consumers can now see how well these groups control blood sugar and blood pressure of patients with diabetes.

These types of transparency and accountability are viewed as important goals, but questions remain about the disclosure of this data. Namely, do these measures accurately describe the quality of care delivered and is the information useful to patients?

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What is physician compare?

The Affordable Care Act required that CMS make information regarding physician performance and patient experience measures publicly available through Physician Compare. Since 2011, Physician Compare has published basic biographical information about physicians.

On Feb. 21, CMS began publishing data on how well these groups provide care to patients with diabetes and coronary artery disease.

This quality data is based on reports submitted by these groups under Medicare's Physician Quality Reporting System. CMS has announced plans to add additional quality measures — as well as the results of patient surveys — in 2014 and 2015.

The performance ratings on Physician Compare are displayed from one to five stars, with more stars being a representation of better performance. CMS chose this system to make the information user friendly.

Is this quality data accurate?

There are several concerns with the quality data currently available. First, the number of group practices reporting quality data — 66 — is very small. Comparatively, CMS reported there were 685,000 physicians enrolled in Medicare in 2012.

The number of physicians reporting quality data is expected to rise. Beginning in 2015, CMS will start to reduce Medicare reimbursement by 1.5 percent, and then 2 percent in 2016, for physicians who do not report quality data to Medicare.

Another problem is that physician demographic information on Physician Compare is still inaccurate, and it can be time consuming to correct. A recent report by the College of American Pathologists found errors in 50 percent of their members' profiles.

CMS has agreed to give physicians up to 30 days to review quality data before it is published, although CMS has indicated it will publish quality data that is still under appeal after 30 days. CMS has told providers they can expect to wait up to four months for changes to appear.

Physicians who do seek to correct inaccurate data are forced to deal with contractors hired by CMS and rather onerous administrative requirements before any changes can be made.

Third, there are only a few quality measures currently being reported and most of them focus on diabetes. CMS has announced plans to start publishing patient survey data next. With patient surveys, there are concerns regarding bias given the size of the surveyed patient population; one common concern with surveys is that patients may be more likely to comment about negative experiences.

Fourth, since the physicians are the ones who report performance on the quality measures, it is possible that the performance scores reflect poor documentation rather than poor patient care.

As of March 17, CMS has indicated that it intends to start auditing these reports for potential errors, inconsistencies and gaps in quality measure reporting.

Is this quality data useful?

The quality data must be easily accessible to be useful. Unfortunately, the Physician Compare website is not the model in user friendliness. Right now, the only way to review the quality data is by opening a spreadsheet under "Download the Physician Compare Database."

If you search by group practice name, the performance rating is not prominently featured on the group practice's landing page, but placed in the "Clinical Quality of Care" tab.

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Even if the data is accessible, the question remains whether consumers will actually find it helpful. One recent survey by a hospital in Utah found that 28 percent of those surveyed used quality data scores in making health care decisions.

Minnesota's Community Measurement Program, which has been publishing quality measures on Minnesota physicians for nine years, has reported that users tend to rely more on patient experience measures to make decisions, while performance information is more useful to providers for measuring improvement.

In order for consumers to make informed decisions about their health care, they need to be able to compare quality measures on an "apples-for-apples" basis.

The concern, as noted by the American Medical Association, is that the reporting system does not include risk adjustment specifications so that groups with different patient populations and different severities of illness, for example, can be compared side-by-side.

CMS has stated that clear standards on risk adjustment are not yet available. There are obvious concerns about the harm that can be done to a physician's reputation and business if the information is wrong or misleading.

In summary, many agree that publicizing physician performance data has the potential to inform consumer choice and enhance physician performance.

The rise of consumer-driven health care demands that such performance data be readily available. However, concerns remain regarding the accuracy and usefulness of the current data on Physician Compare. If these concerns are not addressed, public reporting can result in providing wrong or misleading information to patients with unintentional adverse consequences. •

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