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Value-Driven Healthcare)

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Randall D. Cebul  
Director  
Better Health Greater Cleveland

ATTN: Physician Compare Town Hall Meeting Comments

Nancy Clarke  
Oregon Health Care  
Quality Corporation

Dear Dr. Rapp and Ms. Raymond-Chell:

Thomas C. Evans  
Iowa Healthcare Collaborative

In response to the request from CMS in the Town Hall Meeting Background Paper issued in October, the Network for Regional Healthcare Improvement (NRHI) would like to make several specific suggestions that we believe would help ensure that the Physician Compare program is as successful as possible.

Karen Wolk Feinstein  
Pittsburgh Regional Health Initiative

David S. P. Hopkins  
California Cooperative  
Healthcare Reporting Initiative

NRHI is the national membership organization for Regional Health Improvement Collaboratives – non-profit, multi-stakeholder, community-based organizations that work to improve the quality and reduce the costs of healthcare in a specific geographic region of the country (i.e., a metropolitan region or state). Attached is a list of the 31 member Collaboratives in NRHI and a map showing their locations. Many NRHI members are also designated as Chartered Value Exchanges (CVEs) by HHS and AHRQ.

Lisa Letourneau  
Quality Counts

Mary McWilliams  
Puget Sound Health Alliance

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Louise Probst  
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Healthcare Quality

Barbra Rabson  
Massachusetts Health  
Quality Partners

John Sakowski  
Institute for Clinical  
Systems Improvement

Thomas R. Williams  
Integrated Healthcare Association

Although there are a number of national organizations which develop and review quality measures for physicians, **Regional Health Improvement Collaboratives have the most extensive experience in the nation in how to successfully implement physician measurement and public reporting efforts for a wide range of measures and for patients associated with multiple payers, and in how to ensure the reports are used to actually improve the quality of care in a community.** A number of our members have been collecting and publicly disseminating measures of the quality of care provided by physician practices in their communities for multiple years, and a growing number of our members also measure and report on patient experience and the cost of care.

Harold D. Miller  
President and CEO

**Our member Collaboratives would welcome an opportunity to share their expertise and experience with you as you implement the Physician Compare program and website both over the next few months and as you refine it in the years ahead.** Our members have extensive experience with critical issues such as:

- assuring that data made public is statistically valid and reliable;
- providing physicians with mechanisms for reviewing and correcting errors in measures before they are made public;
- obtaining and validating data from multiple sources, ranging from claims to EHRs to direct data submission by physicians;
- ensuring that publicly-reported data provide a robust and accurate portrayal of a physician or physician practice's performance;
- keeping the burden of reporting on physicians as small as possible;
- defining the conditions when measures can be reliably reported on individual physicians vs. physician groups;
- basing measurement on all patients cared for by physicians, not just those associated with a single payer;
- accurately associating physicians with physician practices;
- ensuring appropriate attribution of patients to physicians; and
- presenting the data in ways that are most understandable and usable for consumers.

In addition to these important technical issues, Regional Health Improvement Collaboratives also have unique expertise in how to ensure that quality measurement and reporting actually results in *improvements* in quality. Indeed, our Collaboratives have found that not just any kind of public reporting works; it matters *how* reporting is done. **We believe that the biggest impact of measurement and reporting comes (a) when it is done locally with the active support and engagement of the physicians and other providers who are being measured, (b) when it includes data from all payers, not just a single payer (e.g., Medicare), (c) when it is supported by efforts to educate consumers about how to properly use the information, and (d) when it is connected to training, payment reform, and other initiatives designed to help physicians overcome barriers to improvement.**

Although creation of the Physician Compare website could be very helpful in communities that do not have any existing system for physician quality reporting, **we urge you to prevent Physician Compare from confusing consumers or diverting attention from existing quality improvement initiatives in the dozens of states and regions that already do public reporting on quality.** For example, if a consumer sees a quality score in their Regional Health Improvement Collaborative's quality report for a particular physician practice, but sees a different score for the same physician practice on Physician Compare for what appears to be the same measure, it could cause that consumer to doubt the validity of both sources of information. Similarly, physicians' motivation to improve will likely be lower if they are getting different performance information from local sources and Physician Compare.

Consequently, **we urge that the Physician Compare program be implemented in a way which complements and supports the extensive measurement and reporting programs already being carried out by Regional Health Improvement Collaboratives in many parts of the country, rather than in ways that conflict with them.** In particular, we recommend that:

- **Physician Compare should begin by using only quality measures that are already successfully being used for public reporting by multiple Regional Health Improvement Collaboratives.** This will achieve several important goals: (1) it will enable Physician Compare to use measures which have already been extensively field-tested for public reporting, virtually eliminating the chances of unintended consequences from reporting them on the Physician Compare site; (2) it will minimize the likelihood that Physician Compare will confuse consumers by using inconsistent measures of performance or divert physician attention away from local quality improvement priorities being pursued by Regional Health Improvement Collaboratives.
- **Physician Compare should calculate its quality measures on all patients seen by a physician practice, not just Medicare patients.** Regional Health Improvement Collaboratives use either multi-payer claims data or direct data submission from physicians on all of their patients for two important reasons: First, the more patients used to calculate a measure, the more reliable the performance score will be; second, physicians need a single performance score with which to analyze and monitor improvement for all of their patients, not separate performance scores for each payer. Physician Compare should report measures based on all patients for similar reasons.
- **In states and regions where a Regional Health Improvement Collaborative is already collecting data from physician practices for quality measurement on all of their patients, CMS should contract with the Collaborative to use the Collaborative's data for Physician Compare, rather than CMS collecting data from physician practices directly.** This will reduce the cost of reporting for physician practices, reduce the cost for CMS to obtain all-patient data, and avoid having Physician Compare reporting different performance measures than the Collaborative's own public reporting program.
- **The Physician Compare website should have links to Regional Health Improvement Collaborative quality reporting websites where they exist.** Ideally, these links would be visibly and logically connected to the data that a user is retrieving from Physician Compare, e.g., if a user retrieves quality measures from Physician Compare on a particular physician practice located in a community that has an existing quality measurement and reporting program, the Physician Compare site should indicate that additional information is available on that physician practice at the Regional Health Improvement Collaborative's website and provide a link to that site.
- **The Physician Compare website should clearly and visibly explain any differences between the measures it reports and the measures being publicly reported by Regional Health Improvement Collaboratives.** For example, if Physician Compare reports measures based only on Medicare

patients, it should visibly highlight the fact that performance reported on Physician Compare may differ significantly from performance reported by a Regional Health Improvement Collaborative using a broader, multi-payer dataset.

Finally, in addition to ensuring that the Physician Compare website itself provides the most useful information to consumers and physicians, we hope CMS enables Regional Health Improvement Collaboratives to use data from the Physician Compare program to strengthen their local measurement and reporting programs. One of the biggest challenges that many Regional Health Improvement Collaboratives have faced in reporting on quality measures for all patients is an inability to obtain claims data from CMS. This has meant that quality and cost measures published by these Collaboratives have to be based on fewer patients than would be desirable or necessary for reliability, that the quality and cost of care for senior citizens cannot be accurately measured at all, and that disparities in care between seniors and others cannot be identified. In the few communities where Medicare data has been made available, it has typically been several years old. Providers need access to timely information so that they can measure progress towards improvement, and consumers need timely information so they can choose providers wisely and fairly.

**We urge that CMS make physician-level data from Physician Compare available to Regional Health Improvement Collaboratives so that they can (a) combine it with the data they already have from other payers in order to construct more robust measures of performance and to accurately measure the quality of care for senior citizens, and (b) analyze the data to identify the reasons for any differences between the performance shown on Physician Compare and in the Collaboratives' own quality measurement and reporting program.**

We appreciate the opportunity to provide these suggestions and recommendations. I would be happy to answer any questions you may have about them or provide any additional information you would find helpful.

More broadly, though, we would welcome an opportunity to work closely with you over the next several years to help ensure that both the Physician Compare program and local measurement and reporting programs are as successful as possible in achieving our mutual goals of improving the delivery of health care. Please let us know how we can best accomplish that.

Sincerely,

A handwritten signature in black ink, appearing to read "H. Miller", written in a cursive style.

Harold D. Miller  
President and CEO

cc: Barry Straube, CMS

## Regional Health Improvement Collaboratives in the Network for Regional Health Care Improvement

- Albuquerque Coalition for Healthcare Quality ([www.abqhealthcarequality.org](http://www.abqhealthcarequality.org))
- Aligning Forces for Quality – South Central PA ([www.aligning4healthpa.org](http://www.aligning4healthpa.org))
- Alliance for Health (West Michigan) ([www.afh.org](http://www.afh.org))
- Better Health Greater Cleveland ([www.betterhealthcleveland.org](http://www.betterhealthcleveland.org))
- California Cooperative Healthcare Reporting Initiative ([www.cchri.org](http://www.cchri.org))
- California Quality Collaborative ([www.calquality.org](http://www.calquality.org))
- Finger Lakes Health Systems Agency ([www.flhsa.org](http://www.flhsa.org))
- Greater Detroit Area Health Council ([www.gdahc.org](http://www.gdahc.org))
- Health Improvement Collaborative of Greater Cincinnati ([www.the-collaborative.org](http://www.the-collaborative.org))
- Healthy Memphis Common Table ([www.healthymemphis.org](http://www.healthymemphis.org))
- Institute for Clinical Systems Improvement (Minnesota) ([www.icsi.org](http://www.icsi.org))
- Integrated Healthcare Association (California) ([www.iha.org](http://www.iha.org))
- Iowa Healthcare Collaborative ([www.ihconline.org](http://www.ihconline.org))
- Kansas City Quality Improvement Consortium ([www.kcqi.org](http://www.kcqi.org))
- Louisiana Health Care Quality Forum ([www.lhcf.org](http://www.lhcf.org))
- Maine Health Management Coalition ([www.mehmc.org](http://www.mehmc.org))
- Massachusetts Health Quality Partners ([www.mhqp.org](http://www.mhqp.org))
- Midwest Health Initiative (St. Louis) ([www.midwesthealthinitiative.org](http://www.midwesthealthinitiative.org))
- Minnesota Community Measurement ([www.mncm.org](http://www.mncm.org))
- Minnesota Healthcare Value Exchange
- Nevada Partnership for Value-Driven Healthcare (HealthInsight) ([www.healthinsight.org](http://www.healthinsight.org))
- New York Quality Alliance ([www.nyqa.org](http://www.nyqa.org))
- Oregon Health Care Quality Corporation ([www.q-corp.org](http://www.q-corp.org))
- P2 Collaborative of Western New York ([www.p2wny.org](http://www.p2wny.org))
- Pittsburgh Regional Health Initiative ([www.prhi.org](http://www.prhi.org))
- Puget Sound Health Alliance ([www.pugetsoundhealthalliance.org](http://www.pugetsoundhealthalliance.org))
- Quality Counts (Maine) ([www.mainequalitycounts.org](http://www.mainequalitycounts.org))
- Quality Quest for Health of Illinois ([www.qualityquest.org](http://www.qualityquest.org))
- Utah Partnership for Value-Driven Healthcare (HealthInsight) ([www.healthinsight.org](http://www.healthinsight.org))
- Wisconsin Collaborative for Healthcare Quality ([www.wchq.org](http://www.wchq.org))
- Wisconsin Healthcare Value Exchange

