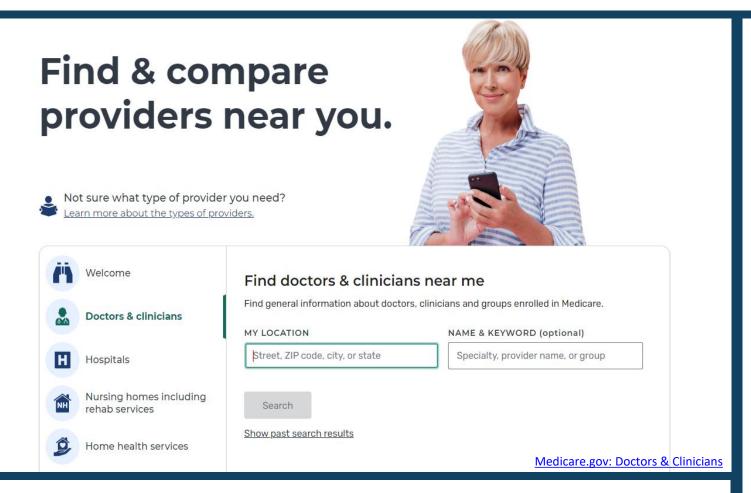
# CMS Continues Phased Approach to Public Reporting Doctor and Clinician Information



# **BACKGROUND**

Medicare hosts a <u>website</u> that provides a web-based, single-source search-and-compare experience for people with Medicare and their caregivers to find information about doctors, clinicians, and other healthcare providers and settings. The **Provider Data Catalog (PDC)** provides researchers and other interested parties direct access to view and download data used on profiles.

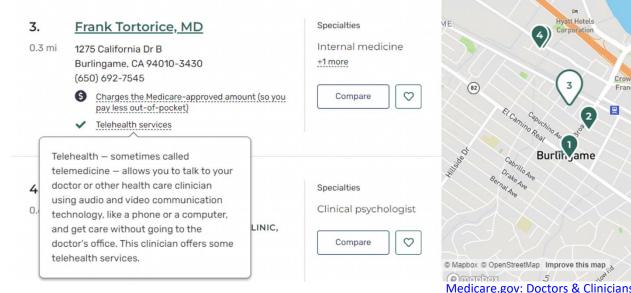
### What is reported for doctors and clinicians?

- On the **Doctors and Clinicians profile pages**, we report:
- **Practice information** such as phone numbers, addresses, specialties, education/residency, board certification, and Alternative Payment Model (APM) participation information.
- **Performance information** including a subset of publicly reported MIPS measure-level star ratings and attestation checkmarks for clinicians, groups, and Accountable Care Organizations (ACOs).
- On the **Doctors and Clinicians section of the PDC**, we report:
- Practice information for clinicians in the National Downloadable file.
- Performance information including all publicly reported MIPS measures and attestations; benchmarks, scores, and denominators (as applicable); MIPS final scores and performance category scores; and clinician utilization data.

# How is doctor and clinician performance information selected for public reporting?

- Performance information must meet public reporting standards:
- Measures and attestations must be valid, reliable, accurate, and comparable, as determined by an established set of quantitative and qualitative criteria.
- To be listed on clinician or group profile pages, performance information (described in plain language) must also resonate with Medicare patients and their caregivers, as demonstrated through consumer testing.

# **NEW FEATURE: TELEHEALTH**



## Why telehealth?

With more patients seeking telehealth in order to avoid COVID-19 exposure and CMS finalizing and expanding coverage of telehealth services payable under Medicare, we believed adding a **telehealth indicator** to clinician and group profile pages would be helpful to patients and caregivers.

The addition of the telehealth indicator was helpful because:

- Having access to information on which clinicians offer telehealth services would contribute to health equity goals; patients with mobility or transportation challenges may especially benefit from telehealth availability.
- Telemedicine users grew from 910,490 pre-public health emergency (Mar. 1, 2019-Feb. 29, 2020) to over 28 million (Mar. 1, 2020-Feb. 28, 2021), representing 53% of Medicare users.\*

#### Impact on Health Equity

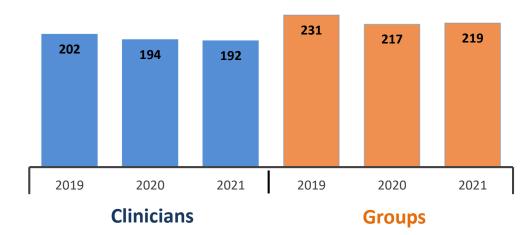
- Adding a telehealth indicator to profile pages increased access to healthcare services for patients who may struggle to physically access a clinician's office.
- More than half of the Medicare population in almost every racial/ethnic group utilizes telehealth services, regardless of sex or Medicare and Medicaid status.
- Among telehealth users, racial/ethnic minorities use telehealth services more than White beneficiaries.

#### **User Testing & Principal Findings**

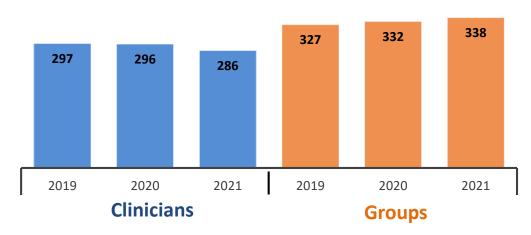
- Users accurately understood the telehealth indicator and some expressed an interest in knowing which services might be offered via telehealth.
- Most users found the telehealth indicator to be important and useful when selecting a clinician. They mentioned convenience or personal preference as reasons a telehealth indicator would be important to include on the website.

# Publicly reported clinician- and group-level MIPS measures and attestations over time (years of performance: 2019-2021<sup>1</sup>)

# Medicare.gov<sup>2</sup>: Doctors and Clinicians



## **PDC: Doctors and Clinicians**



<sup>1</sup>Due to the COVID-19 public health emergency, fewer clinician/group- measure data points were available for public reporting for PY 2020 and PY 2021. This did not significantly change the total measure count.

<sup>2</sup>Measures eligible for reporting on Care Compare are a subset for those eligible for reporting on PDC; in addition to the public reporting standards, measures must also resonate with consumers.

Publicly Reported MIPS Performance Information for Doctors and Clinicians	Medicare.gov: Doctors and Clinicians profile pages			PDC: Doctors and Clinicians Section		
	2019	2020	2021	2019	2020	2021
Quality measures	✓	✓	✓	✓	✓	✓
Improvement activities	✓	✓	✓	✓	✓	✓
Promoting Interoperability measures, attestations, & successful performer checkmark	✓	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	<b>✓</b>
Promoting Interoperability information blocking indicator	<b>√</b>	✓	<b>✓</b>	✓	✓	<b>✓</b>
Alternative Payment Model participation indicator	<b>√</b>	<b>√</b>	✓	✓	✓	✓
Facility-based clinician indicator <sup>3</sup>	✓	✓	n/a	✓	✓	n/a
Cost measures <sup>4</sup>	n/a	n/a	n/a	n/a	n/a	n/a
Final scores and performance category scores				✓	✓	✓

<sup>&</sup>lt;sup>3</sup> For 2021 there was no assignment of clinician MIPS scores through facility performance.

<sup>&</sup>lt;sup>4</sup> Cost measures were not publicly reported in 2019 as they did not meet public reporting standards. For 2020 and 2021, cost measures were not publicly reported as CMS reweighted the cost performance category to 0% of the MIPS score due to the public health emergency. CMS will continue to evaluate ways to publicly report this information in future years.









<sup>\*</sup> Medicare Telemedicine Snapshot (cms.gov)