233 N. Michigan Ave.,21st Fl.
Chicago, IL 60601

phone » (312) 233-1100
fax » (312) 233-1090
web » www.ahima.org

November 30, 2010

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244–1850
Mail Stop S3–02–01
Attn: Physician Compare Town Hall Meeting Comments

Re: CMS Physician Compare Website

The American Health Information Management Association (AHIMA) welcomes the opportunity to provide input to the questions posed during the Centers for Medicare & Medicaid Services (CMS) Town Hall Meeting on the Physician Compare Website.

AHIMA is a not-for-profit professional association representing more than 60,000 health information management (HIM) professionals who work throughout the healthcare industry. AHIMA's HIM professionals are educated, trained, and certified to serve the healthcare industry and the public by managing, analyzing, reporting, and utilizing data vital for patient care, while making it accessible to healthcare providers and appropriate researchers when it is needed most. HIM professionals are also trained to leverage their expertise in supporting and protecting health information captured in paper, electronic, and hybrid health record environments. AHIMA and its members participate in a variety of projects with industry groups and federal agencies addressing the use of secondary data for a variety of purposes including quality measurement, public health, patient safety, biosurveillance, research and administrative functions.

The comments below focus on those areas of particular interest to our members.

Physician Compare Website Design

What features would be most desirable and useful on the Web Site?

We suggest that including data definitions and explanations of the data sources and/or how the data was derived would be a helpful feature to users of the website. We also suggest the site include caveats regarding use of the data for purposes for which the data was not intended. Finally, we recommend that the website minimize the use of medical/technical terminology that may not be understood by consumers, whenever feasible.

How frequently should the Web Site information be updated?

Ideally, data should be updated as soon as it is validated in order to assure that users have the most current and meaningful information.

Should physicians be allowed to directly update their information on the Web Site?

Physicians should be encouraged by CMS to update their demographic information directly on the website and ideally the website should reflect these updates in real time. However, all providers may not routinely update their demographic information on the website and CMS should develop a process to review and update demographic data at least annually. Data related to quality measurement should be updated only after going through a validation process. We do not believe that providers should be allowed to update their own quality measurement data and that this responsibility lies with CMS.

What other content should CMS add to the Web Site (e.g., board certification, accepting Medicare patients, etc?)

AHIMA suggests CMS consider including content related to the status and availability of electronic health records and patient portals by the provider. We agree that information on licensure status and board certification as well as that related to disciplinary actions or sanctions should be included. Perhaps this could be accomplished by linking to the websites of appropriate state and specialty boards.

Finally, we recommend that the website include information relative to any exclusion of individual physicians and/or providers from participation in the Medicare program.

Measure Selection

Should there be a core set of measures that apply to all physicians, regardless of specialty?

AHIMA appreciates the audience for which the site is intended and that a surfeit of core measures which vary widely by specialty might render the site more challenging to use. AHIMA recognizes that the utility of performance measures (especially their predictive value) requires that they reflect substantive factors such as specialty, patient pool, proximity to academic medical centers, etc. Therefore, AHIMA recommends that CMS strike a balance between inclusiveness through specialty measures and providing a manageable set of core measures which transcend specialty. We also encourage CMS to have as a goal, gradual movement toward outcomes (as opposed to process) measures which are more descriptive of a system approach to the delivery of care.

AHIMA recommends that CMS evaluate other programs that have attempted to define a core set of measures that apply to all physicians. Evaluating the successes and lessons learned from other initiatives will help inform the feasibility, usability, and acceptance of this practice among clinicians and purchasers.

Should CMS only use NQF-endorsed measures?

AHIMA strongly supports the use of NQF-endorsed measures, when feasible. However, in situations where NQF-endorsed measures do not exist, CMS should ensure measures selected have been publically vetted, are important to measure and report, scientifically acceptable, usable for public reporting, and feasible to collect.

Should trending information be displayed?

AHIMA supports the display of trending information on the physician compare website. Nonetheless, AHIMA recommends that CMS clearly articulate how the data will be trended and described for consumers. When displaying trending information on the CMS Physician Compare website, CMS should include consumer-friendly notations describing how data was derived.

Level of Reporting

At what level should the measures be reported (individual professional, group practices, combination)?

AHIMA believes that reporting at the individual professional level would be most helpful and meaningful for consumers who are evaluating providers. Since there is no standard definition of what constitutes a 'practice' we believe that reporting at this level would be complex, inconsistent, and confusing and should therefore be avoided. No matter what level CMS decides to report, again we encourage that definitions and explanations be provided so that users have a full understanding of the data.

How should CMS define a practice?

As noted above, there is currently no universal or standard definitions of what constitutes a medical practice, therefore we encourage CMS to report at the individual professional level and do not recommend reporting at the practice level.

Are there any physician specialties that do not need to be publicly reported?

AHIMA believes that specialty reporting should exclude those providers in which there is typically not an option for consumer selection. Examples of such specialties include pathologists, hospitalists and some radiologists.

Data Collection

From which data sources should measures be reported on Physician Compare (claims, augmented claims, registries, EHRs, data collection tools, and/or combined data sources)?

AHIMA recommends that CMS continue to advance the use of registries, EHR systems, and other electronic data sources to capture and aggregate data for physician compare. Claims-based processes were not designed to gather data for quality measurement and public reporting initiatives. As such, the complexities associated with claims-based reporting in the physician office setting (such as the use of pointers and modifiers), adds administrative burden and compromises the data quality and integrity of the data and corresponding analytic results.

What steps can CMS take to ensure that the data reported reflects the care provided to all patients seen by physicians?

AHIMA encourages CMS to continue advancing policy initiatives that encourage and advance EHR adoption. It may be necessary to develop and implement regulatory requirements to ensure that all patient data is reported.

How might various data sources reduce the burden of reporting?

As the healthcare industry progresses toward increased adoption and implementation of health information technology (IT), the opportunities for leveraging EHR and other electronic data sources increases. However, the ability to leverage data depends on clear data definitions and value sets, and alignment of these data requirements with clinical workflow and documentation practices so data can be captured once in electronic health IT systems and repurposed for quality measurement and other secondary uses such as public health, clinical research, and so on. We would also encourage that CMS consider obtaining data through health information exchanges, where feasible, in order to reduce the reporting burden on providers.

In order to make data more representative and to reduce duplication of effort, how should CMS aggregate data across other purchasers?

AHIMA strongly encourages CMS to align and harmonize quality measurement initiatives across both the public and private sectors to reduce duplication of efforts and simplify display of analytic results for consumers. This effort will require alignment and harmonization of performance measure reporting across programs and settings.

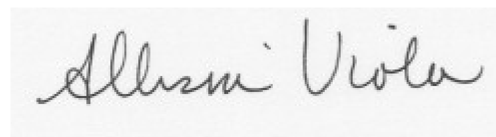
Data Preview

How should CMS provide physicians and other professionals with the opportunity to preview the measure results prior to posting them on the Web Site? What process should CMS develop for timely, statistical provider feedback?

Eligible professionals must be provided the opportunity to preview data at least 30 days prior to public display on the Physician Compare website. The preview period should allow clinicians the ability to validate the results and correct data discrepancies. To maintain data integrity it is critical for CMS to implement formal processes and mechanisms to enable eligible professionals with the opportunity to modify and validate data using electronic validation/editing tools as data are submitted to CMS. CMS should also strive to advance these same types of electronic edits as part of EHR system requirements for meaningful use.

We thank you for the opportunity to comment and if AHIMA can provide any further information or if there are any questions regarding this letter and its recommendations, please contact me at (202) 659-9440 or allison.viola@ahima.org, or AHIMA's director of practice leadership, Lydia Washington at (312) 233-1537 or Lydia.washington@ahima.org.

Sincerely,



Allison Viola, MBA, RHIA
Director, Federal Relations

cc: Dan Rode, MBA, CHPS, FHFMA, Vice President, Policy and Government Relations
Lydia Washington, MS, RHIA, CPHIMS, Director, Practice Leadership