



AmerisourceBergen

What Will Patients See on Physician Compare and What Practices Need to Check Immediately

2018 will be the first year that the Centers for Medicare & Medicaid Services (CMS) is adding star ratings to the Physician Compare website. In the past, patients could go on the website to find a physician in their area dealing with their specific disease state or issue. They would see some general information about gender, education, affiliations and office locations, along with limited information about participation in CMS Quality Programs.

With this year's website, CMS has published a small number of group measures from PQRS data submitted for 2016. Star ratings for groups on Physician Compare are divided into these categories:

- Preventive care: General health
- Preventive care: Cancer screening
- Patient safety
- Care planning
- Diabetes
- Heart disease
- Respiratory diseases
- Behavioral health

Additional performance information may be available for clinicians and groups who reported information in 2016 to Medicare through a qualified clinical data registry (QCDR). They may also find scores from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS survey.

Despite attempts to educate patients on the meanings of the scores, interpreting that information will be difficult, and decisions can be solely based on the physicians the patients decide to compare.

CMS allows physicians a 30-day review period at the end of each year before the information is posted to the Physician Compare website. Once the review period is over, your information cannot be changed, and you cannot impact those prior years scores. What you and your practice should do now (*other than attempt to improve your quality performance for 2018*) is to review your ratings on other websites like HealthGrades, Yelp, Google, even your own website. Make sure you are setting your practice up for success by reviewing any ratings, addressing any issues seen in reviews and possibly responding. For example – on Yelp, in 2017, several people wrote about how long it took to receive a call back about a health question – sometimes over 24 hours. Identify the issue and see if you have made attempts to shorten the time to return calls. After correcting the issue and being consistent, you can address this on your own website or social media.

Make sure you are setting up your practice for success. Improving performance measures scores will be the best way (and help with your commercial payer contracts), but managing your practice's reputation consistently will help keep patients and attract new ones.

Learn how you can earn higher quality scores and CMS incentives with our MIPS services. To learn more, email us at sales@intrinsicq.com or call 877.570.8721, x2.