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Physician Compare Web Site Town Hall Meeting Oct 27, 2010

The Society of Hospital Medicine (SHM) would like to thank CMS for the opportunity to have provided input on the Physician Compare Web site at the October 27, 2010 Town Hall Meeting and Listening Session. We commend your effort to proactively include the provider community in the design and development of the Physician Compare Web site as specified by section 10331 of the Affordable Care Act of 2010.

SHM is the physician professional organization representing the specialty of hospital medicine. Hospitalists are hospital-based physicians whose primary professional focus is the general medical care of hospitalized patients. Hospitalists care for more hospitalized patients than any other physician group including a large percentage of the Medicare beneficiaries that are admitted to the hospital.

As a follow up to the Listening Session, we appreciate the opportunity to provide the following written comments that are submitted within the framework requested.

Physician Compare Web Site Design and General Public Comments

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

Physician searches are currently done by zip code. A more user-friendly option would be the ability for a consumer to search for physicians by the user address within a specified radius. Zip code searches may not reliably find physicians within a radius close to the consumer and searching by address would be more useful.

2. Should the Web Site be linked to other sites?

- **If the Physician Compare is linked to other sites, how should these other sites be determined?**

SHM recommends a link to the CMS sponsored Hospital Compare Web site. As hospital-based specialty, an individual hospitalist's quality and performance results will be tied to the hospital-level performance agenda as publicly reported on the Hospital Compare web site. The individual physician would identify which hospitals would be relevant.

3. How frequently should the Web Site information be updated?

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

The relevance of the Physician Compare Web site to the consumer community will be directly related to web site content that is accurate and up to date. SHM recommends updates at 3 month intervals with the option for physicians to directly update information through a secure sign in to the web site.

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

SHM advocates for the capacity to customize the web site content for hospitalists to provide information and education on the unique and growing specialty of hospital medicine.

It is estimated that 30,000 hospitalists are currently practicing in the US, which exceeds the number of many established medical specialties. Hospital medicine has recently established its own Board Certification status but does not yet have a unique identifier code through CMS and most hospitalists are identified under Internal Medicine. Hospitalists provide care for more hospitalized patients than any other physician group and the consumer community would be well served by web site content that defines the unique and important role of hospitalists in patient care.

5. What steps can CMS take to verify the physician specialty?

Verification of physician specialty can be done by physicians through the direct updating process recommended previously. This information can be further verified by the various specialty board organizations.

Measure Selection

1. Should there be a core set of measures that apply to all physicians regardless of specialty? (in addition to specific measures for the specialty)

SHM has supported the CMS driven initiatives to improve the quality of care to Medicare beneficiaries by aligning performance measurement and payment through the physician-level Physician Quality Reporting Initiative (PQRI) and the hospital-level Reporting Hospital quality Data for Annual Update (RHQDAPU) program.

SHM has recommended PQRI participation to our members since the program's inception in 2007. The experience of hospitalists with the PQRI is notable for a lack of relevance of the performance measures in the program to our specialty. As hospital-based providers, the overall hospital-level performance profile would be more reflective of the quality and performance of an individual hospitalist. SHM would advocate that the performance measures in the RHQDAPU program and the forthcoming Hospital Value-Based Purchasing program that are publicly reported on the Hospital Compare Web site be considered for reporting by an individual hospitalist. This is an option that would harmonize physician-level and hospital-level performance reporting and could be considered for other hospital-based physician specialties such as Pathology, Radiology, Anesthesiology, and Emergency Medicine.

A core set of performance measures for all physicians is not realistic given the level of physician specialization and practice variation within the US Health Care System.

2. Should CMS only use NQF-endorsed measures?

SHM notes the current physician-level CMS performance agenda that includes the PQRI and the nascent physician value-based purchasing program. We would caution against an over ambitious agenda that would involve creating new and unique physician-level performance measures specifically for reporting on the Physician Compare Web site. Adequate performance measures are already available from the other CMS programs.

The performance measures included in the PQRI are not necessarily relevant to hospital medicine, but were developed through a rigorous methodological process by the AMA Physician Consortium for Performance Improvement that included NQF endorsement. SHM would advocate for continuing this performance measure methodology that involves NQF endorsement.

3. Should CMS report some measures as composites?

SHM would support the reporting of composite measures where appropriate. An example would be disease specific performance measures for a single disease entity such as Community Acquired Pneumonia.

4. Should trending information be displayed?

SHM would support the display of trended results as appropriate.

Level of Reporting and Data Collection

1. At what level should the measures be reported?

- **Individual professional**
- **Group practices**
 - **How should group practices be identified?**
 - **Should individuals associated with group practices be identified?**
- **Combination**

SHM advocates for a group practice reporting option for performance results. Hospital medicine, as with many of the hospital-based physician practices, is performed as a multi disciplinary team by groups of providers.

Further, the reporting of individual level results for certain physicians specialties could be meaningless for determining the level of quality.

2. How should CMS define a practice?

Group practices can be identified by the self-nomination process or through a shared taxpayer identification number.

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

SHM supports the concept of transparency by publicly reporting quality and performance results to improve health care. As noted above, the quality of care and quality of service unique to the specialty of hospital medicine may be best reflected at the hospital-level rather than at the individual practitioner level. SHM again would ask CMS to consider including hospital-level results from the Hospital Compare Web site to reflect individual-level performance results of hospitalists.

Data Preview

- 1. How should CMS provide physicians and other professionals with the opportunity to preview the measure results prior to posting on the Web Site?**

SHM would advocate for physician preview prior to posting results. Numerous options could be considered for this such as electronic mail notification prior to posting.

- 2. What process should CMS develop for timely, statistical provider feedback?**

SHM recognizes the challenge of providing feedback that is timely and actionable. The PQRI physician-level feedback reports can be cited as an example where the delay in feedback reports has not allowed for the incorporation of this feedback in to a cycle of performance improvement. SHM would welcome the opportunity to work with you for testing and pilot programs or other developmental options to improve the feedback process.

The goal of SHM as a physician professional organization is to follow the design and development of the Physician Compare Web site to be able to inform and educate our members. We share the CMS commitment to improve the quality of care and service to Medicare beneficiaries and we welcome the opportunity to continue to work with you toward the “triple aim.”



Jeffery Wiese, MD, SFHM
President
Society of Hospital Medicine