

Jan. 27, 2011

Given the new direction for the nation's health system, the AMA has developed *Health System Reform Insight* to help you understand the health system reform legislation and what it means to you and your patients.

Understanding the Medicare Physician Compare website

The Affordable Care Act (ACA) required the Centers for Medicare & Medicaid Services (CMS) to develop a Physician Compare website by Jan. 1, 2011. In order to comply with the law, CMS launched the [Medicare Physician Compare website](#) in late December.

Design of Physician Compare website

Prior to launch of the new website, CMS published a Healthcare Provider Directory on Medicare.gov. This site allowed individuals to search for a physician or other health care professional by specialty or type of professional and location, along with education, hospital affiliation and other information. CMS relabeled the Health Care Provider Directory as the Physician Compare website.

Demographic data populated in the Physician Compare website, such as practice phone numbers and addresses, Medicare participation status and education information, are based on data found in the Internet-based Provider Enrollment, Chain and Ownership System (PECOS). Therefore, it is imperative that physicians and other health care professionals keep their Medicare enrollment information up to date. Physicians are required to report any changes to their enrollment status within 30 days. A current enrollment record must be in PECOS and must contain the physician's National Provider Identifier (NPI). Visit [CMS's website](#) to update your enrollment record. CMS has compiled some [Medicare enrollment tips](#) to help you through this process.

The original Healthcare Provider Directory also included the names of eligible professionals who participated in the 2008 Physician Quality Reporting System (PQRS), formerly known as PQRI. To comply with the ACA, CMS is now using the Physician Compare website to post the names of eligible professionals or group practices who satisfactorily submitted data on quality measures for the PQRS, as well as the names of those who are successful



Feb. 2

Join AMA President Cecil B. Wilson, MD, at 7 p.m. Eastern time for the next [Office Hours with Dr. Wilson](#). Along with listening to your comments and answering your questions, Dr. Wilson will provide an update on the latest happenings in Congress.

Feb. 8–10

Join the AMA and your colleagues at the Grand Hyatt Washington in Washington, D.C., for the annual National Advocacy Conference. Physicians will hear from political insiders, industry experts and members of Congress on health system refinement and implementation efforts. They also will take part in discussions that will help shape the AMA's advocacy efforts. [Learn more and register](#).

Feb. 16

Attend "Pathways to success: What physicians need to know about ACOs and the coming revolution in payment practices," an [AMA seminar](#) being held from 4 to 8:30 p.m. PST at the Oregon Medical Education Foundation Conference Center in Portland, Ore.



[Letter from AMA, 100 medical and physician organizations in](#)

electronic prescribers. When one clicks on a physician's name in the directory, information about whether he or she successfully participated in the PQRS will be listed along with the address and other information.

Measures selection

The ACA requires CMS to implement a plan for making physician performance information available on the Physician Compare website by Jan. 1, 2013. The reporting periods will not begin before Jan. 1, 2012. In the meantime, CMS will continue to solicit feedback regarding the selection of physician performance measures for public reporting. These measures are required, to the extent practicable, to include the following:

- Measures collected under the PQRS
- An assessment of patient health outcomes and functional status
- An assessment of the continuity and coordination of care and care transitions

In developing Physician Compare, the ACA requires CMS to consider making statistically valid and reliable data public, using risk adjustment methodology, along with physician review of data; accurate portrayal of physician performance; data that reflects the care provided to all patients, not just Medicare; attribution of care; timely physician performance feedback; and implementation of a computer and data system to support valid public reporting activities.


These issues and others will be considered by CMS as it determines the level of data reporting, processes of data collection and details surrounding data preview for physicians.


AMA advocacy

The AMA has been engaged in a dialogue with CMS regarding Physician Compare. Not only did the AMA participate in a CMS town hall meeting last October to discuss the design and format of a Physician Compare website, but the association also submitted a [statement to CMS](#) regarding its efforts to establish the website. The statement urges CMS to be judicious in its development, specifically balancing current methodological limitations associated with physician profiling with the ACA's statutory directives.


As a result of AMA advocacy, CMS now recognizes problems with the PECOS system, and the AMA continues to work hard to secure improvements. CMS is undertaking a review of PECOS with the intent to revamp the system. The AMA also has learned that updated data in the PECOS system does not immediately get transferred to the Physician Compare website. The AMA has brought this problem to CMS's attention and is working to get this fixed. Since the PECOS information serves as a basis for

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[AMA comments on ACA implementation regulations](#)

[Investments in disease prevention and wellness initiatives under the Affordable Care Act](#) 


[New HHS Web portal to help consumers buy health insurance](#)


[Pathways for physician success under health care payment and delivery reforms](#) 


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the Physician Compare site, the AMA will continue its aggressive efforts to ensure the accuracy and ease of use of the PECOS system.

In addition, the AMA will continue to provide feedback to CMS regarding the design of the Physician Compare website. Public reporting of performance information—if not approached thoughtfully—can have unintentional adverse consequences for patients and for physician practices. The AMA will continue to work on several critical issues that must be resolved before public reporting provisions can be implemented.

These include methods for ensuring that any publicly reported information is:

- Correctly attributed to those involved in care
- Appropriately risk-adjusted
- Accurate, user-friendly, relevant and helpful to the patient

Physicians and other providers involved in the treatment of a patient must also have the opportunity for prior review and comment as well as the right to appeal any data that is part of the public review process. Such comments also should be included with any publicly reported data.

Visit the [AMA website](#) for more information on AMA advocacy efforts regarding the implementation of the Physician Compare website or other ACA provisions.