

available submission methods, and applies to both MIPS-eligible clinicians and groups. Although all measures will be available for public reporting, not all measures will be made available on the consumer-facing website profile pages. Instead, CMS proposes that all measures in the quality performance category that meet the public reporting standards would be included in the downloadable database, as technically feasible. CMS proposes that only a subset of these measures would be publicly reported on the website's profile pages, as technically feasible. Statistical and consumer testing will determine how and where measures are reported on Physician Compare. CMS notes that they do not publicly report first-year measures, so after a measure's first year in use, CMS will evaluate it to gauge whether or not the measure is suitable for public reporting.

There is currently a minimum sample size requirement of 20 patients for performance data to be included on the website. CMS proposes to institute a minimum reliability threshold for public reporting on Physician Compare.

CMS also proposes to include the total number of patients reported on per measure in the downloadable database to facilitate transparency and more accurate understanding and use of the data. CMS seeks comment on the types of data that should be reported on Physician Compare as the MIPS program evolves, specifically in regard to the quality performance category.

AAFP Response

The AAFP supports the agency's intent that only a subset of the quality measures will be publicly reported on the website's profile pages as technically feasible, after doing appropriate statistical and consumer testing. Too many measures published on Physician Compare are likely to confuse rather than inform Medicare beneficiaries. In particular, we recommend that CMS publicly report only those measures used to score the individual eligible clinician under MIPS.

The AAFP also supports the proposal to institute a minimum reliability threshold for public reporting on Physician Compare. As noted in the AAFP's response to the MACRA RFI, the AAFP prefers the use of a minimum reliability threshold instead of a minimum patient threshold. As highlighted in the AAFP's [Guiding Principles on Physician Profiling](#), we believe that the validity, accuracy, reliability, and limitations of data used are important when reporting profiling results and providing physician feedback. Consistent with our Guiding Principles on Physician Performance Reporting, we also believe that it is important to be transparent in the number of cases assessed per measure. However, as far as a threshold for reporting is concerned, we believe that reliability is superior to a simple, arbitrary number of patients. For perspective on this issue, we would also refer CMS to our [policy](#) on Performance Measures Criteria.

With respect to the types of data that should be reported on Physician Compare as the MIPS program involves—specifically regarding the Quality Performance category—we recommend CMS include the measure description and performance along with the applicable benchmark and range of scores. Once the data is publicly available, a downloadable, delimited file (that includes NPIs) should also be made available.

c. Resource Use

CMS proposes to make all measures under the MIPS Resource Use category available for public reporting on Physician Compare. This includes all available measures reported via all available submission methods, and applies to both MIPS-eligible clinicians and groups.