Although all measures will be available for public reporting, not all measures will be made available. Instead, CMS proposes that only a subset of these measures would be publicly reported either on the website's profile pages or in the downloadable database, 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. 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 Resource Use category.

AAFP Response
The AAFP supports the agency's intent that only a subset of the Resource Use measures will be publicly reported 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. Appropriate statistical and consumer testing needs to be done in all types of markets: urban, suburban, and rural.

With respect to the types of data that should be reported on Physician Compare as the MIPS program evolves—specifically regarding the resource utilization category—we note a wide array of possibilities, including but not limited to: visits, procedures, episodes (based on CMS' final rule on which ones they'll measure), laboratory services, diagnostic tests, imaging, and drugs. We believe it is likely the public will be interested in the total risk-adjusted cost of care for specific types of procedures—inpatient/ambulatory surgery/outpatient—including facility and physician costs.

If CMS goes forward, the information needs to be presented to the public in a simple format that is paired with a massive education campaign in order for the populace to understand this information. One idea is to combine cost and quality into a merged score of some sort.

In any case, the volume of data should not act as a deterrent to making it publicly available apart from the Physician Compare website if there is a robust user interface to run cost and resource utilization queries. While consumers' use of that data may be limited, making it public is still a beneficial service.

d. CPIA
CMS proposes to make all activities under the MIPS CPIA performance category available for public reporting on Physician Compare. This includes all CPIA reported via the 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 reported. Instead, CMS proposes that only a subset of CPIA data would be publicly reported either on the website's profile pages or in the downloadable database, as technically feasible. Statistical and consumer testing will determine how and where measures are reported on Physician Compare. For those eligible clinicians that successfully meet the CPIA performance category requirements, this may be posted on Physician Compare as an indicator. 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.

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 CPIA performance category.