



Executive Office

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May 10, 2017

Seema Verma, MPH, Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Submitted electronically: PhysicianCompare@Westat.com

Re: Physician Compare - Benchmarks and 5-Star Rating

Dear Administrator Verma,

The American Society of Plastic Surgeons (ASPS) is the world's largest association of plastic surgeons. Our over 7,000 members represent 94 percent of Board-Certified Plastic Surgeons in the United States. ASPS promotes not only the highest quality in patient care, but also in professional and ethical standards. Our members are highly skilled surgeons who improve both the functional capacity and quality of life for patients, including treatment of congenital deformities, burn injuries, traumatic injuries, hand conditions, and cancer reconstruction. We appreciate the opportunity to share our comments on the three informal feedback questions posed at the end of a recent webinar prepared as a tool to assist providers with comprehending the upcoming changes to the Physician Compare website.

Physician Compare - Quality Reporting Metrics

Currently, CMS publicly reports quality performance data across all physician/groups using a 5-star rating system. The stars simply represent raw performance scores, and cannot be used as a rating system to compare physicians against national benchmarks.

The upcoming changes to the reporting program will incorporate the use of benchmarks as a way to help users better understand performance scores. The proposed methodology aligns with the methodology currently used under other Medicare programs, and will create benchmarks based on a subset of clinicians representing the best care provided to the top 10% of patients. The clinicians who meet this benchmark will receive 5 stars, while others will fall in the 1-4 star range. The Agency is still determining the methodology for assigning stars, and has asked for input on the following three questions.

1. Do you prefer the cluster method or equal-ranges method for the 5-star rating?

ASPS believes the goal of public reporting should be to improve healthcare delivery and patient outcomes by making quality measures transparent. Benchmarking is generally considered to be an important tool for quality improvement. Recognizing that no method is perfect, we are troubled by the methods proposed by CMS.

The Equal-Range method has potential to be more transparent, however since the benchmarks are static, some of the quartiles, and the harsh cut-offs that are included in this method, may result in fewer clinicians qualifying due to the limitations of measure specifications and the specialization of the surgeon which could potentially reduce the rating on subgroups of physicians.¹

We recognize the K-means algorithm is one of the more popular clustering algorithms in current use as it is relatively fast yet simple to understand and deploy in practice. Nevertheless, it has been known to give more "weight" to larger clusters, include outliers which may skew results and result in unintended negative performance scores which are not always immediately apparent.¹⁻²

2. Do you support only publicly reporting 5 stars for high-performing measures where almost all clinicians or groups meet or exceed the benchmark and we cannot reliably assign 1 to 4 stars? Would you prefer these high-performing measures not be reported at all? Why or why not?

Health literacy and numeracy in the United States are low, even among the college-educated. Currently, performance scores on the Physician Compare site are reported in a manner where the data reflects the scores for all clinicians, and may include partial star scoring. Consumers are used to and understand this type of rating system.

We strongly encourage CMS to publicly report high-performance measures for all clinicians, and consider providing additional details on the specifics of these types of measures via the downloadable database.

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1. The Basis of Data Classification downloaded 5/8/17 at <http://axismaps.github.io/thematic-cartography/articles/classification.html>

2. Raykov YP, Boukouvalas A, Baig F, Little MA (2016) What to Do When K-Means Clustering Fails: A Simple Yet Principled Alternative Algorithm. PLoS ONE 11(9): e0162259. <https://doi.org/10.1371/journal.pone.0162259>

3. Do you support publicly reporting performance scores on profile pages using only stars and including all other detail (such as raw performance score and benchmark score) in the downloadable database if this is determined to be the website user preference? Why or why not?

Any system that offers the public information that will lead consumers to draw faulty inferences about the quality of care that an individual physician or group provides should be avoided. Providing raw data without explanation concerning the limitations of measure reporting for physicians especially within specialties may not be responsible. Physician associations are working hard to develop robust performance measures that reflect their clinical practice but more time is needed to establish an adequate set for broad specialties such as plastic surgery. While we support the need for public transparency for quality performance, we would encourage CMS to allow time for the development of an adequate set of measures that have adequate overlap and applicability across specialties before the benchmarking method is standardized and shared publicly.

We thank the agency for the opportunity to comment on proposed changes to the 5-Star Rating Program. We would be remiss not to remind the Agency that studies have and continue to report unintended consequences of public reporting. The majority of reports highlight the development of risk adverse behavior among physicians and facilities subject to public reporting. As such, we respectfully ask the Agency to develop a process to assess whether public reporting results in a change in consumer behavior, healthcare quality, and cost saving.

Should you have any questions about our comments, please contact Catherine French, Health Policy Manager at cfrench@plasticsurgery.org or 847.981.5401.

Sincerely,

A handwritten signature in black ink that reads "Debra Johnson MD". The signature is fluid and cursive, with "Debra" and "Johnson" connected by a single stroke, and "MD" written separately to the right.

Debra Johnson, MD
President, American Society of Plastic Surgeons