February 28, 2014

Centers for Medicare & Medicaid Services
Division of Electronic and Clinician Quality (DECQ)
7500 Security Boulevard
Mailstop S3-02-01
Baltimore Maryland 21244-1850
Attention: Rashaan Byers or Regina Chell

Re: Physician Compare Website

Dear Mr. Byers and Ms. Chell:

The American Urological Association (AUA), representing more than 90 percent of the practicing urologists in the United States, welcomes the opportunity to submit comments to the Centers for Medicare & Medicaid Services (CMS) on the Physician Compare website following the Physician Compare town hall meeting held on February 24, 2014. The longstanding mission of the AUA is to promote the highest standards of clinical urological care through education, research, and formulation of healthcare policy. Therefore, the AUA welcomes this timely opportunity to offer thoughtful input that hopefully will make Physician Compare a valuable tool to consumers by providing useful and appropriate information about physicians. The AUA appreciates your attention to the concerns of America’s urologists.

Measures and Physician Compare

In CMS’s request for comments, several questions pertained to measures to be used in Physician Compare. The AUA already has, and will continue to, devote considerable resources to developing and assessing measures along with quality improvement initiatives. Given the resources and time required to do this properly, the AUA is unable to comply with the request for a list of specific measures and quality improvement initiatives at this time. However, the AUA would welcome an ongoing dialogue with CMS about measures and quality improvement initiatives.

Additionally, the AUA recommends that CMS focus measure development on those measures that apply to a broad spectrum of medical specialties or educate consumers on the limited applicability of some measures for certain physician specialties. For example, CMS recently announced Physician Compare would provide data on prescribing aspirin to patients with diabetes and heart disease. While that would be valuable information when evaluating a cardiologist or primary care provider, the information might be of little value to a consumer seeking a urologist or a dermatologist. Therefore, we recommend that only measures applicable to a specific medical specialty (or, going further, to a subspecialty when general specialty measures are not applicable) be used for those physicians. Again, the AUA would be happy to work with CMS to identify applicable urologic measures for Physician Compare.

The AUA must also call attention to the large and widening gap between medical specialties (namely general primary care) that have many National Quality Forum (NQF)-endorsed measures available in public reporting programs and other specialties (including urology) that do not have enough. The current model centralizes approval through NQF endorsement. This system is often not a viable venue for small specialty societies because measures of importance to our society may not be deemed important to NQF and submission requirements can often be too resource-intensive. The AUA is very supportive of a process that permits the adoption of measures (regardless of NQF endorsement status) that are not endorsed by a consensus-based organization, but that conform to requirements such as meaningfully differentiating performance and addressing the six quality domains of care. Also, the AUA supports the adoption of additional measures to fill gaps to ensure that all providers have reportable measures pertinent to their practice. The current lack of...
meaningful urological measures on which to report, partly caused by NQF’s denial of submitted urological measures, is a large concern for the AUA and our members.

As a result, the AUA has two recommendations. First, we support the establishment of quality measures and clinical improvement activities relevant to one’s specialty society and encourage CMS to consider allowing specialty societies to select the measures to be included in Physician Compare that are most meaningful to their members. Second, participation in a clinical data registry should be included in Physician Compare to demonstrate quality improvement efforts.

It would also be helpful for consumers to know when various quality programs do not apply to specific providers or the providers are exempted. For example, if a provider does not treat the minimum number of patients each year, he or she is exempted from the Physician Quality Reporting System (PQRS). A consumer should know that is why PQRS data is not available for that provider, rather than assuming that the provider chose not to participate.

Measure Preview Period
The AUA does not support reducing the measure preview period from 30 days to two weeks. The present time requires accelerated efforts as it is; reducing this time would cause many to forgo reviewing the measures completely. Additionally most data is not tracked at two weeks.

Additional Information Provided on Physician Compare
The following information may be useful to consumers:

- Board certification and recertification
- Specialty and subspecialty training
- Length of time in practice (in general)
- Length of time in practice at current site
- Noting whether a physician practices in an academic setting versus private practice
- Use of nurse practitioners, physician assistants, and similar staff at a practice

However, the AUA must stress that the information provided via the website must be current and accurate. A recent informal poll of AUA members noted that a substantial percentage found incorrect information in their profiles and several physicians were not listed on the website at all. Many noted that they had tried to correct the information previously but were unsuccessful. Please see the attachment for a few examples of the Physician Compare errors shared by our members. The AUA is aware that Physician Compare populates this information with Provider Enrollment, Chain and Ownership System (PECOS) data. However, due to the sheer number of errors we have identified within a cross section of our specialty, we must urge you to find a more efficient way to verify the very basic information provided on Physician Compare. Also, if mistakes are noted on a provider’s Physician Compare profile, additional information (regardless if it is biographical information or data) should be withheld until all of the information is accurate.

Further, the AUA would not advocate including additional information such as office hours, website addresses, or other information which may change more frequently.

Again the AUA appreciates the opportunity to submit comments on this important topic and is happy to serve as a resource to CMS. It is important that the voice of our members is heard. If you need further information, please contact Jennifer Bertsch, AUA Manager, Quality, at jbertsch@auanet.org or 410-689-4043.

Sincerely,

Timothy D. Averch, MD
Vice Chair, Quality Improvement and Patient Safety Committee
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Provider is not listed in Physician Compare despite notifying CMS about the issue several times.</td>
</tr>
<tr>
<td>2</td>
<td>When I look up my own listing, it has my correct practice, but then lists several area hospitals where I have never practiced.</td>
</tr>
<tr>
<td>3</td>
<td>I searched for myself on this site about a year ago, and was dismayed to find that I was listed with over 500 addresses. Apparently any address associated with the university was attached to me. It is reassuring to see that my list is now down to only 4 addresses, although it really should be limited to just one. So – this aspect is much better, but still not completely accurate.</td>
</tr>
<tr>
<td>4</td>
<td>My address and contact information is incorrect and largely missing.</td>
</tr>
<tr>
<td>5</td>
<td>The practice locations are not up to date. Many of our past fellows are still listed as being at the medical center plus their new practice site.</td>
</tr>
<tr>
<td>6</td>
<td>Some errors on the site, at least with me and my colleagues; we are listed as practicing at many more sites than we actually do. This is probably related to insurance networks.</td>
</tr>
<tr>
<td>7</td>
<td>My info was completely wrong: wrong med school, said I spoke Spanish - which I do not, wrong locations.</td>
</tr>
</tbody>
</table>