



March 3, 2014

Ms. Marilyn Tavenner
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Comments on CMS's Physician Compare Website

Dear Administrator Tavenner:

The American Society for Radiation Oncology (ASTRO)¹ appreciates the opportunity to provide written comments on questions raised by the agency on the future of public reporting on Physician Compare, published in the Federal Register on Wednesday, January 29, 2014. ASTRO supports the continuing development of Physician Compare into a valuable and reliable resource for Medicare beneficiaries. In these comments, ASTRO responds directly to the questions raised by the agency in the federal register notice.

Questions Posed by CMS

What types of measures could be most useful to consumers? What measures would most accurately identify quality of care? What measures would accurately/completely represent the various Medicare specialties? What non-CMS measures should potentially be considered for Physician Compare and what are the logistical means of obtaining these measures?

ASTRO appreciates the value of quality measures and their ability to provide meaningful information to Medicare beneficiaries about the delivery and quality of care provided. In recent years, the agency has implemented several programs to measure quality of care through clinical quality measures, such as the Physician Quality Reporting System (PQRS). However, there is currently a lack of a robust set of specialty-specific measures, including radiation oncology, and we believe that the agency should consider additional measures developed by physician organizations and qualified clinical data registries (QCDRs) for public reporting through alternative methodologies that are transparent and include greater physician input. For example, ASTRO believes that measures that are developed from Choosing Wisely topics should be selected because such measures would be rooted in patient-centered and appropriate, quality care.

ASTRO's measures subcommittee has commenced work on developing additional radiation-oncology specific measures that address gaps and disparities in radiation therapy, with the focus

¹ ASTRO members are medical professionals who practice at hospitals and cancer treatment centers in the United States and around the globe, and make up the radiation therapy treatment teams that are critical in the fight against cancer. As the leading organization in radiation oncology, biology, and physics, representing more than 10,000 radiation oncology medical professionals treating more than 1 million Americans with cancer each year, we believe we are uniquely qualified to provide input on issues related to the Medicare program.

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being on high-quality, patient-focused care. The subcommittee is working collaboratively with other stakeholders to develop cancer site-specific measures, palliative care measures, as well as broadly-applicable measures. ASTRO believes that these measures will provide beneficiaries with helpful and useful information and should be included in future public reporting programs.

Is it appropriate to reduce the length of the measure preview period from 30 days to 2 weeks?

ASTRO is very concerned with this proposal. We do not believe two weeks is a sufficient or reasonable review time. While we understand the agency is attempting to streamline the process, such a significant reduction in review time would likely result in a large drop in physicians reviewing their data. This would then compromise the integrity of the preview period. ASTRO urges the agency to maintain the 30-day preview period, which provides physicians with sufficient time to review, assess, and, if necessary, request edits to their data.

Is there additional Board Certification information we should consider including on Physician Compare? Are there additional medical qualifications we should consider publishing on Physician Compare?

Medical societies should have the opportunity to provide additional specialty-specific information about their physician members that may benefit beneficiaries, such as “fellow” recognitions. However, the type of information included should be consistent across the different specialties so as not to mislead or bias.

What other type of quality improvement programs or quality initiatives should we potentially consider publishing participation for?

The agency has implemented several quality programs and initiatives that reward high-quality, low-cost care, including PQRS, the Electronic Health Records Incentive Program, and the Value Based Payment Modifier. In addition to publishing successful participation in these valuable federal programs, ASTRO believes that the agency should consider publishing successful participation in voluntary, non-federal, and/or specialty-specific quality initiatives, such as ASTRO’s new radiation oncology practice accreditation program, and QCDR.

Is there additional healthcare professional or group practice information we should include on Physician Compare, such as office hours or web site addresses, etc.?

ASTRO recommends that if a physician group or practice has a website, then that information should also be made available. Also, similar to the hyperlink for hospitals that lead users to the hospital’s profile page, we suggest there should also be a hyperlink for the physician’s specialty that leads the user to a quick overview of the specialty.

ASTRO believes that Physician Compare is an important tool for providing beneficiaries with comparable information on quality and patient measures. However, because Physician Compare is a valuable resource, and to maximize the full utility it has to offer, it should focus on the quality, value, and usefulness of the information being provided to beneficiaries; the focus should not be on quantity, as too much information can be overwhelming and counterproductive. Therefore, the recommendations discussed in these comments for the additional types of information that should be included on Physician Compare should be presented in a succinct and effective way to aid beneficiaries. Finally, CMS should continuously monitor and update Physician Compare to ensure the accuracy of information.

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Thank you for the opportunity to provide feedback on this important resource. ASTRO looks forward to continued collaboration to ensure that quality, valuable, and useful information is provided to beneficiaries to help them make educated health care decisions. Should you have any questions, please contact Priya Lamba, Medicare Analyst, at 703-839-7396 or priyal@astro.org.

Thank you.

A handwritten signature in black ink that reads "Laura Thevenot". The signature is written in a cursive, flowing style.

Laura I. Thevenot
Chief Executive Officer