

**CMS Response to Public Comments Received for CMS-10164, CAHPS
Survey for Physician Quality Reporting**

The Centers for Medicare and Medicaid Services (CMS) received comments from one medical professional organization and one individual related to CMS-10164. This is the reconciliation of the comments.

Comment:

The Centers for Medicare and Medicaid Services (CMS) received a comment from an individual expressing concern that the CAHPS Survey for the Physician Quality should not ask doctors to rate the quality of care they provide. The comment also supported having customers who seek medical care provide such ratings.

Response:

CMS thanks for the commenter for this input. The design of the CAHPS Survey for Physician Quality Reporting employs only responses from Medicare beneficiaries, and does not ask physicians to provide ratings of their care quality.

Comment:

The Centers for Medicare and Medicaid Services (CMS) received a comment from a medical professional association indicating that the organization “is troubled that the first time this survey will be administered the results will be made publically available,” and recommending that CMS conduct “a pilot version of the survey.” The organization notes that the concern stems from “implementing a survey that is unfamiliar to beneficiaries and Medicare physicians.”

Response:

CMS thanks the commenter for highlighting the importance of testing a survey instrument prior to making its results publicly available. The survey was field tested beginning in late spring 2012 with a sample of 6,750 Medicare Fee-for-Service Beneficiaries receiving care from nine sites participating in the Medicare Physician Group Practice Transition Demonstration. In addition, the survey instrument is based on the CAHPS Clinician & Group Survey, which is nationally recognized as the gold standard in assessing consumer experiences with health care. Many of the questions and concepts included in the CAHPS Survey for Physician Quality Reporting have been administered since 2005 to Medicare beneficiaries as part of Medicare’s CAHPS Health Plan Surveys. The 2013 Medicare Physician Fee Schedule Final Rule states that CMS will report CAHPS Clinician & Group Survey patient experience data in CY 2014 for data collected no earlier than PY 2013, if

technically feasible. CMS will provide a 30-day preview period for all data to be published on Physician Compare.

Comment:

The Centers for Medicare and Medicaid Services (CMS) received a comment from a medical professional association indicating that “another incremental approach to rolling out the survey data would be to initially make de-identified survey data available for a number of years before publically reporting on individual (group) results.”

Response:

CMS thanks the commenter for their input. Individual-level measure data is important in helping consumers make informed healthcare decisions and will be posted on the site as soon as technically feasible. CMS will ensure that these data are collected and presented appropriately and accurately reflect provider performance. Measures to be posted on the site will be selected based on a variety of criteria including consumer interest, and will be subject to consumer testing.

Comment:

The Centers for Medicare and Medicaid Services (CMS) received a comment from a medical professional association indicating that the association “strongly supports the CMS intention to begin by reporting only at the group practice level” and encouraging CMS to avoid reporting at the individual clinician level.

Response:

CMS thanks the commenter for emphasizing the importance of this. The survey and sampling procedures are designed specifically to assess and beneficiaries’ experiences at the group practice level.

Comment:

The Centers for Medicare and Medicaid Services (CMS) received a comment from a medical professional association indicating that the “survey instrument itself could be improved.” The concerns raised are specifically focused on Question 74, which asks “Are you blind or do you have serious difficulty seeing, even when wearing glasses?” The association suggests that CMS consider the use of existing questions included on the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance Survey (BRFSS) Questionnaire.

Response:

Section 4302 of the Affordable Care Act requires the Secretary of the U.S. Department of Health and Human Services (DHHS) to establish data collection standards for disability status. The law requires that these data collection standards be used in national population health surveys sponsored by DHHS. In response to this statutory requirement, the DHHS Office of Minority Health has provided data collection standards specifying the questions to be asked in surveys, including the content used in Question 74 in the CAHPS Survey for Physician Quality Reporting.

Comment:

The Centers for Medicare and Medicaid Services (CMS) received a comment from a medical professional association recommending that “CMS begin disseminating information to Medicare physicians regarding the CMS plan to implement this survey” and that such physician education should begin immediately.

Response:

CMS thanks the commenter for this input. CMS continuously provides extensive education and outreach to Medicare Providers on the Physician Quality Reporting System. Information related to the program, the requirements for participation and measures are available on the website at www.cms.gov/pqrs .