



September 6, 2013

Marilyn Tavenner
Administrator
Department of Health and Human Services
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
Office 341D-05
200 Independence Avenue, SW
Washington, DC 20201
Attention: Physician Data Comments
Submitted electronically to: Physician_Data_Comments@cms.hhs.gov

Dear Ms. Tavenner:

The Robert Wood Johnson Foundation (RWJF) respectfully submits these comments in response to the Centers for Medicare and Medicaid (CMS) request for input on the appropriate policies concerning the release of physician payment data. As you know, RWJF is committed to helping improve the quality and cost of American health care. As part of that commitment, RWJF supports 16 regional alliances across the country in the *Aligning Forces for Quality* initiative. Those regional alliances are helping their respective communities lead the nation toward improved health care quality and cost.

Our main message is this: our nation faces an urgent need to improve the quality of health care while, at the same time, making the delivery of that care less wasteful, more efficient and affordable. A basic, critical ingredient in that high value health care imperative is information—information about the cost and quality of care. Health professionals, purchasers, consumers, and others need timely, accurate, helpful and comprehensive information on cost and quality to make smart decisions that will help the nation achieve high value care. Alternatively, without that information, we will not achieve the goal of maximizing value in health care. Below, please find RWJF's response to the CMS questions published on August 6, 2013.

CMS Question 1: How to Weigh the Balance between Public Interest in Disclosure and Provider Interest in Privacy?

Through Aligning Forces, the Beacon communities, Chartered Value Exchanges and other funding initiatives, we know that measurement and reporting on provider performance and payment is critical to improving health care quality and reducing cost nationwide. The number of States, regional collaboratives, hospitals, providers and health plans that are part of health care public reporting

programs in this country is growing. However, in most cases, the data are currently incomplete because they do not include all public and private payers. This incompleteness restricts the impact that these efforts toward greater transparency can make toward the goal of getting more value for our health care dollars. The release of Medicare payment data will significantly expand the comprehensiveness and reliability of available data, thereby intensifying the current benefits of measurement and reporting efforts. A fully transparent health care system is key to optimizing value because it:

- ✓ Empowers and activates consumers to make educated choices about their care, to better understand cost and quality differences across providers, and to work with their doctors to get the best health outcomes.
- ✓ Allows all providers on a health care team to identify areas for quality improvement. For example, an Aligning Forces study of 567 health care practices in Wisconsin provided evidence that public reporting of several ambulatory care measures was associated with improved performance.¹
- ✓ Gives payers better tools to understand and improve the value of the care they are paying for, such as pay for performance programs, value-based insurance design, and other provider incentive programs. It also helps payers to identify outliers, and to intercede where prices are unnecessarily high.
- ✓ Helps identify areas of waste, fraud and abuse. The Institute of Medicine attributes approximately \$105 billion in wasted health care spending to avoidable price variation across providers.²
- ✓ Supports stakeholder efforts to better understand and address disparities in health care cost, quality and outcomes

CMS has the ability to put the necessary protections in place to address physician privacy concerns while at the same time growing the strength of the health information enterprise that will enable a fully transparent health care system. CMS should consider doing specific outreach to providers to address their concerns about privacy. RWJF and its partners have learned through Aligning Forces and other public reporting initiatives that stakeholder engagement is critical to the success of public reporting efforts. Physician buy-in is especially important. Aligning Forces alliances ensure that physicians participate in each phase of a reporting initiative. In fact, one common practice for the alliances is to develop private reports for physicians, medical group administrators, and clinic managers so they can ensure the data are accurate before they are publicly reported.

CMS Question 2- What specific policies should CMS consider to further the goals of improving the quality and value of health care, enhancing access and availability of CMS data, increasing transparency in government and reducing fraud, waste and abuse within CMS programs?

- Minimize barriers to data usage and access. CMS should work to get Medicare payment data into the hands of entities that are reasonably experienced with handling data and will partner with CMS in the common goal of achieving high value care in the public and private sectors. Once CMS puts these payment data in the hands of those experienced entities, it should err on the side of maximizing availability of the data and minimizing barriers to use. As such, CMS might consider reforming the qualified entity program to facilitate wider participation and to foster better data sharing.

¹ See http://www.wchq.org/measures/initiatives/impact_study.php. Accessed on August 22, 2013.

² *The Healthcare Imperative: Lowering Costs and Improving Outcomes*—Workshop Series Summary. Washington: Institute of Medicine, February 2011, www.iom.edu/reports/2011/the-healthcare-imperative-lowering-costs-and-improving-outcomes.aspx (accessed August 28, 2013).

- Promote the growth of our regional health information infrastructure. Local multi-stakeholder organizations, such as regional alliances, some of which participate in Aligning Forces, are well-positioned to receive and share Medicare physician payment and other data because of their potential to provide innovative lessons that can be replicated elsewhere. They are equipped with analytic capacity, vast experience with public reporting, multistakeholder governance, stable business models, and the ability to provide neutral access to information which governments, consumers, providers and payers can trust. They will be able to use the data to help providers and payers develop and execute successful payment reforms through data analytics, measurement, quality improvement and other technical assistance but may need additional resources to contribute their maximum potential to quality improvement and cost reduction efforts.
- Encourage innovative uses of the information. These payment data used for publicly reported metrics have tremendous potential to drive high value oriented innovations and the release should promote innovative use of the data. For example, CMS might consider partnering with other organizations (such as RWJF) in sponsoring a data challenge, which rewards people for using the data in innovative and useful ways.
- Maximize transparency. These data will only be helpful if they are shared and used widely by key health care decision-makers. The release should promote maximal health care information transparency. CMS might also consider leveraging the release of Medicare payment data to encourage other efforts toward increasing transparency, such as providing incentives to States or other entities to develop all payer claims databases.
- Be timely. In order for decision makers to use these payment data to help the nation work rapidly toward high value health care, they need timely data. They need the freshest possible data, and they need it in usable, iterative cycles. Relatively old or stale data may be viable for research purposes; its utility, however, to help promote high value decision making is limited.
- Ensure affordability. These data have the potential to enhance the CMS goal of moving toward high value care and promoting value based purchasing. CMS should ensure that these data are affordable by those key allies who are similarly working toward those ends.
- Empower consumers. Consumers and patients are the end users of our health care system and can play a critical role in improving the value of health care delivered, as long as they are given adequate tools to do so. They need to be equipped with sufficient information to make good choices about their treatment and about their providers. Consumers also need to be encouraged to use this information to ensure they are given valuable care. Aligning Forces has developed multiple resources demonstrating how employers, plans, and purchasers, like CMS, might strengthen reporting efforts to encourage consumer use of the information. Some ideas for engaging consumers include providing them with specific financial incentives, investing in specific consumer training activities, and presenting information in a clear and meaningful way.

CMS Question 3- In what form should CMS release these data?

Stakeholders need access to detailed information about the performance of both individual health professionals as well as groups of professionals to understand how to improve the cost and quality of care. CMS should make every effort to release physician payment information at its most granular level. By that we mean that CMS should release this information not only at the group level but also at the individual physician level. This type of information will be instrumental in helping those payers, providers, and other stakeholders interested in improving the value of our health care system to develop a comprehensive appreciation for precisely how to do that. We strongly encourage CMS to provide as much information to the public as possible to help all of us understand the full context of the physician practice patterns

Thank you very much for this opportunity to comment. We believe that the comments submitted in response to your request will inform a robust and timely discussion around this important issue and respectfully request that you make all of the comments public. In the spirit of transparency, we will release our comments after submitting them to you, as we routinely do.

Also, we would be happy to help CMS by synthesizing the comments to help identify the most common themes and/or disseminating the comments to the public. Please be in touch with Tara Oakman, Program Officer, at (609) 627-6255 if you have any comments or questions or to follow up on our offer of assistance. We appreciate your leadership in fostering greater transparency in our health care system.

Sincerely,

A handwritten signature in black ink, appearing to read "Risa Lavizzo-Mourey". The signature is fluid and cursive, with the first name "Risa" being more prominent.

Risa Lavizzo-Mourey, M.D., M.B.A.
President and CEO
Robert Wood Johnson Foundation