



Advocacy Update from the Alliance of Wound Care Stakeholders:

Clinician Performance on Three Wound Care Quality Measures Now Included on CMS Physician Compare Website

September 2019 - Three wound care quality measures developed by the Alliance of Wound Care Stakeholders and the US Wound Registry (USWR) are now included on Centers of Medicare and Medicaid Services' (CMS) [Physician Compare](#) website following a summertime content update that expanded quality performance data on the site.

CMS created Physician Compare to enable patients to make informed decisions when selecting healthcare providers who participate in Medicare by comparing quality data between individual physicians, group practices and Accountable Care Organizations. The quality performance data publicly available on the site also incentivizes clinicians to maximize their performance scores.

Physician Compare initially provided only general information such as location, contact information, training, etc. The first comparative quality measures were added in 2014. This most recent update incorporates 2017 Quality Payment Program (QPP) data and includes, for the first time, performance data on 12 standard quality measures from the Merit Based Incentive Payment Program (MIPS) and 11 specialty-specific measures developed by various Qualified Clinical Data Registries (QCDRs).

An Emerging Emphasis on Wound Care Measures

Nearly every medical specialty has launched a QCDR to facilitate [MIPS](#) participation by their members and to develop quality measures relevant to their patients and practice. Among the 40+ medical specialty registries, only 6 QCDRs had specialty-specific measures selected by CMS for inclusion on Physician Compare. Of the 11 total QCDR specialty measures that were chosen, **3 are wound care measures. That means 27% of QCDR measures chosen for Physician Compare focus on chronic wounds.**

The [USWR quality measures](#) selected for Physician Compare reporting are:

1. "Adequate off-loading of diabetic foot ulcer at each treatment visit."
2. "Adequate compression of venous leg ulcers at each treatment visit."
3. "Vascular assessment of patients with chronic leg ulcers."

No other QCDR had three measures selected for the Physician Compare site, suggesting a growing appreciation by CMS of the impact of diabetic foot and venous leg ulcers on Medicare beneficiaries.

Inclusion of Measures Follows Years of Advocacy on Behalf of Wound Care

To be eligible for inclusion on the CMS Physician Compare website, a quality measure must have been in use for at least 3 years so that national benchmark rates have been established by CMS for performance, and they must have been reported by a sufficient number of practitioners. Thus, it requires at least 3 years of dedicated work by a QCDR for a measure to even be eligible for Physician Compare. Given the commitment required, it is not surprising that the other organizations whose QCDR measures were selected include the American Academy of Neurology, the Anesthesia Business Group, the American College of Emergency Physicians, the Primary (Care) Practice Research Network and others. These organizations represent powerful, well-organized and well-funded specialties.

In contrast, wound management is not even a recognized *subspecialty*. That's why, in 2014 when the QCDR initiative began, CMS agreed (after much proactive advocacy) for the Alliance of Wound Care Stakeholders to act *in lieu* of a specialty society, given its role as a convener of all the clinical associations relevant to wound management. **The prominent positioning of wound management quality measures on the newly updated Physician Compare site is the result of many years of work by the Alliance and USWR to increase CMS' attention to chronic wound care** and to improve the quality of care provided to patients. With the inclusion of this data on the Physician Compare site, consumers can now consider this information when selecting healthcare providers.

While the easily viewable information is designed to educate patients, downloadable files are also accessible to clinicians and have reportedly also been used by private payers in a variety of ways including Value Based Purchasing calculations – demonstrating the value of comparative performance data across a range of stakeholders.

Registry Participation and Patient Care Improvements

The US Wound Registry is showing patient care improvements among participating practitioners:

- **Consistent application of adequate compression for venous leg ulcers (VLUs)** is 4 times what it was in a decade ago (increasing from 17% of visits to more than 65% of visits).
- **Consistent implementation of diabetic foot ulcers off-loading** has increased nearly 10- fold (from 6% of visits to nearly 60% of visits).
- **Arterial screening of leg ulcer patients** has dramatically increased.
- **VLU and DFU healing rates** of practitioners reporting the three Physician Compare measures are 10% higher than in their peers who do not participate in quality reporting.

[The US Wound Registry](#) (USWR) is a 501(c)(3) non-profit organization that facilitates MIPS reporting for wound care practitioners and podiatrists, and that develops specialty-specific quality measures and clinical practice improvement activities relevant to wound management and nutrition. In 2018, it reported quality data from 23 different Electronic Health Records.

[The Alliance of Wound Care Stakeholders](#) is an active and engaged association of physician and clinical organizations focused on promoting quality care and access to procedures and technologies for patients with wounds through advocacy and educational outreach in the regulatory, legislative and public arenas. The Alliance unites leading wound care experts to advocate on public policy issues that may create barriers to patients' access to treatments or care, with a focus on reimbursement, wound care research and wound care quality measures.

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