

Study Goals

Describe trends in clinician practice details and quality performance information from Merit-based Incentive Payment System (MIPS), available through the Centers for Medicare & Medicaid Services' (CMS') Doctors and Clinicians (DAC) initiative

Methodology

Population Studied

Medicare clinicians and groups, as listed on Doctors and Clinicians on the Medicare.gov Compare Tool or Provider Data Catalog

Study Design

We developed descriptive statistics on clinician practice details and MIPS quality performance information available through CMS' DAC initiative

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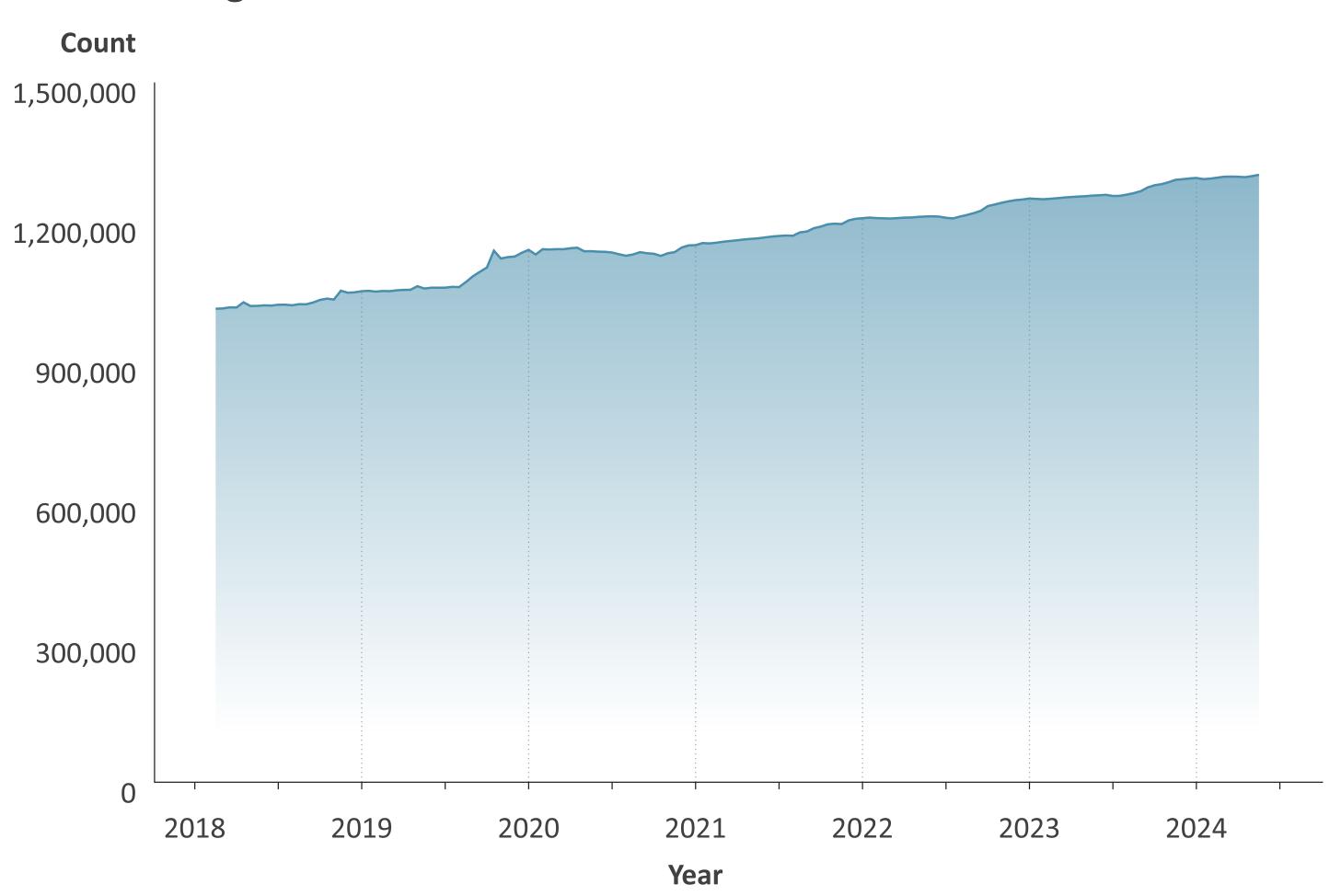
Clinician participation in Fee-For-Service Medicare, quality measure performance reporting, and the practices through which they participate during the COVID-19 public health emergency

Key Findings

Clinicians Active in Medicare (Figure 1)

- Each full calendar year 2018-2023 showed an increase in clinicians participating in Medicare (though minimally in 2020).
- By mid-2024, clinician count increased to approximately 1.3M.
- In each year, 89-92% of clinicians active at the start of a year remained active by the end.





MIPS Performance Public Reporting (Figure 3)

- Among DAC clinicians, 113,623 had quality measure performance publicly reported for program year (PY) 2018; 55,820 for 2019; 45,738 for 2020; 26,312 for 2021; and 27,077 for 2022.
- The number of groups with publicly reported quality measure performance was 14,313 for PY 2018; 20,288 for 2019; 16,546 for 2020; 13,942 for 2021; and 12,851 for 2022.
- Despite the PY 2022 reinstatement of MIPS requirements that had been relaxed due to the COVID-19 PHE, reporter counts remained low. MIPS requirement exemptions based on achieving Qualifying Advanced Alternative Payment Model Participant (QP) status, and clinicians reporting at more aggregated group levels (e.g., clinician practice consolidation into larger groups) likely contributed to lower counts of clinicians and groups with publicly reported quality measures.

Clinician Population Change by State (Figure 2)

- Net clinician loss was limited to Puerto Rico; all other states experienced Medicare clinician count growth between 15-40%.
- Excluding specialties that had fewer than 100 clinicians in 2018, the greatest increase in clinician count was among hospital-based specialties including emergency medicine, and hospitalists.

Figure 2: Changes in Medicare-Participating Clinician Counts: 2018-2024

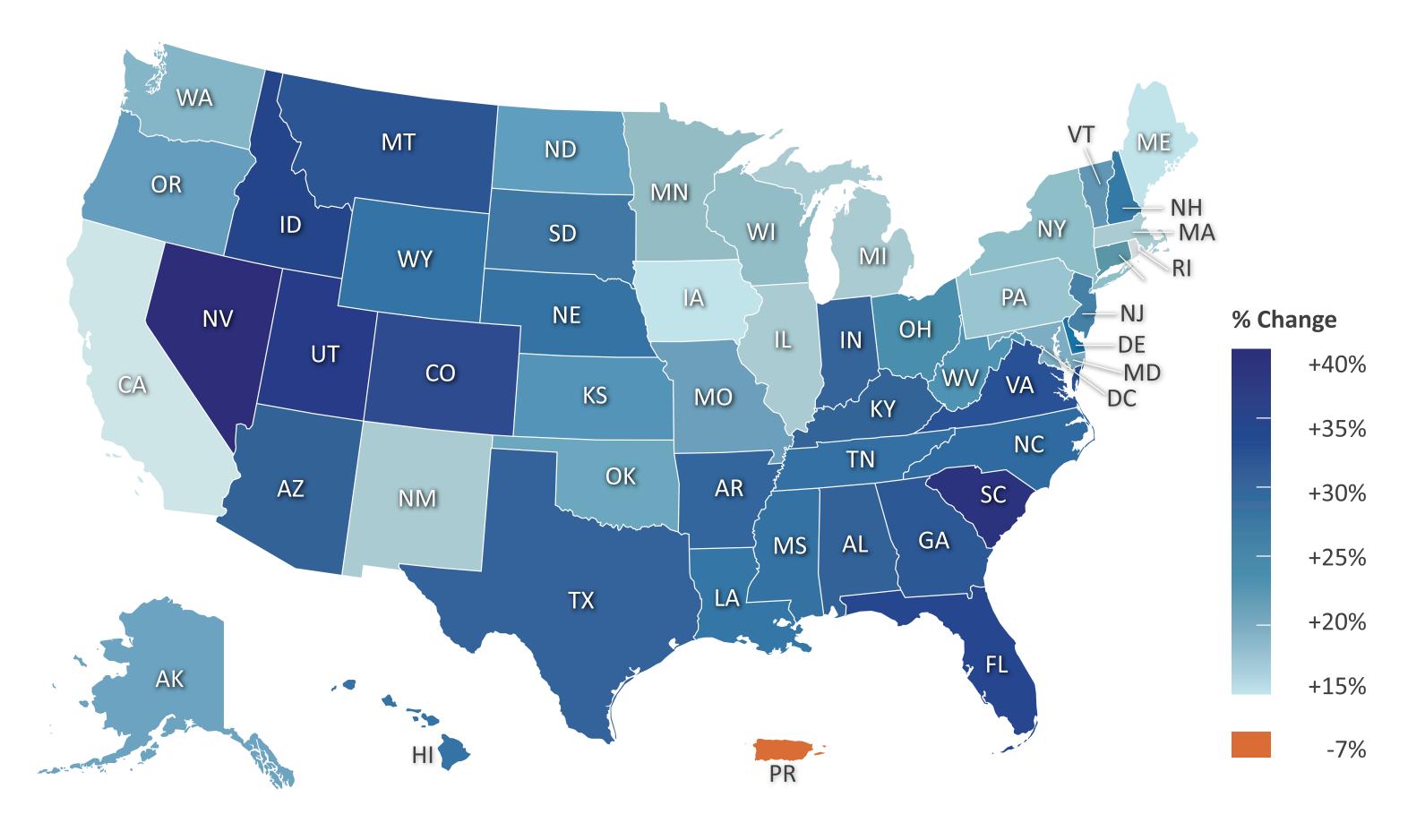
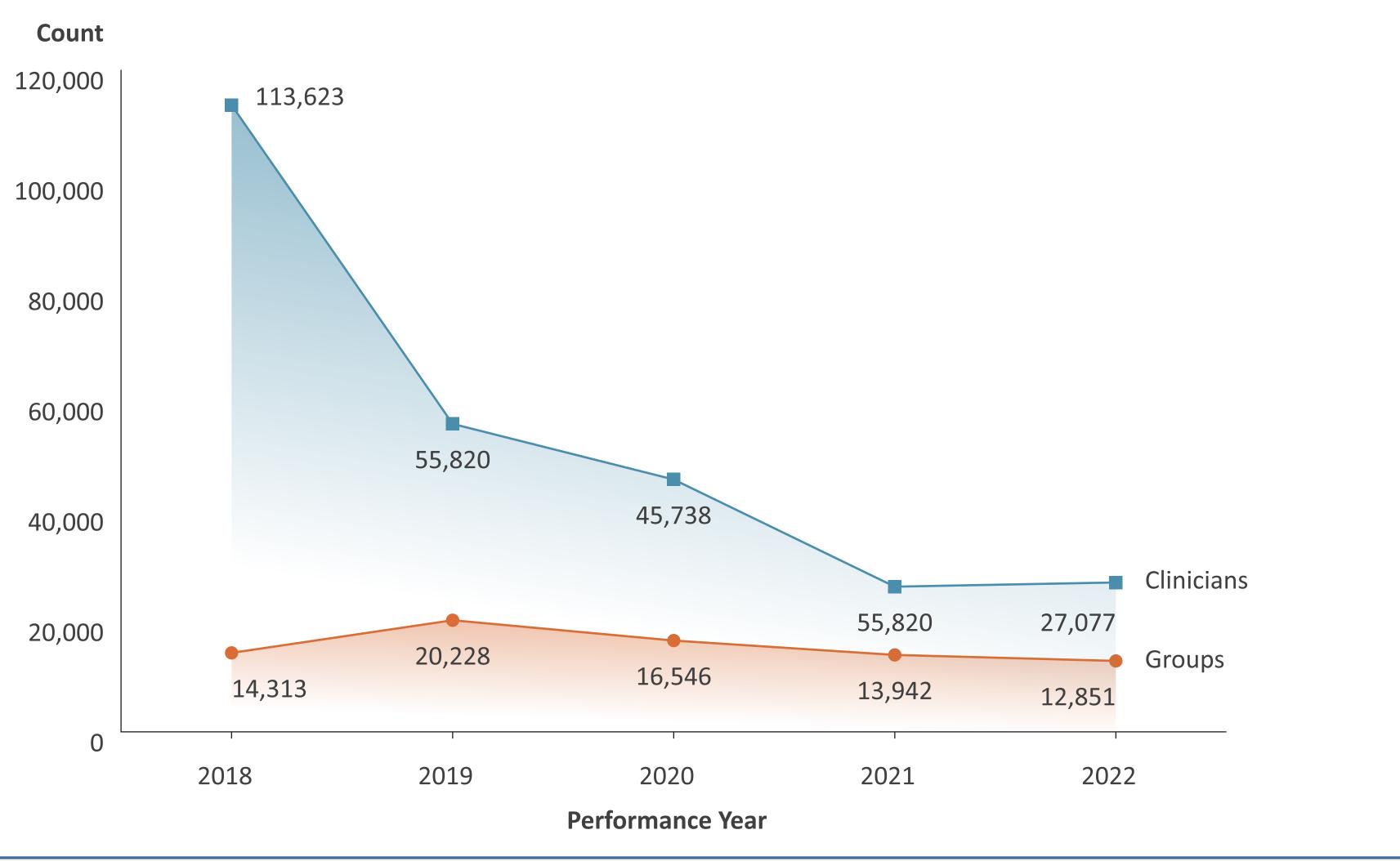


Figure 3: Count of clinicians and groups with published quality measure performance



Conclusion

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- To date, we find no evidence of abnormal Medicare clinician attrition subsequent to the PHE
- There was increased clinician participation in Medicare 2018-2024, though these observations may not be generalizable to the full U.S. clinician population
- The total number of clinicians and groups with publicly reported quality measure performance declined from PY 2018-2022

Implications

- Clinician movement toward large practices enables quality measure performance reporting at the aggregated group level; conversely, patients prefer clinician-level performance data when possible
- Medicare's efforts to create quality performance reporting at the subgroup level, where similar clinicians within a group report together, may be an opportunity to strike a balance between reporting burden and providing patients with actionable information