

Physician Compare Public Reporting Data Dictionary

This downloadable file includes information regarding group practice participation in 2013 Centers for Medicare & Medicaid (CMS) quality program as well as the 2013 Physician Quality Report System (PQRS) Group Practice Reporting Option (GPRO) performance rates for the three Diabetes Mellitus (DM) measures and one Coronary Artery Disease (CAD) measure now publicly reported on Physician Compare. Data are publicly available for the 139 group practices of 25 or more eligible professionals (EPs) that successfully reported data under the 2013 PQRS GPRO via the Web Interface. For information about public reporting on Physician Compare visit the [Physician Compare Initiative](#) page. For all inquiries regarding Physician Compare, including this dataset, contact the Physician Compare support team at PhysicianCompare@Westat.com.

Variable Code	Variable	Description	Length	Values
Org_nm	Organization legal name or "Doing Business As" name	Name of the Group Practice, as it appears on Physician Compare.	70	string
Org_PAC_ID	Group Practice PAC ID	Unique Group Practice ID assigned by PECOS to the Group Practice.	10	string
ST	State	State with all or a majority of the group practice's locations.	2	string
eRx	Participating in eRx	Group practice participates in the Medicare Electronic Prescribing (eRx) Incentive Program - a pay-for-reporting program that encourages physicians and other healthcare professionals to use electronic prescribing to improve communication, increase accuracy, and reduce errors.	1	Y/blank
PQRS	Participating in PQRS	Group practice participates in the Medicare Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO) Incentive Program - a pay-for-reporting program that encourages eligible group practices to report information about the quality of care they provide to people with Medicare who have certain medical conditions. Group Practices that participated in PQRS GPRO via the Web Interface and met the public reporting criteria outlined in the 2013 Physician Fee Schedule Final Rule (77 FR 69166) will also have values for GPRO_DM variables and the GPRO_CAD variable as appropriate.	1	Y/blank

Variable Code	Variable	Description	Length	Values
GPRO_DM_15	Controlling blood sugar levels in patients with diabetes.	<p>If patients with diabetes have blood sugar levels that stay too high, it can lead to heart disease, stroke, and kidney disease. Doctors should use the A1c lab test to check patients' blood sugar levels and should work with patients with high levels to bring their blood sugar under control.</p> <p>To give the group practice its score, Medicare looked at the percentage of patients with diabetes who had well-controlled blood sugar levels (less than 8% on their most recent A1c lab test). A higher rate means more of the practice's patients had their blood sugar under control.</p>	4	numeric
FN_DM_15	Footnote for measure DM 15	<p>1- Data are suppressed due to small sample size.</p> <p>2- No cases met the criteria for this measure.</p> <p>3- Data were not satisfactorily reported.</p>	1	1/2/3
GPRO_DM_13	Controlling blood pressure in patients with diabetes.	<p>For people with diabetes, keeping blood pressure at a healthy level helps prevent complications including heart disease, stroke, kidney disease, and vision loss. If needed, doctors should work with patients to bring their blood pressure down to a healthier level.</p> <p>To give the group practice its score, Medicare looked at the percentage of patients with diabetes who had a healthy blood pressure level (less than 140 over 90). Higher rates are better because it means more of the practice's patients had blood pressure at a healthy level.</p>	4	numeric
FN_DM_13	Footnote for measure DM 13	<p>1- Data are suppressed due to small sample size.</p> <p>2- No cases met the criteria for this measure.</p> <p>3- Data were not satisfactorily reported.</p>	1	1/2/3

Variable Code	Variable	Description	Length	Values
GPRO_DM_16	Prescribing aspirin to patients with diabetes and heart disease.	<p>People who have both diabetes and heart disease have a higher risk of developing other heart problems. Doctors should work with patients who have been diagnosed with both diabetes and heart disease to determine if they should take aspirin on a daily basis to reduce the risk of other heart problems. (Aspirin may not be safe for everyone — it's best to ask your healthcare professional if you should take aspirin.)</p> <p>To give the group practice its score, Medicare looked at the percentage of patients with both diabetes and heart disease who were prescribed aspirin OR who had a medical reason why they should not take aspirin. A higher rate is better because it means more of the practice's patients were prescribed the medication when needed and appropriate. "NA" is listed for group practices when the data are suppressed due to small sample size.</p>	4	numeric
FN_DM_16	Footnote for measure DM 16	<p>1- Data are suppressed due to small sample size.</p> <p>2- No cases met the criteria for this measure.</p> <p>3- Data were not satisfactorily reported.</p>	1	1/2/3
GPRO_CAD_7	Prescribing medicine to improve the pumping action of the heart in patients who have both heart disease and certain other conditions.	<p>If patients with heart disease also have diabetes or if the main pumping chamber of their heart (the left ventricle) is not pumping well, treatment recommendations say that doctors should prescribe an ACE inhibitor or ARB drug. ("ACE" means "Angiotensin-Converting Enzyme" and "ARB" means "Angiotensin Receptor Blocker.") These types of medication help lower blood pressure and make it easier for the heart to pump blood.</p> <p>Medicare looked at patients with heart disease who also have diabetes or a weakened left ventricle. The score is based on the percentage of these patients who were prescribed medicine to improve the pumping action of the heart. A higher rate is better because it means more of the practice's patients were prescribed the medications they needed.</p>	4	numeric
FN_CAD_7	Footnote for measure CAD 7	<p>1- Data are suppressed due to small sample size.</p> <p>2- No cases met the criteria for this measure.</p> <p>3- Data were not satisfactorily reported.</p>	1	1/2/3