Current Perspective

When "Transparency" Isn't!

In last month's Opinion, *EyeNet* predicted the public release of physician-specific Medicare payments, since the courts had made it possible. But no one predicted the speed and breadth of the data release. On April 9, 2014, CMS released claims data information for 2012, including Medicare payments to about 825,000 physicians. CMS Administrator Marilyn Tavenner said, "Data transparency is a key aspect of transformation of the health care delivery system. ... While there's more work ahead, this data release will help beneficiaries and consumers better understand how care is delivered through the Medicare program."

Really???

In the five years that I've served as Academy CEO and in the 27 years I've practiced ophthalmology, this is one of the most disruptive, confusing, and largely avoidable snafus ever foisted upon physicians and our patients.

The Academy and other medical organizations were not given an opportunity to review the database for accuracy. Selected major news outlets did, however, have the opportunity to preview the material and prepare stories—including "find your doctor" tools. Despite warnings by physician groups, there was little accompanying information describing the limitations and obvious points of confusion embedded in the data release.

The database (which could be downloaded by anyone) included incomplete Part B information. But it did include payments to physicians for Part B drugs such as Lucentis, Avastin, and Eylea lumped together with other services and procedures. Of the 344 providers who each received more than $3 million from Medicare in 2012, about one-third were ophthalmologists, most of whom were retina subspecialists. Oncologists and rheumatologists were also disproportionately represented in the "high dollar" group—again because of Part B drugs.

Many of our colleagues found themselves on the front page of their local newspapers and were forced to try to educate their communities about the nuances of a payment system over which they have no direct control. Fortunately, Academy and state society leadership, government affairs and communications staff, and the Council were all in Washington for the Mid-Year Forum, which facilitated rapid and extensive communications with national news outlets. Most outlets did a pretty good job of not overreacting. *The Washington Post,* for example, stated that the majority of physicians who received over $1 million "billed mainly for giving patients injections, infusions and other drug treatments." *The New York Times* noted that for ophthalmologists, "the bulk of that money ultimately goes to the drug" makers.

Rather than transparency, CMS engendered confusion, misinterpretation, and sensationalism by providing out-of-context claims data combining multiple types of payments—including drug cost pass-throughs and aggregated billings for multiple physicians under a single National Physician Identifier (NPI) number. Additionally, it is becoming clear that the database was incomplete and inaccurate. Much of this could have been avoided by a careful advance review—an opportunity that CMS chose to ignore.

It is critical that CMS get it right, because there will be a next time. CMS has stated its intent to continue this type of data release. Most important, however, it is not apparent to me how this information helps patients choose a doctor or a treatment. How can claims information alone provide actionable information on outcomes and quality of care? Instead, those who will find such raw data releases most useful are payers seeking to narrow physician networks and financial voyeurs.

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