

Data, Data, Everywhere... But What are We to Think?

BY MATTHEW FARBER, MA



In early April, the Centers for Medicare & Medicaid Services (CMS) released claims information that showed how much each physician billed the Medicare system in 2013. This news comes on the heels of hospital charge data for certain procedures that the agency released last year. And in September, CMS will be releasing data that pertains to contributions made to physicians from manufacturers. (The release of this data is mandated under the Sunshine Provision of the Affordable Care Act.) So we should be asking ourselves—why is CMS releasing all of this information, and what does it all mean for the oncology community and its patients?

There are multiple reasons driving CMS's release of these data. One is the agency's

desire to be more transparent with the public. The thought is that making these data available will help consumers in making better, more informed choices about their healthcare. CMS is also using these data to draw attention to certain providers to stop fraud and abuse of the Medicare system.

While ACCC supports efforts to better inform the public and to reduce fraud, the methods CMS is using to accomplish these goals are actually more of a disservice than a service. Why? Because data provided without context does not provide the full picture. The delivery of cancer care is complex and costly. To truly understand the business of oncology care, consumers and the general public need to see the entire picture. In April, ACCC and other stakeholders expressed concerns to CMS about the release of Medicare physician payment data without providing context on how these payments are used in treatment and the complexity of cancer care delivery.

So what does this mean for the oncology community? Taken at face value, these data could be harmful to certain physicians. Patients may see these claims data, or cost data, and assume that they are being unfairly billed, or over-treated. Without an understanding of our reimbursement system—including how costs are negotiated with payers—patients are missing the big picture. For example, many oncology treatments are delivered in the office setting, so much of the money that physicians bill Medicare for actually passes on to drug distributors and drug manufacturers to pay for the drugs and biologicals

used in treatment. Therefore, ACCC and other stakeholder organizations within the oncology community must do a better job of informing the public about exactly what these numbers mean.

In addition, CMS released physician payment claims data in April without offering physicians the opportunity to review for accuracy. There may be reporting errors, or claims may have been unfairly attributed to certain physicians simply because they may be the head of an oncology or pathology department. If so, patients will again be getting an incomplete or inaccurate picture of how physicians are paid by Medicare.

Of note, the Sunshine disclosures will allow physicians to review the data before they are published later this year.

At this stage, it is incumbent on the oncology community to provide the missing context to give a full picture of what these data mean. If we do not do a good job of educating the public and decision makers, the effects may be detrimental to certain physicians. Second, the oncology community must work with CMS to weed out fraud and abuse. Finally, we must also continue to communicate to the agency that if it is going to release data, it needs to paint the whole picture of how care is delivered and paid for in this country.

If you have any questions about the data released so far, or how CMS plans on moving forward, please email me at mfarber@accc-cancer.org.

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