



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

July 10, 2013

The Honorable Chuck Grassley
U.S. Senate
Washington, DC 20510

The Honorable Ron Wyden
U.S. Senate
Washington, DC 20510

Dear Senators:

On behalf of the 110,600 members of the American Academy of Family Physicians (AAFP), thank you for introducing the *Medicare Data Access for Transparency and Accountability Act* (S. 1180). This important piece of legislation would make public Medicare claims and payment data. To the degree that the legislation appropriately protects patient identity and accurately reflects services provided, it would add to the bank of information that a patient and others could use in determining health care choices.

Consistent with its policy on [transparency](#), the AAFP supports the purposes of this legislation, and we agree that making public the Medicare claims data could foster greater efficiency and deter fraud. We believe that the legislative proposal would be improved by including stricter provisions protecting the privacy of patients, especially in rural areas. For example, even though the patient's name and address are removed from the publicly available information, it could be feasible to determine a patient's identity from information about site and time of service, if the medical conditions are distinctive and the community population is small. Family physicians are particularly concerned about being able to protect the privacy of their patients, since we depend on a trusting relationship with them to be able to provide the care that they need. Your bill appropriately cites the regulations implementing the Health Insurance Portability and Accountability Act (HIPAA), and we believe that the HIPAA regulatory authority could probably protect patient privacy, but we would recommend that the legislation make patient privacy more clearly a priority.

We recognize that the intent of the legislation is to make cost and utilization data more transparent and available. We agree that this has value to patients, physicians, hospitals, other providers, payers, and researchers. However, we would echo concerns that were voiced during the recent Finance Committee hearing that patients and others need to have more than cost and utilization data. Those practices, for example, that provide higher quality of service or those practices that treat complicated patients would not be obvious from the cost and utilization data alone. In other words, cost data is necessary but not sufficient information. We note that the bill requires the mandated database to include a disclaimer that the aggregate data in the database does not reflect on the quality of the items or services furnished or of the provider of services or supplier who furnished the items or services. That is a good start in addressing our concern, and we would hope that the transparency offered by this bill will ultimately extend to timely quality data, appropriately risk-adjusted.

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You have introduced a strong health care transparency bill that should be part of the larger effort to give everyone involved the information they need to make informed health care choices. We believe the bill can be strengthened and will be happy to work with you on doing so. Please contact Kevin Burke, AAFP Director of Government Relations, at kburke@aafp.org, regarding any questions you may have or any assistance we may offer in this regard.

Sincerely,

A handwritten signature in black ink that reads "Glen Stream MD". The signature is written in a cursive style with a large "G" and "S".

Glen R. Stream, MD, MBI, FAAFP
Board Chair