



AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | *Doctors for Adults*

May 12, 2004

Mark B. McClellan, MD, Administrator
Centers for Medicare and Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator McClellan:

The American College of Physicians (ACP), the nation's largest medical specialty society, representing over 115,000 internists and medical students, is pleased to provide feedback to the Centers for Medicare and Medicaid Services (CMS) on its implementation of an "Accepting New Patients" indicator data element in the Participating Physician Directory (PPD), published as an "Agency Information Collection Activities: Proposed Collection, Comment Request" in the July 3, 2003 *Federal Register*. Our comments pertain to the Supporting Statement for adding the accepting new patients data element to the PPD, including the CMS Spring/Summer 2003 expansion of PPD data elements to include phone numbers, sanction data, training, year of graduation, foreign languages, and hospital affiliation.

Accepting New Patient Indicator Data Element

ACP supports the CMS decision to add an accepting new patient indicator to inform beneficiaries which physicians are accepting new patients. **However, ACP recommends that CMS provide physicians the option to indicate that they are accepting new patients on a limited basis.** Many physicians struggle with the business decision as to whether they can continue to accept new Medicare patients with the uncertainty over future Medicare payments, specifically the threat of future payment cuts through the annual update. Allowing physicians to indicate that they are accepting new Medicare patients on a limited basis promotes realistic expectations for beneficiaries searching for a new physician. ACP also supports the CMS decision to make the physician participation in this effort voluntary.

ACP urges CMS to use the accepting new patient indicator self-reporting mechanism to collect data that pertains to beneficiary access. The CMS Supporting Statement indicates that the agency is aware that there is a potential access problem, stating that "there is anecdotal information indicating that there is an increase in the number of physicians not taking new patients." **ACP recommends that CMS add a list of options, in drop-down box, click-the-circle-format, that permits physicians to indicate precisely why they are not accepting new patients.** The drop-down box list of options could include explanations such as "panel full" and "low reimbursement." We recommend that CMS use this information to help identify existing or emergent access problems, without making the information publicly available on the PPD. This

method would augment current CMS efforts to collect access information through its beneficiary survey process; and by asking physicians whether they accept new patients (and for the precise reason if they do not) when they call the Medicare toll free telephone line.

CMS Collection/Physician Reporting of Accepting New Patient Data

ACP encourages the prompt, accurate transfer of accepting new patient indicator information from the UPIN Registry, the web-based tool referenced in the Supporting Statement that is currently being developed to collect this information, to the PPD. Further, ACP urges CMS to ensure that all data elements in the UPIN Directory, and thus in the PPD, are as accurate as possible. The volume of visits to the page warrants current, accurate data. **ACP recommends that CMS include a “last updated” date field so that visitors to the site can determine when corrections/changes were made.**

Also, CMS should clearly indicate whether physicians will be able to update all UPIN (and PPD) data elements through the web-based UPIN Registry. The Supporting Statement indicates that physicians will self-report whether they are accepting new patients but is vague as to whether they can self-report changes to other UPIN (PPD) data elements.

It is imperative that CMS ensure that its on-line PPD site and the web-based, updateable UPIN Registry are secure to prevent unscrupulous individuals from stealing the identity of listed physicians.

Recent CMS Expansion of PPD Data Elements

ACP offers the following comments on the CMS Spring/Summer 2003 expansion of data elements included in the PPD.

Information Helpful to Beneficiaries

CMS should use the recent expansion that includes phone numbers, sanction data, training, year of graduation, foreign languages, and hospital affiliation to provide additional data elements that beneficiaries would find valuable when searching for a physician. ACP urges CMS to include additional data elements in the PPD that beneficiaries would find helpful, such as whether the physician maintains an in-office laboratory; whether the physician accepts Medicaid as a secondary payer; and an office/practice e-mail and/or website.

Assuming that CMS cannot obtain this information under a licensing agreement with an existing source, the agency should enable physicians to self-report pertinent information or select from a list of options, in drop-down box click-the-circle format, containing common data elements when they are updating the UPIN Registry to indicate whether they are accepting new patients. Physician self-reporting of additional pertinent information should also be voluntary.

The Supporting Statement states that CMS estimates that 109,880, or 15%, of the 732,000 physicians for which the agency has a UPIN data file will respond to the request to indicate whether they accept new patients. Expanding the PPD to allow self-reporting of additional, pertinent data elements valuable to beneficiaries is likely to increase physician participation. This

would come at a nominal incremental cost to CMS because the agency must already be prepared to accept responses from all 732,000 physicians for which it has a file.

Sanctions Information

ACP urges CMS to identify the source of the sanctions information it includes in the PPD. It is our understanding that the National Practitioner Data Bank (NPDB) the main source for sanctions data; however we have seen a reference to the CMS development of an Adverse Action Database.

Further, CMS fails to indicate how sanction information will be displayed in the PPD. It is unclear whether the PPD sanction information would simply state “yes” or “no” or whether there would be details regarding the adverse action. Public access to sanction information must protect patients while refraining from unfairly damaging the reputation of physicians who provide appropriate care. **ACP urges CMS to use its policy on the NPDB in deciding the appropriate inclusion of sanction data in PPD. The relevant ACP NPDB policy:**

- **Supports access to information contained in the NPDB concerning finalized adverse state licensure actions regarding a physician’s or other health professional’s licensing privileges; and.**
- **Calls for further evaluation of how information about physicians contained in the NPDB or in other repositories such as the AMA’s proposed Health Care Consumer Information Clearinghouse should be released to the public to protect consumers from unquestionably poor care givers without unfairly damaging the reputation of practitioners who provide appropriate, quality care.**

Expanding the Directory to Include All Physicians

ACP believes that all physicians should be included in the PPD and that each individual physician should be listed as: participating, non-participating, or accepts “private contracts only.” The CMS rationale for establishing an accepting new patients data element is that it is “essential to a beneficiary’s search for a physician.” However, the PPD identifies only Medicare participating physicians. Medicare beneficiaries and the general public will only have the information essential to a search for a physician if they can access information on all licensed, practicing physicians in their area. Further, the CMS failure to include non-participating physicians and those who private contract may inappropriately lead beneficiaries and the general public to mistakenly conclude that a physician was “excluded” from Medicare for a reason other than his or her own choosing.

Thank you for the opportunity to comment on accepting new patient indicator data element and related issues. Please contact Brett Baker, Senior Associate in the Department of Regulatory and Insurer Affairs, by phone at (202) 261-4533 or email at bbaker@acponline.org if you have questions.

Sincerely,

Joseph W. Stubbs, MD, FACP
Chair, Medical Service Committee