Health IT developers say the new Medicare physician payment database could be the key to improving patient care and reducing costs, but some providers warn the data are unreliable. This is a report for *iHealthBeat*, a daily news service from the California HealthCare Foundation. I'm Deirdre Kennedy.

CMS made the online database publicly available last month in response to Freedom of Information Act requests. The policy change came after a federal judge in May 2013 lifted a 33-year-old injunction that barred the government from giving public access to a confidential database of Medicare insurance claims.

In the first week alone, the database got more than a quarter of a million user visits. Andrew Scholnick is a senior legislative representative at AARP.

*(Scholnick):* "This kind of opens the door for everybody, not just the patients themselves but organizations or academic departments or even private health insurers such as Medicare advantage plans to kind of see where the utilization patterns are for different procedures and in different geographic areas at a provider level, which is very important."

Anyone can access the Medicare physician payment database. They can search for the Medicare Part B payments of a particular provider by name, ZIP code or the provider’s group name. The information looks simple enough -- it shows how much a provider was paid for a particular service and how many times. But without context or interpretation, those figures aren't enough to help patients find the best doctor, some say.

*(Scholnick):* "Right now this is pretty much just strictly utilization data and billing data, how much Medicare pays out... This might be useful in the sense of wanting to know the level of expertise if it's some sort of surgical procedure. It might also be useful to see who else in their area can do that procedure. But it doesn't go into the quality of services being provided."

---

**Audio Report Transcript**

**Headline:** Health Care Stakeholders Seek Meaning in Medicare Payment Database

**Reported/Produced by:** Deirdre Kennedy

**Publication:** *iHealthbeat*

**Date Posted:** May 14, 2014
Some provider groups have expressed concerns that the raw data could be misinterpreted because of wide disparities in the cost among providers. American Medical Association supports transparency, according to AMA President Ardis Hoven. However, she says the data are only useful if they are accurate, and AMA has complained to CMS about errors and omissions in the Medicare database.

(Hoven): "I'm speaking of the failure to perhaps get the affiliation of the physician right, or the specialty correct, things of that nature. What we have seen occurring after conversations with CMS, they put forth a tool to help those going into the data to understand it."

The new "look-up tool" doesn't exactly "help" users understand the data. It's more of a disclaimer that the limitations of the database. That's one reason AARP is not providing access to the database through its membership website. But the group's policy wing will be following further movements.

(Scholnick): "We're very interested in the next steps CMS takes in releasing more quality-related data and how we can combine the two to promote value in care. Eventually we would like to see some sort of comparison tool available to consumers where they can compare different providers in their area as well as quality of outcome based on procedure."

Those tools probably will come from the private sector, rather than CMS. Software designers are already banging out code to build tools and platforms that can bring that data to life for consumers and researchers. Next month in Washington, D.C., dozens of developers, including technology companies and medical schools, will show off their prototypes at the upcoming Health Datapalooza.

(Spradlin): "They can be apps, they can be visualizations, there's a fair amount of latitude."

Dwayne Spradlin is CEO of the Health Data Consortium.

(Spradlin): "What is probably the most important aspect of the competition, the challenge, is that we create these visualizations that use the data to create more engaging ways to inform and involve consumers."

This has been a report for iHealthBeat, a daily news service from the California HealthCare Foundation. If you have feedback or other issues you’d like to have addressed, please email us at iHB@CHCF.org. I’m Deirdre Kennedy. Thanks for listening.