

Testimony of Nancy Achin Sullivan, Executive Director, Massachusetts Board of Registration in Medicine before the House Commerce Committee on the Matter of HR5122 (Patient Protection Act), September 20, 2000

My name is Nancy Achin Sullivan. I am Executive Director of the Massachusetts Board of Registration in Medicine. I am here to offer assistance to the House Committee on Commerce in its consideration of H.R.5122, the Patient Protection Act, by outlining the experience of Massachusetts in the development of its Physician Profiles program.

Almost exactly four years ago, we in Massachusetts were facing circumstances similar to those in which the members of this Committee find themselves today. We were, for the first time ever in this country, about to release to the public an unprecedented amount of information about our physicians. This information included a comprehensive set of business demographics on each doctor, as well as other information, including hospital and board discipline, criminal convictions, and paid malpractice claims.

In the beginning we, too, were beset with huge estimates of the probable cost in time and money that would be required to produce a worthwhile product. In fact it took us only eight months and a fraction of the original cost estimates to implement the first profiles program. The implementation of this program is neither technically complicated nor prohibitively expensive. In Massachusetts, the entire implementation was completed by three staff members, only one of

whom worked exclusively on Profiles. The implementation costs were approximately \$300,000. Certainly the per physician cost associated with similar programs should be even lower since so much of the work pioneered by Massachusetts can be replicated by subsequent programs.

At the end of the effort, our data files were the most accurate in the board's 106-year history, and we had in place a system which would produce 30,000 updated physician profiles every single day, with multiple points of access for consumers seeking the information.

Just as this Committee has listened with great care and attention to the witnesses with an interest in H.R.5122, we at the Massachusetts Medical Board had listened with equal care and attention to the valid concerns of our physicians, our health care organizations, and our citizens about the publication of this information.

We designed our program to benefit individual consumers and captured the information of greatest interest to our consumers – insurance plan coverage, hospital affiliation, and area of medical specialty.

We crafted appropriate controls to prevent the data from being used to target physicians with frivolous lawsuits, and we included an appeals process by which the individual physician could correct or amend information. We had worked hard to strike the proper balance between what would be helpful to our citizens and what would be fair to our doctors.

Physician profiling has been an unqualified success in Massachusetts. Today it is an accepted, even an essential, part of the health care environment in Massachusetts. None of the apocalyptic predictions came true, and the benefits to our citizens, and to the quality of our public service mission, have been great.

I can tell you from personal experience, there is no more compelling force for excellence in government than a requirement to publish results for public consumption. Our public service performance has improved by an order of magnitude as a result of our responsibility to publish physician profiles. Our data quality is better, our staff is sharper, and our closeness to the public and its concerns has never been more intimate.

Having been down this road, we are enthusiastic supporters of the public information goals of H.R.5122. We believe it incorporates all of the most important lessons learned about profiling physicians: full disclosure of relevant information, contextual presentations to assist consumers in making truly informed choices, and excellent accessibility using advanced user-friendly information technology.

We believe that it could improve the work of state agencies by giving us unfettered access to hundreds of thousands of physician records otherwise unobtainable. A disclosure program such as that outlined in H.R.5122 would supplement, not supplant, local initiatives. We would continue to maintain the

aspects of Massachusetts Physician Profiles that are important to our program, such as honors and awards and published research, and tie those enhancements into the data supplied through the national data system.

In Massachusetts, we would use a national program to provide more complete information about the 10,771 Massachusetts physicians who hold licenses in other states, as well. Currently, we are banned from disclosing any information about the non-Massachusetts practice of these physicians, who represent 37% of our total physician population.

Physician profiling is an initiative whose time has come. Far from being a radical or unproved step into unknown territory, it is a reasonable and timely initiative, carefully crafted, built on four years of solid experience, which incorporates everything we know about the publication of relevant, usefully-formatted health care information for the benefit of the public. It empowers consumers and places a burden of excellence upon the government agencies responsible for its implementation. It makes government better, more accessible, and more accountable, and it demonstrates our fundamental belief in the ability of our fellow citizens to make good choices and good judgements about their own health care.

By even discussing changes to the NPDB, this Committee is raising the level of public debate. As a patient rights activist, I salute Chairman Bliley and all the

Committee members for your leadership. Through both compromise and courage, this Congress can bring fundamental improvement to the quality of health care in this country.

I speak not only as a health care regulator, but as a person with cancer who has fought very hard to be well enough to come here today. You can decide to keep people like me safer and stronger and healthier. Thank you for the opportunity to ask you to do just that.