Under the Sunshine Act, manufacturers must report the nature of the payment or transfer of value. Among the categories covered are consulting fees, education, entertainment, food, grants, gifts, honoraria, research, royalties/licenses, travel, and charitable contributions. (CMS, the Open Payments database contains 4.4 million payment records valued at nearly $3.5 billion attributable to 546,000 individual physicians and almost 1,360 teaching hospitals. Payments cover consulting fees, royalties, research grants, travel reimbursements, and other gifts, from more than 1,400 manufacturers and group purchasing organizations (GPOs). The disclosure rules apply to a wide range of medical professionals, including physicians, dentists, chiropractors, podiatrists, and optometrists who are legally authorized to practice. Not only is the data difficult for the average consumer to interpret without additional context, but the website itself is far from user-friendly. Uploading the data for analysis can take hours; searching for an individual's name results in either a blank page with no explanation or a multitude of columns that require constant scrolling to identify payment amounts, payers, and the form and nature of the payments.

“Good luck to the consumers heading to the website to see if their doctors are getting money from drug and device makers. Or the doctors trying to check whether they or their colleagues are in it,” wrote reporter Charles Ornstein in the New York Times. (As this issue of AAOS Now went to press, CMS released a search tool that made it faster to find physicians and identify types of payments. However, multiple listings for the same physician may be found, indicating that further refinement of the database is needed.)

Sunshine stats
Those who have taken the time to analyze the data have released the following information:

• The typical doctor on the list received about $1,750 during the August to December 2013 reporting period.
• At least 130 doctors received more than $100,000 during that same period.
• Research funding accounted for nearly $1.5 billion of payments during the reporting period.
• An additional $302 million was paid as royalties and licenses.
• Approximately $2.2 billion in payments was published as “de-identified” data, meaning that it appeared without a recipient physician name or teaching hospital.
• Another $1.1 billion in payments was not published by CMS; approximately half of that amount was due to unresolved disputes at the end of the review period and the other half due to requests by manufacturers and GPOs for a delay in publication.

“CMS is committed to transparency, and this is an opportunity for the public to learn about the relationships among health care providers, and pharmaceutical and device companies,” said CMS Administrator Marilyn Tavenner. “This initial public posting of data is only the first phase of the Open Payments program. In coming weeks, we will be adding additional data and tools that will give consumers, researchers, and others a detailed look into this industry and its financial arrangements.”

Disputed data
As previously reported in AAOS Now, physicians who registered on the CMS Enterprise Portal had the opportunity to review and dispute the reported information that they believed was inaccurate or incomplete. However, many physicians insisted that the window for correcting payment information was too short and that technical issues together with a difficult registration process prevented them from identifying errors in their profiles.

According to CMS, approximately 26,000 physicians and more than 400 teaching hospitals registered to review their data. More than 12,500 records were disputed, and three quarters of the disputes remained unresolved at the end of the review period.

As a result, about 40 percent of the records were de-identified due to inconsistent physician information and about one-third of the data was withheld due to concerns about the accuracy of the submitted information. CMS also noted that about 190,000 research payments for products that haven’t been approved or for new uses of existing products were not made public. Another 199,000 payments were not included due to issues such as trade secrets.

Influence or innovation?
The Open Payments program was mandated by Congress and is the latest effort by CMS to make healthcare cost data available to the public and is meant to “help consumers understand the financial relationships between the health care industry, and physicians and teaching hospitals.” The push for greater transparency was largely driven by concerns that financial ties between doctors and industry may alter prescribing decisions or influence clinical decision-making; they could also help identify relationships that lead to the development of beneficial new technologies; said Shantanu Agrawal, deputy administrator and director of the Center for Program Integrity at CMS.

According to Sen. Chuck Grassley (R-Iowa), co-author of the