

American Statistical Association

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Research Data Assistance Center Attn: Committee Considering CMS Part D Public Use File changes University of Minnesota Minneapolis, MN

To Whom It May Concern:

As President of the American Statistical Association (ASA), representing 18,000 members in federal, state and local governments, academia, and the private sector, I write to applaud the long history of making Medicare data available from the Centers for Medicare and Medicaid Services (CMS) for public research, but also to express concern about aspects of the proposed format for the Medicare Part D public use files. In particular, although individual privacy concerns are vitally important, the proposal to remove contract, plan, and other important identifying information from the data released to external researchers will severely limit the ability of CMS, researchers and the public to understand the cost and effectiveness of the Medicare program and of specific prescription drug plan benefit designs and pharmaceutical interventions.

For 170 years ASA has been devoted to better use of data to inform public policy. ASA members, in collaboration with experts from other disciplines, have led in the use of government data to advance public policy, and in developing new methods for better analyzing these data. As such, ASA is committed to maximum openness and availability of data, with due respect for rights of those whose information is included, so government programs can be administered and evaluated effectively by those within and outside government.

Indeed, the ASA Board of Directors is currently in the process of approving a statement on disclosure risk that affirms the importance and feasibility of both protecting personal privacy and making high quality data available for advancing science and public policy.

The solution to balancing the needs for confidentiality and openness involves using modern statistical tools to minimally modify (or coarsen) data for public release, while making more

detailed information available to researchers, a reasonable cost, through data use agreements that protect personal privacy while enabling research that clearly requires the additional detail. CMS already uses such a system for release of Parts A and B data. Making the available pharmaceutical data so coarse as to be nearly uninformative is neither necessary nor acceptable.

Data from the Medicare system has been essential to research on a wide range of issues relating both to assessing Medicare itself as well as to studying patterns and effectiveness of care with various treatments. Data from Medicare's Part D program has the potential to provide valuable information, not available prior to the advent of this program, about the role of pharmaceuticals in preserving health and treating disease, and the effect of policies, such as formulary design, on pharmaceutical use, costs and outcomes.

However, the proposed restrictions on data release would greatly hamper research on the many factors that influence the cost and effectiveness of our nation's health care policies, and would block independent assessments of those policies. In particular, rolling up geography to "census division" would make tables so broad as to be meaningless. Since medical practice is more local than regional, zip-code-level data, or even census-tract groupings, would be far more valuable for understanding the sources and consequences of health care disparities. Furthermore, exclusion of any linkage to contracts or to formulary design information would make it impossible to evaluate numerous clinically and economically important relationships among benefit design, utilization, costs, and the health of beneficiaries.

I urge you minimize restrictions on release of plan identifiers and more detailed geographical information in the proposed data release. Members of our association would be happy to work with you to craft a solution that addresses privacy concerns without hobbling the extraordinary opportunity to monitor and improve our nation's health care that these new data represent.

Sincerely,

Peter A. Lachenbruch

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President, the American Statistical Association