

September 10, 1999

Mr. George Grob
Deputy Inspector General for Evaluations and Inspections
Room 5657 Cohen Building
330 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Mr. Grob:

The American College of Physicians-American Society of Internal Medicine (ACP-ASIM), per your invitation, has had the opportunity to review written materials developed by the Office of Inspector General (OIG) and the American Association of Retired People (AARP) related to the "Who Pays? You Pay" campaign. Our comments on these materials, and suggested improvements, follow.

In general, we would like to see all these materials follow the same "one, two, three" approach you have indicated is used in the OIG Hotline message, specifically, starting with a positive message that (1) "most physicians and other health professionals are honest" and, (2) "that most beneficiary questions can be cleared up by calling the provider or insurance company first," and (3) "if contacting your physician or insurance company doesn't provide a satisfactory answer, or you still have questions about the appropriateness of a physician's billings or actions, then report the matter to the OIG Hotline."

The OIG and AARP printed materials tend to place initial emphasis on step (3), the "What You Can Do To Stop Medicare Fraud" message of the OIG fold out brochure (Attachment A), which we feel biases beneficiaries towards thinking distrustfully of their physicians. In revising OIG's and AARP's written materials, we would like to see the positive message in step (1) go even further, indicating physicians and providers are vital partners and allies in the quest to make sure every Medicare dollar is spent wisely on patients and assuring their good health. In short, that what we all want, providers and beneficiaries alike, is to keep the bad eggs out of the basket, and that we are all united in this common cause.

Following are specific comments on the content of current OIG and AARP "Who Pays? You Pay" campaign written materials.

1. OIG Tri-Fold Brochure Entitled "What You Can Do Stop Medicare Fraud"

In addition to the above general comments which apply to this brochure, we think beneficiaries may be confused by the use of the word "abuse" in addition to "fraud." We would recommend that the word "abuse" be eliminated as it has no statutory basis or clear definition (per our July meeting with D. McCarty Thornton, Chief Counsel to the Inspector General) and simply creates a gray area which may increase beneficiary distrust and encourage unnecessary reporting to

OIG. According to Mr. Thornton, either something meets the definition of fraud, or it does not. Except for this one reference to the word "abuse," only the word "fraud" is used elsewhere throughout the brochure, and thus it makes sense to eliminate the word "abuse" which appears only once on page 3.

On the page entitled, "How Can I Protect Myself from Medicare Fraud," we would recommend that the bullet "Always rely on your personal physician to recommend all medical services and equipment for you" be moved to the top of page. This is an important message, that physicians are the ones who are the true shepherds of all medical care, and that their professional judgement and integrity is the most vital element in deterring and rooting out fraud.

2. OIG One Page Flyer

In its attempt to be brief, this flyer fails to offer any positive message about physicians, nor does it constructively direct beneficiaries to contact their provider or insurance company first, before making a report to OIG. We disapprove of its overall tone, which is heavily mired in fear and distrust: "Medicare fraud and abuse is costing Americans billions of dollars and draining much needed resources from the Medicare system."

Also, this flyer interchangeably throws three terms at beneficiaries: "fraud," "waste," and "abuse" which can only further confuse this audience, reduce their trust of physicians, and result in unnecessary reporting to OIG.

We also believe that the entirety of language in the third paragraph is inappropriate. First, use of the term "Medicare cheats" is defamatory, and can only reflect negatively on the vast provider community that is honest. Second, stating that the government has "banned thousands of fraudulent health care providers and companies from participation in Medicare" will also bias and mislead beneficiaries into believing that dishonest providers are everywhere when, in fact, they are exceedingly rare. Lastly, we must challenge the statement that "thousands" of providers are "fraudulent," as this would mean that they have been convicted of statutory fraud under the False Claims Act or other statutes. The data presented to us by OIG, as well as our discussions with Mr. Thornton, do not support a number of fraud convictions anywhere near the "thousands" stated in this flyer.

In short, we recommend that this one page flyer be eliminated as it currently stands, since it has nothing positive to say about physicians, nor does it provide useful direction to beneficiaries about calling their physicians or insurance companies first about questioned charges and services.

3. AARP Materials

<http://www.aarp.org/medfraud/>
<http://www.aarp.org/medfraud/medfraudfs.html>

These 6 pages were downloaded from the AARP website. Our recommendations are much the same as above. There is a need for the "one, two, three approach," putting the positive first, and directing beneficiaries to contact their providers or insurance companies first when problems arise. We would recommended taking the statement that appears on page 2: "Most health care providers are honest and legitimate" and move it to the top of page one, with a fortified message that "honest providers are just as concerned about making every Medicare dollar count as you, and are in a partnership with beneficiaries and the government to make sure this occurs."

As above in the one page flyer, the three terms "fraud, waste, and abuse" are used frequently and interchangeably in the AARP materials, and we feel it is more than enough for beneficiaries to try to understand fraud, without the confusion of these other terms. On page one alone, these terms are used 18 times (underlined in green ink), which we feel is a bit of overkill.

As currently written, the AARP materials do more to tear down rather build a bridge of trust between beneficiaries and providers, and we would very much like this approach to be reversed.

We hope the comments we have provided are helpful and will soon be reflected in a more positive "Who Pays? You Pay" campaign which helps build beneficiary trust in the millions of honest, hard working providers, and which unites beneficiaries and providers as teammates in this worthy effort to eliminate Medicare fraud. Our staff looks forward to meeting with you later this month, where we will have the opportunity to discuss these comments further.

Sincerely,

Cecil B. Wilson, M.D., F.A.C.P., Chairman
Medical Services Committee