

## Why the fuss over disclosure of physician billings?

Disclose the names, implored the Information and Privacy Commissioner of Newfoundland and Labrador. Do not disclose the names, ruled the Nova Scotia Court of Appeal. Disclose the names, ordered the United States government, ending more than 30 years of legal battles over whether the names should be disclosed.

The locations may change but the struggle remains the same. If you ask for physicians' billing data — with names — for government-funded medical services, don't expect to get them without a fight.

But why do most medical associations work so hard to keep this information private? Is it really that big of a deal? After all, there are places, such as British Columbia and Manitoba, where physicians' medicare billings have been public knowledge for decades. Has the medical profession in these areas actually suffered as a result?

"I think most people will fight against other people looking at their salaries until it has been made public," said Kevin McNamara, former deputy minister of health and wellness for Nova Scotia. "I don't care who you are. That's just the way it is. But I think that after a year or two, it doesn't matter anymore."

Indeed, many of the oft-repeated arguments about disclosure — both for and against — appear to be more about principles and anomalies than widespread harms or benefits. Those in favour say it's about transparency and accountability in a health system funded with public money, and also about sussing out the few white-coat crooks defrauding the system. Those against disclosure say it's an invasion of privacy, will be used to embarrass productive doctors and doesn't take into account the cost of staff, equipment and other overhead.

In Canada, one argument often made by medical associations against disclosing individual billings is that it will be used by provincial governments as leverage in contract negotiations with physi-

British Columbia Ministry of Health

Payments to Practitioners			
	\$		\$
Abao, Marissa Bernadette.....	26,804.34	Abu Aish, Mohammed Abdullah.....	73,973.64
Abbey, Mark Douglas .....	185,616.23	Abu-Remaileh, Haneen .....	149,021.10
Abbott, Breanne .....	83,379.46	Acheson, Todd Munro.....	130,300.59
Abbott, David Frederick.....	112,879.88	Achong, Eamon Harvard.....	197,071.76
Abbott, William E.....	213,997.07	Achtem, Benjamin Larry.....	440,494.64
Abdalla, Abdallah Hassan .....	666,910.32	Achtem, Larry Allan.....	188,245.71
Abdel-Fattah, Mohamed .....	187,348.55	Ackermann, Carel Welhem .....	422,588.14
Abdelkader, Mahmoud A .....	282,489.58	Ackermann, Frank Peter.....	34,168.67
Abdessamad, Hasan .....	265,840.67	Ackland, Susan Carol.....	129,265.21
Abdoulraman, Hamed .....	530,251.67	Acton, Gillian Ruth.....	98,235.26
Abed, Abeer .....	142,330.47	Acton, Saskia .....	224,403.58
Abel, James Gordon .....	553,220.74	Adair, John David .....	323,222.76
Abelson, William Henry.....	386,752.51	Adam, Derek Leslie.....	356,369.70
Ableman, Darryl Jerome.....	644,285.52	Adam, L J.....	228,102.31
Abou-Gareeb, Iman .....	286,882.19	Adam, Trudy Jean.....	133,014.61
Abraham, Alan Richard.....	313,894.39	Adams, Dermot Anthony.....	590,603.04

A screenshot from British Columbia's Blue Book of physician billings to medicare.

cians. If negotiations break down, as they recently did in Ontario, naming and shaming the highest earners becomes an option in the inevitable media war for public support. That concern is not unfounded, according to Graham Steele, former finance minister for Nova Scotia.

There are legitimate arguments to be made for greater transparency in any negotiation or discussion about physician pay, said Steele. Physician remuneration consumes a huge amount of provincial budgets but receives little public discussion, he said. "The only foundation for a sensible debate is to start with facts. If the facts are only known to insiders, you can't have a sensible public debate."

Still, acknowledged Steele, it often just comes down to politics. In 2006, while a member of the opposition, Steele, a lawyer by training, was involved in a court case that pushed for the release of individual physician billings. The court decided, however, that existing freedom-of-information laws did not require this information be made available. In the end, said Steele, it didn't really matter.

"Let's be frank, the public doesn't care, not in the sense of people getting worked up, but the doctors were very worked up."

If the judge had ruled in favour of disclosure, though, would it actually

have made a difference in government negotiations with doctors? Would it have given the province the upper hand, a weapon to shame "million-dollar" doctors and win public support for cuts to medical fees? Again, let's consider BC and Manitoba. Has it made a difference in those provinces? Well, if you're looking for evidence, you won't find any, according to Jeremiah Hurley, the chair of economics at McMaster University and a member of the Centre for Health Economics and Policy Analysis.

"My own personal view — and I have to say, again, there is no real evidence to base this on: I doubt it has a big impact, frankly, on negotiations," said Hurley. "I have no reason to believe that BC physicians are paid a lot less because it is published."

In BC, the gross medicare billings of all doctors have been publicly available since 1971. They are published in the [Blue Book](#), or, as some doctors refer to it, the [Blue Book of Envy and Resentment](#). It has always been something of a contentious issue, but physicians in the province, for the most part, have just accepted it, said Dr. David Attwell, a family physician in Victoria and president of the statutory negotiating committee for Doctors of BC.

And though politicians and news reporters tend to be among the most

interested parties in the Blue Book, physicians are themselves quite curious about its contents. “It does breed some resentment,” said Attwell.

“It is somewhat educational for physicians to see what their colleagues are billing,” he added. “The problem is, if you see some cardiologists billing for a large amount, you don’t know if they

support a very large clinic or have hired a ton of staff. You don’t know their overhead, so even physicians in practice don’t really understand the numbers.”

Though it may cause a little jealousy, misunderstanding and embarrassment, the public disclosure of physician billings doesn’t appear to discourage doctors from seeking work in the province.

“I don’t think it has a negative impact on physician recruitment, but it does have a negative impact on morale,” said Attwell. “The high-billers are just going to take cover and ignore it. The low-billers read it and may misinterpret it.”  
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