

# **GAO Report on Higher Use of Costly Prostate Cancer Treatment by Providers Who Self-Refer**

On August 1, Congress released an investigative report on self-referral in radiation oncology. The Government Accountability Office (GAO) report "Medicare: Higher Use of Costly Prostate Cancer Treatment by Providers Who Self-Refer Warrants Scrutiny" concludes that providers substantially increased the percentage of their prostate cancer patients they referred for IMRT after they began to self-refer. Congress asked the GAO, its investigative arm, to conduct this report in April 2010, after advocacy efforts from ASTRO expressing concerns about self-referral arrangements in prostate cancer.

The GAO found that the number of Medicare prostate cancer-related intensity-modulated radiation therapy (IMRT) services performed by self-referring groups increased rapidly, while declining for non-self-referring groups from 2006 to 2010. Over this period, the number of prostate cancer-related IMRT services performed by self-referring groups increased from about 80,000 to 366,000. Consistent with that growth, expenditures associated with these services and the number of self-referring groups also increased. The growth in services performed by self-referring groups was due entirely to limited-specialty groups--groups comprised of urologists and a small number of other specialties--rather than multispecialty groups. Also, doctors who began self-referring increased the percentage of prostate-cancer patients from 37 percent in the year before they began self referring to 54 percent after they began self referring.

Health care policymakers have long said that self-referral needlessly drives up medical costs. Medicare does not allow doctors to refer patients to entities in which they have a financial interest, but there are exceptions, including IMRT, which is a common and costly treatment for prostate cancer with cheaper alternatives that often are considered equally appropriate, GAO states.

The GAO recommends that Congress require doctors to disclose financial interests to patients when they perform expensive prostate cancer treatments because GAO found that doctors who profit from the expensive treatment provide it far more often than doctors who do not self-refer. GAO also recommended that CMS identify and monitor self-referral of intensity-modulated radiation therapy. The Department of Health and Human Services (HHS) disagreed with both recommendations, to which GAO responded that "HHS does not appear to recognize the effects IMRT self-referral can have on beneficiaries and the Medicare program."