

Characteristics of Federal Political Contributions of Self-Identified Radiologists Across the United States

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Abstract

Purpose: As federal legislation increasingly influences health care delivery, the impact of election funding has grown. We aimed to characterize US radiologist federal political contributions over recent years.

Methods: After obtaining 2003 to 2016 finance data from the Federal Election Commission (FEC), we extracted contribution data for all self-identified radiologists. Contributions were classified by recipient group and FEC-designated political party and then analyzed temporally and geographically, in aggregate, and by individual radiologist.

Results: Between 2003 and 2016, the FEC reported 35,408,584 political contributions. Of these, 36,474 (totaling \$16,255,099) were from 7,515 unique self-identified radiologists. Total annual radiologist contributions ranged from \$480,565 in 2005 to \$1,867,120 in 2012. On average, 1,697 radiologists made political contributions each year (range 903 in 2005 to 2,496 in 2016). On average, contributing radiologists gave \$2,163 ± \$4,053 (range \$10–\$121,836) over this time, but amounts varied considerably by state (range \$865 in Utah to \$4,325 in Arkansas). Of all radiologist dollars, 76.3% were nonpartisan, with only 14.8% to Republicans, 8.5% to Democrats, and 0.4% to others. Most radiologist dollars went to political action committees (PACs) rather than candidates (74.6% versus 25.4%). Those PAC dollars were overwhelmingly (92.5%) directed to the Radiology Political Action Committee (RADPAC), which saw self-identified radiologist contributions grow from \$351,251 in 2003 to \$1,113,966 in 2016.

Conclusion: Radiologist federal political contributions have increased over 3-fold in recent years. That growth overwhelmingly represents contributions to RADPAC. Despite national political polarization, the overwhelming majority of radiologist political contributions are specialty-focused and nonpartisan.

Key Words: Radiologists, political contributions, bipartisan, political action committee, FEC

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INTRODUCTION

In recent years, a series of federal legislative initiatives have dramatically changed the US health care delivery and payment system landscape. Arguably, the most dramatic of these was the Affordable Care Act, which reformed the insurance marketplace by prioritizing

patient access and incentivizing the transition from volume-based to value-based care [1]. Similarly monumental with regard to Medicare physician payment reform was the Medicare Access and CHIP Reauthorization Act, which resulted in the repeal of long-standing, yet flawed sustainable growth rate methodology and the implementation of a novel quality- and value-based system for Medicare physician payments [2].

Given the complexity of the health care industry, a variety of stakeholders (eg, payers, health systems, physicians, and patients) frequently leverage their relationships with members of Congress to ensure that their unique needs and interests are considered and represented in legislative initiatives [3]. Much of the engagement with members of Congress is enabled through political action

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committees (PACs), which contribute to federal campaigns with the intent of later influencing the support of candidates after elections [4].

Many physician specialty organizations have developed PACs. As with all PACs, these must be registered with the Federal Election Commission (FEC) [5]. Of physician specialty PACs, the largest are run by the American Society of Anesthesiologists and ACR Foundation [6]. The Radiology Political Action Committee (RADPAC) is the official PAC of the ACR Foundation. Formed in 1999, it is currently radiology's largest PAC in terms of both dollars raised and dollars [7]. Not affiliated with any political party, RADPAC lobbies US Congressional candidates that support issues pertaining to radiologists and their patients. By its public reports [7], contributions to RADPAC have increased substantially over time, but how this growth relates to the overall political contributions of radiologists more broadly is unknown. Using publicly available FEC data sets, we aimed to characterize more broadly the federal political contributions by US radiologists in recent years.

METHODS

Data Acquisition and Categorization

This retrospective observational study was performed using publicly available data from the FEC [8]. As such, this work did not constitute human subjects research, and oversight by our institutional review boards was not required.

We obtained individual contributions detailed files from the FEC for years 2003 (the first year for which unique occupation data were available) through 2016. Each annual data set contains information on each individual contribution to a federal candidate or committee. Each contribution line is associated with an identification number corresponding to the recipient, as well as each individual contributor's name, city, state, zip code, and self-reported occupation, along with the contribution date and amount.

After initial filtering to identify the string "radiol" from all self-identified occupation fields, we manually reviewed each filtered occupation field to select physicians practicing radiology (eg, "radiologist," "interventional radiologist," and "pediatric radiologist" were included, but "veterinary radiologist" and "radiologist assistant" were not). From this group, we then excluded noncontribution administrative field entries that provided supplemental or explanatory information (181

memo entries) or corrections (36 redesignation entries), as well as likely erroneous entries (6 with negative dollar amounts).

All recipient identification numbers were then linked to specific candidates or committees using the separate FEC committee master file for each respective donation year [7]. Contribution recipients were each then manually classified as RADPAC, other PAC, or a Presidential, Senate, or House candidate or committee. Next, using a combined string search and manual review, deduplication of all individual contributor names was performed by two authors (A.P., P.B.) (eg, John Doe and John Q. Doe, both from the same city, were remapped as the same contributor).

To estimate the number of radiologists nationally and in each state, we used the Medicare Physician Compare National Downloadable File [9]. For this purpose, any physician registered with Medicare with a primary specialty of diagnostic radiology, interventional radiology, or nuclear medicine was deemed a radiologist.

Descriptive Analysis

Categorized deduplicated data were analyzed to perform aggregate summary statistical reporting, as well as descriptive reporting temporally, by US state and territory, and by individual radiologist. Data analysis was performed using both Microsoft Access and Excel (Microsoft Corporation, Redmond, Washington, USA). Choropleth mapping was performed using Open-HeatMap (<http://www.openheatmap.com/>).

RESULTS

Between 2003 and 2016, a total of 35,408,584 political contributions were reported by the FEC. Of these, 36,474 were attributed to 7,515 self-identified radiologists (23.0% of all 32,689 US radiologists) who made at least one contribution during those years. Those self-identified radiologist contributions totaled \$16,255,099.

The annual number of unique federal political contributions from radiologists ranged from 1,078 in 2005 to 6,313 in 2016, with the number of individual transactions per radiologist ranging from 1 to 210 over that time. Total annual radiologist contributions ranged from a low of \$480,565 in 2005 to a high of \$1,867,120 in 2012.

On average, 1,697 radiologists made one or more political contributions each year (range 903 in 2005 to 2,496 in 2016). Between 2003 and 2016, contributing radiologists on average gave a total of \$2,163 \pm \$4,053 (range \$10-\$121,836) to federal committees and

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