

# FUTURE OF PRACTICE: Implications for the ABMS Boards Certification System

2014 ABMS NATIONAL POLICY FORUM

INSIGHTS &  
OPPORTUNITIES



American Board  
of Medical Specialties

*Higher standards. Better care.*

# FORUM OVERVIEW

## FUTURE OF PRACTICE: IMPLICATIONS FOR THE ABMS BOARDS CERTIFICATION SYSTEM

“Today’s program challenges us to think about the future of practice and the certification community’s role in assuring that medical specialists have competency, and in assuring the quality of patient care, because at the end of the day it all comes down to the quality of the care that we provide for the public.”

*-Valerie M. Parisi, MD, MPH, MBA, Chair, ABMS Board of Directors; Dean, Wayne State University*

The American Board of Medical Specialties' (ABMS) fourth annual National Policy Forum brought together ABMS Member Board leaders and national experts to discuss the future of medical practice and medical specialty certification.

Convening the program, Valerie Parisi, MD, MPH, MBA, Chair, ABMS Board of Directors and Dean, Wayne State University School of Medicine, encouraged Member Board leaders to anticipate certification’s role in an evolving practice environment.

Presentations by George M. Thibault, MD and Erin Fraher, PhD focused on the future medical specialty workforce and how practice scope changes throughout a physician’s career.

Edward S. Salsberg led a discussion among ABMS Member Board leaders Gerald H. Jordan, MD, R. Barrett Noone, MD and Robert Phillips, MD, highlighting how the Boards use data to create a closer link between training, practice and certification, strengthening physician assessment and improving patient care.

Asking whether training and certification are meeting the expectations of the evolving delivery system, Susan Dentzer moderated a candid conversation among national health care leaders David B. Pryor, MD, Bernard M. Rosof, MD, and Lewis G. Sandy, MD.

### REMARKS BY:

- George M. Thibault, MD, President, Josiah Macy Jr. Foundation
- Erin Fraher, PhD, MPP, Director, Program on Health Workforce Research and Policy, University of North Carolina (UNC) Chapel Hill, and assistant Professor at the School of Medicine at UNC Chapel Hill
- Edward S. Salsberg, Research Faculty, George Washington University Milken Institute School of Public Health and School of Nursing
- Gerald H. Jordan, MD, FACS, FAAP, Executive Secretary, American Board of Urology (ABU)
- R. Barrett Noone, MD, FACS, Executive Director, American Board of Plastic Surgery (ABPS)
- Robert Phillips, MD, MSPH, Vice President for Research and Policy, American Board of Family Medicine (ABFM)
- Susan Dentzer, Senior Policy Advisor, Robert Wood Johnson Foundation (RWJF)
- David B. Pryor, MD, Executive Vice President, Ascension and President and Chief Executive Officer, Ascension Clinical Holdings
- Bernard M. Rosof, MD, MACP, Chief Executive Officer, QHC Advisory Group, LLC and Clinical Professor of Medicine, Hofstra North Shore-LIJ School of Medicine
- Lewis G. Sandy, MD, FACP, Executive Vice President, Clinical Advancement, UnitedHealth Group

# FORUM INSIGHTS & OPPORTUNITIES

## Insights

Medical education and certification must support practice transformation, incorporating the skills and competencies required by an increasingly systems-based, interprofessional, team-based health care delivery environment.

Physicians' scope of practice changes throughout their professional careers as they adapt to the changing needs of their patients and communities.

Continuing certification creates a unique opportunity for ABMS Member Boards to gather and use practice data to enhance the relationship between training and practice.

Health care purchasers are committed to reducing unexplained variation and increasing value; they look to the medical specialty certification system to help them identify excellence.

## Opportunities for ABMS Board Certification

Developing learning and assessment tools for competencies critical to successful performance in integrated care systems including problem-solving, critical thinking, communication, and team leadership skills.

Exploring ways to assess team-based performance and reflect the input of other professionals and patients.

Using ABMS certification and Maintenance of Certification (MOC) data to understand changing patterns of practice in the specialty and to target and focus MOC programs to make them more clinically relevant to practicing physicians.

Building a core set of demographic data with information collected through continuing certification to strengthen MOC assessments and learning experiences and facilitate comparisons across specialties and subspecialties.

Expanding ABMS' analytical capacity to identify the drivers of variations in quality and cost and practice gaps that can be addressed through certification.

Advancing the value and integrity of ABMS Board Certification as a distinction denoting a commitment to professionalism and continuous performance assessment and improvement.

# THE FUTURE HEALTH CARE WORKFORCE

George E. Thibault, MD

“...the number of facts learned or remembered will not be the distinguishing characteristics of the physician of tomorrow.”

George E. Thibault, MD, President, Josiah Macy Jr. Foundation

Dr. George E. Thibault, President of the Josiah Macy Jr. Foundation, began the conversation observing that the certification community's challenge lies in anticipating what doctors will be doing in the future, what skills they will need, how those skills can be taught, and whether they can be assessed.

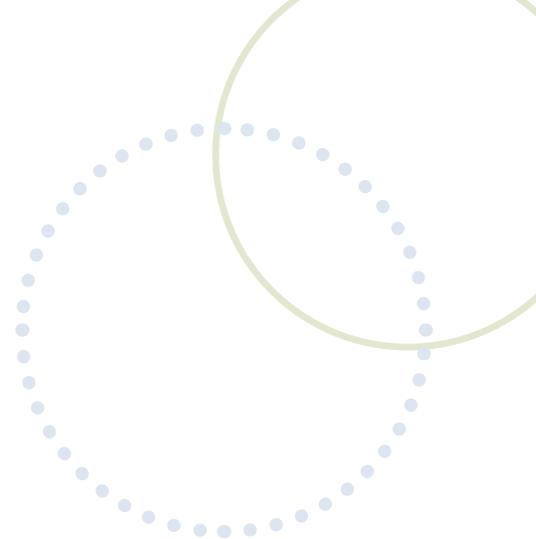
With access to sophisticated information technologies and tools, Dr. Thibault noted, the acquisition of medical knowledge will be supplanted, to a significant extent, by the development of a new skill set: skills that enable physicians to function effectively in interprofessional teams, integrated systems of care, and community settings.

While medical knowledge will always be an essential physician competency, the practice environment demands that physicians also possess critical thinking skills: the ability to use information, to ask the right questions, analyze situations, and understand systems. Future physicians will function in interprofessional and interdisciplinary teams; their knowledge and skills will be supplemented by those of their colleagues, and the physician specialist will need to know how to lead and when to follow.

Further, the ability to communicate with patients effectively is increasingly recognized as an essential component of good medical practice. The ability to convey information and elicit patients' and preferences and communicating with patients and their families and caregivers are skills that must be taught and learned. Physicians also will need to acquire skill in “partnering” with communities and other disciplines, understanding the resources available to patients and families to support patient engagement in care. In addition, knowing how and when to use alternative information sources and being able to cope with and manage change will be part of the future physician's essential skill set.

Innovation in physician education is needed to impart these new skills. Residents must be trained as they will practice: interprofessionally. New models of clinical innovation are needed: models that are longitudinal, integrative, immersive, and community-based. New curricular content is needed to complement the biological sciences: issues from the social sciences, public health change management, and quality improvement (QI).

## THE FUTURE HEALTH CARE WORKFORCE



Competency-based training, Dr. Thibault suggested, should supplant time-based programs that allow inadequate training at one end of the spectrum and, at the other end, excessive training that delays entry of skilled professionals at significant financial expense for students and public coffers alike. Cost-effective technologies should be incorporated into education, including simulations, avatars, online learning and remote site training. The educators' role is changing from imparting information to teaching analytical skills and modeling practices that may be new to faculty and students alike. Faculty will need to be prepared and may require training to teach these new skills and competencies.

In closing and before beginning a robust discussion with Forum participants, Dr. Thibault observed that the changing practice environment represents a fundamental, cultural challenge for the medical specialty community. It is moving away from a world in which the physician was the sole decision-maker to a collective; from a hierarchical system to one of equality across the professions; from profession centric to patient centric; and from a competitive training environment to a collaborative learning environment.

## INSIGHTS

- As the practice environment evolves, the physician's role has and will continue to change. New skills are, and will be, required.
- The medical education community needs to develop new models to prepare physicians to function effectively in future care systems. The medical education and delivery communities will need to work together to develop curricula and training experiences.
- Future physicians will be distinguished by how they think as well as what they know; how they function within a system of care, in collaboration with other medical professionals and professional disciplines; how they communicate with colleagues, patients and caregivers; and how they manage and respond to change.
- The ABMS Member Boards community has an important role to play in assuring that future physicians acquire, retain, and strengthen the skills and competencies demanded by the evolving health care delivery system.

# CHANGING CLINICAL FOCUS OVER A LIFETIME OF PRACTICE

Erin Fraher, PhD

“We spend a lot of time talking about training the workforce, but it’s the eighteen million workers already in the system who will transform care. We need to retool [the workforce], and the Boards can play a critical role in that.”

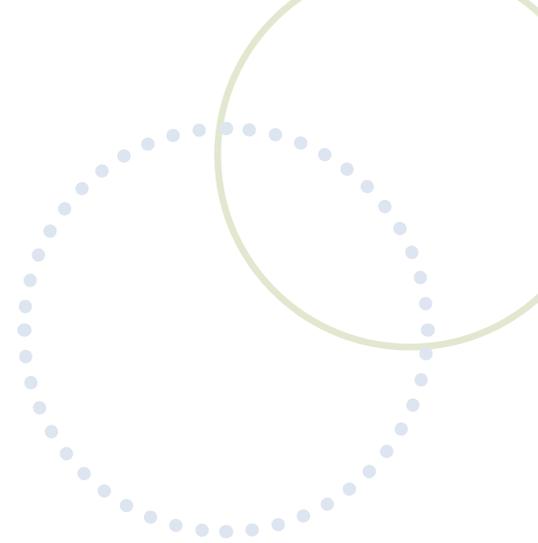
*Erin Fraher, PhD, MPP, Director, Program on Health Workforce Research and Policy, UNC at Chapel Hill*

Dr. Erin Fraher, Director of UNC’s Program on Health Workforce Research and Policy, discussed the extent to which the physician’s scope of practice shifts and changes over time. Dr. Fraher challenged the medical education and certification communities to assure the competence of physician specialists throughout their professional careers.

Traditional workforce analyses, she observed, tend to count noses. They focus on the number of practicing physicians rather than what physicians are actually doing. However, physicians’ practices are more fluid than fixed: practices change over time, with different specialties providing overlapping scopes of practice. Instead of looking at specialty practice as fixed and unchanging, it should be viewed as

somewhat “plastic.” Reports of physician shortages often overlook the reality of “practice plasticity,” a concept developed by Dr. Fraher and colleagues to characterize the manner in which scope of practice changes throughout the physician’s career.

Scope of practices change, Dr. Fraher explained, as physicians respond to the evolving needs of their patients and communities, and develop new interests, skills and aspirations. Age, time since graduation and initial certification, new health delivery systems, availability of other specialists in the community, new technologies and lifestyle considerations all influence a physician’s scope of practice.



Physicians within the same specialty may have very different scopes of practice, while physicians in different specialties often have overlapping scopes of practice. Workforce planning and policy should center on assessing what the population's needs are for health care services and determining how different configurations of physicians can meet those needs. For example, communities facing a shortage of physicians to care for patients with diabetes might choose to meet this demand in very different ways. Some communities will hire endocrinologists and others, who may be in rural areas and unable to recruit enough endocrinologists, may deploy more internists or family physicians. A modeling tool developed by the Cecil G. Sheps Center, called the FutureDocs Forecasting Tool<sup>1</sup>, helps explain how scope of practice affects the availability of medical specialty services to a community and perceptions of workforce shortage or surplus.

Relatively little research has been done to understand the impact of physician plasticity on workforce supply and capacity, and the importance of assuring that medical specialists acquire the new skills and competencies required as their practices evolve. ABMS Member Boards are in a position to help physicians in practice acquire new skills and assure that they are fully prepared for the changing demands of their practices.

### INSIGHTS

- Physicians' practices change over time. Anticipating future workforce needs requires an understanding of practice change and overlapping scope of practice among different medical specialties.
- The certification community, largely through the ABMS Program for MOC, plays a vital role in making sure physicians adapt their practices to changing patient health needs.
- Physicians in practice will redesign models of care, use electronic health records (EHRs) and transform their practices for the future. The current workforce requires continuous retraining and skills development. ABMS MOC can meet this need for Board Certified physician specialists.

<sup>1</sup>An open source online tool developed by the Cecil G. Sheps Center, University of North Carolina  
[http://www.physiciansfoundation.org/uploads/default/FutureDocs\\_User\\_Guide.pdf](http://www.physiciansfoundation.org/uploads/default/FutureDocs_User_Guide.pdf)

# USE OF PRACTICE DATA TO ENHANCE CERTIFICATION

Edward S. Salsberg, MPA; Gerald H. Jordan, MD; Barrett Noone, MD; Robert Phillips, MD

“...It is not easy to get good data on practitioners.... Certification is one of the few places where most practitioners will go and take the time to complete requests for information, so we really want to build on the advantages that [the specialty boards] have.”

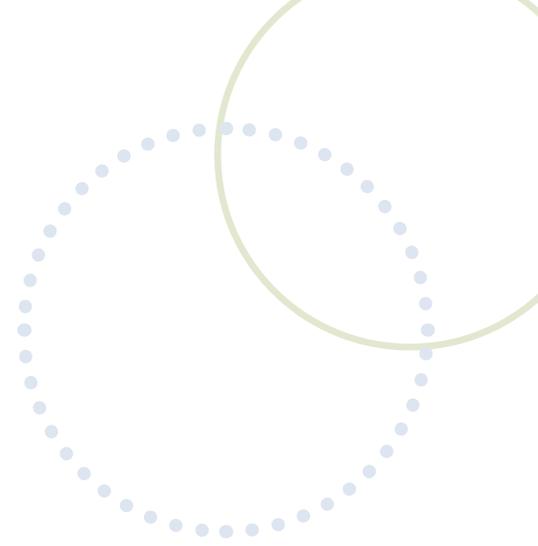
*Edward S. Salsberg, MPA, Research Faculty, George Washington University Milken Institute School of Public Health*

Many ABMS Member Boards use practice data to inform their initial certification and MOC programs. Edward S. Salsberg, George Washington University faculty and former director of the National Center for Health Workforce Analysis of the U.S. Department of Health and Human Services, moderated a discussion among Member Board leaders Gerald H. Jordan, MD, FACS, FAAP, Executive Secretary, ABU, R. Barrett Noone, MD, FACS, Executive Director, ABPS, and Robert Phillips, MD, MSPH, Vice President for Research and Policy, ABFM.

Mr. Salsberg noted that the central purpose of the data generated through the certification process is to assure that individual physician specialists possess the necessary skills and qualifications to provide patient care in their areas of specialty practice. The same data collected to support the certification process can be re-purposed to advise health workforce planning and inform the medical

education community and residency training. In each use of the data, the ultimate goal is to improve health care quality. There is significant overlap between the data available through certification and the data needed for workforce analysis. With appropriate confidentiality protections, a common core data set might be shared across ABMS Member Boards, with the medical education community and among specialty societies to improve practice. Data collected through the certification process is continuous, credible, and cost-effective. These are important advantages and reasons why a Board might collect data beyond its immediate certification needs.

The ability of the Member Boards community to reach more than 800,000 physicians, and the opportunity created by MOC to interact with physicians on a regular basis, represent a largely untapped resource for understanding the evolution of physician specialty practices.



Dr. Gerald Jordan described the ABU's use of billing logs in its initial certification and recertification process. Curiosity about changes in urology practice, rather than certification per se, sparked ABU's initial interest in collecting such data. Today ABU uses billing logs, which record all procedures for which charges are billed, to demonstrate whether urologists are surgically active. ABU also uses the billing logs in subspecialty certification and uses indices of cases and case categories to assess physicians' immersion in their subspecialty practice domains and the depth and breadth of their practices.

Much as Mr. Salsberg suggested, ABU's data collection effort has had beneficial consequences beyond its intended purpose. The data has allowed ABU to observe patterns of practice, and to identify potentially inappropriate resource use.

Dr. Jordan noted, for example, that case logs alerted ABU to unusually high testing of urine creatinine, which calculates the protein creatinine ratio. The Board determined that routine creatinine testing was associated with new testing equipment that bundled tests.

The Board spoke with the device manufacturer, whose representatives had been promoting its use, and encouraged diplomates to follow the National Kidney Foundation's guidelines for urine creatinine measurement, significantly reducing unnecessary urine creatinine testing. Similarly, analysis of billing data revealed unusually high use of a sophisticated ultrasound device when a far less costly alternative was available and potentially appropriate. By simply asking diplomates to clarify the indications for use of the more costly device, ABU improved patient care and reduced inappropriate use.

Noting that ABPS has collected case list data for 27 years, Dr. R. Barrett Noone explained how the data are used to inform the certification process. For ABPS' oral exam, a core component of initial certification, applicants must submit nine months of case lists for at least 50 major surgical cases distributed broadly across specific categories. The detailed information provided for each case is reviewed by the oral exam committee and five cases are selected for examination.



“What we’re trying to do is take our data and mold it to enhance certification because you can’t improve without measurement. You must know what you’re doing before you try to improve.” *R. Barrett Noone, MD, FACS, Executive Director, ABPS*

ABPS certification candidates prepare detailed and notarized case books for each of the five selected cases and two cases selected from ABPS’ case files. When examined on these seven cases, candidates’ skills, including their decision making skills, management of complications, and ethical and safety practices, are observable. Case data also are used to direct diplomates to practice-relevant test items and performance assessment and improvement activities. For Part III of MOC (assessment of knowledge, judgment, and skills), diplomates are assigned to a modular examination of 50 general questions and 150 questions specific to their practice profile. For MOC Part IV (improvement in medical practice), diplomates participate in practice improvement based on audit reviews of 10 consecutive case charts for a selected procedure. Diplomates receive a benchmarking report that compares their performance to that of their peers for that procedure.

Like ABU, ABPS’ use of case logs has enabled the Board to call out important variations in practice and provide feedback that diplomates have used to improve performance. ABPS also has used the data to study changes in practice of the specialty and influence training.

Similarly, ABFM uses case reports to enable diplomates to compare themselves with their peers. Dr. Robert Phillips noted that ABFM also has taken practice data collection in a somewhat different direction, using the data to explore organizational and demographic changes that affect patient care. Through MOC touch-points, ABFM gathers information about how diplomates work as well as what

they do. ABFM, for example, seeks information about physician use of EHRs, participation in interprofessional team-based care and their practice organization (e.g. solo or group), as well as information about practice scope.

ABFM uses these data to address specific research and public policy questions, identify opportunities to better meet population health needs, inform medical education and training, and make MOC more relevant to practice. ABFM intends to marry practice data with claims data to identify characteristics associated with better outcomes. It also will track training experience with practice patterns to determine how much a training site’s cost and utilization culture imprint on graduates and correlate with future practice patterns.

### INSIGHTS

- The ABMS certification process creates a unique opportunity to collect data that can provide insight into the evolution of specialty practice and deployment of the physician workforce.
- Collection of practice data enables Boards to target their MOC programs and better focus MOC activities on what physicians do in practice.
- ABMS community-wide scope-of-practice data could contribute to national policy discussions and support collaborative and productive initiatives among colleague organizations to improve training, professional assessment and patient care quality.
- Physicians demonstrate an ability and desire to change their practices when given actionable feedback.

# MEDICAL SPECIALTY PRACTICE IN THE EMERGING DELIVERY SYSTEM

Susan Dentzer; David B. Pryor, MD; Bernard M. Rosof, MD; Lewis G. Sandy, MD

“We’re all lifelong learners. Whoever said that everything we needed for our careers we should learn before we got certified?”

David B. Pryor, MD, Executive Vice President, Ascension; President and Chief Executive Officer, Ascension Clinical Holdings

Turning to consider the future role of certification in the evolving delivery system, Susan Dentzer, public member of the ABMS Board of Directors and Senior Policy Advisor, RWJF, facilitated a candid discussion among health care system leaders David B. Pryor, MD, Bernard M. Rosof, MD, MACP, and Lewis G. Sandy, MD, FACP.

Referring back to the presentations by Drs. Thibault and Fraher and Member Board leaders, Ms. Dentzer asked each panel member to reflect on what success would look like if training encompassed the new competencies outlined by Dr. Thibault, if practicing physicians’ changing scope of practice were reflected in MOC, and if the practice feedback that Boards are providing to their diplomates correlates with what their systems hope to achieve.

Asked whether Board Certified specialists joining the Ascension system today are fully prepared for practice, Dr. David Pryor offered a qualified “sort-of.” Ascension finds certification helpful, but not sufficient. The certification process does not adequately test for teamwork management skills or reflect competency in areas essential for high-reliability, which necessitate greater standardization of work and limitations on professional autonomy.

Physicians need to be better prepared for the culture of the evolving delivery system, which requires communications with patients, collaboration within teams, and solid change management skills. These skills can be acquired.

Ascension’s entire medical staff receives training in high-reliability approaches and many participate in “Formation,” a professional development program that reinforces a physician’s sense of purpose and connection to the mission of the Ascension health care system.

Dr. Pryor observed that the health care financing system has been restructured without changing the delivery system. Providers have to manage to meet the “quadruple-aim,” adding caregiver satisfaction to the National Quality Strategy’s (NQS) triple aim of better care, more affordable care, and improved community and population health.

Dr. Bernard Rosof observed that the challenge for certification today lies in restoring the defining importance of professionalism. Dr. Rosof cautioned against allowing value-based payment to drive decision-making, questioning, “who determines the value?” and noting that there are core measures for better care, better health, and lower costs. Dr. Rosof encouraged the Member Boards Community to work closely with the specialty societies and practicing physicians in support of the NQS. Although an emphasis on “value” is completely appropriate, in reality today’s focus is on cost, which undermines efforts to engage physicians in QI efforts.



“What is needed in the marketplace is some kind of physician certification program that goes beyond minimal competence at onset of practice and enables payers to identify physicians who excel.”

*Lewis G. Sandy, MD, FACP, Executive Vice President, Clinical Advancement, United Health Group*

While applauding the ABMS Member Boards Community’s commitment to professionalism and QI, and recognizing Dr. Rosof’s reluctance to allow cost considerations to dominate professional decision-making, Dr. Lewis Sandy noted that the world is rapidly embracing value-based payment strategies. These strategies represent a tremendous transformation, driving collaboration among purchasers, payers and care delivery systems. UnitedHealth believes certification continues to be an important indicator of quality, especially for consumers of care, but that certification alone does not provide the information consumers and purchasers need to explain the broad variation in practice that exists across practicing physicians.

Armed with metrics identifying high-value performers, UnitedHealth Group has dropped certification as a condition of participation in its UnitedHealth Premium Designation Program, which identifies “high performing” physicians in 20 specialties and subspecialties. Consumers are offered incentives to choose this exclusive network of physicians who excel on measures of cost and quality. The certification requirement was eliminated for a number of administrative reasons, chief among them because it was not sufficiently differentiating.

Returning to the earlier discussion of competencies necessary for future practice, Dr. Sandy emphasized that the delivery system will require that physicians be able to function effectively as members of high-performance teams.

In addition, integrated systems will expect physicians to be able to analyze and act on data, and execute change based on new information. A third related competency is change management. Physicians will need to learn how to adapt and embrace change, continuing to aspire to the highest level of professionalism, and providing the best patient care possible while navigating an ever-changing practice environment.

## INSIGHTS

- Purchasers, payers, and hospitals are looking for assessment mechanisms that will identify the best performers on cost and quality metrics.
- Value-based purchasing programs are pressuring all health system participants to improve quality and efficiency and reduce variation in clinical practice.
- Delivery system leaders are looking beyond Board Certification for assurances that physician specialists are fully prepared to meet their organization’s clinical and administrative requirements.
- Delivery system leaders believe that Board Certification should connote a specialist’s competency with respect to change management, interprofessional, team-based practice, and working in high-performance, high-reliability systems.

# CONCLUSION

Lois Margaret Nora, MD, JD, MBA

**“We are called to work across Member Boards and with others more effectively.”**

*Lois Margaret Nora, MD, JD, MBA, President and Chief Executive Officer, ABMS*

Drawing the morning's discussions to a close, ABMS President and Chief Executive Officer Dr. Lois Margaret Nora, observed that ABMS Board Certification represents a professional commitment to caring for and protecting the public. The process for training and education is rigorous, and it reflects critical core physician values: compassion, patient-centeredness, and a passion for education.

Dr. Nora observed that certification must continuously evolve to meet the needs of a changing health care landscape.

Building on the Forum discussions, future adaptations may include:

- Alternative pathways to certification that recognize training outside of formal residency training programs and skills developed post-residency
- Increased data sharing and alignment with other organizations
- Greater collaboration with colleagues to advance performance assessment and QI

# ACKNOWLEDGEMENTS

*ABMS gratefully acknowledges the contributions of:*

## Susan Dentzer, Senior Policy Adviser, the Robert Wood Johnson Foundation (RWJF)

Ms. Dentzer also is an on-air analyst on health issues with the PBS NewsHour and a regular commentator on health policy for National Public Radio, Al Jazeera America and other television and radio networks. Between 2008 and 2013, Ms. Dentzer was the editor-in-chief of Health Affairs. She also previously led the NewsHour's health unit, reporting extensively on-air about health care reform debates. Ms. Dentzer is an elected member of the Institute of Medicine (IOM) of the National Academy of Sciences and the IOM's Board on Population Health. She is also an elected member of the Council on Foreign Relations, a Fellow of the National Academy of Social Insurance and a Fellow of the Hastings Center. Ms. Dentzer is a public member of the ABMS Board of Directors and is a member of the Board of Directors of the Public Health Institute. She is also a member of the Kaiser Commission on Medicaid and the Uninsured, the RAND Health Board of Advisors, the March of Dimes national advisory board and the national advisory committee of the RWJF Health Policy Fellows.

## Erin Fraher, PhD, MPP, Director, Program on Health Workforce Research and Policy, University of North Carolina (UNC) at Chapel Hill.

For nearly 15 years, Dr. Fraher has led the work of the Program to provide policy-relevant research to inform state and national debates about how to best educate and deploy health care professionals. Dr. Fraher is an Assistant Professor at the School of Medicine at UNC-Chapel Hill, holding joint appointments in the Departments of Family Medicine and Surgery. Her current work focuses on assessing what educators, employers and other stakeholders can do to retool and reconfigure the health workforce to meet the demands of a transformed health system following health care reform. Dr. Fraher has worked as a policy analyst and health workforce researcher in the US, Canada and the United Kingdom.

## Gerald H. Jordan, MD, FACS, FAAP, Executive Secretary, the American Board of Urology (ABU)

Dr. Jordan served as a Professor in the Urology Department of the Eastern Virginia Medical School and Chairman of that department and was the Program Director for the Devine Center for Genitourinary Reconstructive Surgery at Sentara Norfolk General Hospital in Norfolk, Virginia. He is a Fellow of the American College of Surgeons. Dr. Jordan has served as a member of the Board of Chairman of the Societe' Internationale de Urologie and was elected as the Vice President in 2013. He has wide and varied academic interests and is an innovative leader in the field of genitourinary reconstructive surgery. Dr. Jordan is keenly motivated in the area of investigation and has made notable contributions to the literature. He also participates in numerous national and international medical conferences and serves as a visiting professor at many centers throughout the world. Dr. Jordan is certified by ABU.

## R. Barrett Noone, MD, FACS, Executive Director, the American Board of Plastic Surgery (ABPS)

Dr. Noone is a Clinical Professor of Surgery at the University of Pennsylvania School of Medicine. Dr. Noone has served as Chief of Plastic Surgery at Pennsylvania Hospital, Bryn Mawr Hospital and Lankenau Hospital, all Penn- affiliated hospitals in plastic surgery. He was Chair of the Department of Surgery at Bryn Mawr Hospital between 1991 and 2001. Dr. Noone remains in the active practice of plastic surgery in Bryn Mawr, Pa. Dr. Noone is on the ABMS Board of Directors and has served in numerous leadership positions at ABMS since 1997. He is a former Chair of the Board of Trustees of the American Society of Plastic Surgeons, a founder and third President of the Northeastern Society of Plastic Surgeons and a Governor of the American College of Surgeons. Dr. Noone is certified by ABPS and the American Board of Surgery.

## ACKNOWLEDGEMENTS

### Robert Phillips, MD, MSPH, Vice President for Research and Policy, American Board of Family Medicine (ABFM)

Dr. Phillips practices part-time in a community-based residency program in Fairfax, Va., and has faculty appointments at Georgetown University, George Washington University and Virginia Commonwealth University. From 2004 to 2012, Dr. Phillips served as Director of the Robert Graham Center in Washington, DC. He served on the American Medical Association's Council on Medical Education and as President of the National Residency Matching Program. From 2006 to 2010, he was Vice Chair of the US Council on Graduate Medical Education. His scholarly work focusing on primary care workforce issues has been funded by the ABFM Foundation, Josiah Macy Jr. Foundation, Health Resources and Services Administration, and the Agency for Healthcare Research and Quality. Dr. Phillips has authored nearly 175 papers published in numerous peer-reviewed journals. A nationally recognized leader on primary care policy and health care reform, He was elected into the IOM of the National Academy of Science in 2010. Dr. Phillips is certified by ABFM.

### David B. Pryor, MD, Executive Vice President, Ascension, and President and CEO, Ascension Clinical Holdings

Prior to joining Ascension Health in 2011, Dr. Pryor was Chief Medical Officer of Ascension Health, the largest not-for-profit health care delivery system. Prior to joining Ascension Health, Dr. Pryor was Senior Vice President and Chief Information Officer for Allina Health System in Minneapolis. Previously, he was President of the New England Medical Center Hospitals in Boston. Dr. Pryor spent the first 15 years of his career at Duke University Medical Center in Durham, North Carolina, where he served as Director of the cardiology consultation service, the section of Clinical Epidemiology and Biostatistics, the Duke Database for Cardiovascular Disease and clinical program development. Dr. Pryor is also a Consulting Associate Professor of Medicine at Duke University Medical Center. Dr. Pryor is certified by the American Board of Internal Medicine (ABIM).

### Bernard M. Rosof, MD, MACP, Professor, Department of Medicine, Hofstra North Shore-LIJ School of Medicine, New York

Dr. Rosof is a Master of the American College of Physicians and Chair Emeritus of its Board of Regents. Dr. Rosof is immediate Past Chair of the Board of Directors of Huntington Hospital (North Shore-LIJ Health System) and a member of its Executive Committee of the Board of Directors. He is CEO of the Quality in HealthCare Advisory Group, providing strategic consultative services to the community of health care providers interested in improving the quality and safety of health care delivery in our nation. Dr. Rosof is a member of the National Quality Forum's Board of Directors, and Co-chair of its National Priorities Partnership. He is immediate Past Chair of the American Medical Association's Physician Consortium for Performance Improvement. He was a member of the Clinical Performance Measurement Committee of the National Committee for Quality Assurance and Chair of the Physician Advisory Committee for United Health Group. Dr. Rosof practiced internal medicine and gastroenterology for 29 years and is certified by ABIM.

### Edward S. Salsberg, MPA, Research Faculty George Washington University Milken Institute School of Public Health

Mr. Salsberg has successfully established and managed three health workforce research centers. All three have been leaders in providing information on the supply, demand, distribution and use of the health care workforce and they have pioneered approaches to collecting health workforce data. He is a frequent speaker across the country and has authored and co-authored numerous reports and papers on the health workforce. Until recently, he was the founding director of the National Center for Health Workforce Analysis in the U.S. Department of Health and Human Services which was authorized by the Affordable Care Act. Mr. Salsberg previously established and directed the Center for Workforce Studies at the Association of American Medical Colleges and the Center for Health Workforce Studies at the School of Public Health at the University at Albany of the State University of New York. From 1984 until 1996, Mr. Salsberg was a Bureau Director at the New York State Department of Health.

## ACKNOWLEDGEMENTS

### Lewis G. Sandy, MD, FACP, Executive Vice President for Clinical Advancement, UnitedHealth Group

Dr. Sandy focuses on clinical innovation, payment/delivery reforms to modernize our health care system and physician collaboration. Dr. Sandy is also a Principal in the UnitedHealth Center for Health Reform and Modernization, with a focus on payment/delivery innovation and policy. From 2003 to 2007, he was Executive Vice President and Chief Medical Officer of UnitedHealthcare, UnitedHealth Group's largest business focusing on the employer/individual health benefits market. From 1997 to 2003, Dr. Sandy was Executive Vice President of RWJF responsible for its program development and management, strategic planning and administrative operations. Prior to this, he was a program Vice President of the RWJF, focusing on workforce, health policy and chronic care initiatives. Dr. Sandy is a Senior Fellow of the University of Minnesota School of Public Health, Department of Health Policy and Management. A former health center Medical Director at the Harvard Community Health Plan in Boston, he is certified by ABIM.

### George E. Thibault, MD, President of the Josiah Macy Jr. Foundation

Before joining the Macy Foundation in 2008, Dr. Thibault was Vice President of Clinical Affairs at Partners Healthcare System in Boston and Director of the Academy at Harvard Medical School (HMS). Dr. Thibault was the first Daniel D. Federman Professor of Medicine and Medical Education at HMS and is now the Federman Professor, Emeritus. Previously, he served as Chief Medical Officer at Brigham and Women's Hospital and as Chief of Medicine at the Harvard affiliated Brockton/West Roxbury VA Hospital. He was Associate Chief of Medicine and Director of the Internal Medical Residency Program at Massachusetts General Hospital (MGH). At MGH, he also served as Director of the Medical ICU and the Founding Director of the Medical Practice Evaluation Unit. Dr. Thibault is Chairman of the Board of MGH's Institute of Health Professions and interim Chairman of the New York Academy of Medicine. He serves on the President's White House Fellows Commission. For 12 years, he chaired the Special Medical Advisory Group for the Department of Veteran's Affairs. He is a member of the IOM of the National Academy of Sciences. Dr. Thibault is certified by ABIM.

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