



# American Board of Medical Specialties

*Higher standards. Better care.®*

American Board of Medical Specialties  
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May 31, 2013

Senator Max Baucus, Chairman  
Senator Orin G. Hatch  
Ranking Member  
United States Senate  
Committee on Finance  
Washington, D.C. 20510-6200

Dear Senators Baucus and Hatch:

The American Board of Medical Specialties (ABMS) appreciates this opportunity to contribute to the dialogue surrounding physician payment reform and repeal of the physician sustainable growth rate (SGR). We share your goal of assuring that Medicare policies enable beneficiaries' timely access to high quality, affordable care.

ABMS is a not-for-profit organization consisting of 24 Specialty Boards that certify the quality of physicians in 150 medical specialties and subspecialties. More than 800,000 licensed US physicians are certified by one of the 24 Boards, and more than half of these medical specialists participate in ABMS Maintenance of Certification, ABMS MOC®, to maintain and deepen their knowledge, skills and professionalism in their medical specialty disciplines. ABMS Member Boards are devoted to improving the quality of care provided to patients and facilitating continuous professional development by certified medical specialists.

Your May 10, 2013 letter seeks specific recommendations for ways that Medicare payment policies might be modified to better value physicians' services, identify and reduce unnecessary utilization, and encourage physicians to make the practice changes that will support their participation in alternative payment programs. We believe that the ABMS certification community can be instrumental in helping Medicare achieve each of these objectives.

First, with respect to reforms that would make traditional fee-for-service payment program more sensitive to value, we encourage you to consider attaching reasonable rewards for quality reporting, for practicing to a clinical standard, or for demonstrating improvement. Rewards must be based on clinically meaningful criteria and reflect patient-centered objectives. Quality measurement needs to be supported by an infrastructure for data collection, measure development, and practice improvement. Physician engagement and quality improvement are most likely when attached to professional activities that physicians believe are clinically meaningful and valid.

#### Member Boards of the American Board of Medical Specialties

American Board of Allergy and Immunology | American Board of Anesthesiology | American Board of Colon and Rectal Surgery | American Board of Dermatology  
American Board of Emergency Medicine | American Board of Family Medicine | American Board of Internal Medicine | American Board of Medical Genetics  
American Board of Neurological Surgery | American Board of Nuclear Medicine | American Board of Obstetrics and Gynecology | American Board of Ophthalmology  
American Board of Orthopaedic Surgery | American Board of Otolaryngology | American Board of Pathology | American Board of Pediatrics  
American Board of Physical Medicine and Rehabilitation | American Board of Plastic Surgery | American Board of Preventive Medicine | American Board of Psychiatry  
and Neurology | American Board of Radiology | American Board of Surgery | American Board of Thoracic Surgery | American Board of Urology

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President and CEO

ABMS MOC® is a program of continuous professional development through which physicians measure their performance and address practice gaps. A multi-source assessment program, ABMS MOC® addresses the core competencies considered by the medical profession as requisite for good medical practice. Through participation in ABMS Board MOC programs, medical specialists review information about their patient care practices that is clinically meaningful and enables performance improvement. ABMS MOC® enables medical specialists to recognize opportunities to better coordinate and otherwise improve their patient care practices.

We recommend:

1. **Phase implementation:** An incentive program will be far more effective when the foundations that allow improvement practices to flourish are in place, and we would encourage a phased implementation that builds that foundation over the next few years.
2. **Build upon professional quality assessment activities:** The professional community needs to trust both the measures used to assess performance and the process that applies them.

We encourage you to use ABMS MOC® as a both a quality metric and a reporting pathway.

Use of ABMS MOC® as a value metric will avoid placing additional administrative burdens on physicians already participating in professional development activities, help to assure that there are practice-relevant options for all specialties and tie quality measurement to a disciplined improvement process.

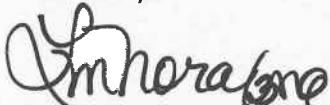
ABMS Boards continue to work with the Centers for Medicare and Medicaid (CMS) to facilitate medical specialists' participation in the Physician Quality Review System (PQRS), as authorized by statute, as an essential first step in assessing, quantifying, and compensating quality.

As you observe, shifting from a fee-for-service system to an alternative payment model may be a significant change for many physicians, especially as they transition to a rapidly changing practice environment that involves systems approaches and team-based care delivery. ABMS is working with its member boards to help certified medical specialists successfully, and efficiently, engage in performance assessment within the changing context of practice. The ABMS Board Multispecialty Portfolio Program (MSPP) bridges ABMS MOC® with institutional quality improvement programs, facilitating participation and providing insight about the performances of the individual practitioner and that of the system in which care is provided. We believe this may become the essential mechanism for engaging physicians in the system changes necessary to make new value-based payment models work.

Finally, we share your interest in reducing inappropriate utilization. *Choosing Wisely*, an initiative of the American Board of Internal Medicine Foundation, has gained significant public and professional support as a realistic, patient-centered strategy for reducing unnecessary utilization.

We would be pleased to discuss these initiatives with you, and lend our support as you consider opportunities to make traditional fee-for-service payment methodologies more sensitive to the value of care provided to our nation's senior citizens and look forward to further dialogue.

Sincerely,



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