



July 19, 2013

Chairman Upton and Ranking Member Waxman:

The American Board of Medical Specialties (ABMS) is pleased to have this additional opportunity to comment on the revised discussion draft, dated June 28, 2013.

We support this approach, which creates a great deal of flexibility for physicians to use the measures and quality improvement activities that they engage in as part of their professional obligations to satisfy federal expectations for quality measurement and improvement.

Recognition of quality improvement activities – In particular, we support the recognition of “quality improvement activities” in addition to submission of quality measures in 1848(k) (1). We think ABMS MOC® can demonstrate improvement and believe that demonstration of improvement should exempt the individual from reporting since improvement is what these provisions are intended to achieve.

Quality domains and the competencies framework – The proposal identifies five quality domains which are intended to be the target of measurement for all physicians: clinical care, safety, care coordination, patient and caregiver experience, population health and prevention. While these domains are largely consistent with the ABMS competency framework, we would prefer that physicians be evaluated according to the ABMS/ACGME competencies framework, which includes several dimensions of care that physicians and patients believe are important – including, in addition to patient care and technical skill, medical knowledge, diagnostic skill, patient management skills, interpersonal and communication skills, and professionalism. While we believe that we can map most of the competency domains to the cited quality domains, which are the focus of the National Quality Strategy, important dimensions of individual physician performance would not be captured outside of the ABMS competency framework.

Measures and activities available to physicians in all specialties and subspecialties – We appreciate that measure sets will be developed and approved for all physician cohorts and that the cohorts will be aligned with the specialties and subspecialties of the ABMS Member Boards. We need to be sure that all physician practices can map their practice experience to one or more of the core domains. Measures and measure domains need to be available for all physicians so that all physicians can participate in a way that relates to the clinical context of their practice.

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Inclusion of participation in ABMS MOC and ABMS practice assessment as quality metrics --We urge you to also recognize physicians' participation in ABMS Member Boards' continuing certification programs, ABMS MOC®, as meeting quality reporting requirements under the five-year extension of the fee-for-service payment program.

Expectations for quality improvement within Alternative Payment Models --The provision's Alternative Payment Models appear to be silent with respect to patient care quality. Alternative financing strategies do not obviate the importance of performance assessment and improvement. We encourage you to embed performance improvement and quality assessment in the alternative arrangements, as they are under fee-for-service arrangements.

Data Discoverability -- Finally, we reiterate our concerns regarding data discoverability and encourage inclusion of provisions to provide legal protection from discovery for sensitive quality data that certifying and accrediting organizations may collect to support professional assessment and development.

We thank you for this opportunity to comment on the proposed legislation and will be glad to answer any questions you might have.

Sincerely,

Tom Granatir

Senior Vice President Health Policy and Strategic Partnerships