American Board
of Medical Specialties

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April 15, 2013

The Honorable Dave Camp
The Honorable Fred Upton
The Honorable Joe Pitts
The Honorable Kevin Brady

The Honorable Sander Levin
The Honorable Henry Waxman
The Honorable Frank Pallone
The Honorable Jim McDermott

United States House of Representatives
Washington, DC 20515

Dear Representatives:

The American Board of Medical Specialties (ABMS) appreciates the opportunity to respond to the request for input on the ***Second Draft of Sustainable Growth Rate (SGR) Repeal and Reform Proposal- Request for Feedback.***

We appreciate the intent of this proposal to align payment reform with quality and efficiency, minimize administrative burden, and assure physician engagement in improvement. In addition to responding to your specific questions in the ***Request for Feedback*** we also want to clarify whether the language in this second draft speaks to the suggestions we made in response to the first request for feedback.

ABMS consists of 24 Member Specialty Boards that certify physicians in 147 medical specialties and subspecialties. Over 800,000 US licensed physicians are certified by one or more ABMS Member Boards and currently there are nearly 475,000 physicians participating in ABMS Maintenance of Certification (ABMS MOC®) programs. The ABMS Member Boards are concerned exclusively with improving the quality of care to patients and providing an infrastructure that supports continuous professional development by certified physicians. As with our response to the first draft, the ABMS will limit its response to issues pertaining to the quality issues, and will not address the specifics of the payment proposal.

We support several elements of the proposed plan:

Phased implementation. We think it is vitally important to create a supportive infrastructure for data collection, measure development, and practice improvement. 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.

Professional engagement. The proposal clearly recognizes that the professional community needs to trust both the measures used to assess performance and the process that applies them. Including the following features in the proposal will help to ensure physician support:

- Measures that matter to patients;
- Measures and data sources that physicians believe are important, valid and reliable and that offer meaningful opportunities across all specialties to engage in quality improvement work;
- Data that reflect the full range of physician practices (i.e., not just Medicare patient data but reflective of the population treated by the physician);
- Alignment of measures and reporting across payers;
- Timely, actionable feedback to enable physicians to improve;
- Rewards for reporting, for practicing to a clinical standard, or for demonstrating improvement.

As a strategy to maximize physician engagement, we encourage you to specify in the proposal that the physician specialty certification community be represented in the expert panel to be convened by the Secretary to advise on the establishment and maintenance of the Update Incentive program (UIP).

We assume that the provisions below, which we submitted previously, are possible under the proposal, even though they are not explicitly stated. The way the quality measures and the improvement activities are described and defined seems to capture the major elements of most ABMS MOC® programs. Ideally, as the proposal evolves these elements will become more explicit.

- ***Participation in ABMS MOC® as a quality metric.*** ABMS MOC® is a program of continuous professional development that should itself be a quality metric on which to base the quality update because it engages physicians to measure their performance and address practice gaps through a quality improvement framework.

- ***ABMS MOC® as a reporting pathway.*** ABMS MOC® is a multi-source assessment program that addresses six competencies considered by the medical profession as requisite for good medical practice. ABMS MOC® evaluates these performance domains using different assessment methodologies, each of which generates several kinds of data. All of these assessments are important to patients and all should be encouraged. Making it possible to report through ABMS MOC® will reduce administrative burdens on physicians participating in voluntary professional development activities, will help to assure that there are practice-relevant options for all specialties and that quality measurement will be tied to a disciplined improvement process. We understand that this might mean that the Boards would have to submit to specifications for data integrity and transparency about measures and methods.

- ***Physician choice in reporting and alignment.*** The mandate to report should apply to the physician, and alignment should be the over-riding goal of the new system. Many physicians participate in multiple reporting systems that might offer a mechanism to participate. Physicians should be given some discretion to fulfill these requirements through the activities and measures that are most relevant to their practices. Even today, PQRS permits physicians to select measures for reporting based on their own judgment of what's appropriate to their practice.

In addition, the ideal solution would offer legal protections from discovery for certifying and accrediting organizations that collect sensitive quality data as part of their professional assessment and development programs. Current law does not recognize these organizations as

eligible for the protections afforded to "Patient Safety Organizations" because they sometimes are required to use the quality data they receive in a way that may be adverse to the doctors involved. Protecting data submitted to certifying and accrediting organizations will encourage physicians to participate in and openly share their practice data through voluntary quality improvement activities like MOC. **We ask that you specifically protect this activity.**

PHASE II: REWARD FOR QUALITY

How should the Secretary address specialties that have not established sufficient quality measures?
We have no doubt that there will be strong incentives to develop meaningful, evidence-based measures.

We suggest a phased approach. For example, a short-term strategy could be to reward ABMS MOC® activities, which have been designed and approved for each specialty by the specialty certifying board. ABMS MOC® activities are designed to encourage continuous professional development of six competencies, including professionalism, knowledge, learning and improvement, interpersonal communication, practice and procedural skill, and system-based practice. Evidence of activity in any of these domains should be rewarded. Assessment of clinical performance that are otherwise difficult to capture in performance measures may best be obtained in the context of ABMS MOC®.

The system should focus in the short term on measures of clinical performance that cut across specialty lines, e.g., patient engagement and team performance.

Is it appropriate to reward improvement in quality over time in addition to quality compared to peers?
Yes, it is important to make it possible to reward improvement as well as attainment. We would recommend rewards for both attaining a clinical standard and showing improvement relative to the standard. Both are consistent with ABMS MOC®.

Are there sufficient clinical practice improvement activities relevant to your specialty?
Every specialty can and should be able to identify relevant quality improvement activities. Each Board requires through its ABMS MOC® programs that physicians engage in continuous professional development activities, including a performance practice assessment.

Should small practices have the ability to aggregate measurement data to ensure that there are adequate numbers of patient events to reliably measure performance? If so, how?
Yes. The problem of small numbers is a significant known obstacle to individual physician measurement using statistical techniques. First, physicians should look at data over their entire patient panel, not only for Medicare. Medicare has an interest in knowing that physician practices are not differentiated for Medicare patients. Second, data can be aggregated in two ways to make the data more analyzable: by looking at higher-level clinical categories and by combining data from several years, perhaps on a rolling basis. We question, however, whether such a technical issue should be addressed in statute.

PHASE III: REWARD FOR EFFICIENT RESOURCE USE

How much time is needed to refine the methodology for determining and attributing efficient use of health care resources?

We cannot set an arbitrary time limit for the development of the science. ABMS recommends that this not be specified in statute but left to the Secretary to determine, based on the availability of scientifically valid methods. We recommend that Congress continue to support the Measure Applications Partnership and the National Quality Forum specifically to convene experts in measurement, methods, and improvement to make recommendations to the Secretary as new evidence becomes available.

Is it preferable to only have a payment implication based on efficiency for providers that meet a minimum quality threshold?

We assume you are asking whether efficiency should be viewed secondarily and apart from other quality issues. In the view of the Institute of Medicine's "Crossing the Quality Chasm," which established a framework for quality improvement based on six quality aims, efficiency sits equally alongside all other quality goals (effectiveness, equity, timeliness, safety, and patient-centricity). The concern implied by the question is that efficiency might be achieved at the expense of quality. Efficiency should only be rewarded if quality is maintained or improved.

ADOPTION OF ALTERNATIVE PAYMENT MODEL

What do you believe will be necessary to support provider participation in new payment models?

A program of quality incentives will not improve care on its own. We believe some form of technical support and improvement infrastructure would help to ensure that quality measurement leads to actual improvements in practice. The ABMS MOC® programs offer just such an environment through the Performance Practice Assessment, which provides that physicians measure themselves in a quality improvement cycle of measurement, intervention, and re-measurement. Allowing ABMS MOC® to become a reporting pathway will help ensure that physician measurement will take place in the application of improvement practices.

What is a reasonable time frame for CMS to approve and adopt APMs?

The implementation of any Alternative Payment Models should be tested; and further it should be evaluated on an ongoing basis to assure that it is achieving its intended results.

IMPROVEMENTS UPON CURRENT LAW

What improvements upon current law will help ease the administrative burden upon medical providers and allow more time caring for Medicare beneficiaries?

Integration of federal quality reporting with the professional quality activity sponsored by the ABMS certifying boards would make it possible for individual physicians to satisfy multiple quality measurement and reporting requirements at the same time. This could be accomplished by accepting participation in ABMS MOC® programs as an acceptable quality measure, by rewarding all the activities undertaken to satisfy ABMS MOC® and by establishing participation in ABMS MOC® as a reporting pathway. Legislative relief from data discoverability will be helpful to this function. Current provisions of law do not protect data held by accrediting and certifying bodies and some additional protection would help to assure that physicians participate.

We look forward to working with you further as you develop the SGR proposal. We welcome the opportunity to submit more information about the ABMS MOC® process, the clinical competencies it seeks to address, the evidence that ABMS MOC® has a positive impact on patient care, and the different approaches being taken to address physician performance in all the specialties. Please contact Tom Granatir, Senior Vice President Health Policy and Strategic Partnerships, at (312) 436-2683 if you have questions as you work through the proposed reforms.

Sincerely,

Lois Margaret Nora/vs

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

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