



# American Board of Medical Specialties

Higher standards. Better care.®

American Board of Medical Specialties  
222 North LaSalle Street, Suite 1500  
Chicago, IL 60601  
T: (312) 436-2600  
F: (312) 436-2700

[www.abms.org](http://www.abms.org)

August 15, 2013

The Honorable Fred Upton  
2183 Rayburn House Office Building  
Washington, DC 20515

The Honorable Henry Waxman  
2204 Rayburn House Office Building  
Washington, DC 20515

Chairman Upton and Ranking Member Waxman:

The American Board of Medical Specialties (ABMS) is pleased to contribute to the development of H.R. 2810, the “Medicare Patient Access and Quality Improvement Act of 2013.”

As noted in our April 15, 2013 response to the Committee’s request for feedback, and again in our July comments on the revised discussion draft, ABMS supports the proposed legislation’s approach, which offers physicians the flexibility to use the measures and quality improvement activities that meet their professional obligations to satisfy federal expectations for quality measurement and improvement.

In particular, we support the recognition of quality improvement activities in addition to submission of quality measures as required in Section 1848 (k) (1) of the Social Security Act and are confident that ABMS Maintenance of Certification (ABMS MOC®) quality improvement activities will demonstrate physician performance improvement.

While pleased that the July 24 draft and the subsequent July 30 language recognize the certification community’s role in physician quality assessment, we encourage further clarification of the term “eligible professional organization” as follows:

The term ‘eligible professional organization’ means a medical specialty certifying board and societies of specialties recognized by national physician certification organizations [such as the American Board of Medical Specialties].

We urge you to give further consideration to the five domains selected to guide quality measurement for all physicians. As noted previously, there are slight differences between the identified domains and the six domains of competency defined by the ABMS and the Accreditation Council for Graduate Medical Education (ACGME), known as the ABMS/ACGME Competencies Framework. These differences, though slight, are fundamental and may prove problematic for peer cohorts, as the ABMS/ACGME competencies framework is increasingly embedded in professional practice through the graduate medical education process. The ABMS/ACGME Competencies Framework includes several dimensions of care important to patients and physicians including medical knowledge, diagnostic skill, patient management skills, interpersonal and communication skills and professionalism. We believe that the competencies

#### 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

Thomas E. Norris, MD  
Chair

Valerie M. Parisi, MD, MPH, MBA  
Chair Elect

John G. Clarkson, MD  
Secretary-Treasurer

John B. McCabe, MD  
Immediate Past Chair

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

framework maps well with the national quality strategy domains including improving the quality of care by making care safer, increasing patient engagement and improving care coordination.

Finally, we would also urge you to give further consideration to questions of data discoverability, and include provisions to provide legal protection from discovery for sensitive quality data that certifying and accrediting organizations may collect in support of professional assessment and development.

ABMS appreciates your leadership and commitment to identifying fair, patient-focused and financially feasible Medicare physician payment reform strategies. Please let me know if we can answer any questions or be of any assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Tom Granatir", is written over a light gray rectangular background.

Tom Granatir  
Senior Vice President, Health Policy and Strategic Partnerships