



## American Board of Medical Specialties

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

Chairman Baucus and Ranking Member Hatch:

The American Board of Medical Specialties (ABMS) is pleased to have this opportunity to comment on the discussion draft, "SGR Repeal and Medicare Physician Payment Reform."

This draft is a significant advance over earlier versions. It is operationally clearer and accounts for many of the complexities in the measurement and improvement of quality at the physician level. We commend the Committees on the bipartisan, bicameral process and the extensive public consultation that produced it.

ABMS is dedicated to improving the quality of physician care through professional programs of continuing certification. ABMS represents the 24 specialty boards that certify more than 800,000 medical specialists, the vast majority of the country's specialty physicians. The ABMS Member Boards issue certificates in 37 primary areas and 123 subspecialty areas of medicine. Nearly 475,000 ABMS Board certified medical specialists participate in the programs of continuing certification that we refer to as ABMS Maintenance of Certification. Because of the specific role that ABMS Board Certification plays in assuring the public about the competency of certified medical specialists, we confine our comments to issues related to quality measurement and improvement.

The approach outlined in the proposal would engage physicians in performance assessment and improvement through the measures and quality improvement activities most meaningful to their practices and their patients.

The new draft proposes a number of clarifying changes that we believe will have a positive impact on physician engagement. For example, it:

- Integrates the several federal physician incentive programs into a single program, which will help CMS achieve measurement alignment.
- Offers flexibility for different approaches across specialties, geographies, and levels of readiness for payment and service integration.
- Supports small practices that may not be equipped with data, analytic, and improvement infrastructures necessary to change and improve their practices, through the QIO program.
- Rewards participation in quality improvement activities, in addition to quality and resource use achievement and attainment.
- Allows physicians to have their quality evaluated at the group level or in association with hospitals or other health care organizations. This could help to integrate individual physician assessment and system-wide improvement.

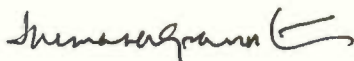
- Provides funding for measure development to fill the measure gaps for physician quality assessment.
- Requires the Secretary to make Medicare data available to qualified clinical data registries for quality improvement activities.

There are some areas that might benefit from more specificity:

- We strongly support the proposal's recognition of "quality improvement activities" as a component of the value calculation. We suggest that the multiple activities of assessment and improvement embodied in the ABMS programs of Maintenance of Certification (ABMS MOC®) be listed among those quality activities that will be recognized. ABMS MOC® offers a clinically meaningful mechanism to foster performance assessment and demonstrate quality improvement within the context of an individual medical specialist's scope of practice. ABMS MOC® is a comprehensive assessment and professional development program built on the competencies framework used in graduate medical education and training. It addresses a wide range of quality issues that conventional performance measurement cannot address – e.g., issues related to diagnostic and patient management skills, and interpersonal communication and teamwork – that are essential to good medical practice. Recognizing the professional quality improvement activities required by the process of continuing certification will help to achieve better alignment between public and private programs, and reduce redundancy and administrative burden for physicians.
- The proposal would provide credit for reporting to a qualified clinical data registry for groups of 10 or more, but not for smaller practices. We recommend that this reporting option be extended also to small practices, which are particularly likely to find the feedback from such registries supportive.
- The draft states that current PQRS measures would be used for the quality component of performance assessment, and that additional measures can be submitted to CMS for consideration on an annual basis. It is not clear what process would be used to cull or vet measures, or to standardize measures for use in value payment programs. There should be a process for obtaining broad stakeholder input on measures to be used in public programs. We do not believe that the public rulemaking process is an effective or efficient vehicle for doing so.
- Finally, we would encourage the committee to provide a mechanism to protect practice data submitted to qualified clinical data registries or other entities (like the certifying Boards) for evaluating practice and improving quality from discovery in legal proceedings. Value payment programs, no less than quality and safety improvement programs, must have reliable data for analysis, and we believe that protecting practice data will improve the quality of the data.

We appreciate this opportunity to share our views and will be glad to provide you with additional information about ABMS Member Boards' programs for continuing certification.

Sincerely,



Tom Granatir  
Senior Vice-President, Health Policy and External Relations