



American Board of Medical Specialties

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The Honorable Bill Cassidy
United States House of Representatives
1131 Longworth House Office Building
Washington, D.D. 20515-1806

Dear Representative Cassidy:

Thank you for this opportunity to comment on your proposed bill to amend title XVIII of the Social Security Act to establish an alternative Medicare payment model that would allow small group practices to participate in the Medicare shared savings program.

The American Board of Medical Specialties (ABMS) is a not-for-profit organization consisting of 24 Medical Specialty Boards that certify the quality of physicians in almost 150 medical specialties and subspecialties. ABMS's mission is to maintain and improve the quality of medical care in the United States by assisting our Member Boards develop and use professional and educational standards for evaluating and certifying physician specialists. More than 800,000 licensed US physicians are certified by one of the 24 Boards, and more than half of these certified medical specialists also participate in ABMS Maintenance of Certification (ABMS MOC®) to maintain and deepen their knowledge, skills and professionalism in their medical specialty disciplines.

Our comments focus on aspects of the proposed legislation most pertinent to medical care quality and patient-centered care.

Patient protections

The proposed legislation makes the advantages, and the risks, of participation in the Medicare shared savings program available to all physician groups. We encourage you to establish appropriate safeguards for patients enrolled in participating practices. Under a worst-case scenario, if a Principle Care Physician Practice (PCPP) finds it impossible to continue "to adequately and effectively manage the health care of its enrolled members," enrollees should be held harmless and assured access to needed services.

ABMS Board Certification

We strongly recommend that the language calling for board certification be amended to specify ABMS Board Certification. ABMS Member Board certification is recognized by state medical boards, hospitals and other health care institutions as a standard of excellence. Certification by an ABMS Member Board assures the public that the physician has met rigorous requirements and is well-prepared to provide care in his or her medical specialty. To become ABMS Board certified, for example, medical school graduates must successfully complete a three to five years of full-time residency training in a program accredited

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by the Accreditation Council for Graduate Medical Education (ACGME), obtain an unrestricted license to practice medicine in the United States or Canada, and pass a written exam created and administered by and ABMS Member Board. In addition, an ever-increasing proportion of ABMS Board certified medical specialists participate in ABMS MOC® which requires their active involvement in a continuous cycle of learning, assessment and performance improvement.

We also recommend clarification of “BOARD CERTIFICATION FOR PHYSICIANS SERVICES IN A SPECIALTY AREA” to note that medical specialty care must be provided by ABMS Board certified physicians. The proposed legislation requires that to enter into an agreement for specialty care a PCPP must engage board certified physicians. However, it is unclear whether all such care must be provided by a certified medical specialist. As drafted, it seems possible that non-certified physicians participating in the PCPP can provide medical specialty care.

Quality reporting

ABMS Member Boards are developing and implementing clinically meaningful practice performance measures. We encourage you to amend the provision specifying that the Secretary work with specialty societies to establish quality performance standards to include ABMS Member Boards as well.

Further, we recommend that participation in ABMS MOC® be recognized as a proxy for quality reporting. Doing so will greatly reduce participating physicians’ reporting burden, improve program engagement and align with other Medicare physician assessment requirements, such as the Physician Quality Reporting System (PQRS).

Data discoverability

Finally, we note with appreciation provisions limiting the use of data to purposes of clinical decision making, quality and cost analysis. These provisions make meaningful data collection and performance assessment possible by providing protection from discoverability. The protections, however, appear to be exclusive to Medicare claims data. We strongly suggest that the protections be extended to include practice data to foster physician self-assessment and performance improvement efforts.

ABMS Member Boards increasingly are participating in regional data registries and building their analytic capabilities in support of performance assessment. We encourage you to consider allowing ABMS Member Boards that have the capacity to look at both practice and claims data to provide data aggregation and management support to PCPPs as Risk Information Service Contractors (RISC).

If you have any questions about these comments or the process of medical specialty Board certification please contact me at 312.436.2600. I would welcome an opportunity to speak with you about ABMS MOC® and what our Member Boards are doing to improve patient care quality.

Sincerely,



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