



American Board of Medical Specialties

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September 8, 2015

Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2016; CMS-1631-P

Dear Mr. Slavitt:

The American Board of Medical Specialties (ABMS) is pleased to submit comments on the above-referenced Notice of Proposed Rule Making. ABMS Member Boards certify nearly 800,000 physicians in 37 primary medical specialties and 137 subspecialties.

These comments address:

- Information available on the Physician Compare website
- The definition of “clinical practice improvement activities” acceptable for reward under the Merit-based Incentive Payment System (MIPS).

Physician Compare

Incorporation of AOA Certification Data

ABMS supports CMS’ proposed inclusion of certification data on eligible professionals certified by the American Osteopathic Association and the American Board of Optometry. ABMS believes that certification information will help beneficiaries make better decisions about where to get their care.

With the introduction of other certifying board information to the Physician Compare website, we would recommend that the name of the certifying board be included in each entry so it is clear whether the certificate is issued by an ABMS Member Board or another board.

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 and Genomics
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

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At present, a search reveals that the individual is certified in a specialty, but does not indicate the source of the certificate.

Incorporation of Data on Maintenance of Certification

ABMS Member Boards engage Board Certified physicians in practice assessment and improvement throughout their careers through programs for Maintenance of Certification (MOC). About 60 percent of ABMS Board Certified physicians participate in MOC.

We believe that beneficiaries would be interested in knowing whether physicians are participating in this program and recommend that these data be included on the physician's profile. CMS can access these data through the current supplier of certification data.

Incorporation of Volume Data

CMS also has proposed to make volume data available for download on the Physician Compare website. ABMS sees great value in this information, but we encourage CMS to consider how these data are shared in light of beneficiary questions and concerns. We do not believe that the data currently being made available, using HCPCS codes will help patients understand what kinds of conditions the clinician sees. CMS can determine which physicians are participating in MOC programs through the vendor currently supplying certification data for Physician Compare.

Instead, we believe it would be more helpful to develop a profile based on patient characteristics, including the conditions most often treated by the physician and, for proceduralists, the volume of procedures performed. Such a profile would be helpful to beneficiaries seeking care, to physicians in making referrals -- and to the ABMS Member Boards as well, as the Member Boards develop more customized programs of continuing certification that are clinically relevant to physicians. Such data would be enormously helpful for workforce planning as well, providing a clearer picture of the landscape of practice within each specialty. We encourage CMS to consider working with the ABMS Member Boards and specialty societies to develop a clinical profile of this kind for the Physician Compare site.

Clinical Practice Improvement Activities

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) creates a new payment system for physicians that includes a Merit-based Incentive Payment System (MIPS) to reward performance on quality, resource use, meaningful use of HIT measures, and quality improvement activities. The definition of Clinical Practice Improvement Activity (CPIA) that CMS adopts will be critical to the program's ability to effectively engage physicians in meaningful, measurable, efforts.

MACRA Section 1848(q)(2)(C)(v)(III) defines "clinical practice improvement activities" as those activities "relevant eligible professional organizations and other relevant stakeholders identify as improving clinical practice or care delivery and that the Secretary determines, when effectively

executed, are likely to result in improved outcomes.” “Relevant eligible professional organizations” are defined as a “professional organization as defined by nationally recognized specialty boards of certification or equivalent certification boards.”

We recognize and appreciate that through this framing, Congress is instructing HHS to tap the role and expertise of the certifying boards as independent entities to which physicians are professionally accountable for maintaining and improving their medical knowledge and practice. To this end, ABMS recommends that MIPS credit a physician's participation in an ABMS Member Board's MOC program as a clinical practice improvement activity.

MOC is an ongoing, multi-form approach to improving physician capabilities to provide high quality care through assessment and improvement of their personal knowledge and practice skill or of the systems in which they practice. Standards for MOC conceive of the MOC program as a coherent program of self-assessment and self-directed learning, external assessment of knowledge, judgment, and skills, and improvement in medical practice. The ABMS Member Boards develop MOC programs with each of these elements, in an effort to improve all six of the “core competencies” that constitute good medical practice.¹

The ABMS Member Boards recognize a wide variety of improvement activities that could improve the quality and safety of patient care. In MOC, these may include: structured peer review of a sample of medical records to ascertain the appropriateness of patient care decision-making and clinical protocols; “Practice Audit” of a sample of medical records to compare practice for a population of patients with specific conditions against clinical or peer benchmarks; high-fidelity simulation exercises to practice and develop patient care and procedural skills; participation in clinical data registries; or participation in organizational quality and safety improvement activities which may include strategies for communicating effectively, participating in a TeamSTEPPS evaluation of teamwork and care coordination, or conducting a root cause analysis as the result of a safety error, setting up safety systems, or otherwise addressing system-level safety problems. The Boards verify the physician's personal engagement in these clinical practice improvement activities.

To recognize and encourage physician participation in organizational quality improvement activities, the ABMS Member Boards have created a Multi-specialty Portfolio Approval Program (www.mocportfolioprogram.org), through which 21 of the Boards assign MOC credit for participation in quality and safety activities undertaken by their sponsoring organizations, which may include hospitals and health systems, group practices, medical societies, or community

¹ In 1998 and 1999 the Accreditation Council for Graduate Medical Education and the ABMS adopted a competencies framework for residency training and certification. The six competency domains include professionalism, medical knowledge, practice and procedural skill, interpersonal communication, system-based practice, and life-long learning and improvement.

collaboratives. Improvement priorities are established by the sponsors, but individual physicians are expected to be able to attest to their intimate participation and personal reflection as part of the improvement activity. Henry Ting, MD, and his colleagues at the Mayo Clinic have described the success of this program as a way to engage physicians in practice improvement activities.²

Continuing certification programs of the ABMS Member Boards contain a variety of opportunities for assessment and learning across a spectrum of clinical competencies that will improve care and experience for Medicare beneficiaries. Quality and safety improvement activities have been vetted and approved by the Boards, are structured around conventional quality improvement practices, and the physician's personal engagement is verified.

It is important to engage physicians in a wide range of activities that will improve performance, reduce the risk of error, or improve the effectiveness and efficiency of practice, including development of personal patient care skills, adoption of quality and safety practices, and organizational or system analysis and improvement.

The MOC programs continue to evolve. ABMS Member Boards are committed to developing practice-relevant MOC programs that help physicians to improve all their patient care competencies and that are fully integrated with organizational and system quality improvement. CMS can help encourage physician engagement in MOC by creating a MIPS incentive that increases the value of participation.

ABMS would welcome the opportunity to work with CMS to integrate MOC with the National Quality Strategy and to evaluate the effectiveness of MOC so we understand what works best and under what circumstances.

Sincerely,



Tom Granatir
Senior Vice President, Policy and External Relations

² Henry Ting, MD, et al. Integrating Maintenance of Board Certification and Health Systems' Quality-Improvement Programs. Harvard Business Review blog 11.11.2013; accessed at <https://hbr.org/2013/11/integrating-maintenance-of-board-certification-and-health-systems-quality-improvement-programs/> on 09.08.2015.