

Quality Improvement, Board Certification, and Protecting Optometry's Future:

Part Two in a Series of Policy Briefings for AOA Members

Introduction

For more than 100 years, the AOA has worked to serve its members' best interests. Most recently, the AOA has been seeking to be at the table in the many national forums addressing health care quality and reform. Enlightened by this frontline experience with the proponents of value-driven health care, optometry's leaders now turn to advise the profession. The AOA is working hard to keep members well-informed about the facts of the national push for quality and provider accountability.

The evidence is clear: The public recognizes the need for physicians to be accountable for the care they provide, and that quality must be defined and measured before it can be improved.

The AOA's obligation is to look forward, anticipate change and grow as a profession in order to best prepare its members to withstand the pervasive forces in mainstream health care that are currently demanding higher levels of professional accountability.

Part One of this series of Policy Briefings recognized the efforts by the American Board of Medical Specialties (ABMS) and one of its boards, the American Board of Internal Medicine (ABIM), to promote board certification as a mechanism of professional accountability and quality improvement.

In Part Two of this series, board certification is shown as the admission ticket – or “quality currency” – for the evolving health care arena of quality measurement and improvement. We show how proponents of mechanisms that adhere to continued competency and professional accountability are also the leaders of physician quality measurement and improvement initiatives.

Overview

To protect our current status – as Medicare physicians – and to expand that physician status to all payer groups, optometry must use the same quality currency as medicine. Having a uniform system of board certification across all states is that quality currency.

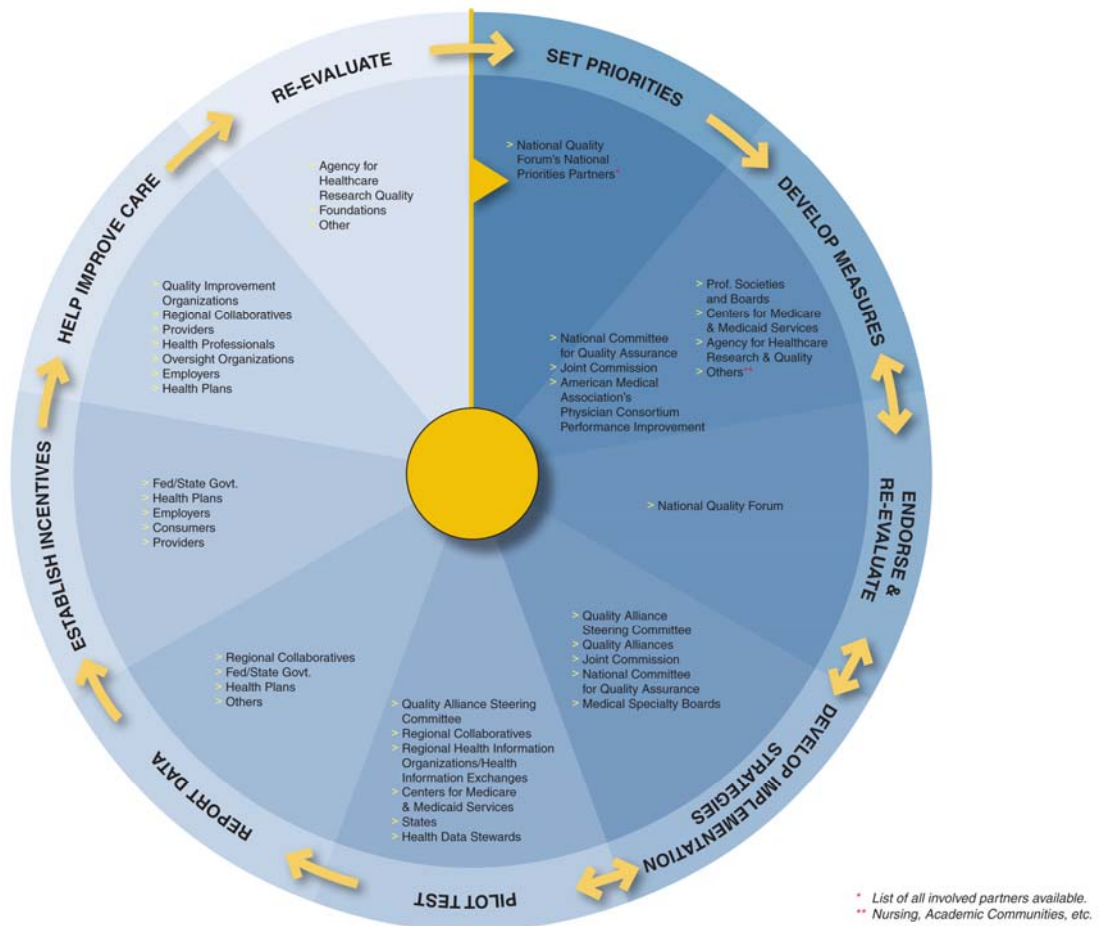
With that currency, optometrists are able to demonstrate our national commitment to quality and public accountability. The current patchwork of state licensure standards must be bridged with a new national system of quality evidence--board certification. In turn, a national board certification system sets the stage to improve portability of licensure, a critical next step to expand the professional mobility of optometrists across the country. Currently, optometry is the only prescribing doctoral-level health care profession that does not have a process to measure continued competence beyond entry level.

Board certification is crucial to maintain equal status with other health care professions in the eye of the public and policymakers. The following individuals, and the organizations they represent, are intent on reshaping the health care system in the United States.

The AOA, in meetings and conversations, as well as ongoing research, has begun to see common themes and ideas emerge.

Multiple Stakeholders

The process of improving health care involves a complex network of multiple stakeholders and different levels of activities to advance quality and enhance value in the health care system. The following diagram from the Quality Alliance Steering Committee (QASC), a collaborative effort aimed at implementing measures to improve the quality and efficiency of health care across the United States, illustrates the process as well as the certification organizations involved.



Click [HERE](#) for a link to full-size diagram

[http://qasc.forumone.com/userfiles/Revised%20Organizational%20Wheel%202025\(7\).jpg](http://qasc.forumone.com/userfiles/Revised%20Organizational%20Wheel%202025(7).jpg)

National Quality Forum (NQF)

The National Quality Forum (NQF) is a not-for-profit membership organization created to develop and implement a national strategy for health care quality measurement and reporting. The public-private partnership, of which the AOA is a member, plays a crucial role in quality measurement and improvement. Recently, Janet Corrigan, Ph.D., M.B.A., president and chief executive officer of the NQF, spoke out in favor of the ABMS plans for even tighter alignment of board certification and maintenance of certification with health care reform.

The NQF also has several projects that suggest an ongoing role of certification for professional accountability:

- **The National Voluntary Consensus Standards for Health Information Technology:** Structural measures related to the use of electronic health records (EHRs), electronic prescribing (e-prescribing), care management tools, and patient registries should indicate whether clinical registries analyze and report process and outcomes data that are used for maintenance of board certification.
- **Enhancing Physician Performance:** In studying the contributions of various quality improvement levers directed at physicians, including public reporting, pay for performance, board certification, internal quality improvement, and regulation, this project explores the role of the certifying boards as organizations that have effective, codified ways to both directly shape physician training and to reach into physician practice. A workshop and mini-summit this year are expected to lead to a white paper on the role of board certification in enhancing quality. This project is being funded by the ABMS.

The National Priorities Partnership (NPP)

The NQF convened the NPP, which represents consumer groups, employers, government, health plans, health care organizations, health care professionals, scientists, accrediting and certifying bodies, and quality alliances.

The partners' national priorities and goals were announced in a formal document at a public policy forum in Washington, D.C., on Nov. 17, 2008. The AOA has endorsed this document and has actively engaged in the National Quality Forum's efforts.

The partners' report titled *National Priorities and Goals: Aligning our Efforts to Transform America's Healthcare* may be found at www.nationalprioritiespartnership.org. It mentions certification as a change driver and quality measurement as a component of certification. In regards to board certification, the partners stated the following:

Board certification programs also play important roles—they provide education and assistance to health care organizations to improve performance, and they inform the public about health care professionals' competencies and performance. In carrying out these dual roles, certification programs shape professional education (e.g., residency programs that orient their training to prepare health care professionals for certification) and practices (e.g., through certification, health care professionals acquire and incorporate important skills and tools into their practices). (page 54)

National Committee for Quality Assurance (NCQA)

The NCQA seeks to transform health care quality through measurement, transparency and accountability. The NCQA's programs and services reflect the following formula for improvement: *Measure. Analyze. Improve. Repeat.* The NCQA makes this process possible in health care by developing quality standards and performance measures for a broad range of health care entities. These measures and standards are the tools that organizations and individuals can use to identify opportunities for improvement. The annual reporting of performance against such measures has become a focal point for the media, consumers, and health plans, which use these results to set their improvement agendas for the following year.

Accredited health plans today face a rigorous set of more than 60 standards and must report on their performance in more than 40 areas in order to earn the NCQA's seal of approval. Among the data collected is the percentage of board-certified physicians on their panels.

In February 2005, the NCQA and the ABIM announced an agreement giving internists seeking to maintain their certification an opportunity to more easily earn an important additional distinction: Recognition from the NCQA and its partners. Under the agreement, the ABIM, at the request of its diplomates who complete a Practice Improvement Module (PIM), will send data to the NCQA that will allow physicians to simultaneously renew their ABIM certificates and seek recognition from the NCQA. NCQA recognition qualifies physicians for many national and regional pay-for-performance efforts. The NCQA noted, "Board certification is a highly respected general credential, awarded to physicians who have met rigorous standards for intensive formal training, self-assessment, and evaluation of medical knowledge, judgment, and skills."

The Institute of Medicine (IOM) of the National Academies

In [*Crossing the Quality Chasm: A New Health System for the 21st Century*](#) (2001), the IOM said a challenge is to manage the growing knowledge base and ensure that all those in the health care workforce have the skills they need. "Making use of new knowledge requires that health professionals develop new skills or assume new roles. It requires that they use new tools to access and apply the expanding knowledge base. It also requires that training and ongoing licensure and certification reflect the need for lifelong learning and evaluation of competencies."

Accountability is described by the IOM as information that "should be available to assist stakeholders in making choices about providers. These stakeholders include patients identifying a clinician, hospital, or other provider from which to seek services; purchasers and health plans selecting providers to include in their health insurance networks; and quality oversight organizations making accreditation and certification decisions."¹

¹ [Performance Measurement: Accelerating Improvement \(Pathways to Quality Health Care Series\)](#)

Committee on Redesigning Health Insurance Performance Measures, Payment, and Performance Improvement Programs, Board on Health Care Services, INSTITUTE OF MEDICINE OF THE NATIONAL ACADEMIES, THE NATIONAL ACADEMIES PRESS, Washington, D.C. (2006)

The Joint Commission

The Joint Commission, formerly known as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), requires its accredited hospitals to adopt and apply standards related to a physician's competence, skill, professional conduct, and ability to fulfill all of his or her professional responsibilities. Joint Commission accreditation and certification is recognized worldwide as a symbol of quality that reflects an organization's commitment to meeting performance standards and measures.

Although not required for credentialing, the Joint Commission allows hospitals to use board certification as one of its threshold criteria.² Board certification is "an excellent benchmark for the delineation of clinical privileges." The effectiveness of physician certification has been attributed to a relationship to other measures of physician competence. There is also evidence that better clinical outcomes are associated with board certification and continued maintenance.³

The Agency for Healthcare Research and Quality (AHRQ)

The AHRQ orchestrates the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program to develop standardized surveys of patients' experiences with ambulatory and facility-level care. Health care organizations, public and private purchasers, consumers, and researchers use CAHPS results to improve quality of care. The CAHPS survey is the best-known instrument for measuring patient satisfaction with quality of care and outcomes of treatment. The ABMS is coordinating development of patient surveys to be used in maintenance of certification (MOC) programs and is exploring CAHPS as a tool to survey patients and to help physicians improve their practice-based care.

Centers for Medicare & Medicaid Services (CMS)

The CMS has articulated a vision for health care quality: *The right care for every person every time*. To achieve this vision, the CMS is committed to care that is safe, effective, timely, patient-centered, efficient, and equitable. Value-based purchasing (VBP), which links payment more directly to the quality of care provided, is a strategy that can help to transform the current payment system by rewarding providers for delivering high-quality, efficient clinical care. Through a number of public reporting programs, demonstration projects, pilot programs, and voluntary efforts, the CMS has launched VBP initiatives in hospitals, physician offices, nursing homes, home health services, and dialysis facilities. The CMS is working on a plan to present to Congress on value-based purchasing for professional services. Barry Straube, M.D., the CMS Chief Medical Officer, has already indicated that maintenance of certification is a potential component of VBP.

² Joint Commission on Accreditation of Healthcare Organizations. Accreditation Manual for Hospitals.

³ Brennan TA, Horwitz RI, Duffy FD, Cassel CK, Goode LD, Lipner RS. The role of physician specialty board certification status in the quality movement. JAMA. 2004;292:1038-1043.

“Public accountability for the value of services provided is a key tenet of any profession; professionals, including health professionals, are generally expected to develop mechanisms for public accountability. For example, health professional groups have developed quality measures, board certification for initial competency, and maintenance of certification for continued competency to demonstrate their accountability for quality,” said Thomas B. Valuck, M.D., J.D., director, CMS Special Program Office for Value-Based Purchasing.

Dr. Valuck indicated that the CMS relies on professional organizations to define how they should be held accountable; for example, the CMS uses measures that have been developed by professional groups for the Physician Quality Reporting Initiative (PQRI).

The CMS does not have a position on board certification or maintenance of certification at this time. However, some professional groups, like the ABMS and ABIM have asked the CMS to consider recognizing maintenance of certification as a quality measure or quality measurement set. Dr. Valuck also noted in conversations with the AOA that private sector payers have expressed an interest in using maintenance of certification programs for professional accountability. The CMS is interested in aligning its payment incentive programs with similar private sector programs to maximize the impact of the incentives and reduce the burden of accountability on professionals through alignment of public payer and private payer accountability mechanisms.

New systems and the ability to meet requirements are necessary to provide safeguards on quality and address patients’ and the public’s concerns over the incentives for underuse that derailed the managed care movement in the 1990s.⁴

Medicare Payment Advisory Committee (MedPAC)

MedPAC, the influential advisory body to Congress on Medicare, discussed the role of board certification in its March 2005 report to Congress. “Most hospitals, health plans, the JCAHO, and the NCQA use board certification as one measure of physician quality. However, the linkage with quality is unclear. A recent systematic review found that more than half the studies of this relationship showed an association between board certification status and positive clinical outcomes.” (Sharp et al. 2002)

MedPAC also noted that because so many (85 percent) physicians were board certified, the ABMS was revising its processes to better measure quality of care, including incorporating data about physician performance measures in the recertification process. MedPAC stated, “Board certification could be part of a pay-for-performance program, but the specific requirements need to be clearly linked with quality.”⁵

⁴ Stuart Guterman, Karen Davis, Stephen Schoenbaum, and Anthony Shih, Using Medicare Payment Policy To Transform The Health System: A Framework For Improving Performance Health Affairs, March/April 2009; 28(2): w238-w250. (<http://www.scbch.org/wp-content/uploads/using-medicare-payment-policy-to-transform-the-health-system.pdf>)

⁵ http://medpac.gov/publications/congressional_reports/Mar05_Ch04.pdf

In a recent paper, a team of researchers, including a former CMS administrator, a longtime MedPAC member, and a prominent health policy cost and quality expert, advocated new ways to hold providers accountable for care:

To succeed, health care reform must slow spending growth while improving quality. We propose a new approach to help achieve more integrated and efficient care by fostering local organizational accountability for quality and costs through performance measurement and “shared savings” payment reform.⁶

On March 26, 2009, the ABMS announced new standards to enhance its Maintenance of Certification program. The standards adopt several new program elements, including documentation that physicians are meeting continued medical education and self-assessment requirements; evidence of participation in practice-based assessment and quality improvement; completion of a patient safety self-assessment program; and assessment of communication skills. “Through these standards, hundreds of thousands of physicians in this country will be asked to participate in enhanced professional development activities to improve the ABMS life-long learning evaluation,” said ABMS President and CEO Kevin Weiss, M.D. The ABMS quality improvement standard is:

***Practice-Based Assessment and Quality Improvement.** By 2010, ABMS Member Boards will require physician diplomates to provide evidence of participation in practice assessment and quality improvement every two to five years. With the national movement toward performance measurement, evaluation of physician activities should include evidence of practice changes to improve quality and re-evaluation to determine the effect of a change in the practice process or structure of care. Whenever possible, physicians should use nationally-approved measures such as those endorsed by the National Quality Forum (NQF).*

Lessons for Optometry

The AOA’s critical efforts to position the profession of optometry to meet the powerful trends in the health care environment must address professional accountability. Quality measurement and improvement uniformly recognize the need for physicians to be accountable for the care they provide, and that quality must be defined and measured before it can be improved. Board certification and the corresponding Maintenance of Certification process will help optometrists make the case. As shown in this briefing, board certification is increasingly seen as a core requirement--the admission ticket to the new era of value-driven health care. The AOA is proactively engaging the profession to be at the table as quality improvement drives reform. For this reason, it seeks with the leadership of other optometric organizations to create a mechanism that allows optometrists to demonstrate continued competency.

⁶ Elliott S. Fisher, Mark B. McClellan, John Bertko, Steven M. Lieberman, Julie J. Lee, Julie L. Lewis, and Jonathan S. Skinner, *Fostering Accountable Health Care: Moving Forward In Medicare*, Health Affairs, March/April 2009; 28(2): w219-w231.

Links to more information regarding organizations cited in this paper:

Quality Alliance Steering Committee (QASC) <http://www.healthqualityalliance.org>

National Quality Forum <http://www.qualityforum.org>

National Priorities Partnership <http://www.nationalprioritiespartnership.org>

AMA Physician Consortium for Performance Improvement (PCPI) <http://www.ama-assn.org/ama/pub/physician-resources/clinical-practice-improvement/clinical-quality/physician-consortium-performance-improvement.shtml>

AQA <http://www.aqaalliance.com>

CMS Physician Quality Reporting Initiative <http://www.cms.hhs.gov/PQRI>

Medicare Payment Advisory Committee (MedPAC) <http://medpac.gov>

National Committee for Quality Assurance (NCQA) <http://www.ncqa.org>

The Joint Commission (JCAHO) – <http://www.jointcommission.org/>

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