

*Track Nine:*  
**Specialty Care**  
**Challenges and Approaches**

Norman Kahn MD

EVP/CEO CMSS

ACO Summit, June 19, 2015

# The Role of Specialty Societies in Quality and Performance Improvement

- Council of Medical Specialty Societies (CMSS)
  - 44 member societies, representing 750,000 physicians in the US
  - When they get together, what do specialists care about?
- Strategic Priorities
  - CMSS and its member societies will facilitate a **Culture of Performance Improvement** in medical practice
  - CMSS and its member societies will model **Professionalism**, focusing on **Altruism** (putting the needs of patients first), **Self-regulation**, and **Transparency** (disclosure to peers, patients and the public).
- Endorsement of the National Quality Strategy
  - **Enhanced experience of care for patients**
  - **Improved outcomes of care of populations**
  - **Decreased per capita costs of care and reduction of inappropriate care**

# Improving Performance in Practice (IPIP)

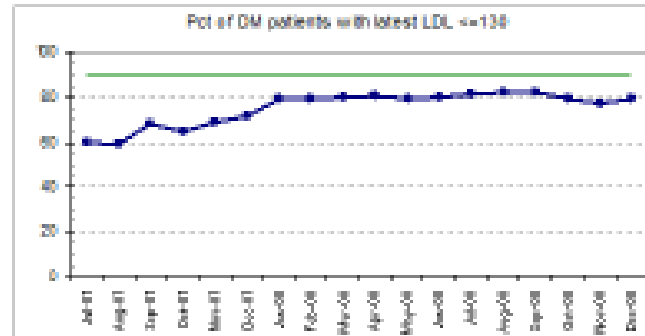
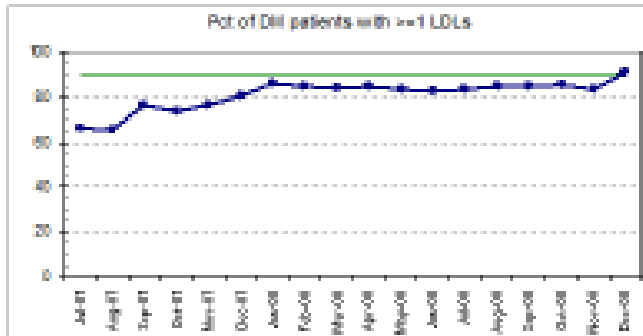
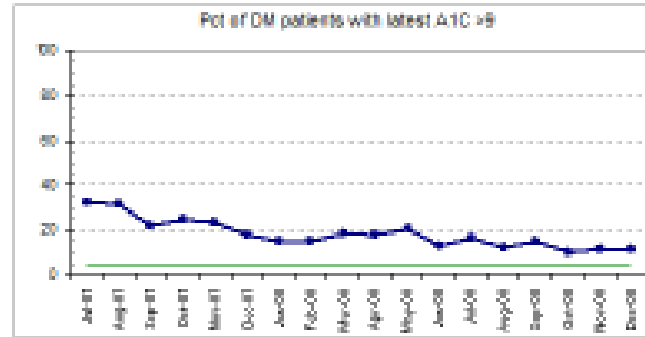
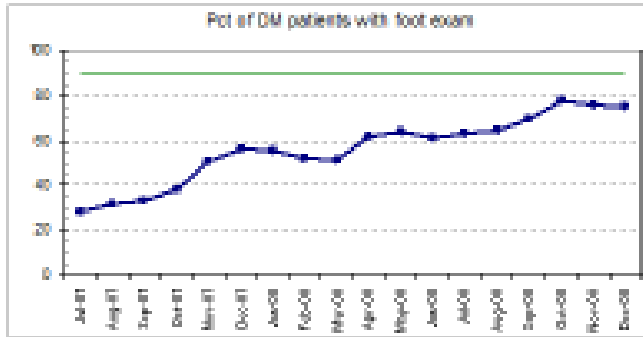
—

an early model of practice-based performance improvement

- 2006
  - FM, IM, Peds
  - Collaborations of small practices
  - CO, NC, MI, MN, WI, PA, WA
- 
- Performance Measures
  - Registries
  - Coaches
  - Payment incentives

# Participating practices demonstrate improved diabetes clinical outcomes

- Illustrative data from first cohort practice participating in diabetes initiative:

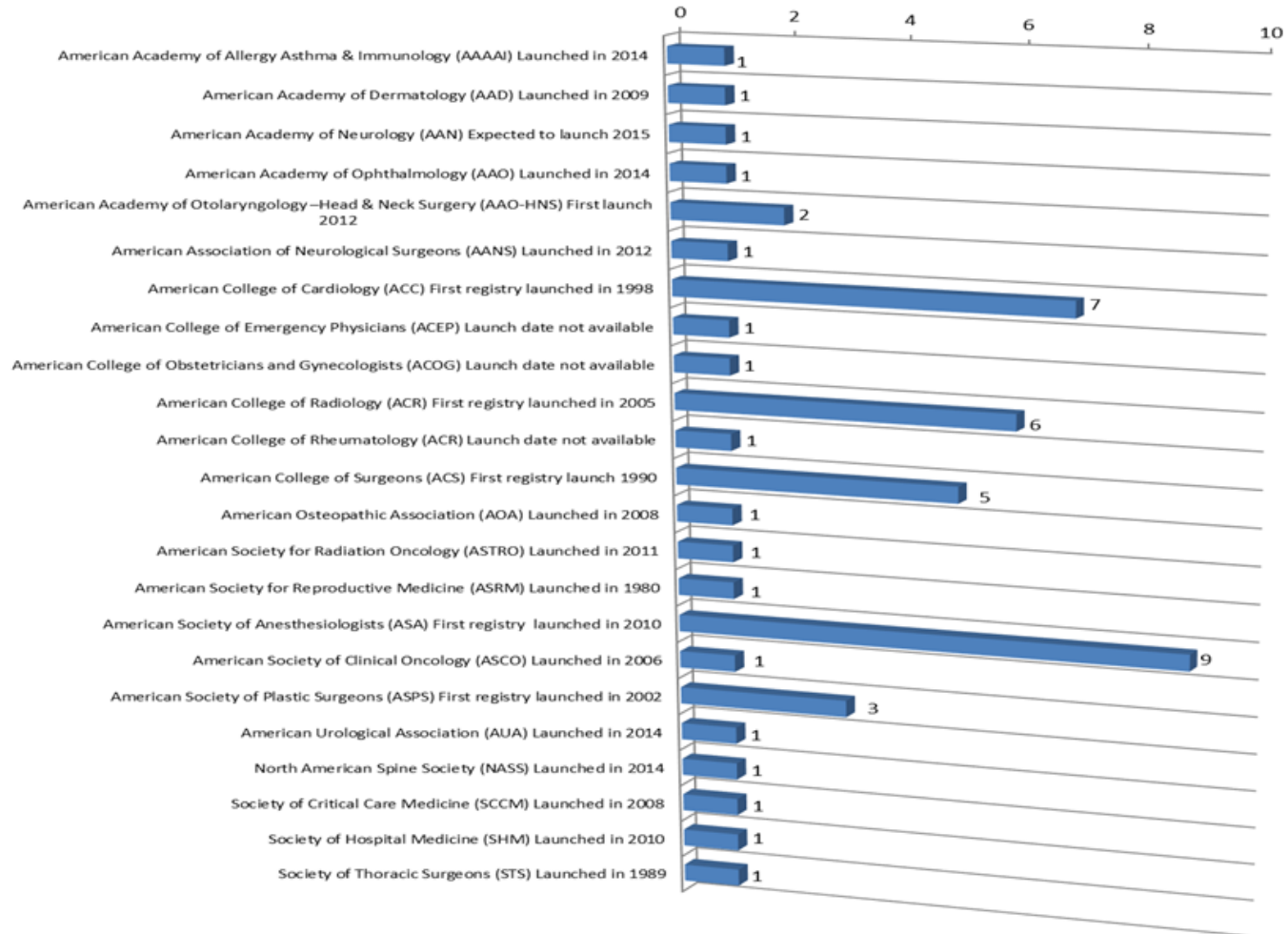


# Specialty Society Priorities - current activities consistent with the NQS

- Registries
- Alternative payment models linked to quality
- Patient and family engagement
- Simulation in medical education
- Working with ABMS to improve MOC
- Supporting CMSS component groups

# CMSS Member Societies with Active Medical Data Registries

■ Number of Registries Used



# Registries

- 123 clinical data registries, 90% offered by 28 specialty societies
  - **ASRM** 1980, **STS** 1989, **ACS** 1990, **ACC** 1998
  - **AAO** – IRIS 2014, **AAAAI** 2014, **AUA** 2014, **NASS** 2014
- Collaboration with the National Quality Registry Network (NQRN)
  - and AHRQ's Registry of Patient Registries (RoPR)
- Registries Summits 2014, 2015, 2016?

# Appropriate Use of Resources

- Choosing Wisely
  - “The *Choosing Wisely* lists were created by national medical specialty societies and represent specific, evidence-based recommendations clinicians and patients should discuss.”
- 415 entries from more than 60 organizations
  - “Don’t prescribe testosterone therapy unless there is laboratory evidence of testosterone deficiency.” (ASCP)
  - “Don’t perform echocardiography as routine follow-up for mild, asymptomatic native valve disease in adult patients with no change in signs or symptoms.” (ACC)
  - “Don’t perform PSA testing for prostate cancer screening in men with no symptoms of the disease when they are expected to live less than ten years.” (ASCO)
  - “Don’t image for suspected pulmonary embolism (PE) without moderate or high pre-test probability of PE.” (ACR)



# Aligning with Environmental Demands

- **ABMS** - Maintenance of Certification (MOC)
- **AOA** – Osteopathic Continuous Certification (OCC)
- **FSMB** – Maintenance of Licensure (MOL) – 11 states
- **CMS** – Merit-based Incentive Payment System (MIPS)



# Integrating Specialists in ACOs – historic challenges

- Stanislaus County, California, 1981
  - Population ~300,000
  - ~106,000 in Modesto
  - Global budget for county employees, indigent care (<20% “poverty”, many with Medicaid or RFK health plan)
  - 17 member group, 9 primary care, FM residency, full hospital, rural clinic

# Integrating Specialists in ACO's – current challenges

- PCMH
  - >10,000 NCQA recognized practices
- PCSP
- Patient attribution?
- Collaboration on system design?
- Financial models?
- Specialty-specific challenges?