Accountability and Transparency: Two Pillars of the Health Professions in the 21st Century

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American Board of Internal Medicine
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Model of Physician Responsibility in Relation to Influences on Health

ACP/ABIM/EFIM Physician Charter

Fundamental Principles
- Primacy of patient welfare
- Patient autonomy
- Social justice

Lancet 2002; 359:520-522
Ann Intern Med 2003; 138:839-841
28 other national and international medical journals
Translated into 10 languages

Identification of the Gaps
- Study by David Blumenthal et. al: Institute on Medicine as a Profession (IMAP) Survey on Medical Professionalism
- Surveyed 1662 physicians from 6 specialties (3 primary care, 3 non-primary care) in the United States
- Found most physicians agreed with the principles of the Physician Charter, but there are gaps between their beliefs and their behaviors


Fulfilling Professional Responsibilities Including Self-Regulation

Physicians responding “yes” 96%

Physicians should report all instances of significantly impaired or incompetent colleagues to hospital, clinic, or other relevant authorities

In the last 3 years, how often did personal knowledge of a physician who was impaired or incompetent in your hospital, group or practice and have not reported that physician.
Maintaining Professional Competence

Physicians should undergo recertification examinations periodically throughout their career.

In the last 3 years, have you undergone competency assessment by a provider organization or health plan?

- **Physicians responding “yes”**
  - 77% (Blue)
  - 33% (Red)

Professional Transformation

- Autonomy → Collaboration
- Authority → Evidence
- Assertion → Measurement
- Control → Transparency

Professionalism = Accountability

Change in Performance Over Time

- Lower Performance All Outcomes

Why Assess Practicing Physicians?

- Assessment drives learning
- Responsibility of profession to public
  - Self-regulation dependent on effective and credible assessment
- Maintain competence (at a minimum)
  - Continuous improvement real goal
- Improve CME programs
- Research – identify best practices

Curriculum

- No “formal” curriculum for the practicing physicians
  - Traditional CME: lectures at meetings
  - Modest to minimal impact on behavior
- Loss of social learning communities
  - Worldwide: workload issues
  - US: egress of physicians away from hospital
- Most questions that arise at the point-of-care go unanswered
  - Impact on learning and patient care

The Measurement Landscape: From birth to use

- **Specialty Societies**
  - Guidelines → Performance measures → National standards for measurement
- **Clinical Research**
  - Academic Centers
  - PCPI
  - ABMS Boards
- **Operational metrics**
  - Policy metrics
  - Registry products
  - EMR’s/EHR’s
- **Public reporting**
  - MOC Part 4
- **ABMS Boards** (1916 – 1980)
- **Clinical Research**
  - Academic Centers
  - PCPI
  - ABMS Boards
- **Regulatory agencies**
  - NQF (2000)
  - NCQA (1990)
  - AHA (2000)
- **Registry products**
  - MOC Part 4
  - EMR’s/EHR’s
  - P4P—CMS, health plans
  - Public reporting
US Physician Standards

- **Medical Societies (Colleges, Academies & Societies)**
  - National membership organizations
  - Promote education and provide CME
  - Develop clinical guidelines & publish medical journals

- **Licensing Boards**
  - State governed, non-profit, federated
  - Issue and regulate medical licenses—required for practice
  - Varying requirements for CME for maintenance of licensure

- **Certifying Boards (American Board of _____)**
  - Non-profit "oversight" organizations
  - "Of the Profession, For the Public"
  - Certification and Maintenance of Certification define "the field" (i.e., expectations of physician knowledge and responsibilities)

Comparison of Recertification in the US, Canada, and the UK

<table>
<thead>
<tr>
<th>Regulatory Authority</th>
<th>Recertification Authority</th>
<th>Who Participates</th>
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<tbody>
<tr>
<td>US</td>
<td>American Board of Medical Specialties</td>
<td>All certified doctors (generalists and specialists)</td>
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<tr>
<td>UK</td>
<td>General Medical Council</td>
<td>General Medical Council for all medical specialties</td>
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<td>The Royal Colleges set standards, methods and evidence, they are NOT the regulator</td>
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<td>Recertification - all doctors post Certification of Completion of Training (specialist)</td>
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<tr>
<td>Canada</td>
<td>Provincial Colleges of Physicians and Surgeons</td>
<td>Royal College Physicians and Surgeons of Canada for Specialists</td>
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<td>College of Family Physicians for Family Physicians</td>
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Comparison of Recertification in the US, Canada, and the UK

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<tr>
<th>Mandatory or Voluntary</th>
<th>Frequency</th>
<th>Quality Assurance</th>
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<tbody>
<tr>
<td>US</td>
<td>Licensure: Mandatory (does not differentiate specialties) Certification: Voluntary - differentiates specialties</td>
<td>Licensure: 2-3 years Recertification/Varies by specialty</td>
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<td>UK</td>
<td>Mandatory legal requirement for the retention of a license to practice Medicine</td>
<td>Annual appraisal with 5 yearly revialidation</td>
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<tr>
<td>Canada</td>
<td>Provincial licensing authority - requirements vary by province</td>
<td>Annually with 5 year standards</td>
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Comparison of Recertification in the US, Canada, and the UK

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<th>What Types of Measures and Evidence</th>
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How can specialty standards work if not required?

- Impact of voluntary professional standards? (85% of US physicians)
  - Independent credible assessment
  - Increasing web-transparency/public reporting
  - Marketplace that can set a value on physicians meeting these standards
  - Employer requirements
  - Public input into the standards

- Will it work Internationally?
  - US certifying boards have received requests from India, Singapore, UK, China and Japan

Questions and Discussion