

The US Health Care System: Leveraging Professionalism to Improve Performance

*Alliance for Healthcare Reform
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Quality Improvement Troika

- **Market mechanisms:** P4P, high performance networks, public reporting
- **Government:** as both payer and regulator
- **Professionalism:** peer standards, licensure, specialty certification

Goal is to align and, where appropriate, integrate approaches



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Who We Are

- ABIM founded in 1936
ABIM Foundation in 1999
- Independent non-profit (no members)
- About 180,000 physicians certified in Internal Medicine—@ 1/3 of U.S. doctors; most common patient encounter is with an internist
- Internal Medicine:
gateway to the system and ideally coordinators/integrators of care



ABIM's Mission

To enhance the quality of health care by certifying internists and subspecialists who demonstrate the knowledge, skills and attitudes essential for excellent patient care.



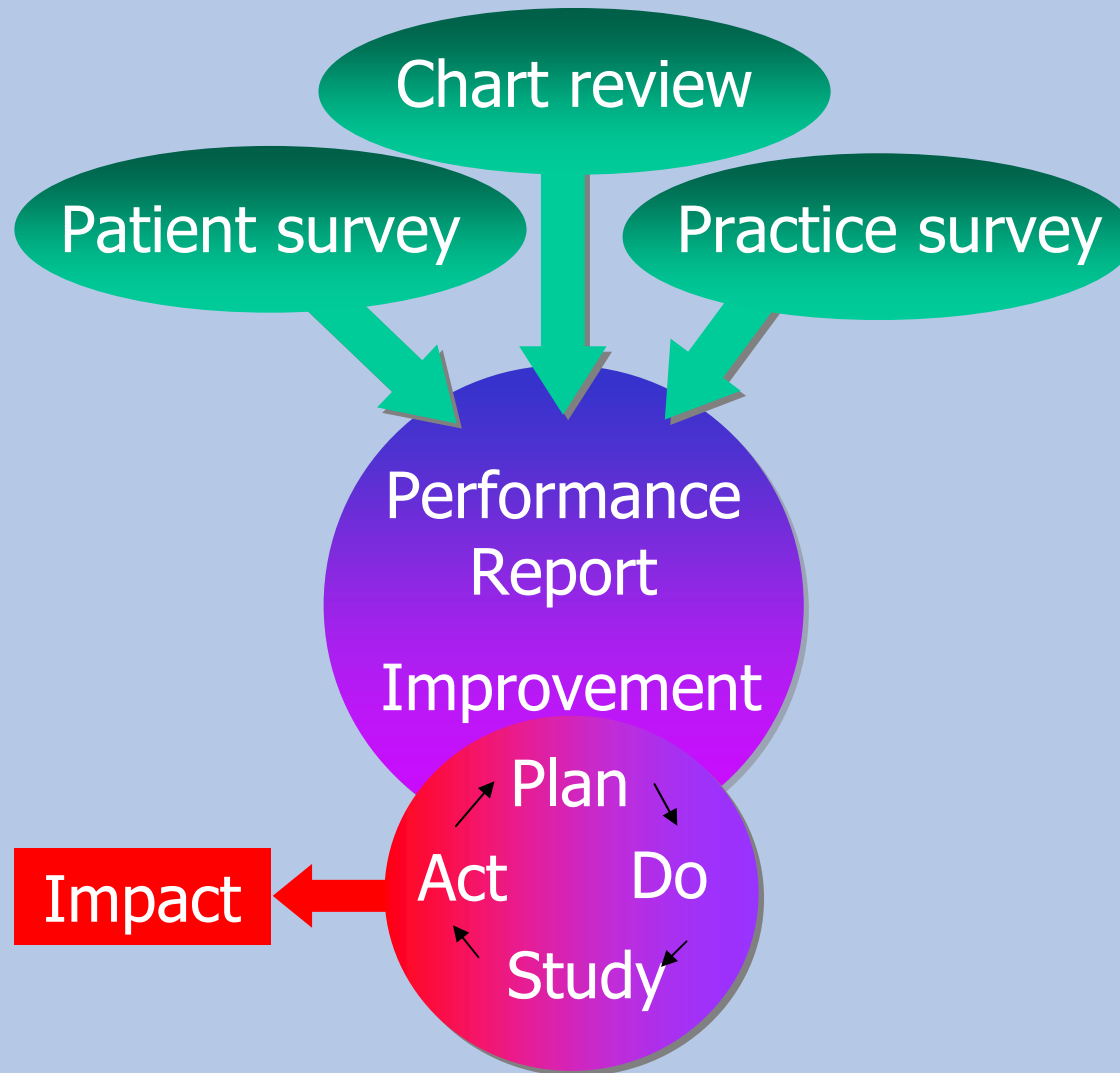
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Overview of Board Certification

- Certification is no longer a “once-in-a-lifetime event”
- Until 1/1/06: an assessment of knowledge, diagnostic acumen, and clinical judgment
- Now includes self-evaluation of performance; approximately 19,000 physicians “signed up”
- Alignment with plans, employers, NCQA



Practice Improvement Module



- Data Collection
- Reflection
- Analysis



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Practice Improvement Modules (PIMs)

- Clinical Preventive Services
- Diabetes
 - NCQA Recognition link
- Preventive Cardiology
- Asthma
- Hypertension
- Care of the Vulnerable Elderly
- Patient & Physician Peer Assessment
- Self-Directed PIM
- Hospital Care
- Subspecialty PIMs
 - Colonoscopy
 - HIV
 - Hepatitis C
 - Osteoporosis
- Communication
 - Primary Care
 - Subspecialists
 - Referring Physicians
- Care of the Mechanically Ventilated Patient
- **Comprehensive Care**
(available 2007)



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Why Knowledge Matters

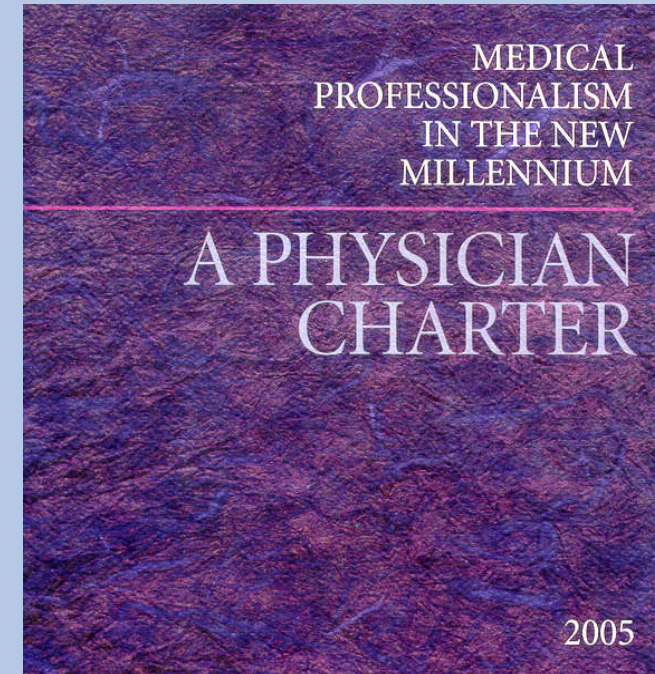
- Diagnostic Skill
- Clinical Judgment
- Low-Prevalence Conditions
- Efficiency
- Current quality measures inadequate



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Broadening the Notion of Professionalism

“While meeting the needs of individual patients, physicians are required to provide health care that is based on the wise and cost-effective management of limited clinical resources.”



Issue Brief

September 2006



TAMING HEALTH CARE INEFFICIENCY: PHYSICIANS AND OTHERS EXPLORE SOLUTIONS

Report from the 2006 ABIM Foundation Summer Forum

By Cary Sennett and Daniel Wolfson
American Board of Internal Medicine (ABIM) and ABIM Foundation



Our Quality Agenda: Key Principles

- Information must be available: transparency is vitally important (www.abim.org)
- Physicians must be engaged
- Misalignment of interests diminishes stimulus to improve
- Collaboration across sectors is critical to closing quality gaps



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