Getting the Idea: Activating medical professionalism for high value care

Medicare and Medicaid: The Next 50 Years
National Academy of Social Insurance
Washington, DC
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American Board of Internal Medicine and ABIM Foundation
Bill for the delivery of a healthy baby boy in 1946
There are many mechanisms for paying physicians; some are good and some are bad. **The three worst are fee-for-service, capitation, and salary.** Fee-for-service rewards the provision of inappropriate services, the fraudulent upcoding of visits and procedures, and the churning of "ping-pong" referrals among specialists. Capitation rewards the denial of appropriate services, the dumping of the chronically ill, and a narrow scope of practice that refers out every time-consuming patient. Salary undermines productivity, condones on-the-job leisure, and fosters a bureaucratic mentality in which every procedure is someone else's problem.

Another way to think about our healthcare challenges:

- We have *defective procurement*
- We are buying *the wrong things*
- We have not *adequately specified what it is we want to buy*
- But we sure are *getting a lot of it*
- *What happens if we think about activating physician professionalism?*
From: Eliminating Waste in US Health Care
Payment reform strategies and professionalism

- “Pay for performance”
  - Professionalism killer?
  - What were we paying for before we were paying for performance?

- ACOs
  - Start to move toward explicit rewards for outcomes patients want
  - But bookkeeping still FFS!
  - How to get doctors engaged?

- Advanced primary care
  - High value primary care services not in visits
  - Higher investment, maybe higher income
ABIM Foundation

Mission:
To improve health care through the advancement of medical professionalism.
Choosing Wisely is an initiative of the ABIM Foundation to help physicians and patients engage in conversations about the overuse of tests and procedures and support physician efforts to help patients make smart and effective care choices.
Focus on physicians?

- **Reduce waste**
  - Initiatives such as Choosing Wisely that identify areas of potential waste (unnecessary tests and procedures) and encourage physicians to openly discuss options with patients
    - Physician decisions account for 80% of all health care expenditures
      - Crosson FJ. Change the microenvironment. Modern Healthcare and The Commonwealth Fund [Internet]. 27 Apr 2009
    - One-third of all physicians acquiesce to patient requests for tests and procedures—even when they know they are not necessary
What do Physicians Think of Overuse?

- **72%**: Say docs do it at least once a week
- **73%**: Say somewhat or very serious problem
- **66%**: Feel responsibility for avoiding overuse
- **58%**: Say docs in best position to address problem

A Commitment to

• Professional competence
• Honesty with patients
• Patient confidentiality
• Maintaining appropriate relations with patients
• Improving quality of care
• Improving access to care
• A just distribution of finite resources
• Scientific knowledge
• Maintaining trust by managing conflicts of interest
• Professional responsibilities

Fundamental Principles

• Primacy of patient welfare
• Patient autonomy
• Social justice
Society Partners

- American Academy of Allergy, Asthma & Immunology
- American Academy of Family Physicians
- American College of Cardiology
- American College of Physicians
- American College of Radiology
- American Gastroenterological Association
- American Society of Clinical Oncology
- American Society of Nephrology
- American Society of Nuclear Cardiology
- American Academy of Hospice and Palliative Medicine
- American Academy of Neurology
- American Academy of Ophthalmology
- American Academy of Otolaryngology—Head and Neck Surgery
- American Academy of Pediatrics
- American College of Obstetricians and Gynecologists
- American College of Rheumatology
- American Geriatrics Society
- American Society for Clinical Pathology
- American Society of Echocardiography
- American Urological Association
- Society for Vascular Medicine
- Society of Cardiovascular Computed Tomography
- Society of Hospital Medicine
- Society of Nuclear Medicine and Molecular Imaging
- Society of Thoracic Surgeons

- AMDA – Dedicated to Long Term Care Medicine
- American Academy of Clinical Toxicology
- American Academy of Dermatology
- American Academy of Nursing
- American Academy of Orthopaedic Surgeons
- American Association for Pediatric Ophthalmology and Strabismus
- American Association for the Study of Liver Diseases
- American Association of Blood Banks
- American Association of Clinical Endocrinologists
- American Association of Neurological Surgeons
- American College of Chest Physicians
- American College of Emergency Physicians
- American College of Medical Genetics and Genomics
- American College of Medical Toxicology
- American College of Occupational and Environmental Medicine
- American College of Preventive Medicine
- American College of Surgeons
- American Dental Association

- American Headache Society
- American Medical Society for Sports Medicine
- American Physical Therapy Association
- American Psychiatric Association
- American Society for Radiation Oncology
- American Society for Reproductive Medicine
- American Society of Anesthesiologists
- American Society of Colon & Rectal Surgeons
- American Society of Hematology
- American Thoracic Society
- American Society of Internal Medicine
- American Society of Nuclear Medicine and Molecular Imaging
- American Society of Anesthesiologists
- American Society of Critical Care Medicine
- American Society of General Internal Medicine
- American Society of Gynecologic Oncology
- The American Academy of Physical Medicine and Rehabilitation
- The Endocrine Society
Strategic Partners

32 Consumer Partners

21 State & Regional Grantees
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What Is On The Lists?

1. Don’t do imaging for low back pain within the first six weeks, unless red flags are present.

Red flags include, but are not limited to, severe or progressive neurological deficits or when serious underlying conditions such as osteomyelitis are suspected. Imaging of the lower spine before six weeks does not improve outcomes, but does increase costs. Low back pain is the fifth most common reason for all physician visits.

2. Don’t routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms last for seven or more days, or symptoms worsen after initial clinical improvement.

Symptoms must include discolored nasal secretions and facial or dental tenderness when touched. Most sinusitis in the ambulatory setting is due to a viral infection that will resolve on its own. Despite consistent recommendations to the contrary, antibiotics are prescribed in more than 80 percent of outpatient visits for acute sinusitis. Sinusitis accounts for 16 million office visits and $5.8 billion in annual health care costs.
Call to the Profession:
Where Are the Health Care Cost Savings?

Deficit pressures are making cost control inevitable. It will only be successful if physicians stop looking to others to find solutions and focus on approaches that improve the care for patients with chronic illnesses.

-Ezekiel J. Emanuel, MD, PhD
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.

Role:
• Defines specialties and subspecialties in internal medicine
• Offers a professionally embraced definition of “the good doctor”
American Board of Medical Specialties

24 Member Boards
Certify more than 750,000 physicians

- Allergy & Immunology
- Anesthesiology
- Colon/Rectal Surgery
- Dermatology
- Emergency Medicine
- Family Medicine
- Internal Medicine (200,000+)
- Medical Genetics
- Neurological Surgery
- Nuclear Medicine
- Obstetrics & Gynecology
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- Pathology
- Pediatrics
- Physical Medicine & Rehabilitation
- Plastic Surgery
- Preventive Medicine
- Psychiatry & Neurology
- Radiology
- Surgery
- Thoracic Surgery
- Urology
The Breadth of Internal Medicine

- Adolescent Medicine
- Adult Congenital Heart Disease
- Advanced Heart Failure & Transplant Cardiology
- Cardiovascular Disease
- Clinical Cardiac Electrophysiology
- Critical Care Medicine
- Endocrinology, Diabetes, & Metabolism
- Focused Practice in Hospital Medicine
- Gastroenterology
- Geriatric Medicine
- Hematology
- Hospice and Palliative Medicine
- Infectious Disease
- Interventional Cardiology
- Medical Oncology
- Nephrology
- Pulmonary Disease
- Rheumatology
- Sleep Medicine
- Sports Medicine
- Transplant Hepatology

✓ Certify 1 of every 4 practicing physicians in US
✓ More than 200,000 ABIM Board Certified Physicians
✓ Internal Medicine has more Board Certified Physicians than any other Board
Maintenance of Certification

- Designed to ensure that physicians keep current

- Expresses core values that the good doctor
  - Keeps up with changes in knowledge and practice
  - Incorporates the values and preferences of patients in care
  - Measures and improves performance
  - Practices safely
Payment models depend on important physician skills and behaviors

- Teamwork
  - Care coordination
  - Preventive Care
  - Resource awareness
  - Attention to “non-medical” issues
    - Clinical system re-design
    - Ongoing improvement
- Use of health information technology
We will need to change training
AND
We will need to change practice
Role for ABIM

- What does the good doctor know and do in the 21st century?
- How do we prepare trainees to function in these new models?
- How do we support those in practice by articulating new skills they will need?
- How do we assess it all in a publicly credible way?
Questions?