

THE AMERICAN BOARD OF ANESTHESIOLOGY, INC.

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Maintenance of Certification and Physician Quality Reporting System Requirements

The Maintenance of Certification (MOC) concept originated with the American Board of Medical Specialties (ABMS) in 1999 as a professional response to the need for public accountability and transparency of practice improvement initiatives by physicians. The ABA recognized the importance of this initiative and developed the Maintenance of Certification in Anesthesiology (MOCA) program to help board certified anesthesiologists demonstrate their lifelong commitment to quality clinical outcomes and patient safety. The ABA understands that MOCA requirements entail a commitment of additional time and resources to the already busy schedules of its diplomates. The ABA strives to ensure that MOCA is as relevant as possible to the diplomate's practice while also having the greatest impact on quality of care.

The Tax Relief and Health Care Act of 2006 initiated a system for reporting physician quality measures to Medicare for covered professional services. This program was initially named the Physician Quality Reporting Initiative (PQRI), but changed in 2011 to the Physician Quality Reporting System (PQRS). Throughout 2009 and 2010, ABMS lobbied Congress for language in the healthcare reform bill to establish a MOC-PQRS program that would include incentive payment for MOC activities. Language was written into the **Patient Protection and Affordable Care Act** authorizing a MOC incentive but was subject to the rule making process of the Centers for Medicare and Medicaid Services (CMS).

In its final rule, released on December 10, 2010, CMS addressed ABMS and its 24 member boards about the opportunity for their diplomates to earn an incentive of 0.5% of their total estimated Medicare Part B Physician Fee Schedule allowed payments. To take advantage of the new incentive payments for participation in PQRS and MOC, diplomates will have to submit data under PQRS, and participate "**more frequently**" in MOC.

On January 10, 2011, CMS clarified its definition of more frequent participation in MOC to include additional participation in three parts- Lifelong Learning and Self Assessment (Part II), Cognitive Examination (Part III) and Practice Performance Assessment and Improvement (Part IV). To qualify for the 0.5% incentive, diplomates must participate in Part II, III and IV more frequently than that required by MOC. Within the current 10-year MOCA cycle, the "more frequently" language would require additional CME (Part II), an additional cognitive examination (Part III), additional Practice Performance Assessment and Improvement modules, and a patient experience of care survey.

In order to participate in this CMS incentive program for MOC-PQRS in 2011, the ABA (and each individual ABMS Board that wishes to participate in MOC-PQRS) would have to submit its current MOC requirements and its proposed definitions for more frequent diplomate participation, by January 31, 2011. This proposal would need to take into consideration differing MOC requirements by date of certification for time-limited certificate holders as well as for non-time-limited certificate holders who voluntarily participate in MOC. Unfortunately, the January 31, 2011 response deadline was established on short notice.

The ABA has carefully reviewed the recently released CMS rule about payment policies under the Medicare Physician Fee Schedule for calendar year 2011, and specifically the 0.5% bonus payment that is linked to PQRS and MOC. Based on its understanding of the current CMS requirements, the ABA does not believe that the additional requirements for the MOC bonus will have a sufficient impact on patient care, nor will the reimbursement bonus justify the additional time and resource burden on its diplomates. Accordingly, the ABA does not intend to submit an application for CMS approval of an ABA MOC-PQRS program in 2011. Moreover, some components of the just-released CMS requirements are not in place for 2011 (e.g., a registry for submitting data, and a patient experience of care survey). As a result, the ABA does not intend to submit an application for CMS approval of an ABA MOC-PQRS program in 2011. **The ABA projects that the cost of fulfilling the “more frequently” requirement will far exceed the financial value of the 0.5% incentive payment.**

The ABA understands that this is a potentially important issue to its diplomates in the coming years. Accordingly, the ABA will continue to monitor CMS rules and requirements as they evolve, and will continue to collaborate with ASA in optimizing future linkages between PQRS, MOC, and physician reimbursement. Specifically, the ABA is collaborating with the ASA leadership in a workgroup to address these issues. The ABA understands that MOC requires additional time, cost and effort from its diplomates' already busy schedules and aims to make the MOC requirements as relevant as possible in the context of improving patient care.

Key Messages on the MOC-PQRS bonus:

1. The American Board of Anesthesiology (ABA) has carefully and comprehensively reviewed the December, 2010 Centers for Medicare and Medicaid Services (CMS) rule regarding payment policies under the Medicare physician fee schedule for calendar year 2011 and specifically the 0.5% bonus payment that is linked to Physician Quality Reporting System (PQRS) and Maintenance of Certification (MOC).
2. Based on its understanding of the current CMS requirements, the ABA does not believe that the additional requirements for the MOC bonus will have a sufficient impact on patient care, nor will the reimbursement bonus justify the additional time and resource burden on its diplomates. Accordingly, the ABA does not intend to submit an application for CMS approval of an ABA MOC-PQRS program in 2011.
3. The ABA understands that this is a potentially important issue to its diplomates in the coming years. Accordingly, the ABA will continue to monitor CMS rules and requirements as they evolve, and will continue to collaborate with ASA in optimizing future linkages between PQRS, MOC, and physician reimbursement.