



**A Coalition of 13 Medical Societies Representing
200,000 Specialty Physicians in the United States**

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June 1, 2005

The Honorable Bill Thomas, Chairman
Ways and Means Committee
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Thomas:

The Alliance of Specialty Medicine and its 13 physician specialty organizations believe that there is an opportunity to work with Congress and the Administration to enhance quality measurement for the medical and surgical care provided to our Nation's seniors and individuals with disabilities. Patient safety and quality care are the cornerstones on which all patient care is delivered by the more than 200,000 specialty physicians the Alliance represents and the millions of patients they care for each year. Given the complexity of medical diagnosis and treatment in today's practice environment, there exists a variety of experience and varying degrees of ability to comply with a structured pay-for-performance (P4P) program. The ultimate success of any nationwide program rests on an incremental approach that reflects the differences that exist across the specialty continuum.

While a few specialty organizations in the Alliance have developed quality measurement programs and metrics that can be applied to a pay-for-performance program, all of our member organizations have begun to take initial steps necessary to participate in a P4P system should such a program be broadly implemented.

To date, the demonstration projects that have been undertaken by the Centers for Medicare and Medicaid Services to assess the value and efficacy of such initiatives have been primary care or chronic disease focused. In addition, several nongovernmental entities, such as the National Quality Forum and the AMA's Physician Consortium have spearheaded guideline development in support of an eventual national shift to a P4P system, but again, most of these efforts have been focused on primary care or chronic disease. In fact, the private plans themselves have had very little experience in the development and implementation of specialty or surgical focused measures. Therefore, very few measures for surgical and specialty medicine exist. In addition, policymakers should be aware that there are certain other limitations precluding the immediate implementation of P4P for all physicians.

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The Alliance of Specialty Medicine believes that any successful physician performance program should reflect the realities of specialty medicine. To accomplish this, quality measures must be developed by the specialty societies with expertise in the area of care in question and be based on factors that physicians can directly control.

The Alliance stands ready to work with the Congress and the Administration and to serve as a resource. To assist in this effort, the Alliance has developed the attached chart entitled, "*Alliance of Specialty Medicine's Progress on Pay-for-Performance*", which is supplemented by each individual organization's P4P information. As you move forward, the Alliance urges you to consider incorporating the attached recommendations in any legislative or regulatory P4P initiative.

If you have any additional questions or need further information, please contact Nancey McCann, Chair of the Alliance's Medicare Workgroup at 703-591-2220 or nmccann@ascrs.org.

Sincerely,

American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American Society of Cataract and Refractive Surgery
Congress of Neurological Surgeons

Attachments:

1. Pay-for-Performance Recommendations
2. Alliance of Specialty Medicine's Progress on Pay-for-Performance Chart
3. Individual Alliance member's supplemental Progress on Pay-for-Performance information