AMA Set to Launch "AMAP" Program

This month, the American Medical Association (AMA) will begin to implement an accreditation program for all physicians "with the goal of increasing quality of care and reducing cost...to lay the foundation for continuous clinical enhancement on the part of physicians." That is what is being emphasized to patients who are concerned that there is no system for ensuring that their physicians are up to date on the latest research and practices. Physicians, in contrast, are being told that the AMA Program for Physician Accreditation (AMAP) will create less paperwork when they sign or renew their contracts with managed care organizations. Managed care organizations have been promised significant cost savings if they relinquish their control over physician qualification reviews to the AMA.

If AMAP works in practice in the way it is set up in theory, it could be a three-way win for physicians, patients and managed care organizations. "The growth of managed care and the hassle and cost of applying to multiple plans was the squeaky wheel that got us started," said William Jessee, MD, AMA vice president of quality and managed care. "In taking the opportunity to address the squeaky wheel, we are doing what medicine should have done a long time ago."

Evolution or Revolution?

AMAP will be similar to the Joint Commission for the Accreditation of Healthcare Organizations—voluntary in concept but mandatory in practice. Just as hospitals must receive accreditation to qualify for Medicare reimbursements, physicians will eventually need to get AMAP accreditation to join managed care plans and possibly to have privileges at hospitals. "AMAP will provide a mechanism to show that a physician has ongoing competence to practice medicine," said H. William Strauss, MD, Society of Nuclear Medicine (SNM) president-elect and director of the division of nuclear medicine at Stanford University Medical Center in Stanford, CA. "As it stands now, the program is still very amorphous. We still don't know who will determine if a specialist has adequate training and proficiency."

The SNM and other medical societies have indicated that they strongly support the AMA's efforts and want to participate directly in physician accreditation. The accreditation process includes: verifying physician credentials and personal qualifications; inspecting office facilities and medical records; testing physicians' currency and knowledge of their fields; and conducting outcome studies and patient satisfaction surveys (see sidebar on page 18N.)

Although AMAP appears to be revolutionary, many health policy experts contend that it is the endpoint in the progression toward accountability in medicine. "This is an evolution that has reached a certain stage to ensure that health care dollars are spent in a reasonable way," said Richard N. Pierson, Jr., MD, a professor of clinical medicine at Columbia University in New York. "It's the 1997 version of the 1976 Peer Review Act." He is referring to the Act passed by Congress which required physicians to set their own standards of quality, which could be defined and measured by patient outcomes. This instigated a review of hospital charts and inspection of departments.

AMAP basically pools together several aspects of peer review that are already in place, though on a much smaller scale. For instance, the American Board of Nuclear Medicine (ABNM) requires physicians who became board certified after 1992 to take a recertifying exam every 10 years. The American Academy of Pediatrics (AAP) offers a voluntary self-assessment exam to its members—although only a small minority have opted to take it. In terms of site inspections, the American College of Nuclear Physicians (ACNP) has been inspecting nuclear medicine departments on a voluntary basis for years. The goal of AMAP is to turn the sporadic efforts of various medical societies into a widespread program for all physicians.

Support from Managed Care

Since AMAP would fall apart without the support of managed care plans, the AMA has been careful to court managed care executives. "Managed care plans have been very enthusiastic about AMAP," said Jessee. In fact, a member of the board of the American Association of Health Plans publicly stated at an AMA conference that his group stands behind AMAP. Many managed care organizations, including National Blue Cross and Blue Shield, have indicated they would accept AMAP certification as eligibility for enrollment in their plans.

This is an important development since physicians currently must fill out separate applications for each managed care plan they join. Some plans charge up to $1500 for enrollment and credentialing review, while others offset the fees by offering smaller reimbursements.

With AMAP, the bulk of the accreditation costs

The SNM supports the AMA's efforts and plans to participate in accrediting nuclear physicians.

will be paid for by managed care companies who will purchase a list of physicians accredited in a particular state, according to Jessee. Physicians will merely have to pay a small application fee (about $50 for AMA members, $100 for nonmembers). In addition, they will have to pay for the self-assessment program, which includes the exam and related learning materials.

The AMA currently estimates that each managed care organization will pay about $185 per doctor enrolled in its plan, which includes the cost of credentialing review and on-site inspections, according to Jessee. However, the actual cost per doctor could turn out to be much greater depending on the number of doctors and plans that join AMAP. "The greater the number of members, the lower the cost to managed care groups," Jessee said.

AMAP will be phased in slowly, a few states at a time. Massachusetts, New Jersey and Alabama will be the first states to adopt AMAP beginning this month. "Our plan is to have seven states using AMAP by the end of this year, with all 50 states phased in by the year 2000," said Jessee.

Before inviting physicians to apply for accreditation, at least three to five managed care organizations in a given state must agree to purchase AMAP's list of accredited physicians (which means they will allow a physician to qualify for enrollment in the plan based on AMAP accreditation). Once managed care plans sign on, the AMA will send letters to all physicians licensed in the state listing the names of the participating plans and details about becoming accredited. Jessee said letters will be mailed to physicians in the first three states by the end of this month.

The five components of AMAP will be phased in on two timetables. The credentialing, personal qualifications and environment of care components will be implemented as states sign on. The clinical performance component, which includes the self-assessment program, and the patient care results component, which includes outcome studies and patient surveys, will be phased in by the year 2000.

The Five Components of AMA Accreditation

The American Medical Association (AMA) Physician Accreditation Program (AMAP) will have five basic components. The components will be implemented on different timetables and may be overseen by different organizations: Many of these details are still uncertain. Here is a brief rundown:

- **Credentialing:** A physician's credentials (medical school diploma, state licensing, medical malpractice claims, board certification, hospital privileges, etc.) would be verified through an information clearinghouse. This will probably be handled by a company such as Gadrian that already does credential verification for health maintenance organizations and hospitals.
- **Personal Qualifications:** A physician must agree to abide by the AMA Code of Ethics and abide by standardized complaint and grievance processes. This component will also include participation in an organization that conducts peer review in continuing medical education (CME) and other activities that will be reported on a self-assessment application.
- **Environment of Care:** A full review of the clinical, operational and management systems in the physician's office will be conducted. The review will include physical facilities, documentation, medical records, appropriate diagnostic and testing policies and procedures, and office management systems. Since the American College of Nuclear Physicians already conducts voluntary on-site inspections, they may also be the logical choice to assume this review of nuclear medicine departments.
- **Clinical Performance:** To achieve accreditation, a physician will have to participate in a self-assessment program through which an individual's clinical performance is compared with national averages or benchmarks and eventually achieves some minimum performance score. The focus will be on enhancing physician performance by providing the assessment coupled with suggested methods for improvement. The Society of Nuclear Medicine is planning to apply to the AMA to become credentialed to administer a self-assessment program in nuclear medicine, or it may join forces with other organizations to create a joint program.
- **Patient Care Results:** Ultimately (within the next five years), accredited physicians would participate in periodic, formal patient satisfaction surveys that track patients' assessment of the physician, office personnel and procedures, office appearance and prompt service. The AMAP would also seek to identify practices that optimize clinical outcome while minimizing cost and assist in integrating them into a physician's practice.

SNM's Role in AMAP

The SNM and other nuclear medicine organizations are eager to become involved in AMAP. The SNM is developing a self-assessment program that will be submitted to the AMA for approval. It is also working as part of a joint task force composed of the SNM, ACNP, American College of Radiology, American Society of Nuclear Cardiology and the American College of Nuclear Medicine. "The task force is attempting to develop a multisociety approach to ensure quality in the practice of nuclear medicine through a nuclear medicine accreditation program," said James W. Fletcher, MD, SNM vice president-elect and head of the nuclear medicine department at the St. Louis VA and director of nuclear medicine at St. Louis University. Representatives of the task force, chaired by Conrad Nagle, MD, have conducted conference calls and are interested in working together on AMAP-related activities such as a joint self-assessment program.

Given the number of organizations involved, however, Strauss acknowledged that there could be some difficulties in getting everyone to agree on one set of qualifications and a standard curriculum for accreditation. "Our goal is for the Society to be involved in AMAP," said Strauss. "Ideally, other nuclear medicine organizations will join our efforts, making us all stronger."

Still, the SNM has decided there is a need to offer physicians who practice nuclear medicine a program that allows self-evaluation. By the SNM

Annual Meeting in June, the Practice Management Committee hopes to have developed the initial phase of a comprehensive program which has been named the SNM Physician Evaluation Program. The committee wants the first phase of the program to duplicate, as much as possible, what a nuclear medicine physician does in daily practice.

AMAP Aggravations

With all the advantages that AMAP could offer, it could also cause a few troubles: namely, an infringement on some freedoms that doctors have come to expect. Some physicians may cringe at the thought of having a patient mail in a survey grading their bedside manner or whether they return a patient's phone calls promptly.

Even more troubling, for specialists, is the self-assessment program which will test them on all areas of their field—not just on what they practice. One striking example is in the field of surgery: Hand surgeons will be tested on the latest techniques in heart, colorectal and breast surgery, even though they may not have performed such procedures since their residencies. By the same token, a pediatric nuclear physician will be expected to diagnose adult and geriatric patients even if he never sees such patients. "The decision of whether a specialist will need to maintain competence in all aspects of their field will be left up to the specialty boards," said Jessee.

Specialty boards may decide that maintaining a broad competency is unrealistic and unnecessary for many subspecialists, but Strauss, for one, does not think this applies to nuclear medicine. "Nuclear physicians tend to see particular subsets of patients not a broad spectrum from all areas," he explained. "It's important for us to stay current in all aspects of the field so that we can treat all patients to the best of our ability." Moreover, with managed care demanding that physicians become less specialized, the self-assessment programs could help them catch up in areas of their field that they may not have dealt with in years.

No one knows if AMAP will run smoothly from the outset or sputter to a slow start in the first few years. The sources who spoke with *Newsline*, however, all agreed with the concept of physician accreditation. "While the whole idea of someone looking over your shoulder is an anathema to physicians," said Pierson, "we've accepted the idea that the public has a right to know if their doctor is up to date."

—Deborah Kotz

Overview of Hospital Accreditation

The Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) evaluates and accredits more than 16,000 health care organizations in the U.S. Accreditation is recognized as a nationwide "seal of approval," which indicates that an organization meets certain performance standards. To earn and maintain accreditation, an organization must undergo an on-site survey by a JCAHO survey team at least every three years. The American Medical Association (AMA) Program for Physician Accreditation (AMAP) will likely follow in JCAHO's footsteps, starting slowly over the first few years until it gains full physician participation. The JCAHO was a revolutionary concept: it took 80 years to evolve into what it is today. Here is a dateline highlighting its important strides:

1917—The American College of Surgeons (ACS) develops the Minimum Standards for Hospitals. Requirements fill one page and state that a hospital must have a staff of trained doctors (with medical school diplomas) and nurses, must keep patient records, must hold monthly staff meetings and must conduct staff reviews. The ACS begins on-site inspections a year later with only 89 of 692 hospitals meeting the requirement of the Minimum Standard. None were closed.

1950—The standard of care improves with more than 3200 hospitals achieving approval.

1951—The American College of Physicians, American Hospital Association, AMA and the Canadian Medical Association join with the ACS to create the Joint Commission on Accreditation of Hospitals. The Joint Commission publishes the Standards of Accreditation and begins accrediting hospitals in 1953.

1965—Congress passes the Medicare Act with a provision that hospitals accredited by the Joint Commission are deemed to be in compliance with the Act and are thus eligible to participate in Medicare and Medicaid.

1970—Standards are recast to represent optimal achievable levels of quality instead of minimum essential levels of quality. A 152-page manual was published detailing state-of-the-art standards to be met by all specialities within the hospital.

1987—The organization changes its name to the JCAHO to reflect an expanded scope of activities, including accreditation of long-term care facilities.

1996—The 1996 Accreditation Manuals are published, reflecting the shift to performance-focused standards organized around functions important to patient care.

Source—JAMA 1987; August 21:937-940 and JCAHO.

Scatter *(Continued from page 3A)*

Letter 2:

I'm sorry to learn that you are unable to review manuscript #12345, entitled ".....". Perhaps you can find a moment to let me know what to do when you submit a manuscript to *JNM* and other reviewers are too busy to review your article.

Ah! The pleasures of editing a peer-reviewed journal.

Stanley J. Goldsmith, MD
Editor-in-Chief, The Journal of Nuclear Medicine
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