ABFM's Required Part IV (PPM, MIMM) – The Best Approach for the Best Results

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Senior Advisor to the ABFM President

DISCLOSURE: Dr. Tollison has nothing to disclose related to his presentation.

ABFM Goal:

Foundation of Maintenance of Certification for Family Physicians (MC-FP)

- Six Core Competencies are the foundation of MC-FP and are assessed during medical training and throughout a physician's career.

- They have been endorsed by the Accreditation Council for Graduate Education (ACGME) and the twenty-four members boards of the American Board of Medical Specialties (ABMS).

ACGME Accreditation Council for Graduate Medical Education

American Board of Medical Specialties
Higher standards. Better care.®

Core Competencies

1. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. Medical Knowledge about established and evolving biomedical, clinical, and cognitive sciences and the application of the knowledge to patient care.

3. Practice-based Learning and Improvement that involve investigation and self-evaluation, appraisal and assimilation of scientific evidence, and improvements in patient care.

Core Competencies

4. Interpersonal and Communication Skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.

5. Professionalism as manifested through a commitment to perform professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based Practice as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to use system resources to provide optimal care.

Core Competencies

Each of the four parts of MC-FP assesses one or more of the Core Competencies.

Core Competencies	1 Professional Standing	2 Lifelong Learning	3 Cognitive Expertise	4 Performance In Practice
Patient Care	✓	✓		✓
Medical Knowledge		✓	✓	
Practice-based Learning & Improvement		✓		✓
Interpersonal & Communication Skills	✓			✓
Professionalism	✓			✓
Systems-based Practice		✓		✓

ABFM Maintenance of Certification for Family Physicians (MC-FP)

Part I: Evidence of professional standing

Part II: Evidence of a commitment to lifelong learning and involvement in a periodic self-assessment process

Part III: Evidence of cognitive expertise

Part IV: Evidence of evaluation of performance in practice

Since Our Inception in 1969

What Exactly are the MC-FP Requirements?

7 Year Cycle

- **7 Modules Total**
- Certified/Recertified 2003-2010
- 7 Year Certificate

10 Year Cycle

- **9 Modules Total**
- Certified/Recertified 2003-2010
- 10 Year Certificate

Continuous

- **50 Points Per 3-Year Stage**
- Certified/Recertified 2011 and Beyond
- Certificate without End Date

Continuous MC-FP

Changes Effective with Continuous MC-FP

- 10-year examination requirement
- 7-year certification plan no longer available
- Point system in place - 50 points required per 3-year Stage
  - SAMs= 15 points
  - PPMs= 20 points
  - MIMMs = 15-20 points
- Certification status contingent on meeting MC-FP requirement **WITHIN** each 3-year Stage (deadline December 31st of year 3 of Stage)
- Simplified financial plan

- CME requirement per 3-year Stage – 150 credits (*Unchanged*)

MC-FP Deadline

Deadline:

December 31, 2014

- **2011** Diplomates: Complete Continuous Stage MC-FP Components
- **2007** Diplomates: Complete Stage II MC-FP Components
- **2004** Diplomates: Complete Stage III MC-FP Components

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  - Email: help@theabfm.org
  - Live Chat
- **Website**
  - www.theabfm.org
- **ABFM**
  - Phone: 888-995-5700
  - Fax: 859-335-5701

Support Center Assistance

877-223-7437

Extended Hours Available!

8:30 am - 9:00 pm
(eastern)
Monday - Friday
&
9:00 am - 5:00 pm
(eastern)
Saturday

- Manned by ABFM Staff located IN the ABFM home office
- Able to answer questions regarding all phases of ABFM business

Live chat available from ABFM Home page

2 Minute Rule

Have a Question after 2 minutes?
Contact our Support Center!!

ABFM Maintenance of Certification for Family Physicians (MC-FP)

Part I: Evidence of professional standing

Part II: Evidence of a commitment to lifelong learning and involvement in a periodic self-assessment process

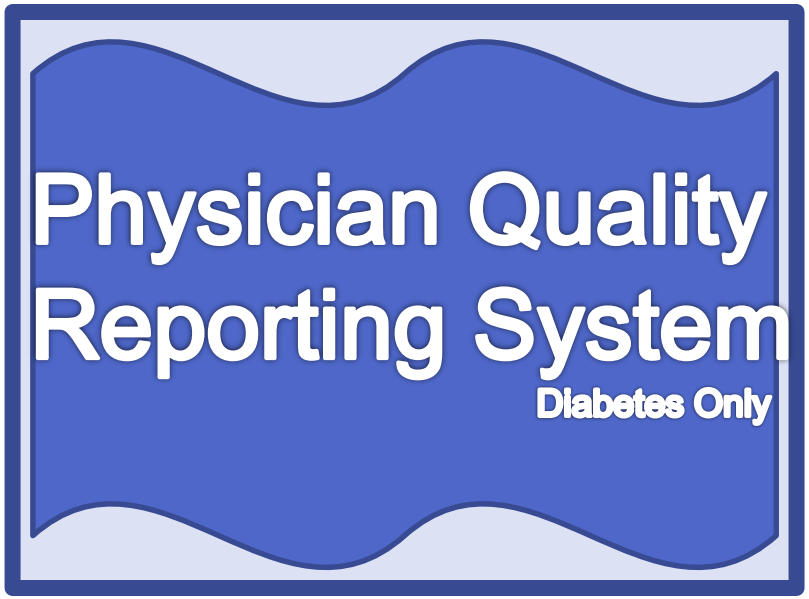
Part III: Evidence of cognitive expertise

Part IV: Evidence of evaluation of performance in practice

Since Our Inception in 1969

Take the Leap

PQRS



ABFM MC-FP Part IV

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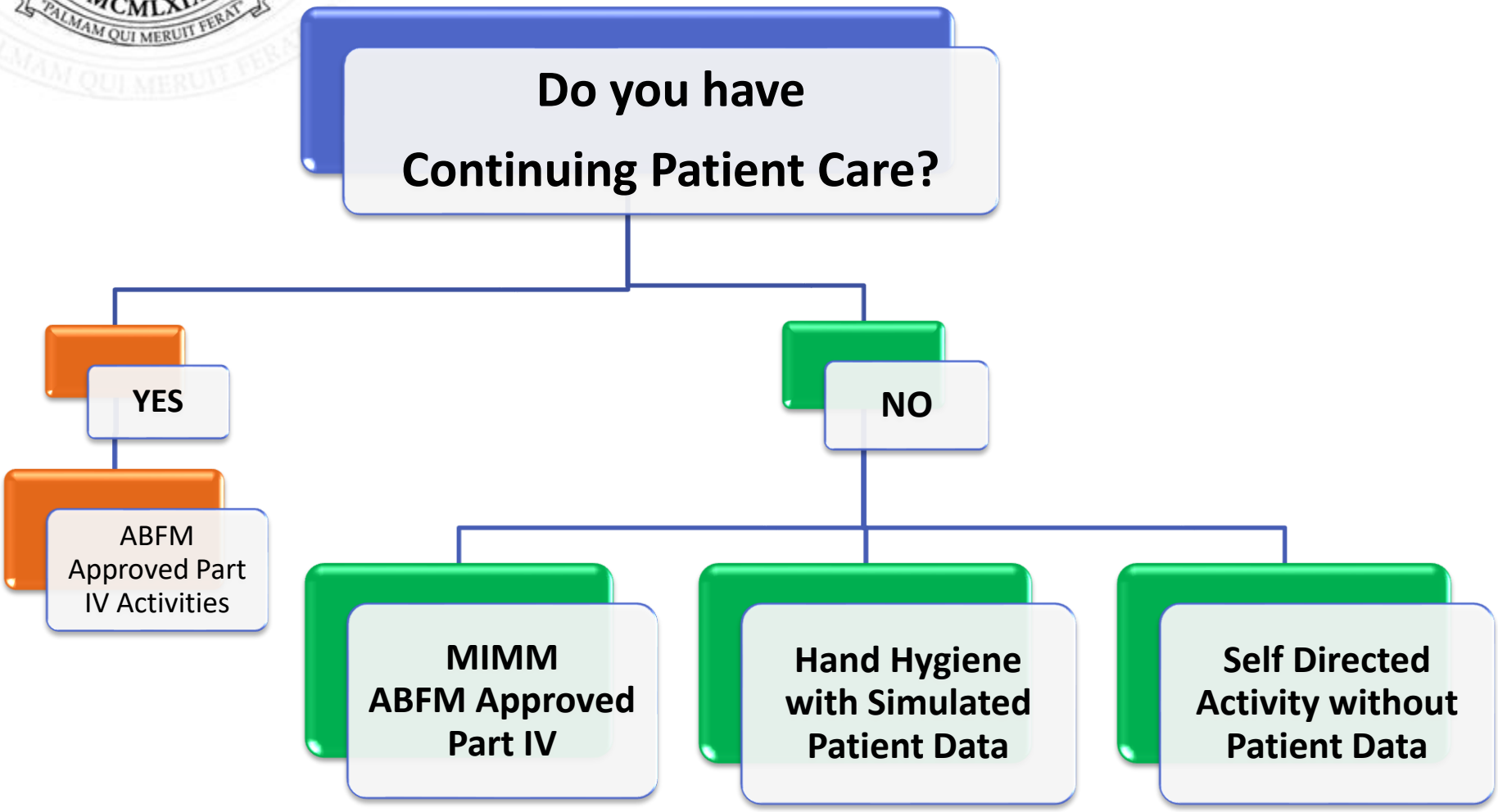

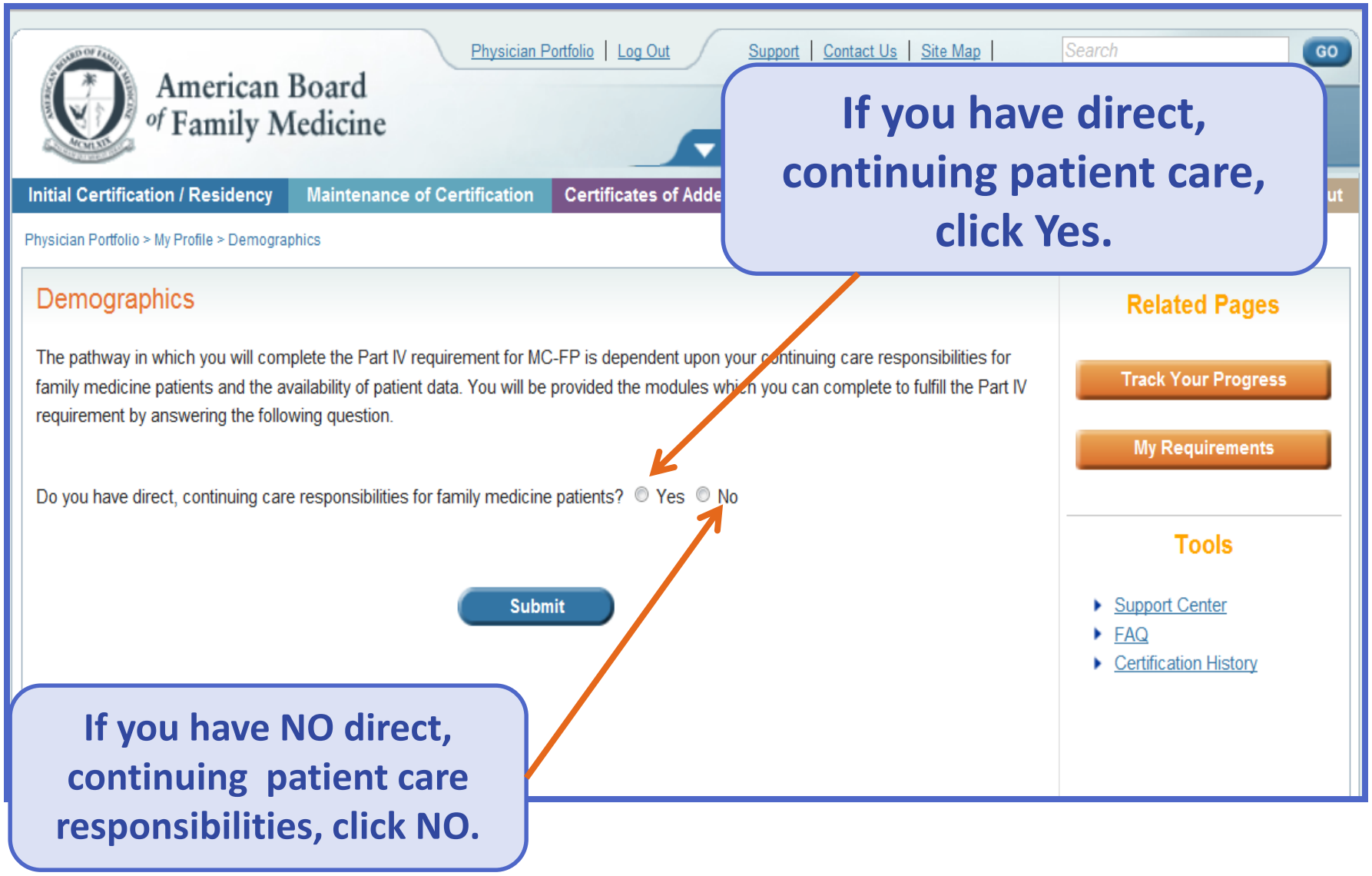
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The pathway in which you will complete the Part IV requirement for MC-FP is dependent upon your continuing care responsibilities for family medicine patients and the availability of patient data. You will be provided the modules which you can complete to fulfill the Part IV requirement by answering the following question.
Do you have direct, continuing care responsibilities for family medicine patients? Yes No
Submit
Related Pages
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Certification History
If you have direct, continuing patient care, click Yes.
If you have NO direct, continuing patient care responsibilities, click NO.

ABFM MC-FP Part IV

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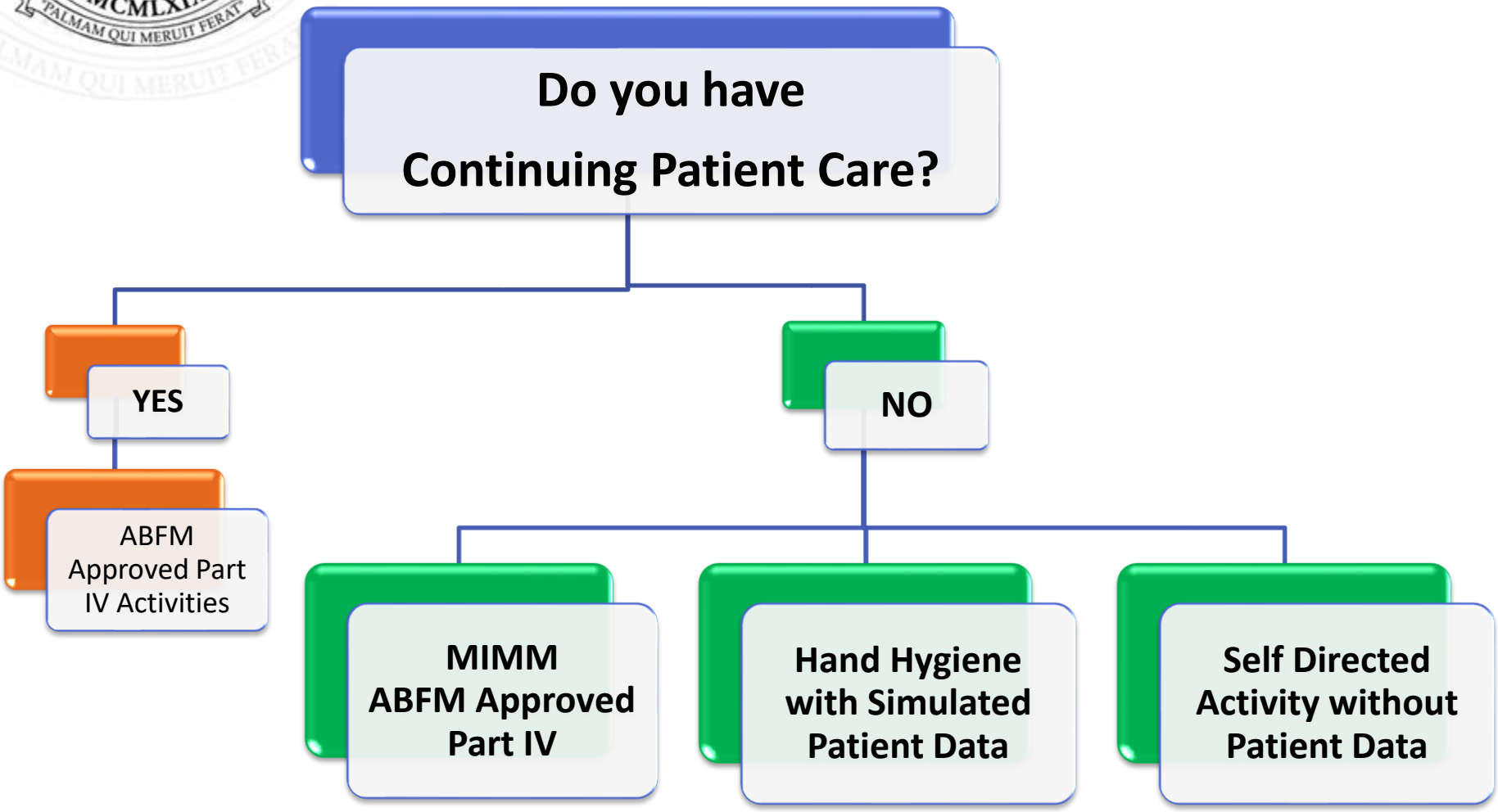


ABFM MC-FP Part IV

NO Access to Continuing Patient Care?

Methods in Medicine Modules (MIMMs)

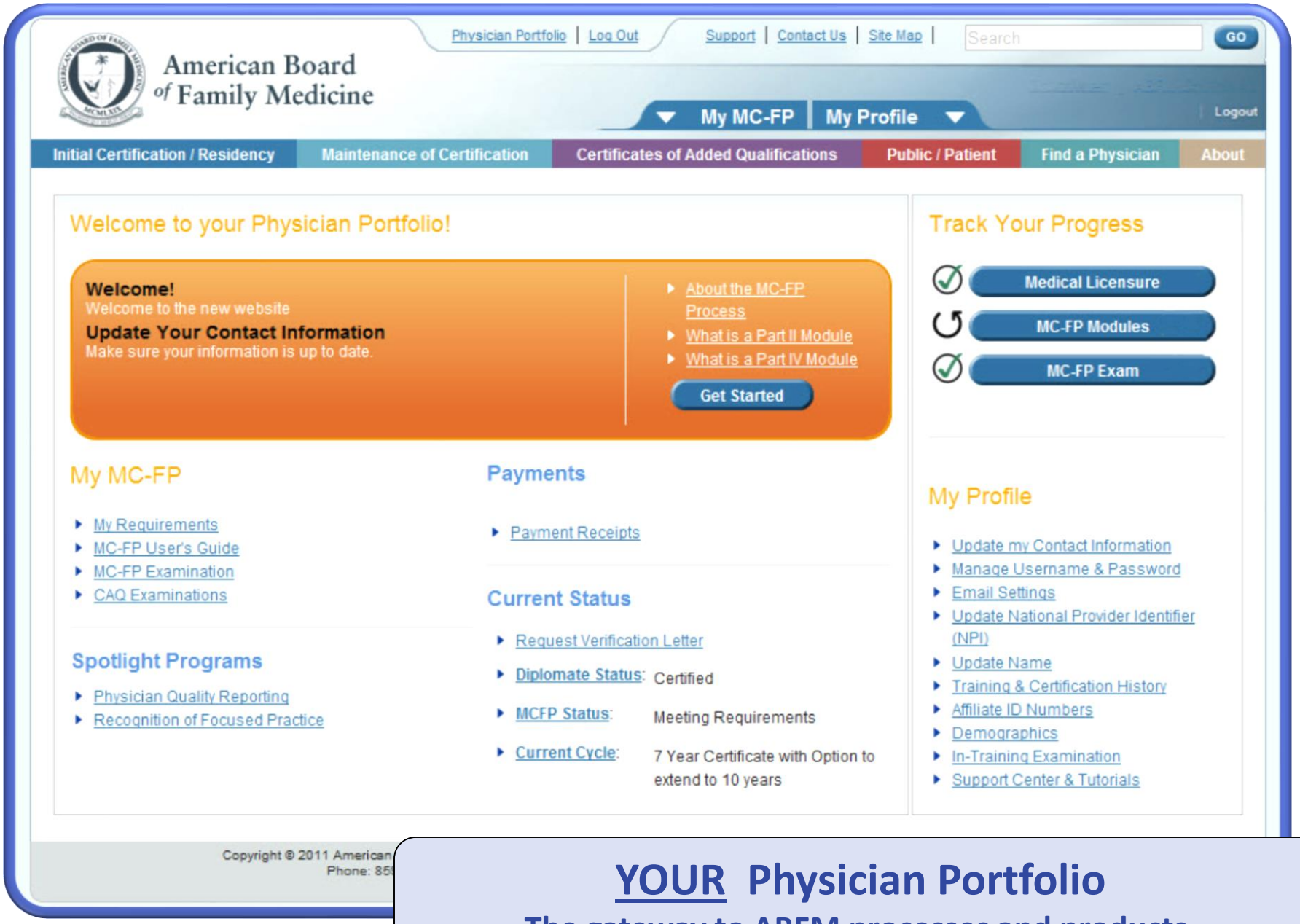
ABFM Products

no additional charge beyond the cost of MC-FP

Current Topics:

- Clinical Information Management MIMM
- Cultural Competency MIMM
- Hand Hygiene PPM (with simulated patient data)
- ABFM Self-Directed Activity

Log in to your personal Physician Portfolio from the ABFM Home Page.



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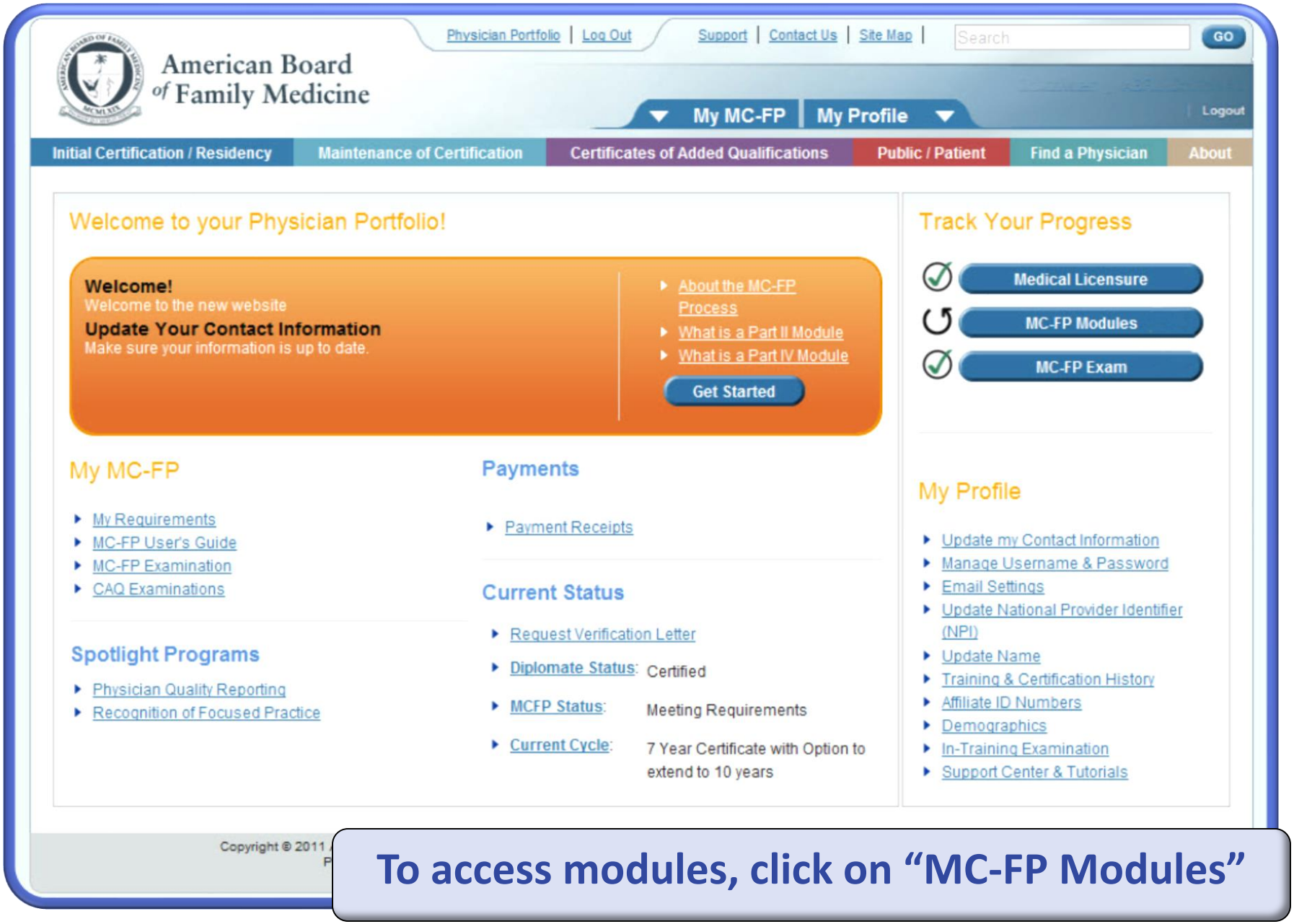
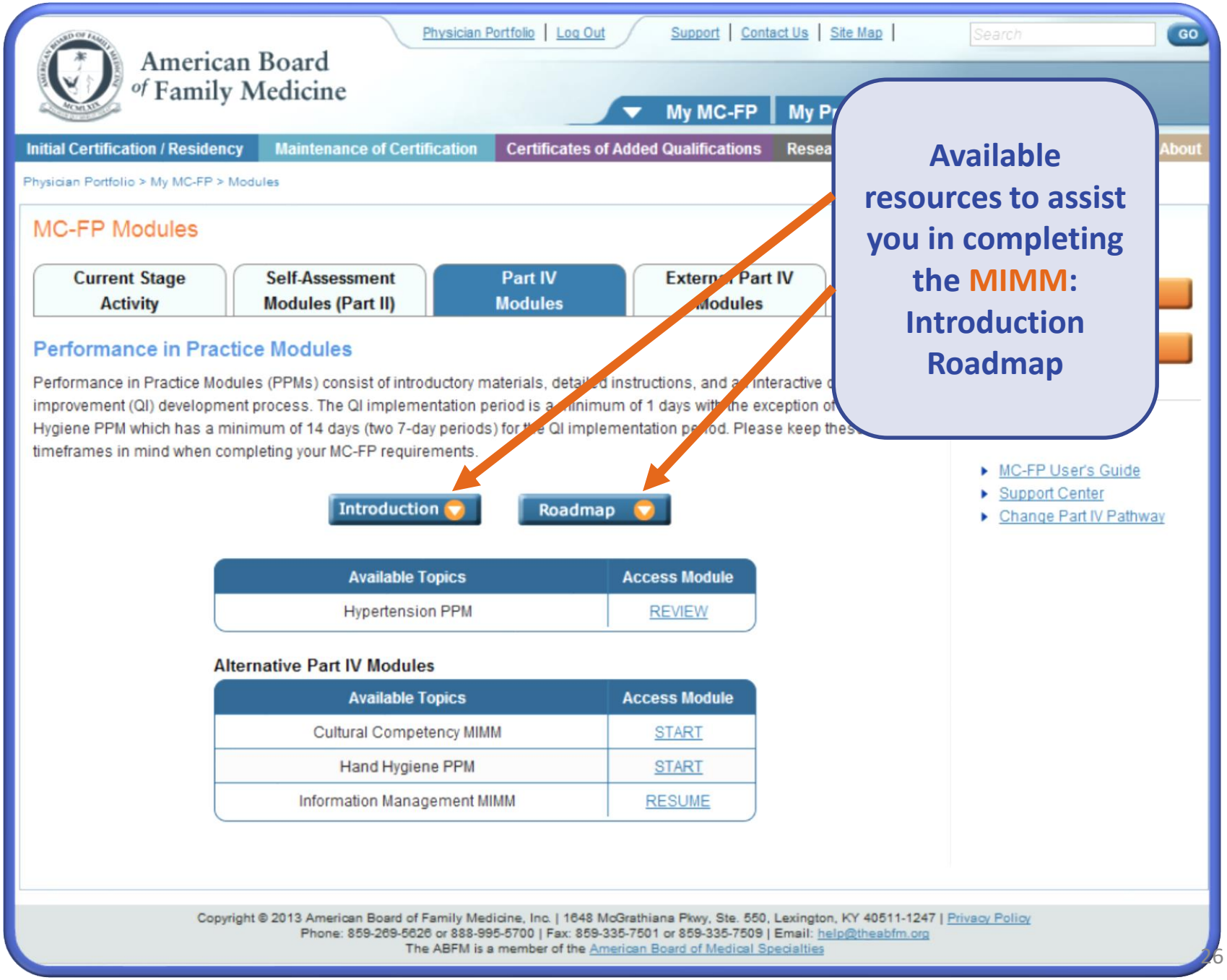
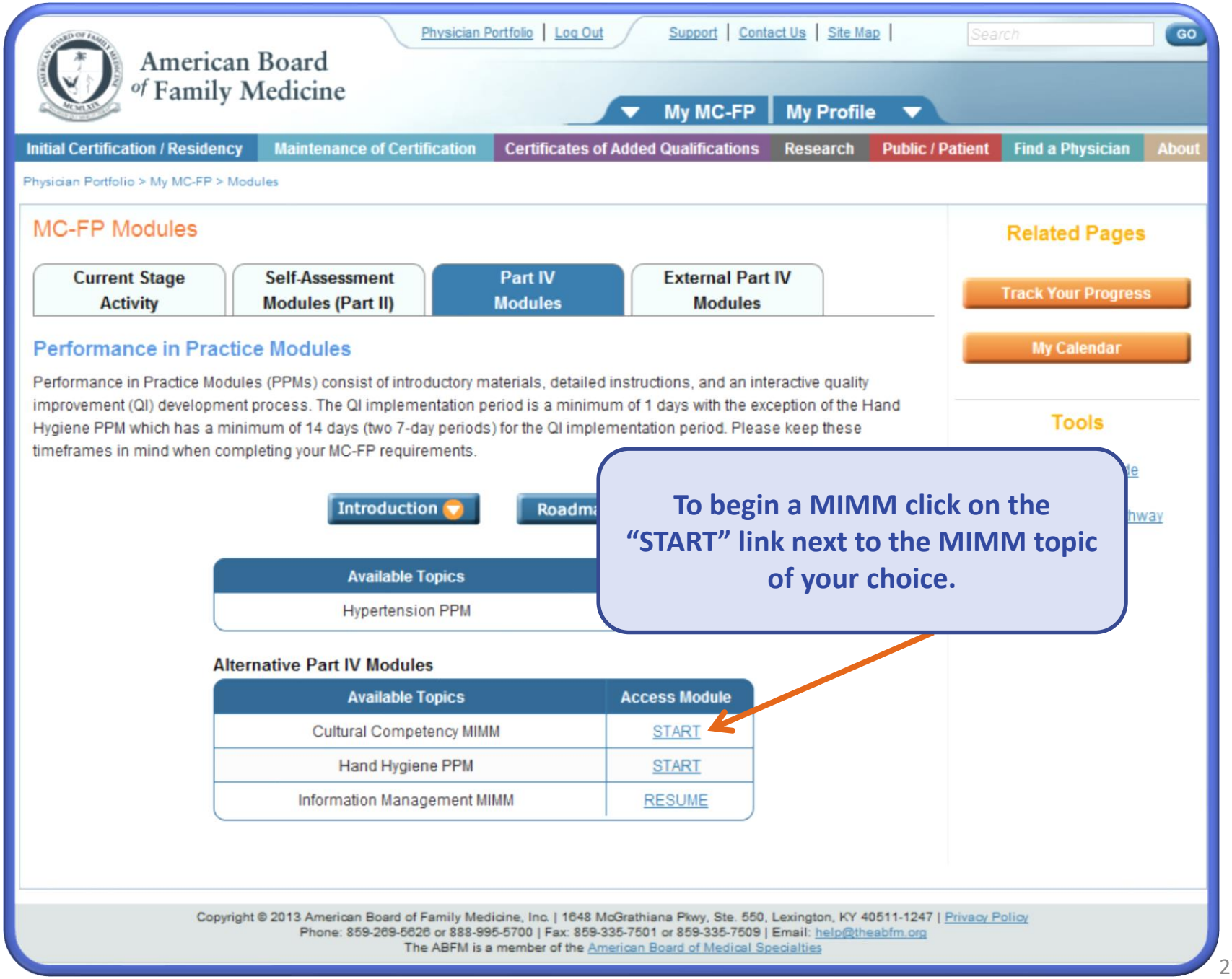


To access modules, click on "MC-FP Modules"



Available resources to assist you in completing the MIMM: Introduction Roadmap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MC-FP Modules
Current Stage Activity
Self-Assessment Modules (Part II)
Part IV Modules
External Part IV Modules
Performance in Practice Modules
Performance in Practice Modules (PPMs) consist of introductory materials, detailed instructions, and an interactive quality improvement (QI) development process. The QI implementation period is a minimum of 1 days with the exception of the Hand Hygiene PPM which has a minimum of 14 days (two 7-day periods) for the QI implementation period. Please keep these timeframes in mind when completing your MC-FP requirements.
Introduction
Roadma
Available Topics
Hypertension PPM
Alternative Part IV Modules
Available Topics
Access Module
Cultural Competency MIMM
START
Hand Hygiene PPM
START
Information Management MIMM
RESUME
Related Pages
Track Your Progress
My Calendar
Tools
To begin a MIMM click on the "START" link next to the MIMM topic of your choice.
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Approved Part IV Alternatives

(Examples of Approved Part IV Alternatives)

- American Academy of Family Physicians (METRIC)
- Multi-Specialty Portfolio Approval Program (MSPP) Sponsor organization activities
- National Committee for Quality Assurance (NCQA)
  - Physician Recognition Programs
  - Approved programs: Diabetes, Heart/Stroke, Back Pain, Patient Centered Medical Home
  - Individual-level certificates of recognition in Heart/Stroke, Diabetes, Back Pain, or PCMH (only 2011, Level 3) can be submitted for Part IV credit
  - Organization-level certificates of recognition require additional physician attestation to be considered for Part IV credit

(Bridges to Excellence programs can be considered through the Self-Directed pathway)

ABFM MC-FP Part IV

Visit the ABFM website for the complete current list of

Approved Outside Vendor Activities

www.theabfm.org

(listed under the Maintenance of Certification Section– click the Part IV Performance in Practice)

Part IV Alternatives Support

- **Nichole Lainhart, Program Manager MC-FP Alternatives Activities**
  - Phone: 877-223-7437, ext 1230
  - Email: NLainhart@theabfm.org
- **Support Center**
  - Phone: 877-223-7437
  - Email: help@theabfm.org
  - Live Chat

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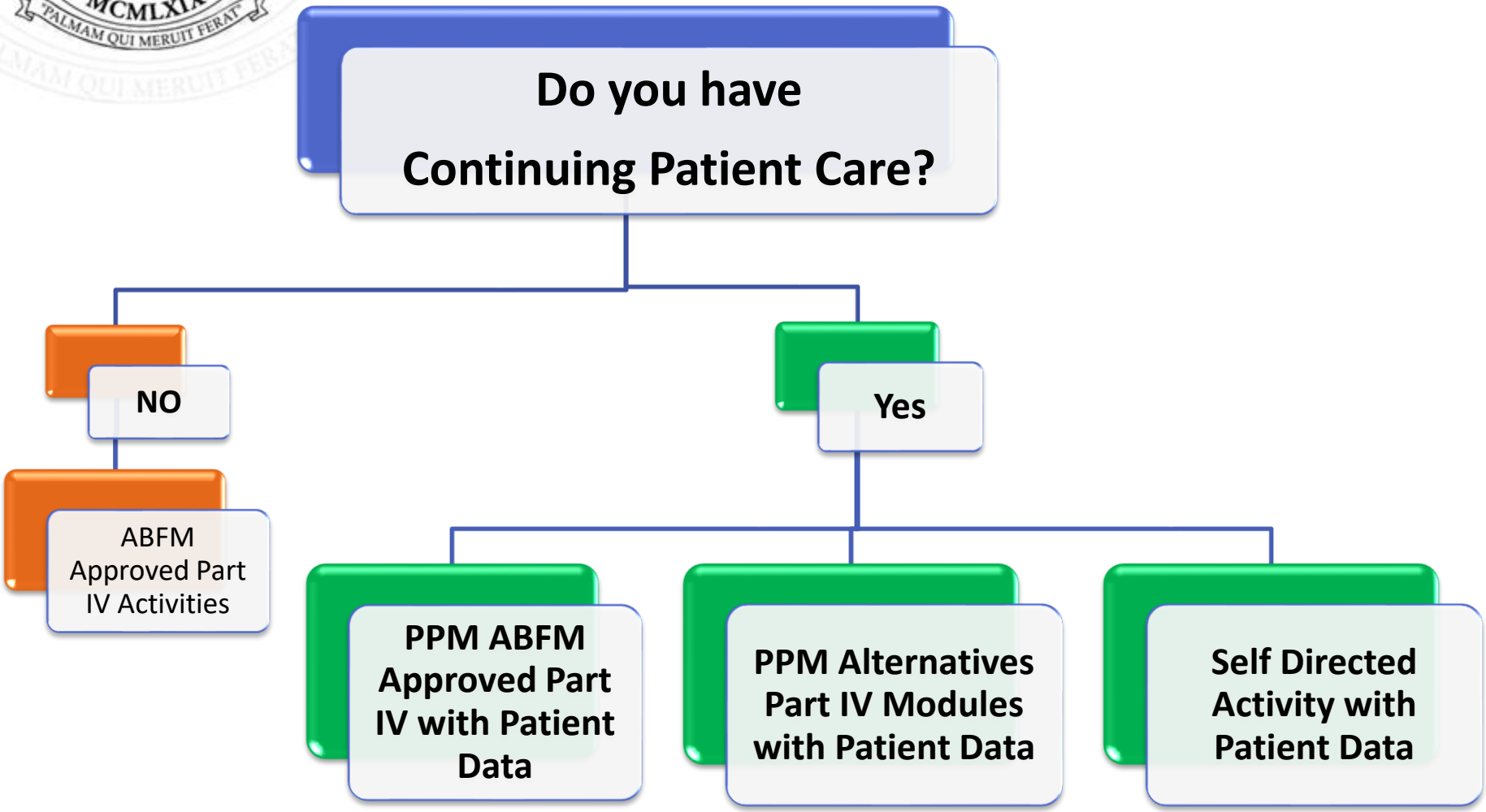

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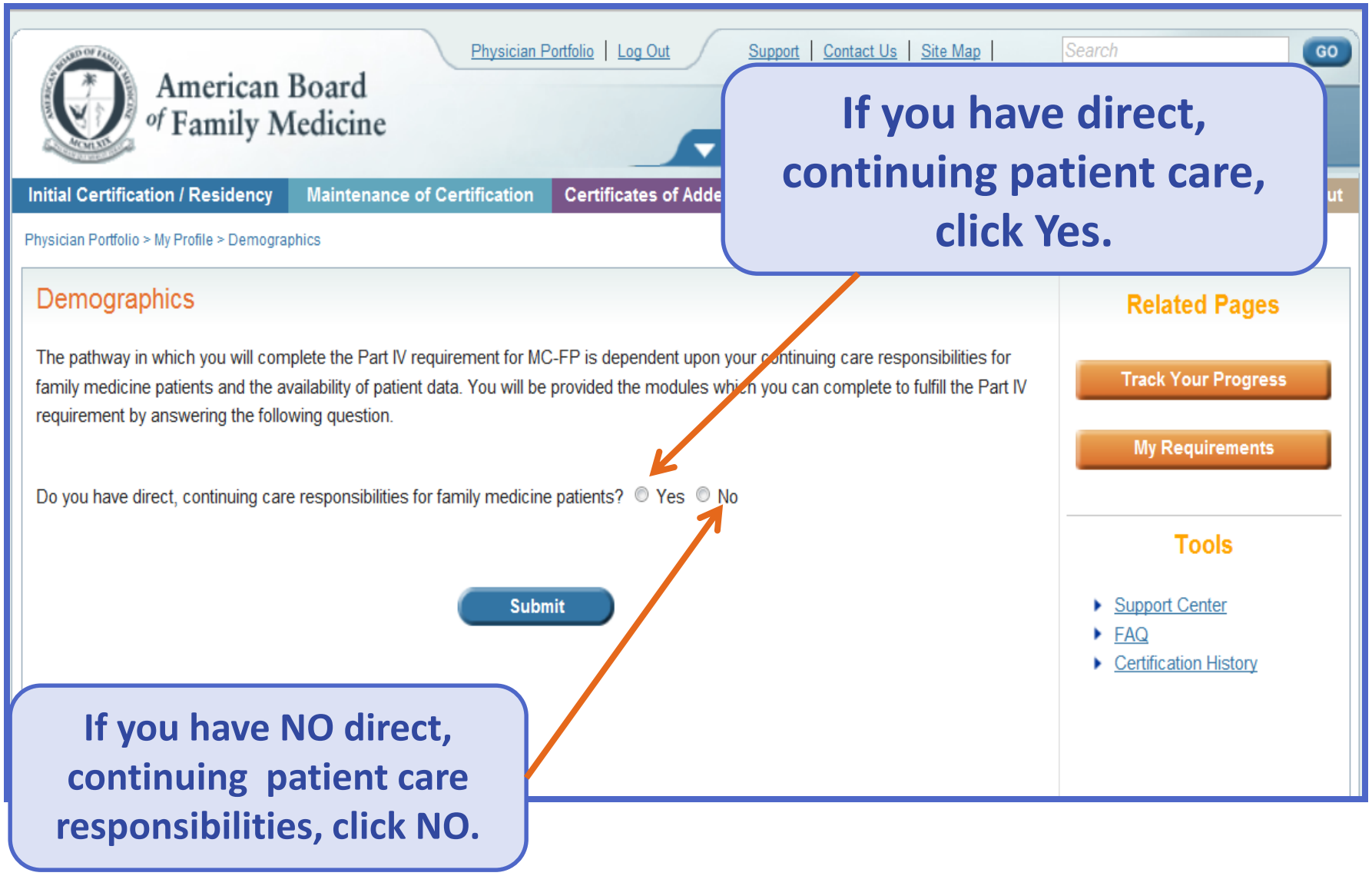
Access to Continuing Patient Care?

YES

Complete a Performance in Practice Module (PPM)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Do you have direct, continuing care responsibilities for family medicine patients? Yes No
Submit
Related Pages
Track Your Progress
My Requirements
Tools
Support Center
FAQ
Certification History
If you have direct, continuing patient care, click Yes.
If you have NO direct, continuing patient care responsibilities, click NO.

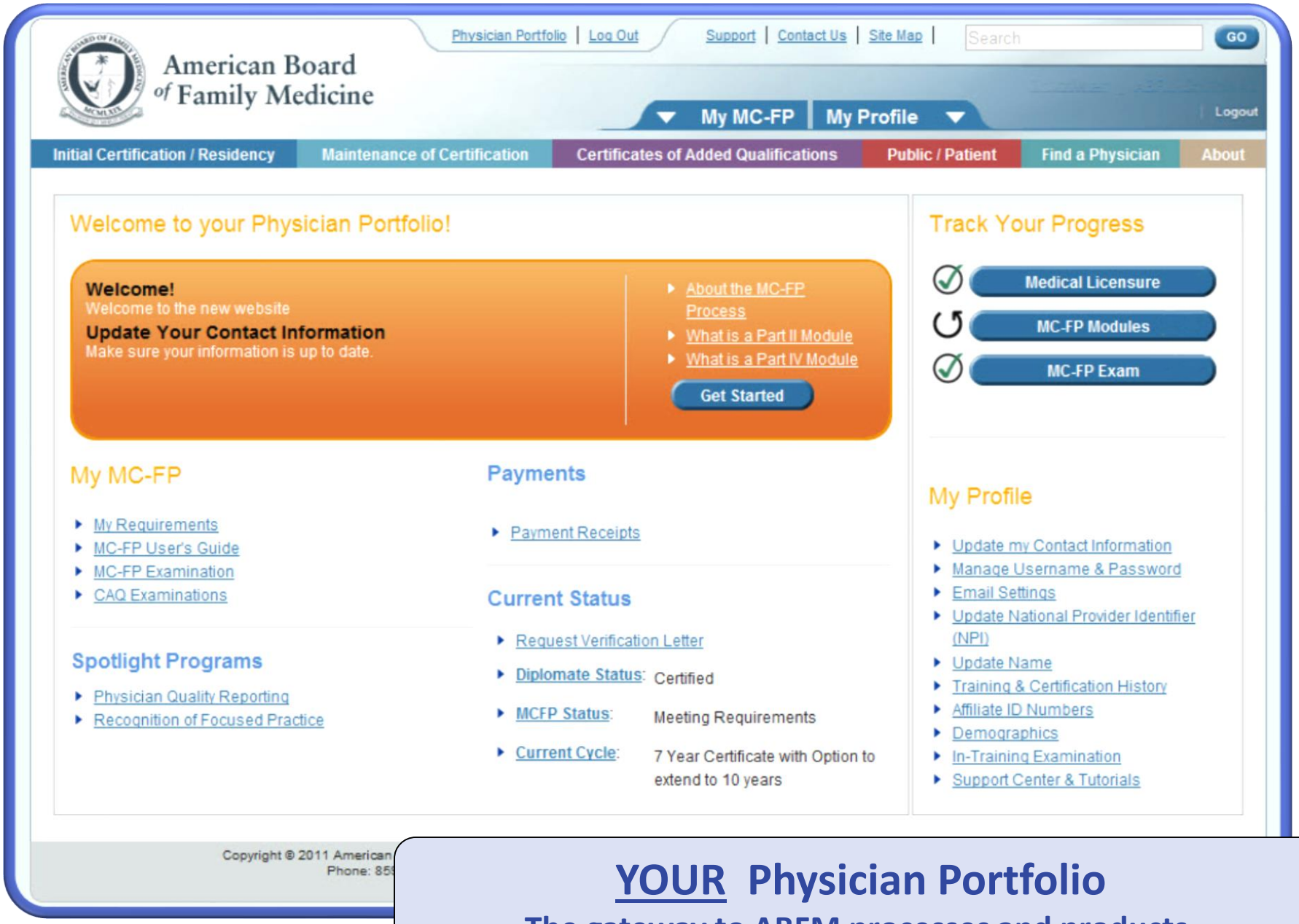
ABFM MC-FP Part IV

Important Benefits of the PPM

1) Applied to **your** practice and **your** patients
2) Provides performance-based overview of your practice
3) Directed and controlled by **you**
4) Data available **only** to you (non-discovery)

Physician Quality Reporting System (Diabetes) with potential additional financial benefits available

Log in to your personal Physician Portfolio from the ABFM Home Page.



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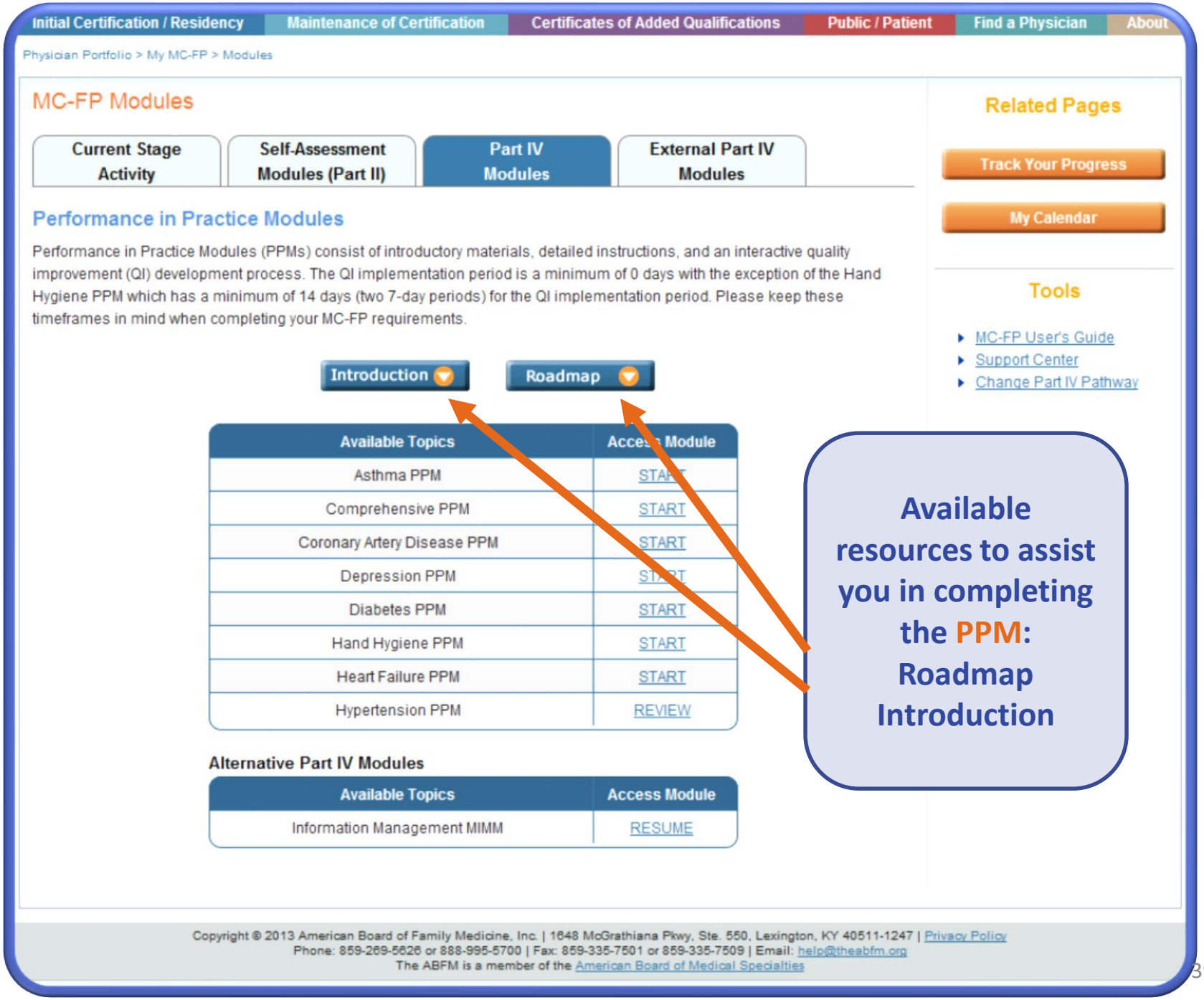
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Introduction
Roadmap
Available Topics
Access Module
Asthma PPM
START
Comprehensive PPM
START
Coronary Artery Disease PPM
START
Depression PPM
START
Diabetes PPM
START
Hand Hygiene PPM
START
Heart Failure PPM
START
Hypertension PPM
REVIEW
Alternative Part IV Modules
Available Topics
Access Module
Information Management MIMM
RESUME
Related Pages
Track Your Progress
My Calendar
Tools
MC-FP User's Guide
Support Center
Change Part IV Pathway
Available resources to assist you in completing the PPM: Roadmap Introduction
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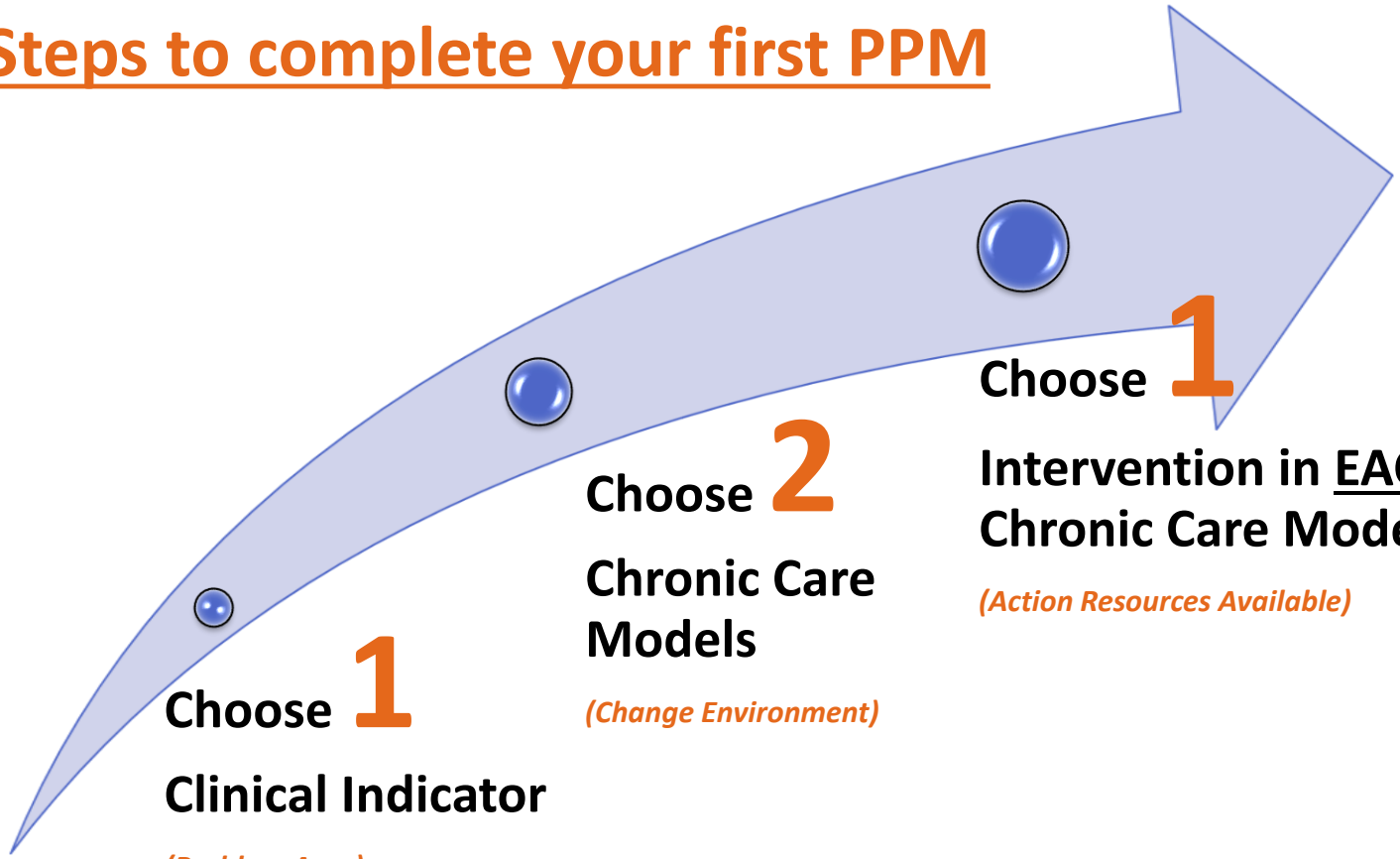
ABFM MC-FP Part IV

PPM Choices currently available online:

- Asthma
- Comprehensive
- Coronary Artery Disease
- Depression
- Diabetes
- Hand Hygiene
- Heart Failure
- Hypertension
- Self-Directed

ABFM MC-FP Part IV

Steps to complete your first PPM



ABFM MC-FP Part IV

Let Your Staff Help

IMPORTANT!!!

Print Forms

Hand Out Forms

(Individual Entry Mode Only)

Input Data

ABFM MC-FP Part IV

1 Week Minimum

QI Implementation Period Between Pre and Post Data Collection

ABFM MC-FP Part IV

ABFM MC-FP Part IV

There are 2 ways to submit patient data in a PPM

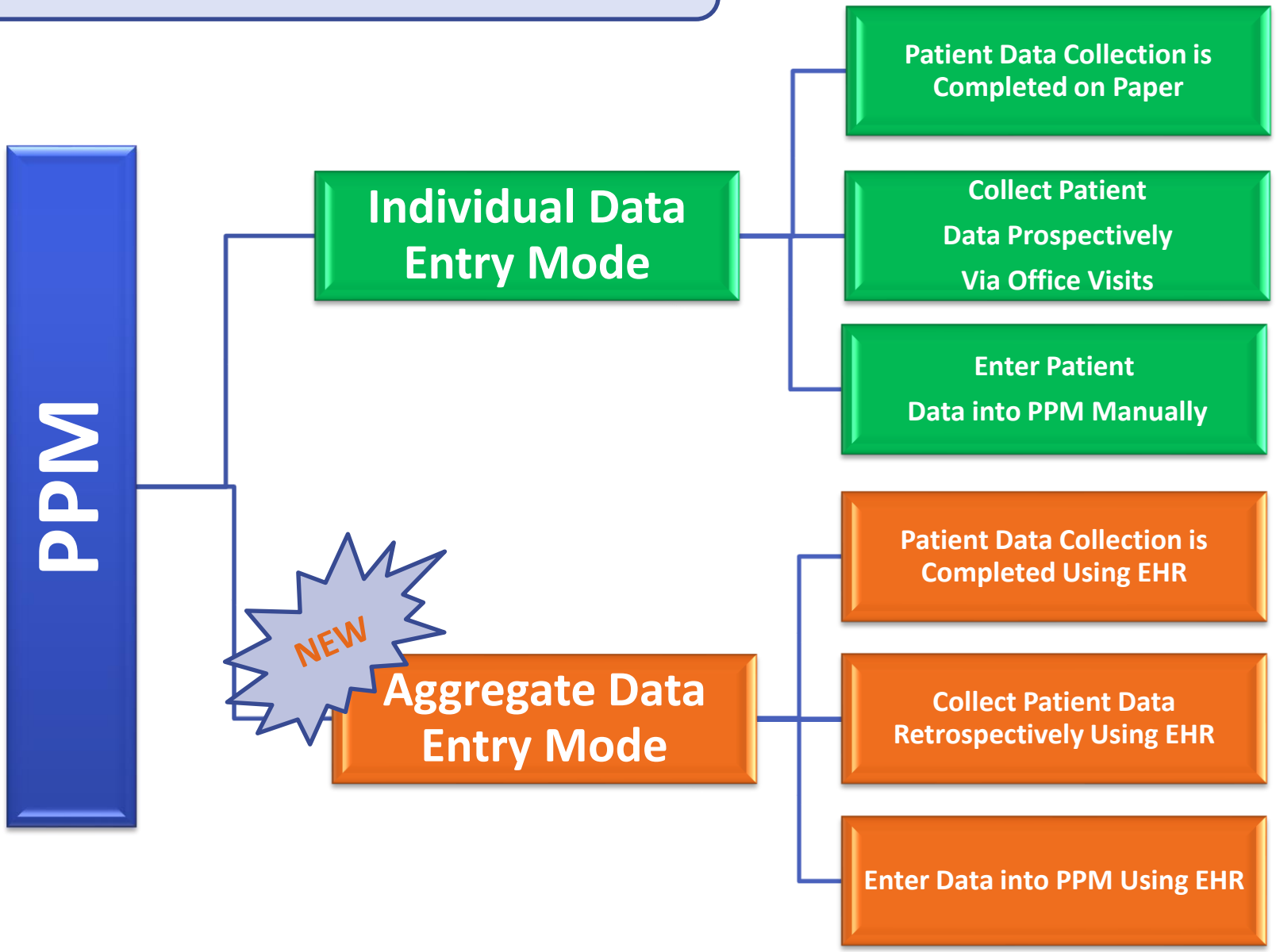
Individual Entry Mode

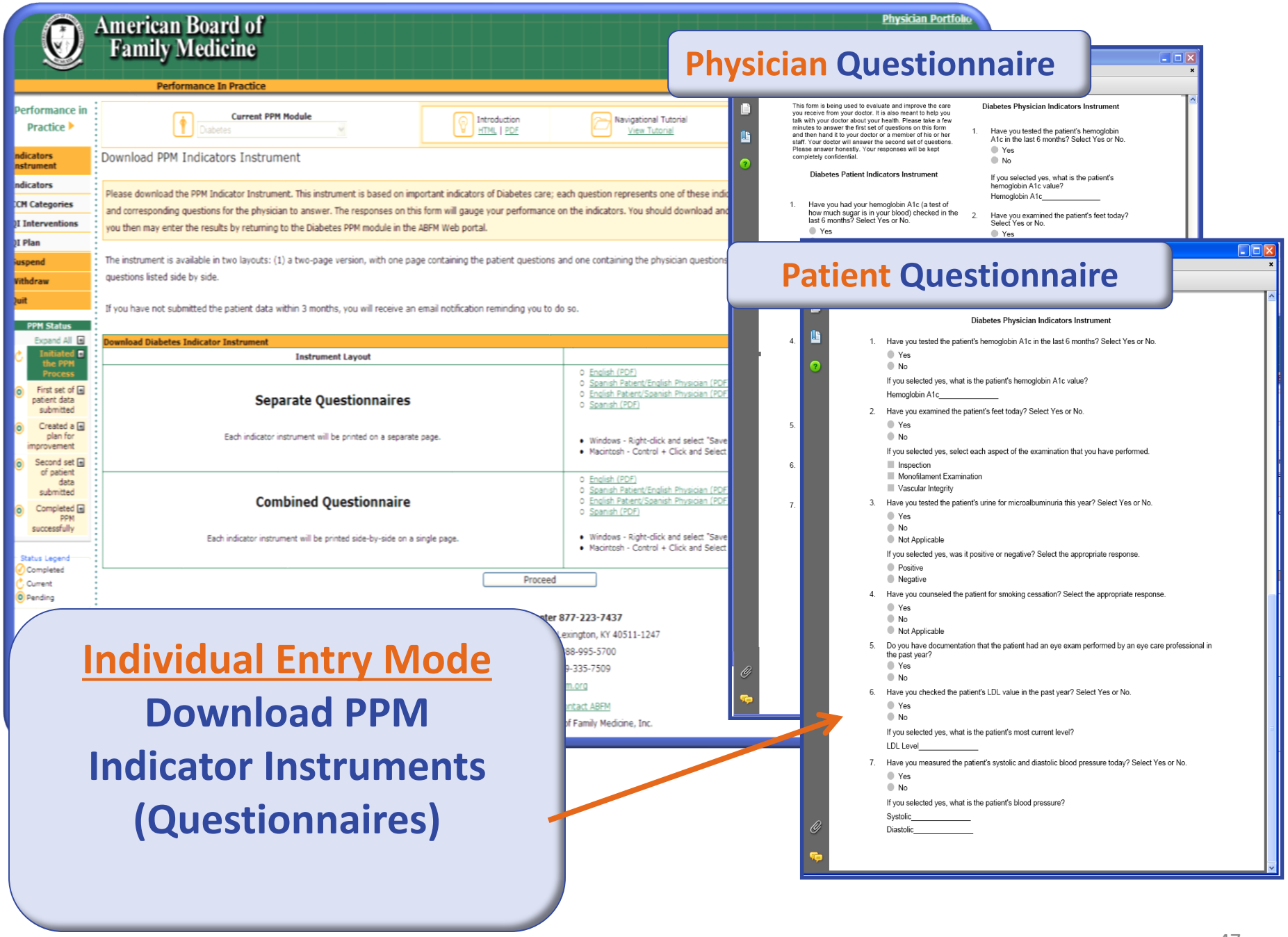
- Enter your data prospectively based on individual patients

Aggregate Entry Mode

- Enter data retrospectively for multiple patients
- Most commonly used for physicians who have Electronic Health Records (EHR)

What is the Difference Between Individual and Aggregate Data Entry Mode?

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Performance In Practice
Performance in Practice
Current PPM Module
Diabetes
Introduction
HTML | PDF
Navigational Tutorial
View Tutorial
Download PPM Indicators Instrument
Please download the PPM Indicator Instrument. This instrument is based on important indicators of Diabetes care; each question represents one of these indi
and corresponding questions for the physician to answer. The responses on this form will gauge your performance on the indicators. You should download and
you then may enter the results by returning to the Diabetes PPM module in the ABFM Web portal.
The instrument is available in two layouts: (1) a two-page version, with one page containing the patient questions and one containing the physician questions
questions listed side by side.
If you have not submitted the patient data within 3 months, you will receive an email notification reminding you to do so.
Download Diabetes Indicator Instrument
Instrument Layout
Separate Questionnaires
Each indicator instrument will be printed on a separate page.
English (PDF)
Spanish Patient/English Physician (PDF
English Patient/Spanish Physician (PDF
Spanish (PDF)
Windows - Right-click and select "Save
Macintosh - Control + Click and Select
Combined Questionnaire
Each indicator instrument will be printed side-by-side on a single page.
Proceed
PPM Status
Expand All
Initiated the PPM Process
First set of patient data submitted
Created a plan for improvement
Second set of patient data submitted
Completed PPM successfully
Status Legend
Completed
Current
Pending
Physician Questionnaire
Patient Questionnaire
Diabetes Physician Indicators Instrument
This form is being used to evaluate and improve the care you receive from your doctor. It is also meant to help you talk with your doctor about your health. Please take a few minutes to answer the first set of questions on this form and then hand it to your doctor or a member of his or her staff. Your doctor will answer the second set of questions. Please answer honestly. Your responses will be kept completely confidential.
Diabetes Patient Indicators Instrument
1. Have you had your hemoglobin A1c (a test of how much sugar is in your blood) checked in the last 6 months? Select Yes or No.
Yes
Diabetes Physician Indicators Instrument
1. Have you tested the patient's hemoglobin A1c in the last 6 months? Select Yes or No.
Yes
No
If you selected yes, what is the patient's hemoglobin A1c value?
Hemoglobin A1c_____
2. Have you examined the patient's feet today? Select Yes or No.
Yes
Diabetes Physician Indicators Instrument
1. Have you tested the patient's hemoglobin A1c in the last 6 months? Select Yes or No.
Yes
No
If you selected yes, what is the patient's hemoglobin A1c value?
Hemoglobin A1c_____
2. Have you examined the patient's feet today? Select Yes or No.
Yes
No
If you selected yes, select each aspect of the examination that you have performed.
Inspection
Monofilament Examination
Vascular Integrity
3. Have you tested the patient's urine for microalbuminuria this year? Select Yes or No.
Yes
No
Not Applicable
If you selected yes, was it positive or negative? Select the appropriate response.
Positive
Negative
4. Have you counseled the patient for smoking cessation? Select the appropriate response.
Yes
No
Not Applicable
5. Do you have documentation that the patient had an eye exam performed by an eye care professional in the past year?
Yes
No
6. Have you checked the patient's LDL value in the past year? Select Yes or No.
Yes
No
If you selected yes, what is the patient's most current level?
LDL Level_____
7. Have you measured the patient's systolic and diastolic blood pressure today? Select Yes or No.
Yes
No
If you selected yes, what is the patient's blood pressure?
Systolic_____
Diastolic_____
Individual Entry Mode
Download PPM Indicator Instruments (Questionnaires)

Individual Entry Mode:

Diabetes PPM Example Questions:

Physician Questionnaire

Diabetes Physician Indicators Instrument

1. Have you tested the patient's hemoglobin A1c in the last 6 months? Select Yes or No.
   - ○ Yes
   - ○ No

   If you selected yes, what is the patient's hemoglobin A1c value?

   Hemoglobin A1c_____

2. Have you examined the patient's feet today? Select Yes or No.
   - ○ Yes
   - ○ No

   If you selected yes, select each aspect of the examination that you have performed.

   - ☐ Inspection
   - ☐ Monofilament Examination
   - ☐ Vascular Integrity

3. Have you tested the patient's urine for microalbuminuria this year? Select Yes or No.
   - ○ Yes
   - ○ No
   - ○ Not Applicable

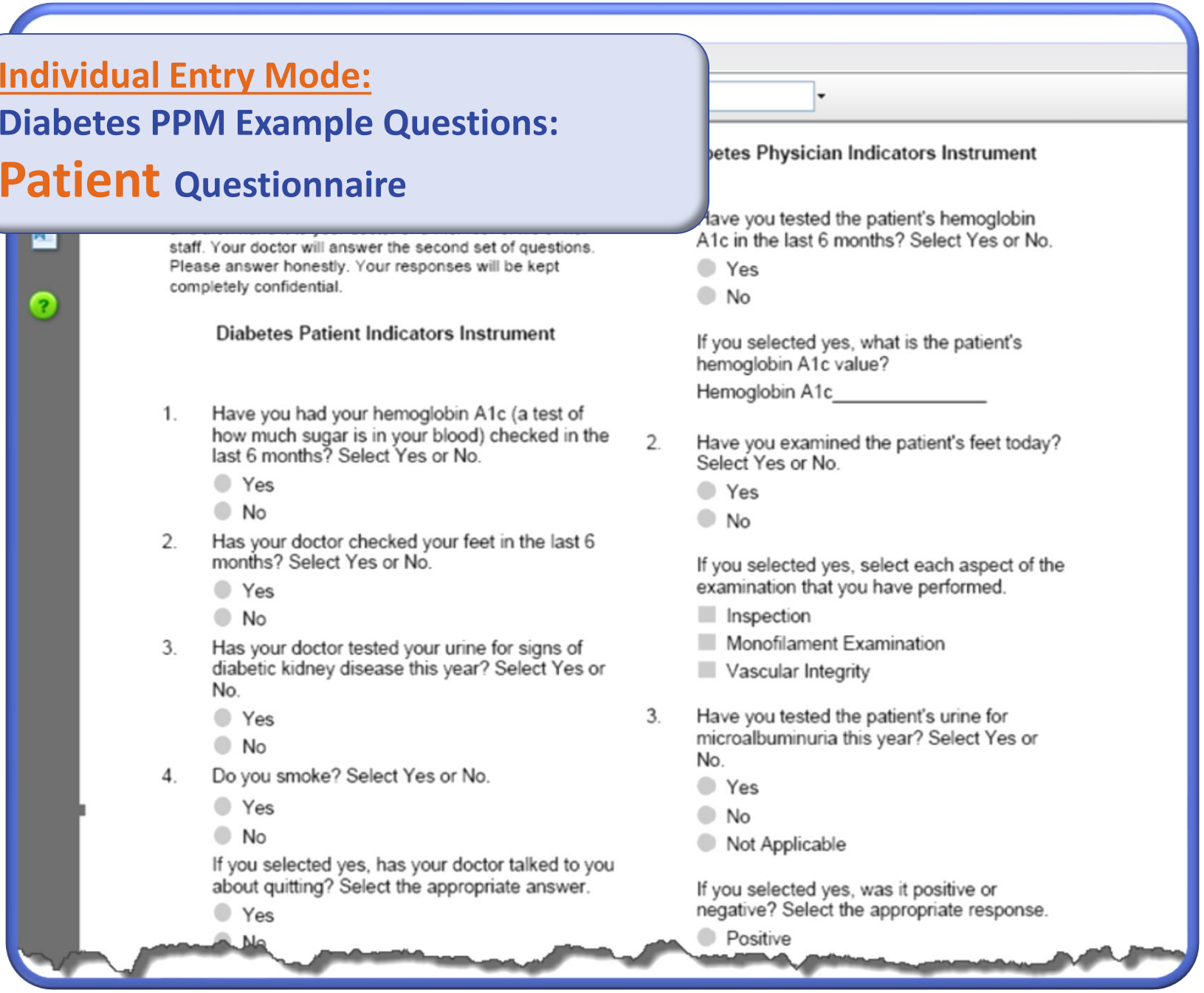
   If you selected yes, was it positive or negative? Select the appropriate response.

   - ○ Positive

Individual Entry Mode:

Diabetes PPM Example Questions:

Patient Questionnaire



staff. Your doctor will answer the second set of questions. Please answer honestly. Your responses will be kept completely confidential.

Diabetes Patient Indicators Instrument

1. Have you had your hemoglobin A1c (a test of how much sugar is in your blood) checked in the last 6 months? Select Yes or No.
   - Yes
   - No
2. Has your doctor checked your feet in the last 6 months? Select Yes or No.
   - Yes
   - No
3. Has your doctor tested your urine for signs of diabetic kidney disease this year? Select Yes or No.
   - Yes
   - No
4. Do you smoke? Select Yes or No.
   - Yes
   - No

   If you selected yes, has your doctor talked to you about quitting? Select the appropriate answer.
   - Yes
   - No

betes Physician Indicators Instrument

Have you tested the patient's hemoglobin A1c in the last 6 months? Select Yes or No.
- Yes
- No

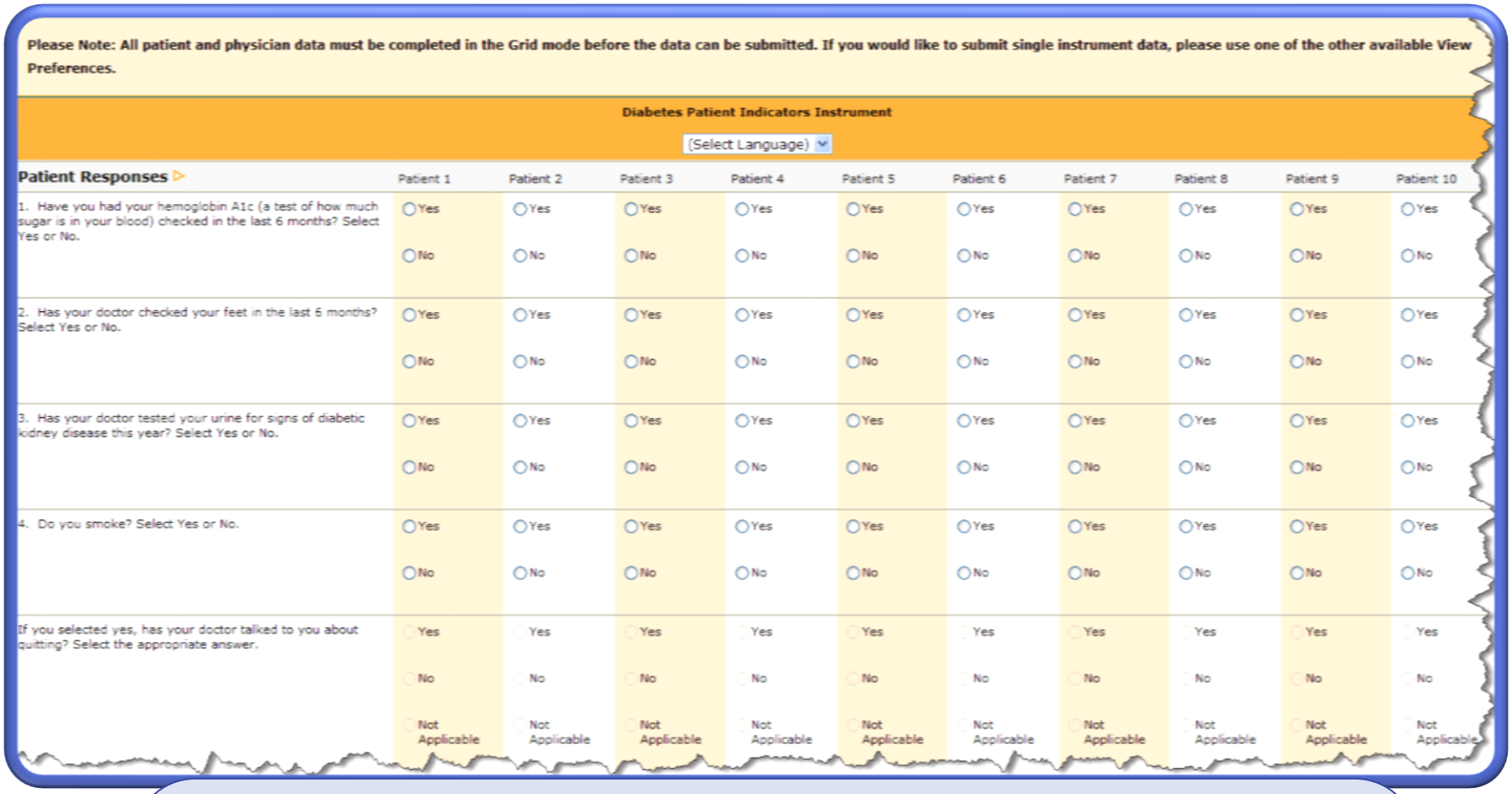
If you selected yes, what is the patient's hemoglobin A1c value?

Hemoglobin A1c_____

2. Have you examined the patient's feet today? Select Yes or No.
   - Yes
   - No

   If you selected yes, select each aspect of the examination that you have performed.
   - Inspection
   - Monofilament Examination
   - Vascular Integrity
3. Have you tested the patient's urine for microalbuminuria this year? Select Yes or No.
   - Yes
   - No
   - Not Applicable

   If you selected yes, was it positive or negative? Select the appropriate response.
   - Positive



Please Note: All patient and physician data must be completed in the Grid mode before the data can be submitted. If you would like to submit single instrument data, please use one of the other available View Preferences.

Diabetes Patient Indicators Instrument

(Select Language)

Patient Responses	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7	Patient 8	Patient 9	Patient 10
1. Have you had your hemoglobin A1c (a test of how much sugar is in your blood) checked in the last 6 months? Select Yes or No.	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
2. Has your doctor checked your feet in the last 6 months? Select Yes or No.	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
3. Has your doctor tested your urine for signs of diabetic kidney disease this year? Select Yes or No.	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
4. Do you smoke? Select Yes or No.	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
If you selected yes, has your doctor talked to you about quitting? Select the appropriate answer.	Yes / No / Not Applicable	Yes / No / Not Applicable	Yes / No / Not Applicable	Yes / No / Not Applicable	Yes / No / Not Applicable	Yes / No / Not Applicable	Yes / No / Not Applicable	Yes / No / Not Applicable	Yes / No / Not Applicable	Yes / No / Not Applicable

Individual Entry Mode

As you and each of your patients complete the Patient Indicator Instrument, you or a member of your staff should enter the data into the online template of your PPM.

Individual Entry Mode:

Diabetes PPM Example Questions

Patient Responses	Patient 1	Patient 2	Patient 3
1. Have you had your hemoglobin A1c (a test of how much sugar is in your blood) checked in the last 6 months? Select Yes or No.	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
2. Has your doctor checked your feet in the last 6 months? Select Yes or No.	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
3. Has your doctor tested your urine for signs of diabetic kidney disease this year? Select Yes or No.	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
4. Do you smoke? Select Yes or No.	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No

Individual Entry Mode

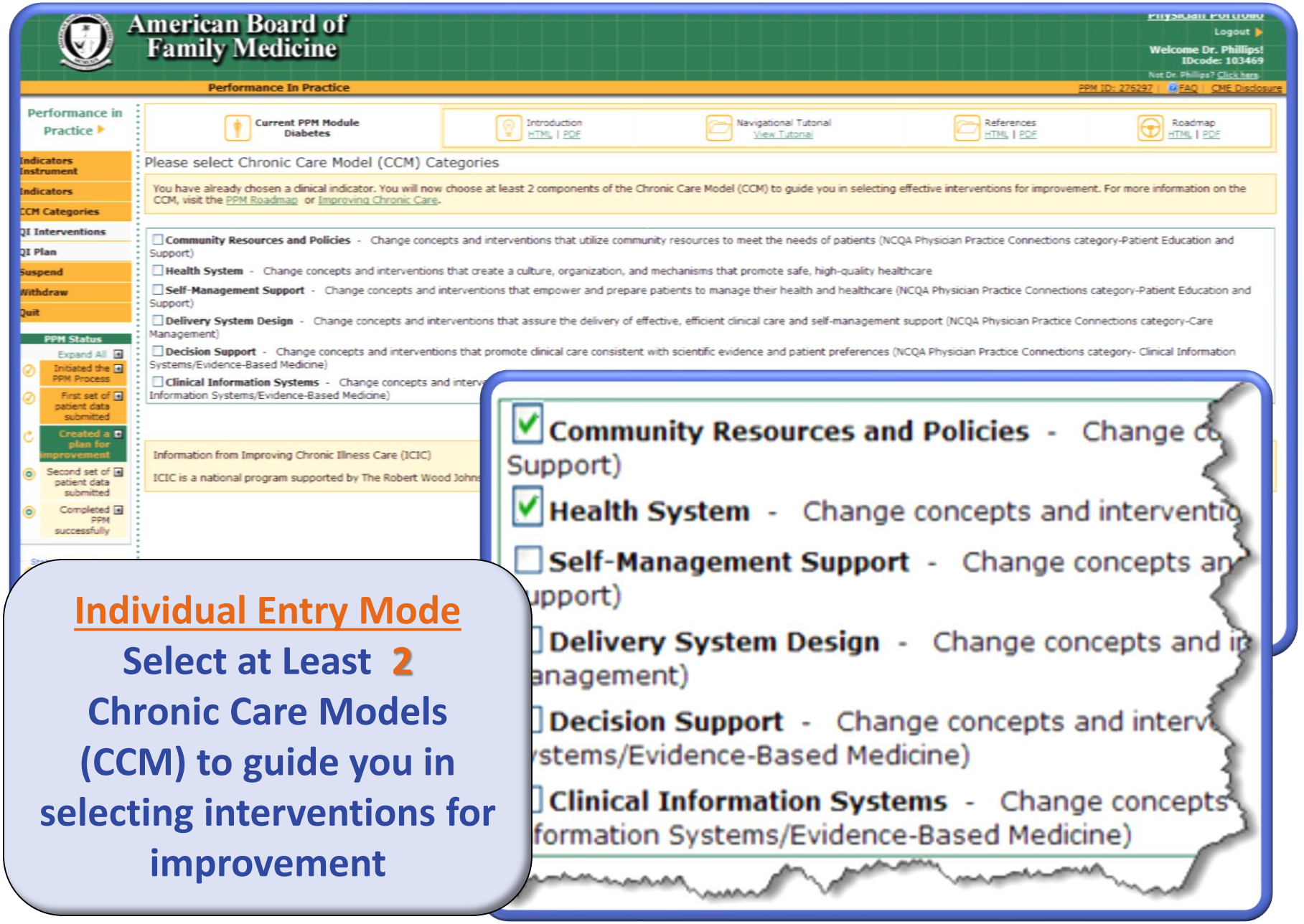
Review the Pre-Quality Improvement Comparison Reports

Individual Entry Mode

Select at least 1 clinical indicator as an area for improvement.

al indicators as an area for improvement.	Click to Select
noglobin A1c	☐
oot Exam	☑
Microalbuminuria	☐
Smoking Cessation	☐
Eye Exam	☐
Lipids	☐
Blood Pressure	☐

Begin Quality Improvement | Quit



Individual Entry Mode

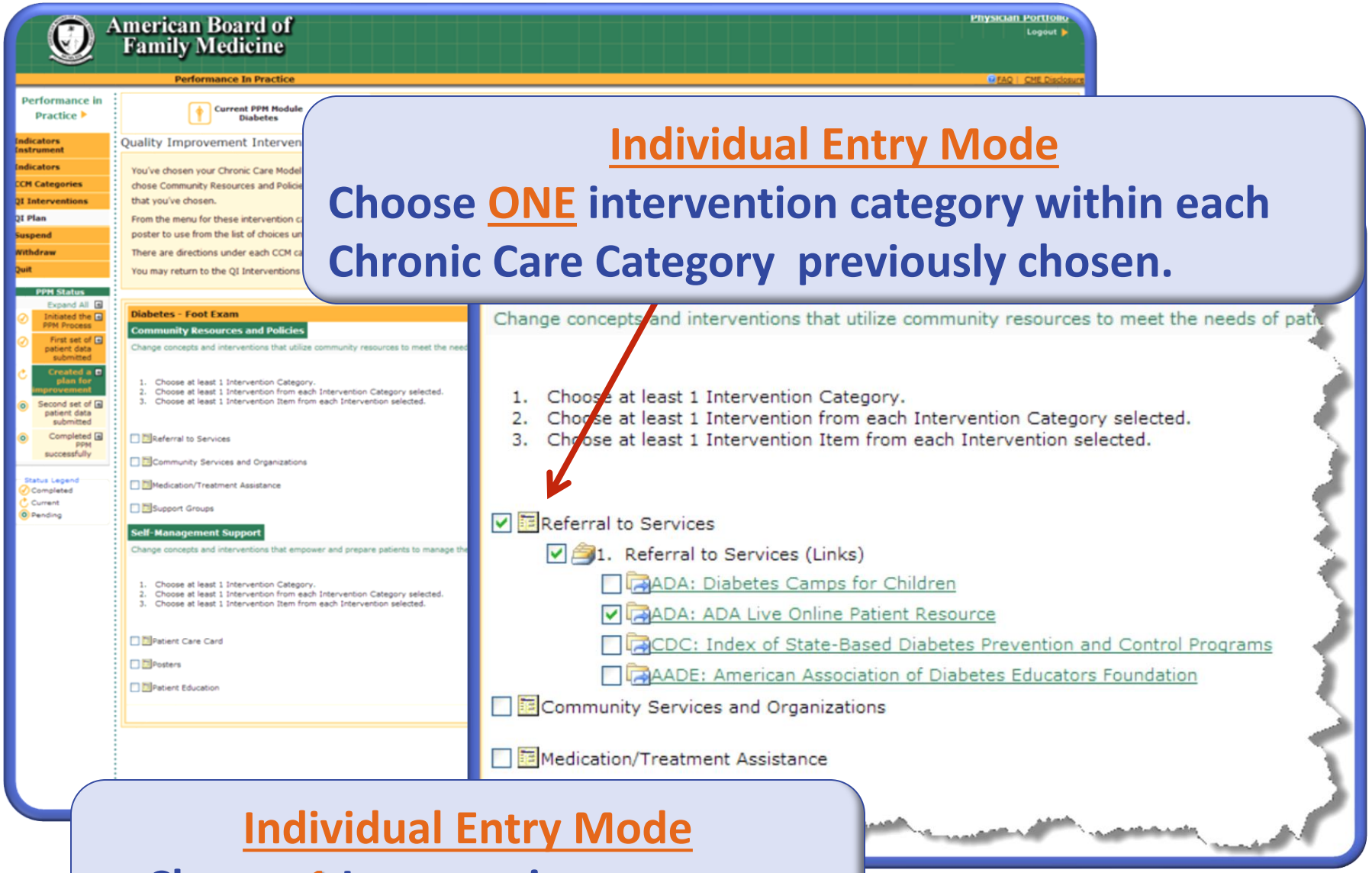
Select at Least 2 Chronic Care Models (CCM) to guide you in selecting interventions for improvement

Choose 2 of 6 Chronic Care Model (CCM) Categories

1. Community Resources and Policies	• Change concepts and interventions that utilize community resources to meet the needs of patients (NCQA Physician Practice Connections category-Patient Education and Support)
2. Health System	• Change concepts and interventions that create a culture, organization, and mechanisms that promote safe, high-quality healthcare
3. Self-Management Support	• Change concepts and interventions that empower and prepare patients to manage their health and healthcare (NCQA Physician Practice Connections category-Patient Education and Support)

Choose 2 of 6 Chronic Care Model (CCM) Categories

4. Delivery System Design	• Change concepts and interventions that assure the delivery of effective, efficient clinical care and self-management support (NCQA Physician Practice Connections category-Care Management)
5. Decision Support	• Change concepts and interventions that promote clinical care consistent with scientific evidence and patient preferences (NCQA Physician Practice Connections category- Clinical Information Systems/Evidence-Based Medicine)
6. Clinical Information Systems	• Change concepts and interventions that organize patient and population data to facilitate efficient and effective care (NCQA Physician Practice Connections category- Clinical Information Systems/Evidence-Based Medicine)



Individual Entry Mode

Choose ONE intervention category within each Chronic Care Category previously chosen.

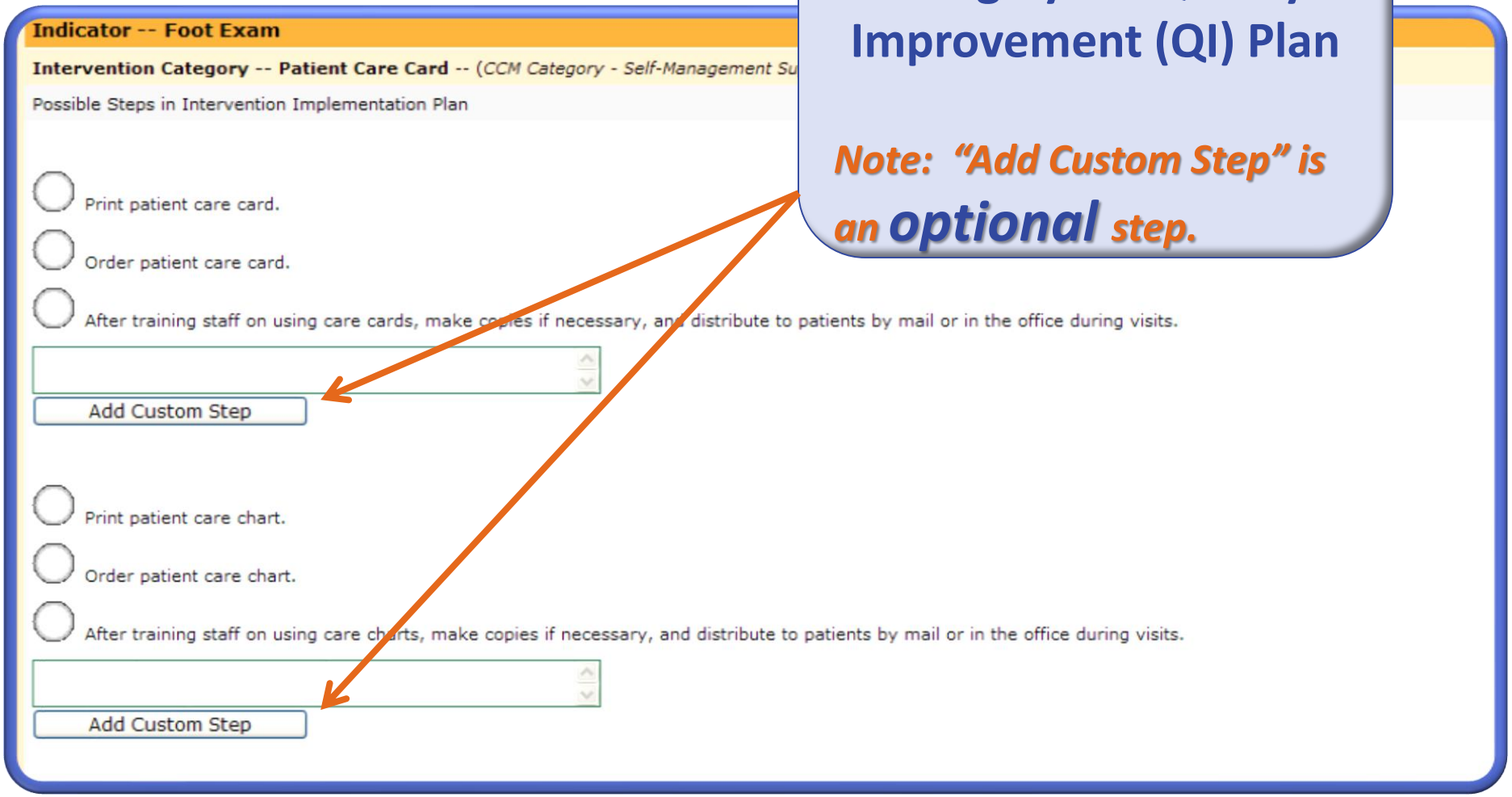
Individual Entry Mode

- **Choose 1 Intervention.**
- **Choose 1 Intervention Item.**

Individual Entry Mode

Design your Quality Improvement (QI) Plan

Note: "Add Custom Step" is an optional step.



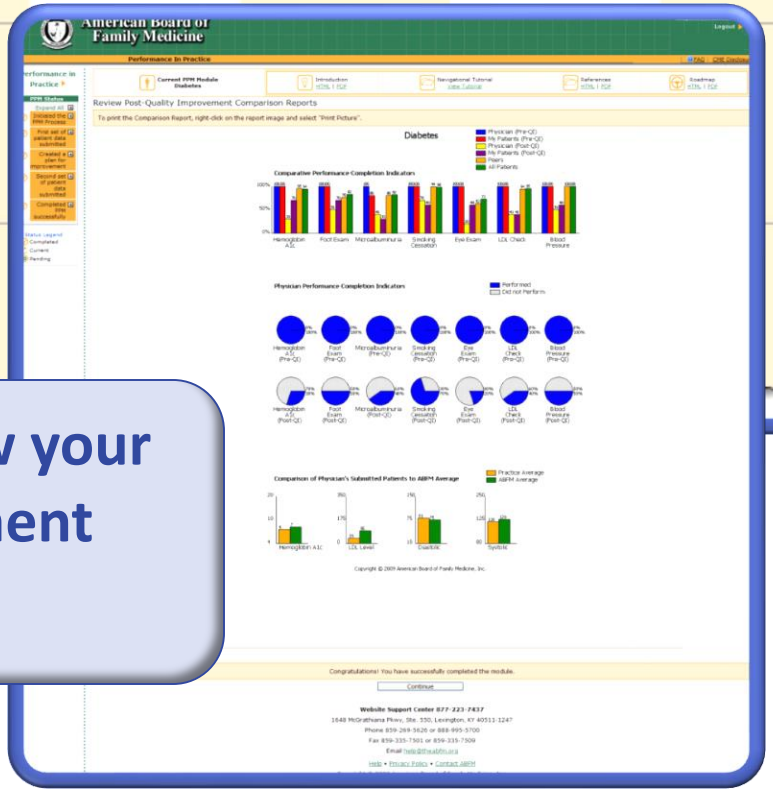
Implement your QI Program for at least 1 week

Repeat Physician and Patient Questionnaires

Individual Entry Mode

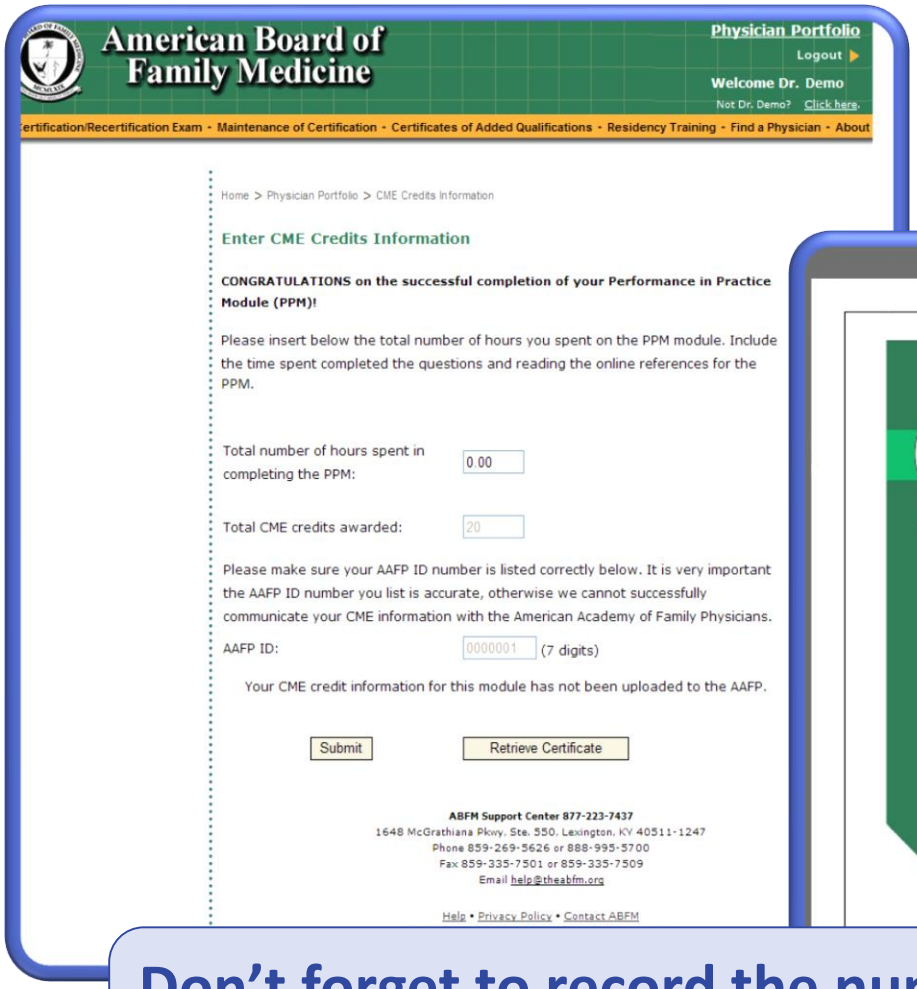
Once the questionnaires are complete and the data is entered in the PPM,

	ent 1	Patient 2	Patient 3	Patient 4	Patient 5
	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No
2. Has your doctor checked your feet in the last 6 months? Select Yes or No.	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No
3. Has your doctor tested your urine for signs of diabetic kidney disease this year? Select Yes or No.	Yes				
	No				
4. Do you smoke? Select Yes or No.	Yes				
	No				



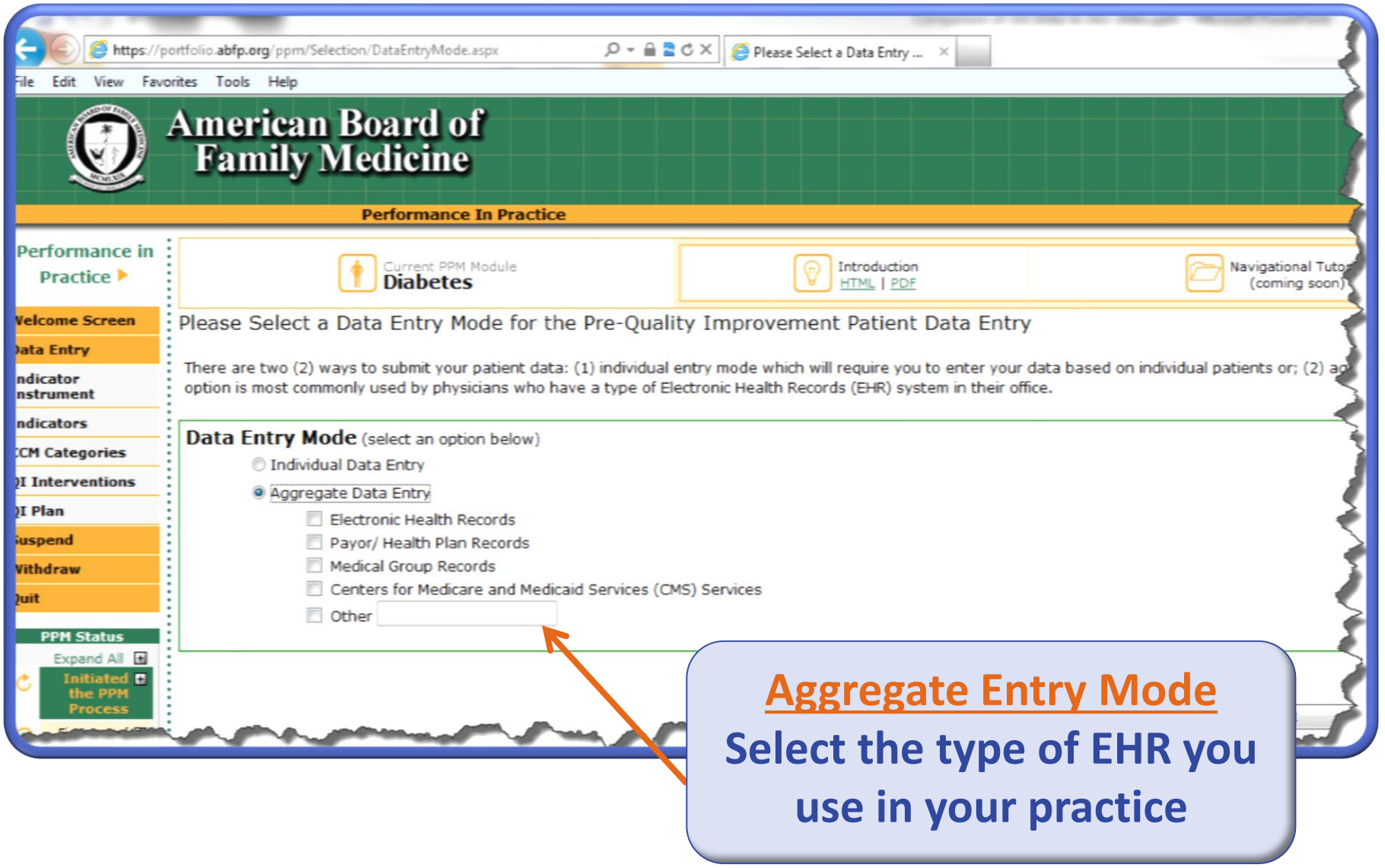
You will be able to review your Post Quality Improvement Comparison charts.

Congratulations!



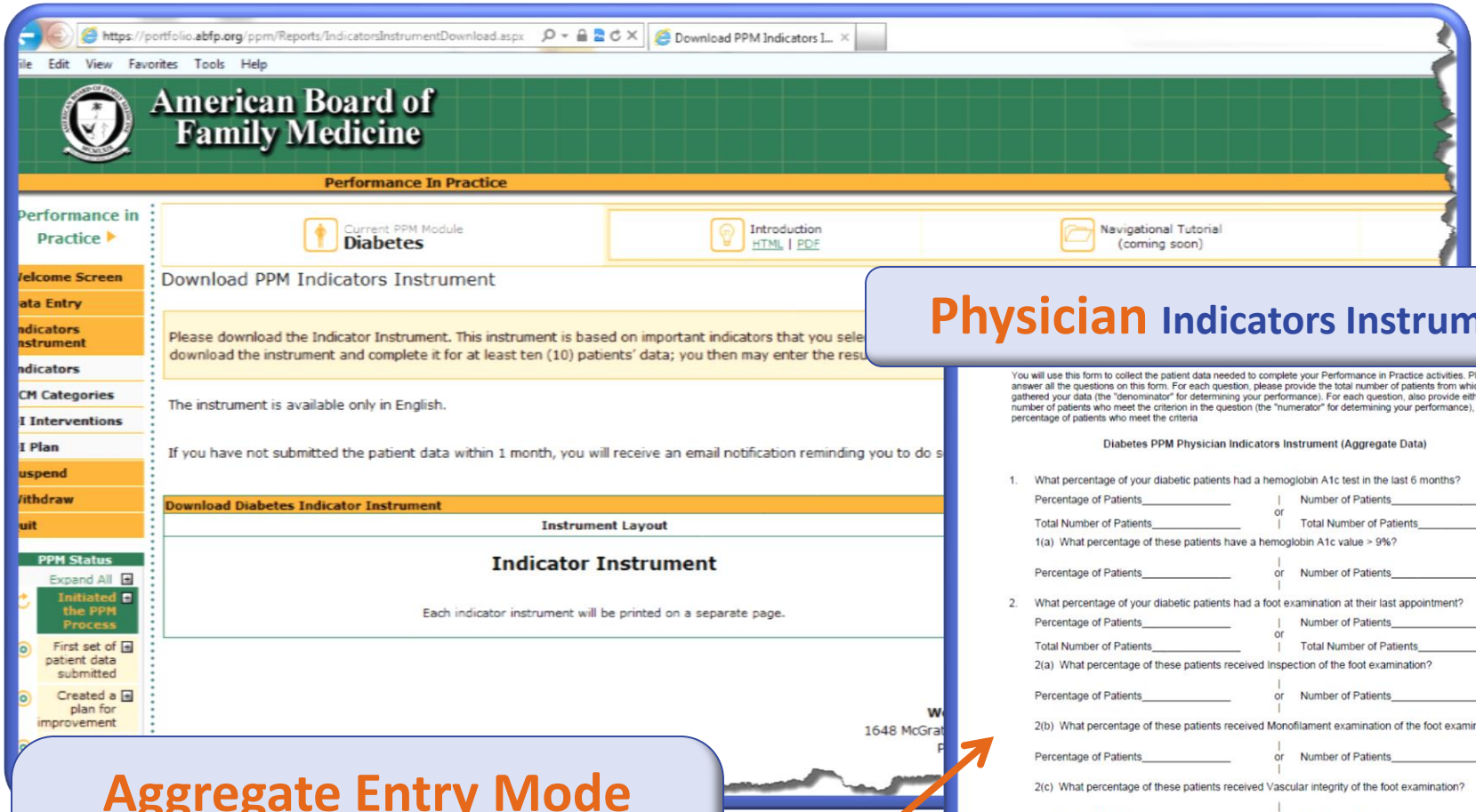
You have completed your PPM.

Don't forget to record the number of hours you spent completing the PPM and to print your CME certificate.

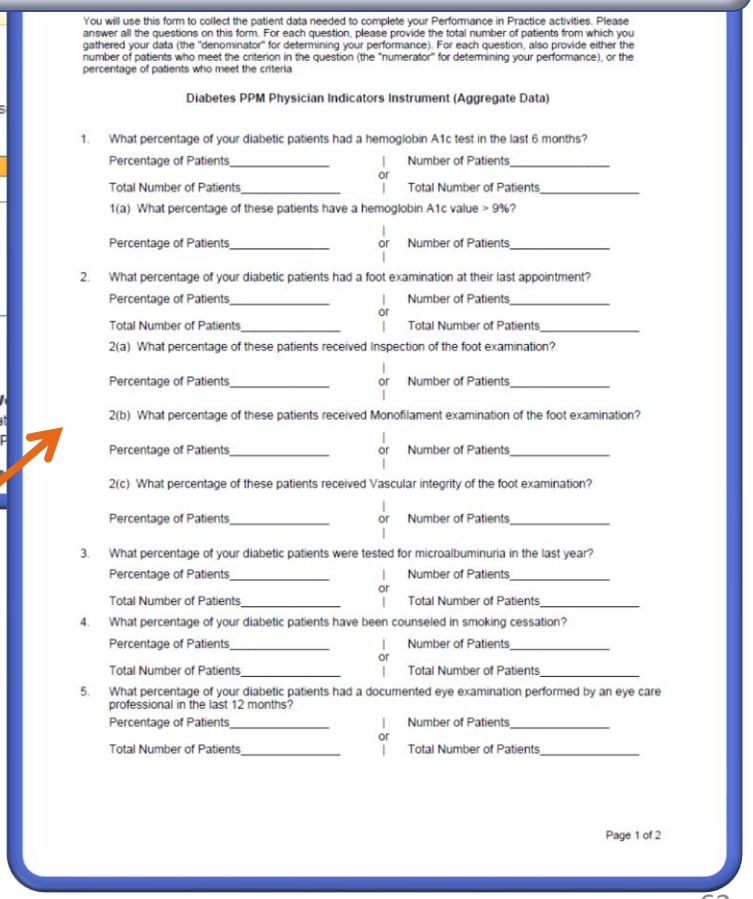


Aggregate Entry Mode

Select the type of EHR you use in your practice



Physician Indicators Instrument



You will use this form to collect the patient data needed to complete your Performance in Practice activities. Please answer all the questions on this form. For each question, please provide the total number of patients from which you gathered your data (the "denominator" for determining your performance). For each question, also provide either the number of patients who meet the criterion in the question (the "numerator" for determining your performance), or the percentage of patients who meet the criteria

Diabetes PPM Physician Indicators Instrument (Aggregate Data)

1. What percentage of your diabetic patients had a hemoglobin A1c test in the last 6 months?
   Percentage of Patients_____ | Number of Patients_____
   or
   Total Number of Patients_____ | Total Number of Patients_____

   1(a) What percentage of these patients have a hemoglobin A1c value > 9%?
   Percentage of Patients_____ or Number of Patients_____

2. What percentage of your diabetic patients had a foot examination at their last appointment?
   Percentage of Patients_____ | Number of Patients_____
   or
   Total Number of Patients_____ | Total Number of Patients_____

   2(a) What percentage of these patients received Inspection of the foot examination?
   Percentage of Patients_____ or Number of Patients_____

   2(b) What percentage of these patients received Monofilament examination of the foot examination?
   Percentage of Patients_____ or Number of Patients_____

   2(c) What percentage of these patients received Vascular integrity of the foot examination?
   Percentage of Patients_____ or Number of Patients_____

3. What percentage of your diabetic patients were tested for microalbuminuria in the last year?
   Percentage of Patients_____ | Number of Patients_____
   or
   Total Number of Patients_____ | Total Number of Patients_____

4. What percentage of your diabetic patients have been counseled in smoking cessation?
   Percentage of Patients_____ | Number of Patients_____
   or
   Total Number of Patients_____ | Total Number of Patients_____

5. What percentage of your diabetic patients had a documented eye examination performed by an eye care professional in the last 12 months?
   Percentage of Patients_____ | Number of Patients_____
   or
   Total Number of Patients_____ | Total Number of Patients_____

Page 1 of 2

Aggregate Entry Mode

Download PPM Indicator Instrument

Aggregate Entry Mode:

Diabetes Physician Indicators Instrument Example Questions

...formance in Practice activities. Please ...total number of patients from which you ...For each question, also provide either the number of patients who meet the criterion in the question (the "numerator" for determining your performance), or the percentage of patients who meet the criteria

Diabetes PPM Physician Indicators Instrument (Aggregate Data)

1. What percentage of your diabetic patients had a hemoglobin A1c test in the last 6 months?

   Percentage of Patients_____ | Number of Patients_____

   or

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   1(a) What percentage of these patients have a hemoglobin A1c value > 9%?

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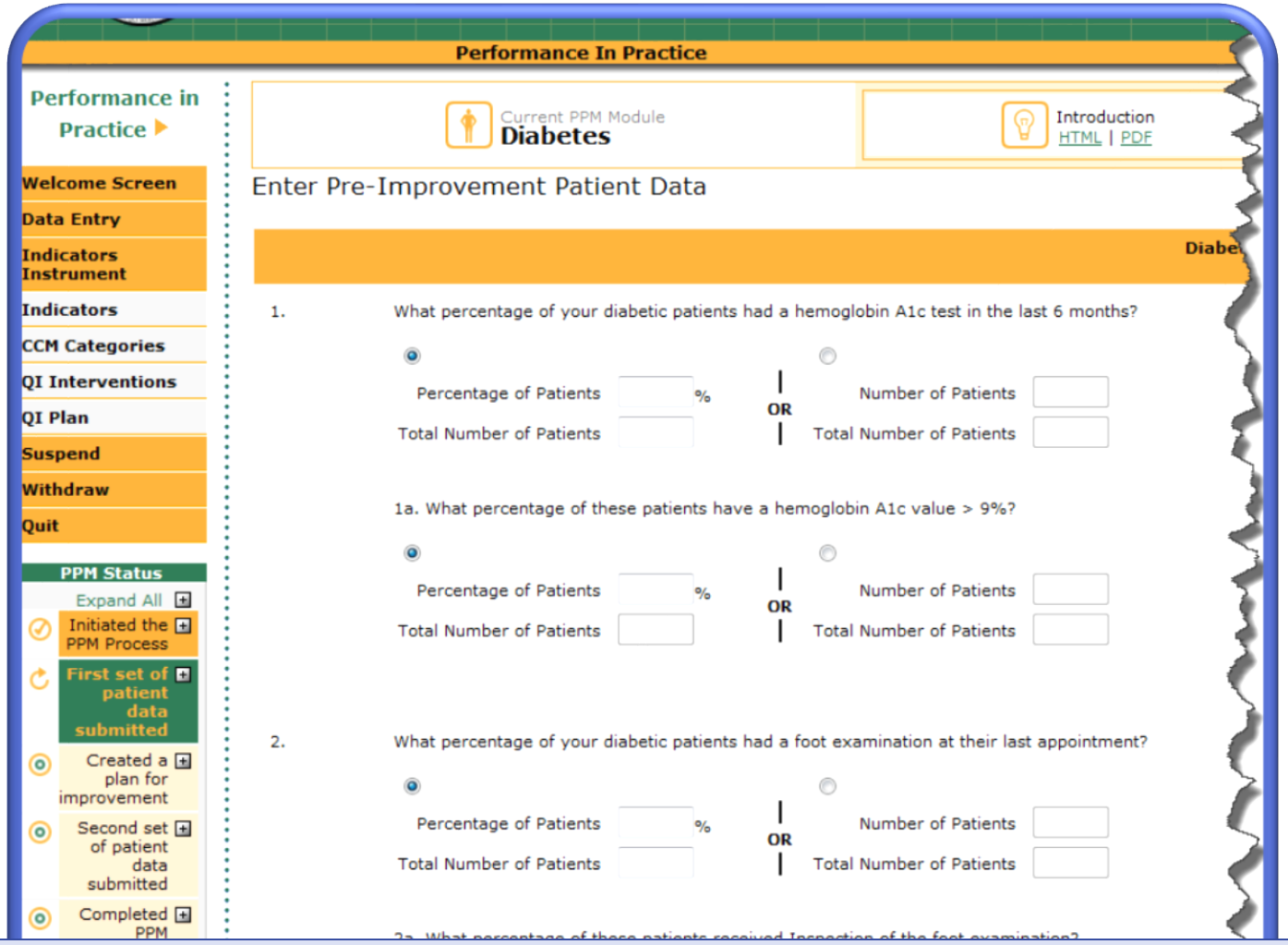
   Percentage of Patients_____ or Number of Patients_____

   2(c) What percentage of these patients received Vascular integrity of the foot examination?

   Pe...age ... or ...ber of P...ents...



Aggregate Entry Mode

As you complete the Patient Indicator Instrument, you or a member of your staff should enter the data into the online Aggregate Data template of your PPM.

Aggregate Entry Mode:
Diabetes PPM Example Questions

1. What percentage of your diabetic patients had a hemoglobin A1c test in the last 6 months?

Percentage of Patients ____ % Total Number of Patients ____

OR

Number of Patients ____ Total Number of Patients ____

1a. What percentage of these patients have a hemoglobin A1c value > 9%?

Percentage of Patients ____ % Total Number of Patients ____

OR

Number of Patients ____ Total Number of Patients ____

2. What percentage of your diabetic patients had a foot examination at their last appointment?

Percentage of Patients ____ % Total Number of Patients ____

OR

Number of Patients ____ Total Number of Patients ____

Aggregate Entry Mode

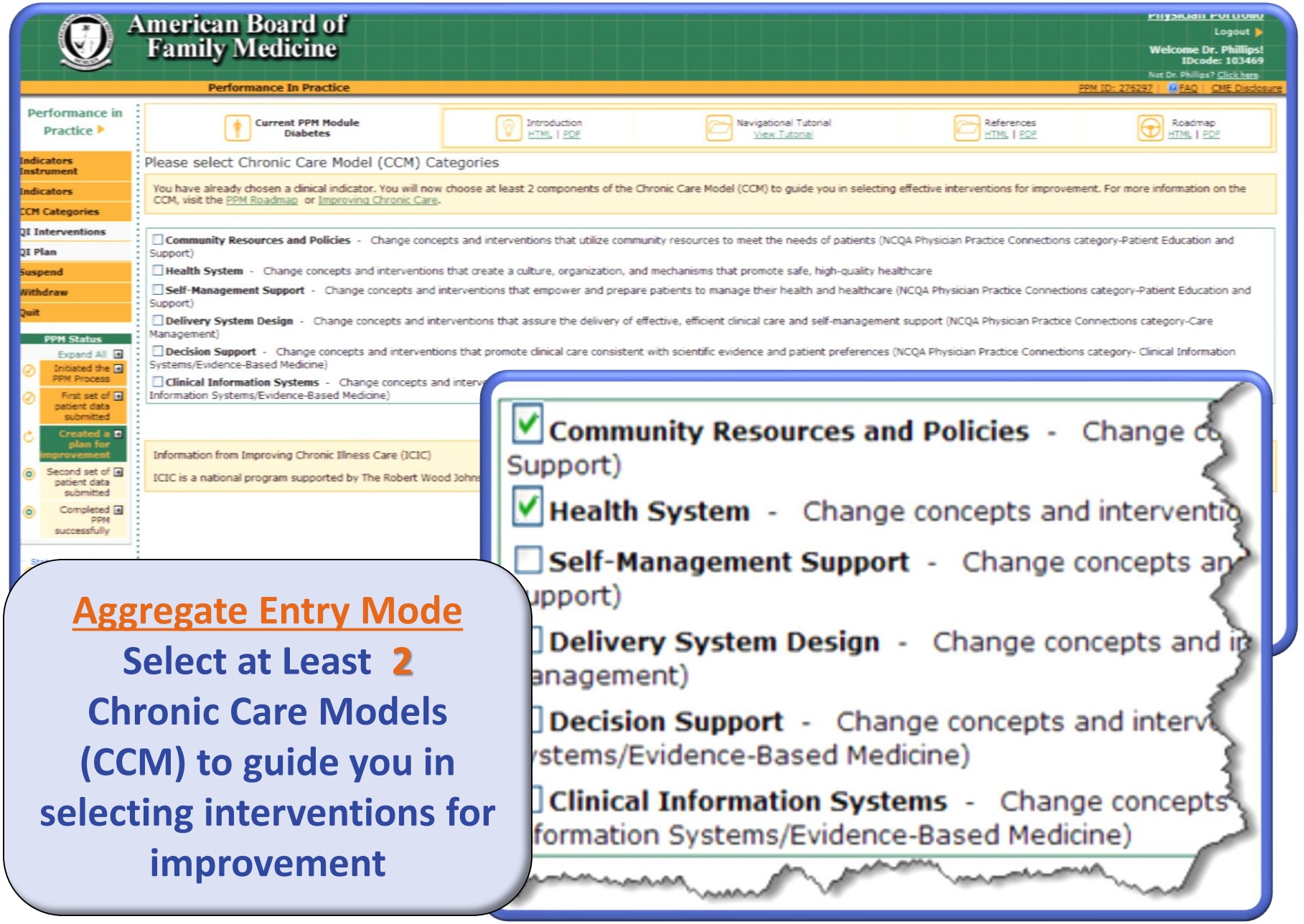
Review the Pre-Quality Improvement Comparison Reports

Aggregate Entry Mode

Select at least 1 clinical indicator as an area for improvement.

al indicators as an area for improvement.	Click to Select
noglobin A1c	☐
oot Exam	☑
Microalbuminuria	☐
Smoking Cessation	☐
Eye Exam	☐
Lipids	☐
Blood Pressure	☐

Begin Quality Improvement | Quit



Aggregate Entry Mode

Select at Least 2 Chronic Care Models (CCM) to guide you in selecting interventions for improvement

Choose 2 of 6 Chronic Care Model (CCM) Categories

1. Community Resources and Policies	• Change concepts and interventions that utilize community resources to meet the needs of patients (NCQA Physician Practice Connections category-Patient Education and Support)
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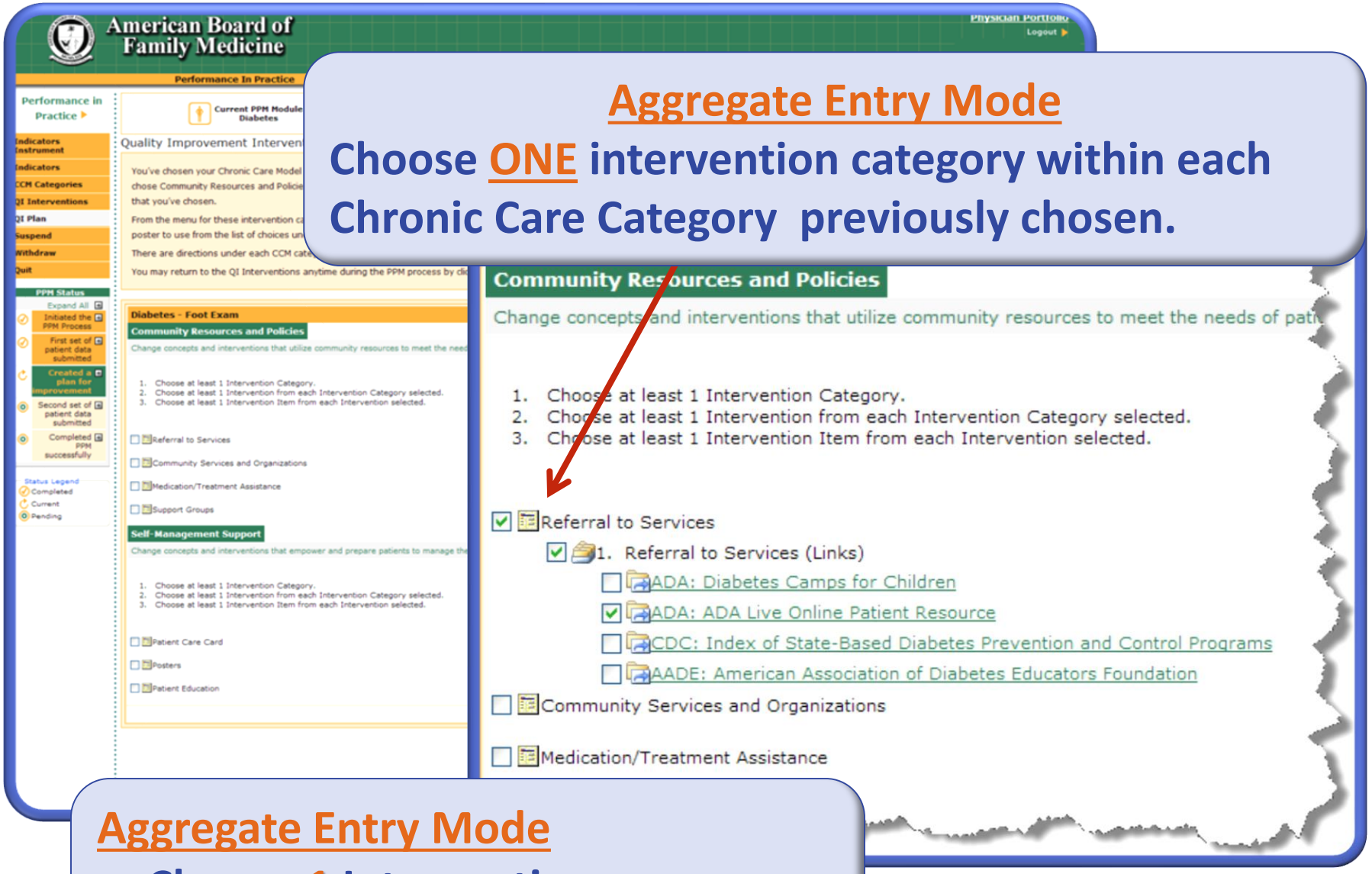


Aggregate Entry Mode

Choose ONE intervention category within each Chronic Care Category previously chosen.

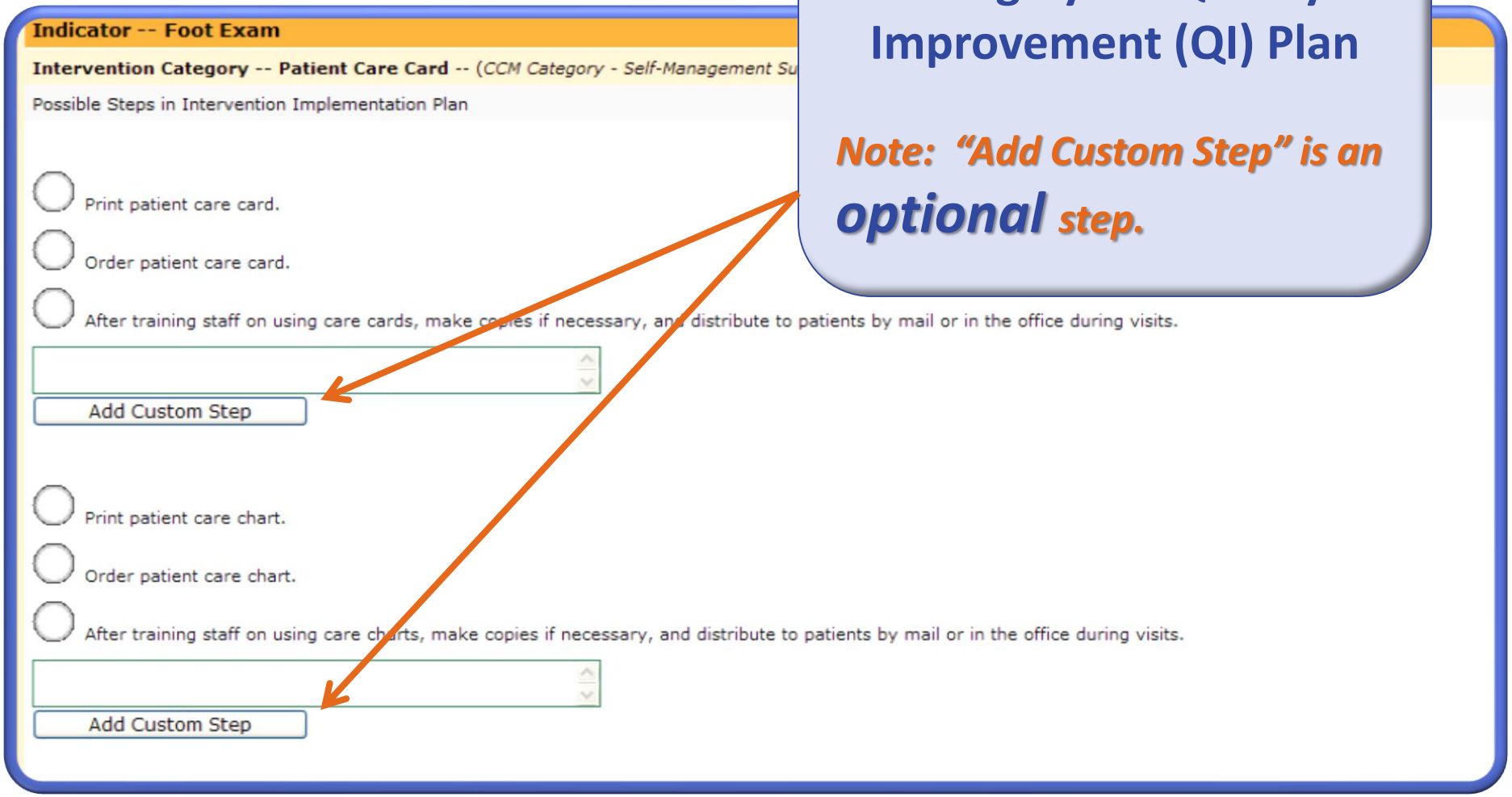
Aggregate Entry Mode

- **Choose 1 Intervention.**
- **Choose 1 Intervention Item.**

Aggregate Entry Mode

Design your Quality Improvement (QI) Plan

Note: "Add Custom Step" is an optional step.



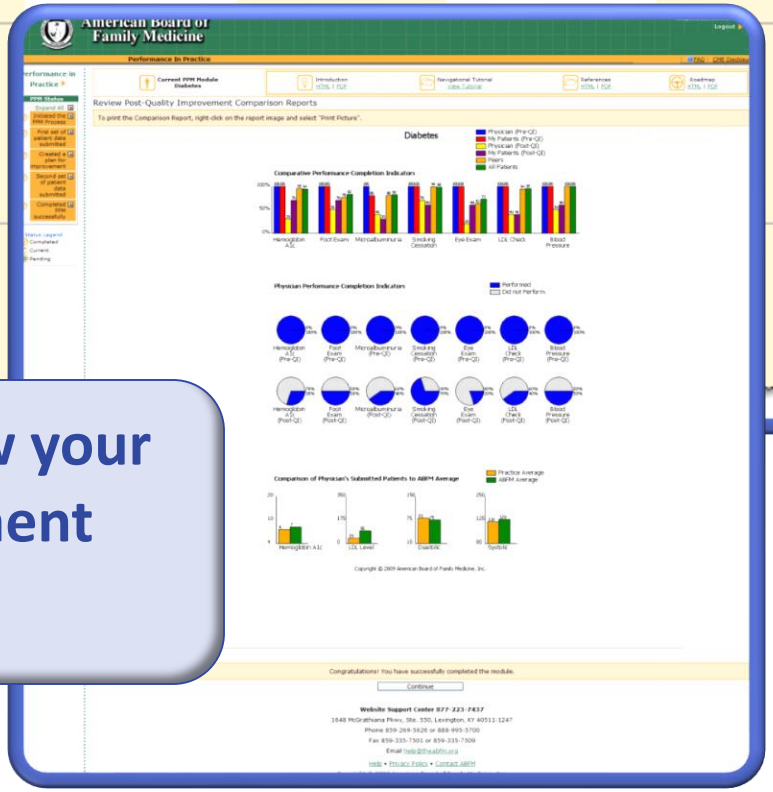
Implement your QI Program for at least 1 week

Repeat Physician Indicator Instrument

Aggregate Entry Mode

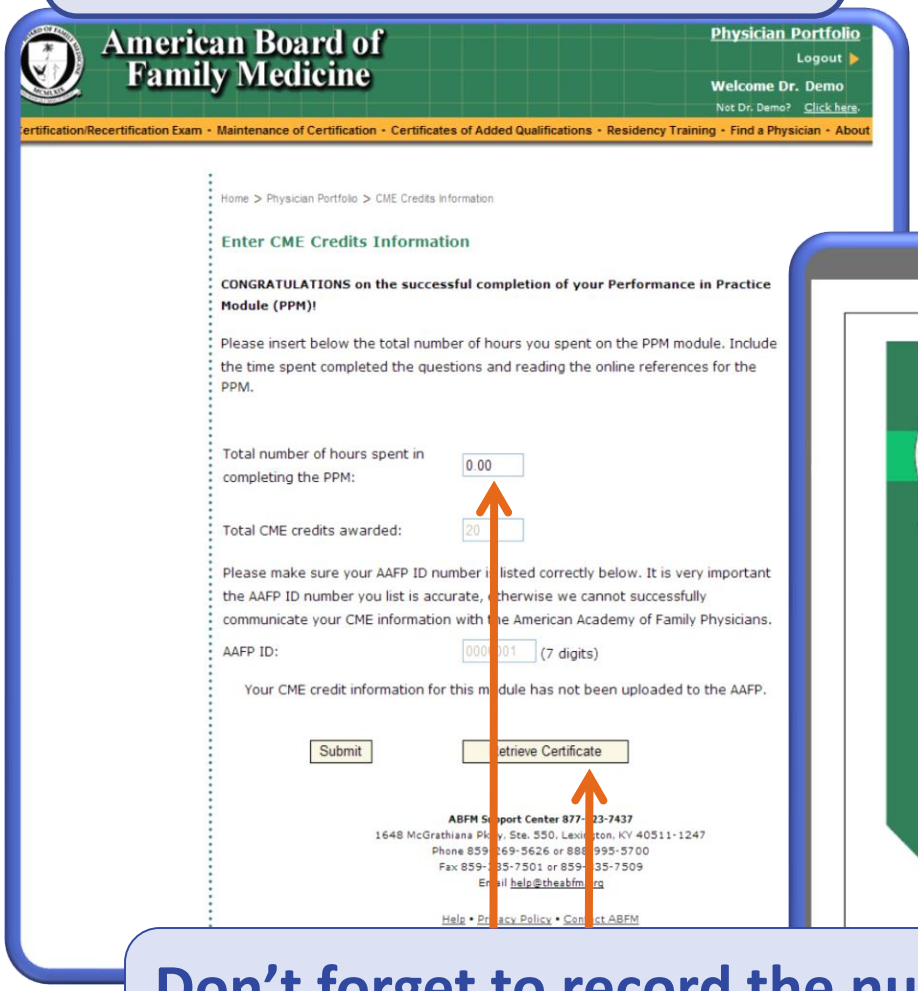
Once the physician indicator instrument is complete and the data is entered into your PPM,

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No
	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No
3. Has your doctor tested your urine for signs of diabetic kidney disease this year? Select Yes or No.	Yes				
	No				
4. Do you smoke? Select Yes or No.	Yes				
	No				



You will be able to review your Post Quality Improvement Comparison charts.

Congratulations!



You have completed your PPM.

Don't forget to record the number of hours you spent completing the PPM and to print your CME certificate.

Self-Directed PPM

All activities must:

- Be developed using evidence-based criteria and national standards
- Ensure the physician is meaningfully involved
- Incorporate pre- and post-intervention evaluation of the physician's performance using evidence-based quality indicators
- Include the development and implementation of an individualized plan for improvement

ABFM MC-FP Part IV

Self-Directed PPM

- The required attestation form can be accessed through the physician portfolio
- Submission of an attestation form does not guarantee Part IV credit
- Approval occurs on a case-by-case basis
- Allow up to 8 weeks for the review process

Specific Information about the Self-Directed activity can be found in your Physician Portfolio

Part IV Alternatives Support

- **Nichole Lainhart, Program Manager MC-FP Alternatives Activities**
  - Phone: 877-223-7437, ext 1230
  - Email: NLainhart@theabfm.org
- **Support Center**
  - Phone: 877-223-7437
  - Email: help@theabfm.org
  - Live Chat

Opportunities Involving Your Board Certification

- **CME** – a minimum of 1/4 of your AAFP/ABFM required CME
- **Flexibility/Control** – increasing number of choices of on-line programs so that you may select and individualize your overall program – among these are many choices of Part IV alternatives, which may save duplication of effort and time
- **Exam Locations** – greatly increased availability of locations and dates for proximity and travel cost savings
- **PQRS** – a CMS-sponsored significant financial benefit available through ABFM—may be paired with a PPM quality improvement activity for a "two for"
  - National reporting system for quality of care
  - A one time "snapshot" of current practice
  - A significant financial reward for early adopters
  - Avoid 2015 proposed penalty from CMS

CME

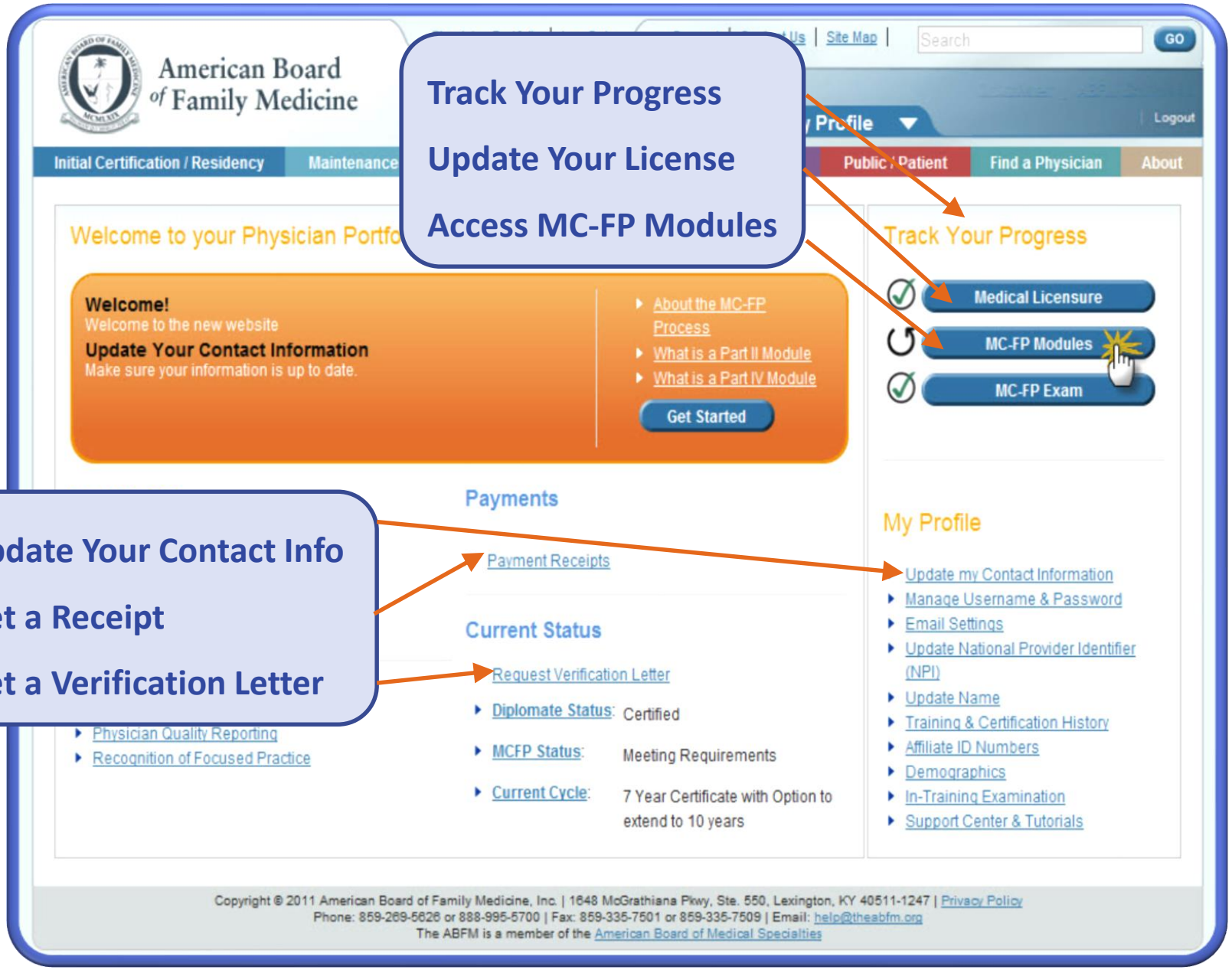
Awarded by the American Academy of Family Physicians

SAM = **12** CME Credits

PPM = **20** CME Credits

MIMM = **20** CME Credits

Cultural Competency MIMM = **9** CME Credits


Track Your Progress
Update Your License
Access MC-FP Modules
Update Your Contact Info
Get a Receipt
Get a Verification Letter
American Board of Family Medicine
Site Map
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Logout
Initial Certification / Residency
Maintenance
Public / Patient
Find a Physician
About
Welcome to your Physician Portfo
Welcome!
Welcome to the new website
Update Your Contact Information
Make sure your information is up to date.
About the MC-FP Process
What is a Part II Module
What is a Part IV Module
Get Started
Track Your Progress
Medical Licensure
MC-FP Modules
MC-FP Exam
Payments
Payment Receipts
Current Status
Request Verification Letter
Diplomate Status: Certified
MCFP Status: Meeting Requirements
Current Cycle: 7 Year Certificate with Option to extend to 10 years
Physician Quality Reporting
Recognition of Focused Practice
My Profile
Update my Contact Information
Manage Username & Password
Email Settings
Update National Provider Identifier (NPI)
Update Name
Training & Certification History
Affiliate ID Numbers
Demographics
In-Training Examination
Support Center & Tutorials
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Phone: 859-269-5626 or 888-995-5700 | Fax: 859-335-7501 or 859-335-7509 | Email: help@theabfm.org
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Website Resources

- **General Website**
  - Website Site Map
  - Navigation Tutorial
  - Flash Tutorial
- **Self-Assessment Modules (SAM)**
  - Jing Videos
  - Webinars
  - Flash Tutorial
- **Performance in Practice Modules (PPM)**
  - Flash Tutorial
- **Support Center**
  - Live Chat Opportunity

Continuous MC-FP

Set a Goal of 1 Module Per Year!

Year 1: Complete 1 Module

Year 2: Complete 1 Module

Year 3: Complete 1 Module

Exam Deadlines

2014 Fall Exam Deadlines

Fall 2014 Exam Deadline	Date
Registration Begins	July 25, 2014
Deadline to submit application without a late fee	August 25, 2014
Final Deadline to submit application with a $200 late fee	September 15, 2014
Exam Dates	November 10,11,12,13,14,15
Exam Results	December 19, 2014

Avoid Late Fees

BEGIN the formal application prior to the deadline to avoid late filing fees

- --- to be able to access the application, all required modules must be paid for/and or started
  (completion of the modules is not required to start the application but all modules must be complete by the deadline for clearing deficiencies)
- --- ***IMPORTANT!!!*** **Advance beyond the payment page of the application**
- --- **go back to the application to choose a test date and test center as soon as all deficiencies are cleared (including completion of all modules)**

ABFM Goal:


AMERICAN BOARD OF FAMILY MEDICINE
MCMLXIX
"PALMAM QUI MERUIT FERAT"