



The American Board of Family Medicine

Maintenance of Certification (MC-FP) – 2015 Helpful Time-Saving Approaches

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



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
 - Avoid 2017 payment adjustment from CMS



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

The screenshot shows the American Board of Family Medicine (ABFM) Physician Portal. At the top, there is a navigation bar with links for [Physician Portfolio](#), [Log Out](#), [Support](#), [Contact Us](#), [Site Map](#), and a search bar. The main header includes the ABFM logo and the text "American Board of Family Medicine". Below this, there are tabs for "Initial Certification / Residency" and "Maintenance".

Two callout boxes highlight specific features:

- Top Callout Box:** Contains the text "Track Your Progress", "Update Your License", and "Access MC-FP Modules". Arrows point from this box to the "Track Your Progress" section on the right and the "Get Started" button in the "Welcome!" section.
- Bottom Callout Box:** Contains the text "Update Your Contact Info", "Get a Receipt", and "Get a Verification Letter". Arrows point from this box to the "Payment Receipts" link under the "Payments" section and the "Request Verification Letter" link under the "Current Status" section.

The main content area is divided into several sections:

- Welcome!** A large orange box with the text "Welcome! Welcome to the new website" and "Update Your Contact Information Make sure your information is up to date." It also includes a list of links: "About the MC-FP Process", "What is a Part II Module", "What is a Part IV Module", and a "Get Started" button.
- Track Your Progress** A section on the right with three buttons: "Medical Licensure", "MC-FP Modules" (highlighted with a star and a hand cursor), and "MC-FP Exam".
- My MC-FP** A section on the left with a link to "Recognition of Focused Practice".
- Payments** A section in the center with a link to "Payment Receipts".
- Current Status** A section in the center with links to "Request Verification Letter", "Diplomate Status: Certified", "MCFP Status: Meeting Requirements", and "Current Cycle: 7 Year Certificate with Option to extend to 10 years".
- My Profile** A section on the right with a list of links: "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", and "Support Center & Tutorials".

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What Exactly are the MC-FP Requirements?

2003-2010 *(7 Year Option)*

7-Year MC-FP Cycle (Exam in Year 7)

At least 3 Part II Modules (SAMs)

At least 1 Part IV Module (PPM or Approved Alternative)

Three additional modules (either Part II or Part IV)

2003-2010 *(10 Year Option)*

10-Year MC-FP Cycle in three 3-year MC-FP stages (Exam in Year 10)

At least 1 Part II Module (SAM) Per 3-Year MC-FP Stage

At least 1 Part IV Module (PPM or Approved Alternative) Per 3-Year MC-FP Stage

Additional Part II Module or Part IV Module Per 3-Year MC-FP Stage

2011- Beyond *(Continuous)*

Continuous Process in 3-Year MC-FP Stages

Minimum of 1 Part II Module (SAM); 15 MC-FP Points Per 3-Year MC-FP Stage

Minimum of 1 Part IV Module (PPM or Approved Part IV); 20 MC-FP Points Per 3-Year MC-FP Stage

Additional Part II or Part IV Module Per 3-Year MC-FP Stage

Minimum 50 MC-FP points per 3-Year MC-FP Stage



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



MC-FP Deadline

Deadline:
December 31, 2015

2012 Diplomates:
Complete Continuous
Stage MC-FP
Components

2009 Diplomates:
Complete Stage II
MC-FP Components

2006 Diplomates:
Complete Stage III
MC-FP Components



Continuous MC-FP

Beginning with those physicians successfully certifying or recertifying in 2011 and beyond.





NEW

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*)



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





ABFM MC-FP Part II

MC-FP Self Assessment (SAMs)

Life Long Learning- *CME Requirements Same as AAFP*



ABFM MC-FP Part II

SAM Choices currently available online:

Each module is offered in a dynamic, interactive, web-based format with reference links.

- Asthma
- Care of the Vulnerable Elderly
- Cerebrovascular Disease
- Childhood Illness
- Coronary Artery Disease
- Depression
- Diabetes
- Health Behavior
- Heart Failure
- Hospital Medicine (NEW)
- Hypertension
- Maternity Care
- Mental Health in the Community
- Pain Management
- Preventive Care
- Well Child Care



Medical Genomics-
Coming in 2015



- Single Answer Questions

- Possible Multiple Answer Questions

- As the number of nodes increases, the number of nodes no longer included in the search space increases exponentially



American Board
of Family Medicine

Physician Portfolio | Log Out | Support | Contact Us | Site Map |

My MC-FP | My Profile | Logout

Initial Certification / Residency | Maintenance of Certification | Certificates of Added Qualifications | Public / Patient | Find a Physician | About

Physician Portfolio > My MC-FP > Modules > Module Information

Coronary Artery Disease Self Assessment Module

Topic Summary

The Self-Assessment Module (SAM) for Coronary Artery Disease consists of two parts: a 60-question Knowledge Assessment and a Clinical Simulation. These self-assessment tools have been designed to provide you with an indication of how much you know about the current state of the art in managing Coronary Artery Disease. The knowledge assessment includes content regarding the pharmacologic and non-pharmacologic management, diagnosis, epidemiology, and risk factors for coronary artery disease. The clinical simulation presents for management a patient with chronic stable angina.

- [Knowledge Assessment Tutorial](#)
- [Knowledge Assessment Roadmap](#)
- [Clinical Simulation Roadmap](#)
- [Knowledge Assessment Practice](#)
- [Knowledge Assessment Reference](#)

Related Pages

Track Your Progress

My Requirements

[Support Center](#)

**Knowledge Assessment**
(60 question Knowledge Assessment)

**Clinical Simulation**
(Virtual patient encounter available after Knowledge Assessment is completed)

**Module Withdraw**
(Module can be withdrawn before it is completed. Data in both Knowledge Assessment and Clinical Simulation will be erased)

**Continuing Medical Education (CME)**
(CME Certificate will be available when you complete the module)

RESUME

Withdraw

To Resume a Module

To Withdraw from a Module

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59.26 years old p: 84 BP: 121/73 mm Hg
Diane Whitcomb R: 12 H/W: 62"/136lbs
BMI: 24.19

How To List

Welcome to the simulation component of the self-assessment module. You will have 90 minutes to conduct an

Clinical Simulation: How To - Windows Internet Explorer

How Do I...

 FORWARD

- [Introduction](#)
- [Retrieve Present Illness Responses](#)
- [Retrieve Past History Responses](#)
- [Conduct Review of Systems](#)
- [Begin the Physical Examination](#)
 - [Retrieve HEENT Examination](#)
 - [Retrieve Chest Examination](#)
 - [Retrieve the Cardiovascular Examination](#)
 - [Retrieve the Abdominal Examination](#)
 - [Retrieve the Genital Examination](#)
 - [Retrieve the Musculoskeletal Examination](#)
 - [Retrieve the Neurological and Mental Status Examination](#)
- [Order Office Labs](#)
- [Make a Diagnosis](#)
- [Order Diagnostic Studies](#)
- [Order Treatments](#)
 - [Diet, Exercise, Referral and Consultation](#)
- [Immunization](#)
- [Send the Patient to the Next Visit](#)
- [Review Previous Visit Records](#)
- [Review a Flow Sheet of Test Results](#)
- [Review a Record in Text form of Test Results](#)
- [Review a Record in Text form of Previous Treatments](#)
- [Suspend Simulation](#)
- [End Simulation](#)

HISTORY |
✓ PRESENT ILLNESS
✓ PAST MEDICAL HX
✓ ROS

PHYSICAL |
GENERAL
VITAL SIGNS
HEENT
CHEST
C

ASSESSMENT |
DIAGNOSIS
PLAN |
✓ DIAGNOSTIC STUDIES
✓ IMMUNIZATION
TREATMENT
✓ DISPOSITION
PROGRESS NOTES |
VISITS

SUSPEND SIMULATION
END SIMULATION

TASK DESCRIPTION

Clinical Simulation Help List with Video Snip its



ABFM MC-FP Part III

Cognitive Exam

- **All** candidates (Certification & Recertification) take the same examination
- **All** candidates will choose **2 modules** of 45 questions each over which to be tested during the morning exam session

Ambulatory Family Medicine	Maternity Care
Child & Adolescent Care	Emergent/Urgent Care
Geriatrics	Hospital Medicine
Women's Health	Sports Medicine



2015 Exam Dates



Spring Exam Dates

April 1,2,3,4,6,7,8,9,10
11,13,14,15,16

Fall Exam Dates

November 16,17,18,19,20,21



Exam Deadlines

2015 Fall Exam Deadlines

Fall 2015 Exam Deadline	Date
Registration Begins	July 24, 2015
Deadline to submit application without a late fee	August 24, 2015
Final Deadline to submit application with a \$100 late fee	September 15, 2015
Exam Dates	November 16,17,18,19,20,21
Exam Results	To Be Announced



Avoid Late Fees

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

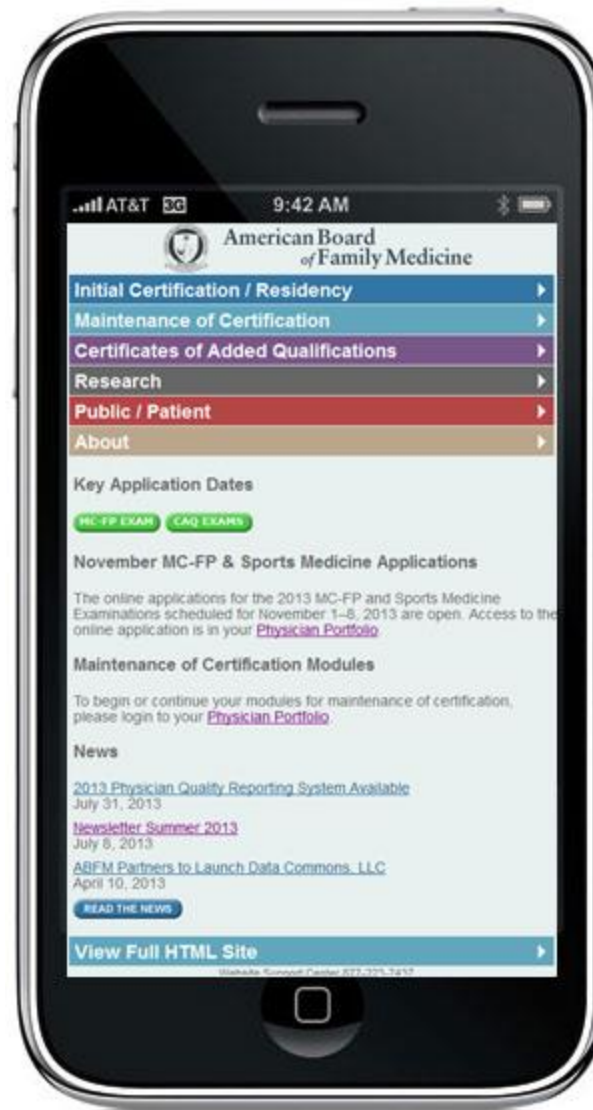
- to be able to access the application, all required modules must be paid for/and or started
(completion of the modules is not required to start the application but all modules must be complete by the deadline for clearing deficiencies)
- IMPORTANT!!! Advance beyond the payment page of the application
- 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)



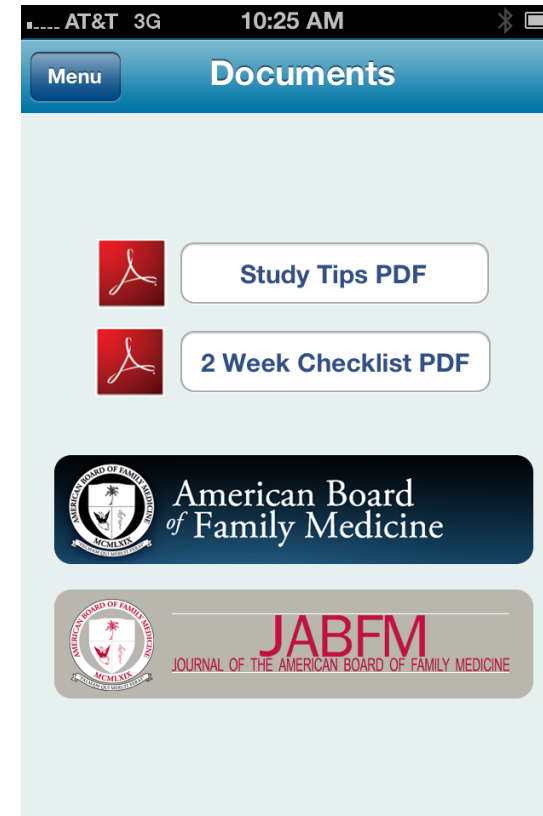
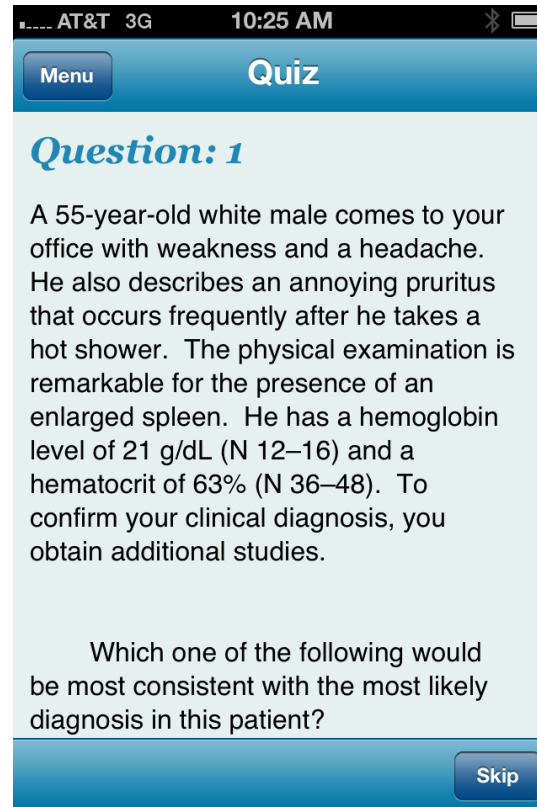
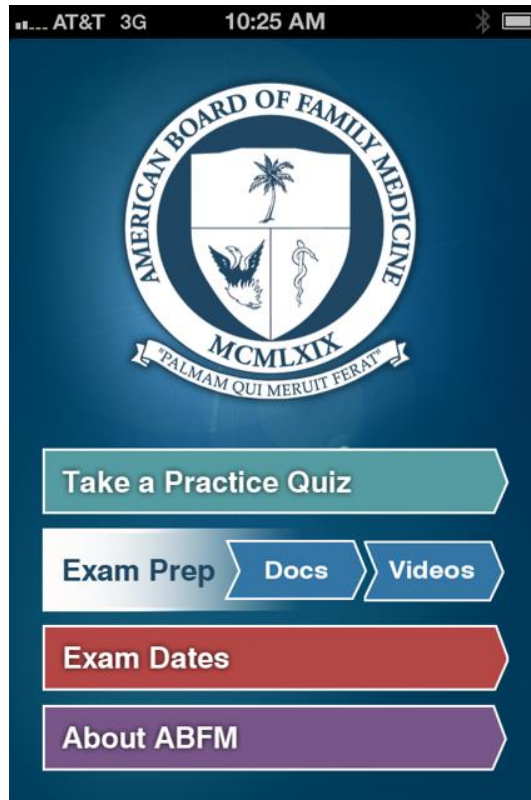
Cognitive Examination

Tutorial and Practice Exam

- Helpful to Diplomates
- Available online at www.theabfm.org under “Support Center” located at the top of the page
- Experience look and feel of actual exam
- Become familiar with navigation tools
- Answer sample questions



ABFM Exam Prep App





Exam Preparation Assistance

Exam Preparation Tools Available on ABFM Website:



- Videos Outlining Study Plans
- Study Tips
- 2-Week Checklist
- Exam Tutorial

Access these tools on the ABFM website www.theabfm.org



ABFM MC-FP Part IV

PPM
PPM Alternative
MIMM

MC-FP Part IV





Demographics

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](#)

If you have direct,
continuing patient care,
click Yes.

Related Pages

[Track Your Progress](#)

[My Requirements](#)

Tools

- ▶ [Support Center](#)
- ▶ [FAQ](#)
- ▶ [Certification History](#)

If you have NO direct,
continuing patient care
responsibilities, click NO.

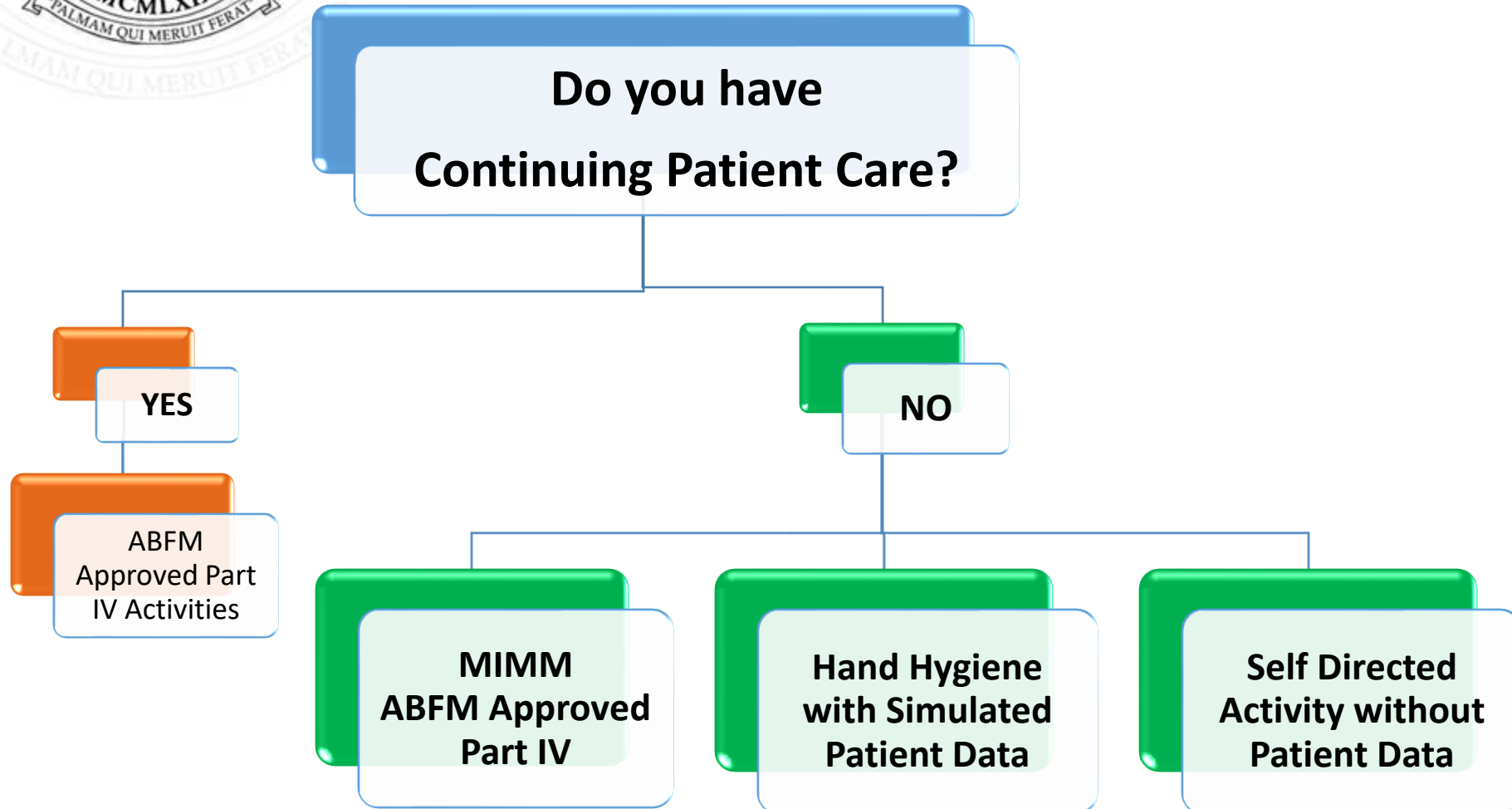


ABFM MC-FP Part IV





ABFM MC-FP Part IV





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



MC-FP Modules

Current Stage
Activity

Self-Assessment
Modules (Part II)

Part IV
Modules

External Part IV
Module

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 day with the exception of the 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

Roadmap

Available Topics

Access Module

Hypertension PPM

[REVIEW](#)

Alternative Part IV Modules

Available Topics

Access Module

Cultural Competency MIMM

[START](#)

Hand Hygiene PPM

[START](#)

Information Management MIMM

[RESUME](#)

Available
resources to assist
you in completing
the **MIMM**:
Introduction
Roadmap

[MC-FP Users Guide](#)

[Support Center](#)

[Change Part IV Pathway](#)



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](#)[Roadmap](#)

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.

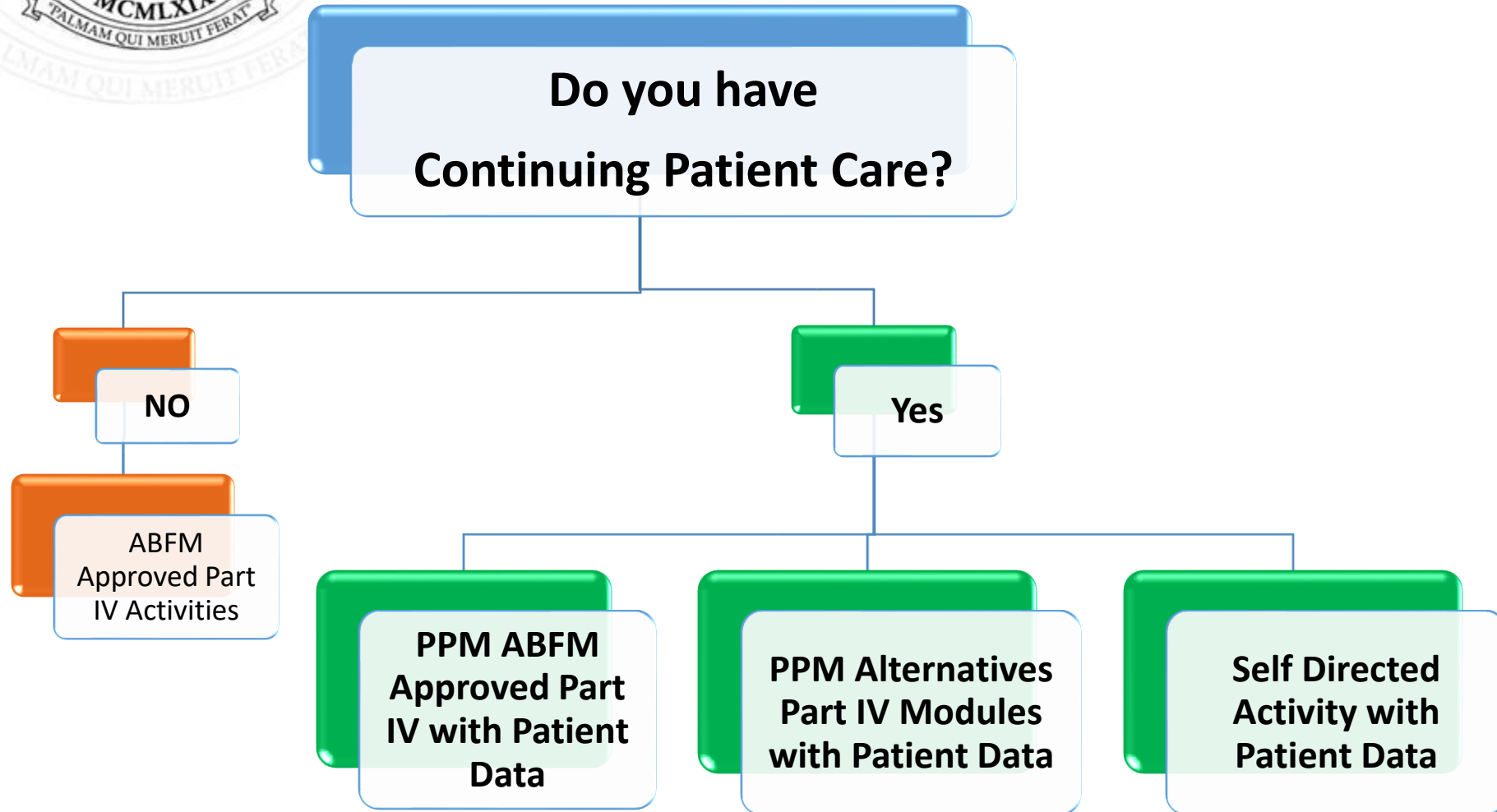


ABFM MC-FP Part IV





ABFM MC-FP Part IV





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) – avoid CMS payment adjustment

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Physician Portfolio > My MC-FP > Modules

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 0 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

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

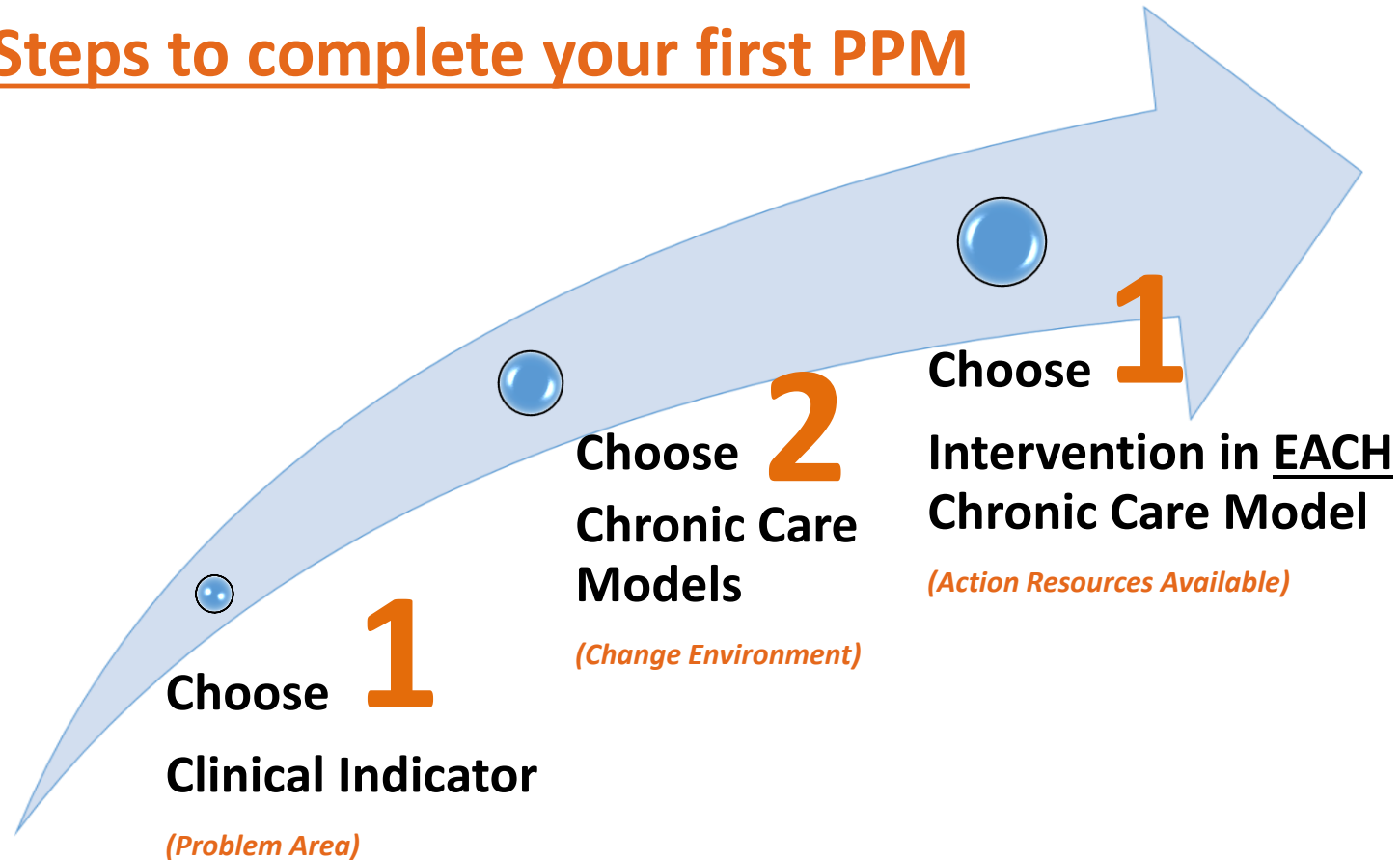
PPM Choices currently available online:

- 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





ABFM MC-FP Part IV

There are 2 ways to submit patient data in a PPM

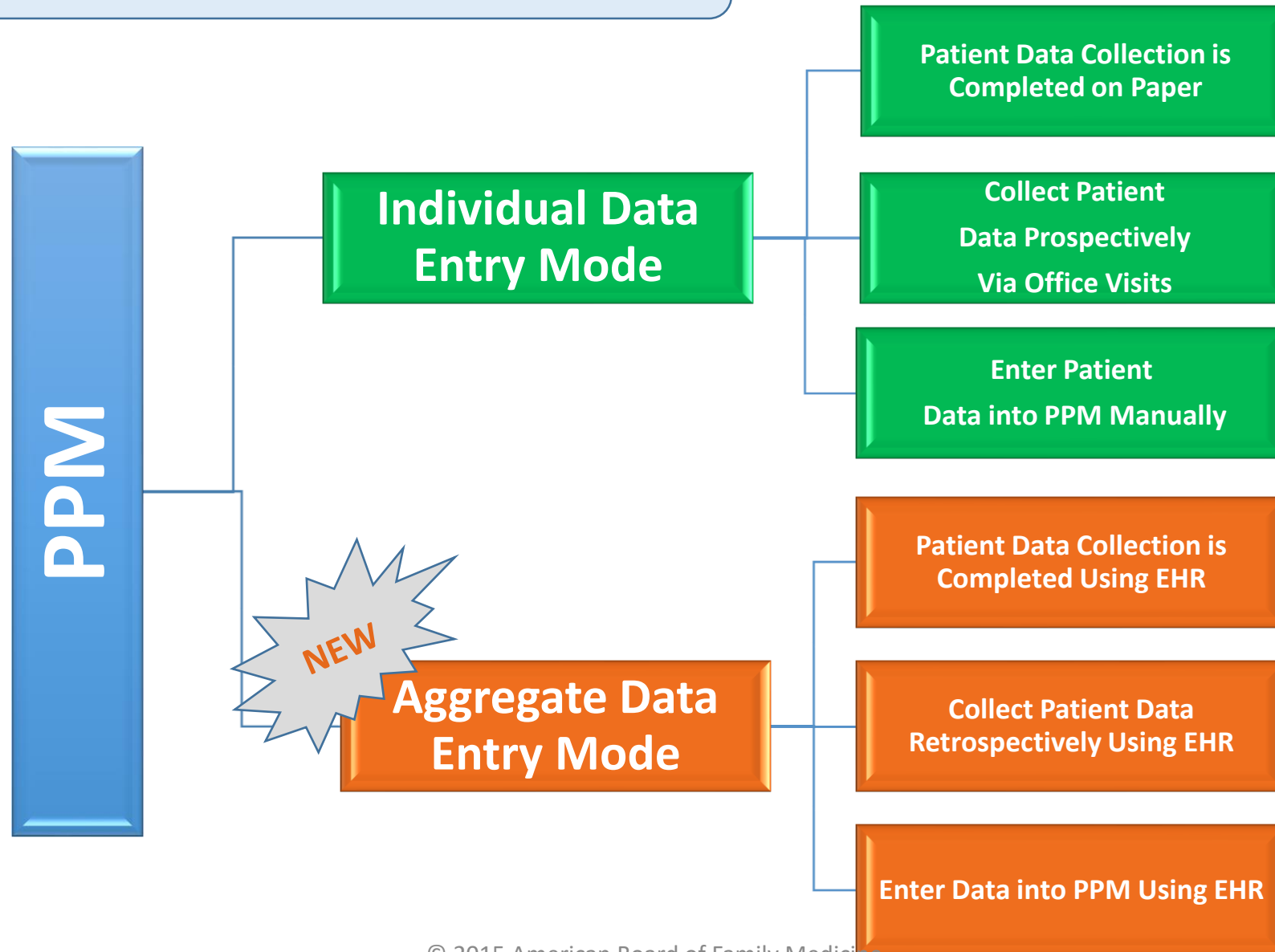
Individual Entry Mode

- Enter your data prospectively based on individual patients

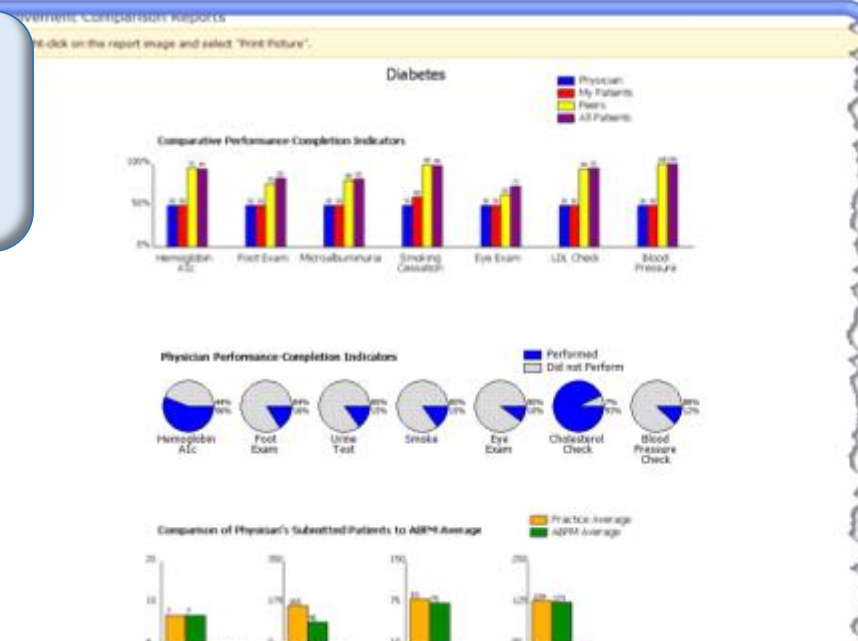
Aggregate Entry Mode

- 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?



Individual Entry Mode
Review the Pre-Quality Improvement
Comparison Reports



Individual Entry Mode
Select at least **1** clinical indicator
as an area for improvement.

Indicators as an area for improvement.	Click to Select
Hemoglobin A1c	☐
Foot Exam	☒
Microalbuminuria	☐
Smoking Cessation	☐
Eye Exam	☐
Lipids	☐
Blood Pressure	☐

Begin Quality Improvement

Quit



American Board of Family Medicine

Physician Profile
Logout
Welcome Dr. Phillips!
IDcode: 103469
Not Dr. Phillips? Click here
PPM ID: 275297 | FAQ | CME Disclosure

Performance In Practice

Performance in Practice

 Current PPM Module Diabetes

 Introduction
[HTML](#) | [PDF](#)

 Navigational Tutorial
[View Tutorial](#)

 References
[HTML](#) | [PDF](#)

 Roadmap
[HTML](#) | [PDF](#)

Indicators Instrument

Indicators

CCM Categories

QI Interventions

QI Plan

Suspend

Withdraw

Quit

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

Information from Improving Chronic Illness Care (ICIC)

ICIC is a national program supported by The Robert Wood Johnson Foundation

Please select Chronic Care Model (CCM) Categories

You have already chosen a clinical indicator. You will now choose at least 2 components of the Chronic Care Model (CCM) to guide you in selecting effective interventions for improvement. For more information on the CCM, visit the [PPM Roadmap](#) or [Improving Chronic Care](#).

☐ **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)

☐ **Health System** - Change concepts and interventions that create a culture, organization, and mechanisms that promote safe, high-quality healthcare

☐ **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)

☐ **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)

☐ **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)

☐ **Clinical Information Systems** - 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)

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☒ **Health System** - Change concepts and interventions that create a culture, organization, and mechanisms that promote safe, high-quality healthcare

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☐ **Clinical Information Systems** - 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)

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)

American Board of Family Medicine Physician Portfolio Logout

Performance In Practice

Performance in Practice

Current PPM Module: Diabetes

Quality Improvement Interventions

You've chosen your Chronic Care Model, chosen Community Resources and Policies that you've chosen.

From the menu for these intervention categories, choose at least 1 intervention category and at least 1 intervention item from each category selected.

There are directions under each CCM category. You may return to the QI Interventions menu.

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

Diabetes - Foot Exam

Community Resources and Policies

Change concepts and interventions that utilize community resources to meet the needs of patients.

1. Choose at least 1 Intervention Category.
2. Choose at least 1 Intervention from each Intervention Category selected.
3. Choose at least 1 Intervention Item from each Intervention selected.

☐ Referral to Services

☐ Community Services and Organizations

☐ Medication/Treatment Assistance

☐ Support Groups

Self-Management Support

Change concepts and interventions that empower and prepare patients to manage their health.

1. Choose at least 1 Intervention Category.
2. Choose at least 1 Intervention from each Intervention Category selected.
3. Choose at least 1 Intervention Item from each Intervention selected.

☐ Patient Care Card

☐ Posters

☐ Patient Education

Individual Entry Mode

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

Change concepts and interventions that utilize community resources to meet the needs of patients.

1. Choose at least 1 Intervention Category.
2. Choose at least 1 Intervention from each Intervention Category selected.
3. Choose at least 1 Intervention Item from each Intervention selected.

☒ **Referral to Services**

☒ 1. Referral to Services (Links)

☐ ADA: Diabetes Camps for Children

☒ ADA: ADA Live Online Patient Resource

☐ CDC: Index of State-Based Diabetes Prevention and Control Programs

☐ AADE: American Association of Diabetes Educators Foundation

☐ Community Services and Organizations

☐ Medication/Treatment Assistance

- 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.

Indicator -- Foot Exam

Intervention Category -- Patient Care Card -- (CCM Category - Self-Management)

Possible Steps in Intervention Implementation Plan

- ☐ Print patient care card.
- ☐ Order patient care card.
- ☐ After training staff on using care cards, make copies if necessary, and distribute to patients by mail or in the office during visits.

▲▼

Add Custom Step

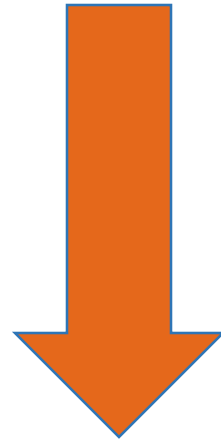
- ☐ Print patient care chart.
- ☐ Order patient care chart.
- ☐ After training staff on using care charts, make copies if necessary, and distribute to patients by mail or in the office during visits.

▲▼

Add Custom Step



**Implement your
QI Program for
at least 1 week**



**Repeat Physician and Patient
Questionnaires**

https://portfolio.abfp.org/ppm/Selection/DataEntryMode.aspx

File Edit View Favorites Tools Help

 **American Board of Family Medicine**

Performance In Practice

Performance in Practice ▶

Welcome Screen

Data Entry

Indicator Instrument

Indicators

CCM Categories

QI Interventions

QI Plan

Suspend

Withdraw

Quit

PPM Status

Expand All +

Initiated the PPM Process +

 Current PPM Module **Diabetes**

 Introduction [HTML](#) | [PDF](#)

 Navigational Tutorial (coming soon)

Please Select a Data Entry Mode for the Pre-Quality Improvement Patient Data Entry

There are two (2) ways to submit your patient data: (1) individual entry mode which will require you to enter your data based on individual patients or; (2) an option is most commonly used by physicians who have a type of Electronic Health Records (EHR) system in their office.

Data Entry Mode (select an option below)

☐ Individual Data Entry

☒ Aggregate Data Entry

☐ Electronic Health Records

☐ Payor/ Health Plan Records

☐ Medical Group Records

☐ Centers for Medicare and Medicaid Services (CMS) Services

☐ Other

Quit

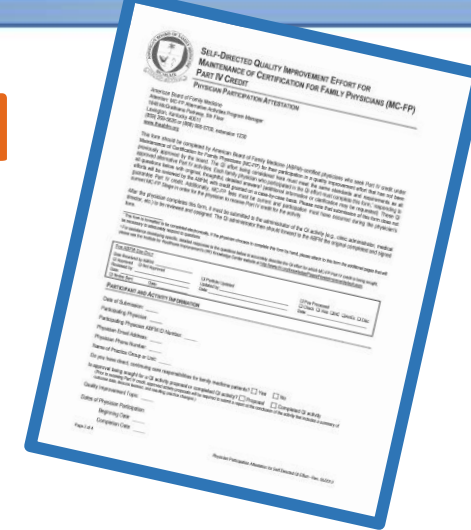
Aggregate Entry Mode
Select the type of EHR you use in your practice



ABFM MC-FP Part

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



ABFM MC-FP Part IV

PPM Alternatives MC-FP Part IV



ABFM MC-FP Part IV

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
 - Reach Out and Read, Inc. module Improving Early Literacy Intervention
 - New Jersey Academy of Family Physicians (NJAFP) module Performance in Practice Colorectal Cancer Screening
- 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



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)*



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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!!



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



ABFM Superstars

- **Oldest Diplomate:**
95 years young
- **Diplomates 70 years
young and beyond:**
1,447





Exam Deadlines

2015 Fall Exam Deadlines

Fall 2015 Exam Deadline	Date
Registration Begins	July 25, 2015
Deadline to submit application without a late fee	August 24, 2015
Final Deadline to submit application with a \$100 late fee	September 15, 2014
Exam Dates	November 16,17,18,19,20,21
Exam Results	To Be Announced



Contact the ABFM

- **Support Center**
 - Phone: 877-223-7437
 - Email: help@theabfm.org
 - Live Chat
- **Website**
 - www.theabfm.org
- **ABFM**
 - Phone: 888-995-5700
 - Fax: 859-335-5701



**Take
the
Leap**

ABFM Goal:



