Boards and KSA and PPM, Oh My!
Quality Improvement in ABFM

Christian Hermansen, MD, MBA
LG Family Medicine Residency
Lancaster General Health Physicians
Objectives

- Boards – Get Certified
- SAM – Stay Certified
  - Review process to maintain certification
  - Define the new alphabet soup: KSA, CSA, SAM, CKSA
  - Define PPM
  - Get the PPM Process started
    - DM Opportunity
    - Hand Hygiene Module
    - Other options for you depending on your practice
The Boards are Coming
The ABFM Exam
Studying for the Boards IS NOT a productive use of time
But you’ll do it anyway....
Exam Timing

- Exam now in April rather than June as per 2012.
- Testing also available in November for special situations
  - Off-cycle residents
  - Retakers
Board Eligibility

- Candidate must have completed residency
- Receipt of a Standard Certificate from the Educational Commission for Foreign Medical Graduates (ECFMG)
- CME needed at 50 credits/yr if graduated from residency greater than 3 years prior
- Must have unrestricted state license
Board Eligibility/Completion of Residency

- Residents who are expected to complete training by **June 30** are automatically provided the application link for the **April** examination.
- Residents who are expected to complete training between **July 1** and **October 31** may be declared eligible to apply for the April examination based on a recommendation from their residency program director.
- Residents who are expected to complete after **October 31** and before **December 31** will be permitted to apply for the **November** exam.
## Dates and Costs

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Medicine Certification Examinations</strong></td>
<td><strong>2017</strong></td>
</tr>
<tr>
<td>SPRING EXAMINATIONS 2017</td>
<td></td>
</tr>
<tr>
<td>Registration Begins (online applications available)</td>
<td>December 2, 2016</td>
</tr>
<tr>
<td>First Deadline to Submit Online Application ($1,300; no late fee assessed)</td>
<td>January 20</td>
</tr>
<tr>
<td>Priority Seating Ends (for best seating options, select a testing center by this date)</td>
<td>February 10</td>
</tr>
<tr>
<td>Final Deadline to Submit Online Application ($1,400; includes $100 non-refundable late fee)</td>
<td>February 24</td>
</tr>
<tr>
<td>Deadline to Submit Special Testing Accommodations Documentation</td>
<td>February 24</td>
</tr>
<tr>
<td>Last Day to Complete All Certification Activity Requirements for Examination</td>
<td>February 24</td>
</tr>
<tr>
<td>Deadline to Select Testing Date/Location</td>
<td>February 24</td>
</tr>
<tr>
<td><em>Note: There will be limited seating for anyone selecting a test center after February 10.</em></td>
<td></td>
</tr>
<tr>
<td>Last Day to Clear Application Deficiencies - (except license &amp; completion of training)</td>
<td>March 15</td>
</tr>
<tr>
<td>Deadline to Make Official Name Change with ABFM for Examination</td>
<td>March 15</td>
</tr>
<tr>
<td>All Family Medicine Residency Training Must be Completed</td>
<td>June 30*</td>
</tr>
<tr>
<td>Deadline to Withdraw from Examination without Cancellation Fee</td>
<td>30 days prior to scheduled exam</td>
</tr>
<tr>
<td>Deadline to Withdraw from Examination without Seat Fee</td>
<td>5 days prior to scheduled exam</td>
</tr>
<tr>
<td>Deadline to Change Testing Date/Location</td>
<td>48 hours prior to scheduled exam</td>
</tr>
<tr>
<td><strong>Spring Examination Dates</strong></td>
<td>April 6, 7, 8, 10, 11, 12, 13, 14, 15, 17, 18 &amp; 19 (2017)</td>
</tr>
<tr>
<td>Examination Results</td>
<td>To be determined</td>
</tr>
</tbody>
</table>

(* Residents who are in good standing and expected to complete training by June 30, 2017 are eligible to take the April 2017 examination. Anyone completing between July 1 and October 31, 2017 will require Program Director approval. Anyone completing after October 31, 2017 should plan to take the exam in the next administration window.*)
# 2016 Examination Results

## 2016 Family Medicine Certification Examination Pass Rates

<table>
<thead>
<tr>
<th>Certification</th>
<th>Retake Status</th>
<th>Medical Training</th>
<th>Spring Pass Rate</th>
<th>Total Pass Rate</th>
<th>Fall Pass Rate</th>
<th>Total Pass Rate</th>
<th>Total Pass Rate</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Canadian</td>
<td>2</td>
<td>100.0%</td>
<td>8</td>
<td>87.5%</td>
<td>10</td>
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<tr>
<td></td>
<td></td>
<td>International</td>
<td>1,115</td>
<td>97.7%</td>
<td>105</td>
<td>86.6%</td>
<td>1,220</td>
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<tr>
<td></td>
<td></td>
<td>US</td>
<td>2,154</td>
<td>98.9%</td>
<td>171</td>
<td>91.2%</td>
<td>2,325</td>
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<tr>
<td></td>
<td></td>
<td><strong>TOTAL</strong></td>
<td><strong>3,271</strong></td>
<td><strong>98.3%</strong></td>
<td><strong>284</strong></td>
<td><strong>90.1%</strong></td>
<td><strong>3,555</strong></td>
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<td></td>
<td>Repeat</td>
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<td>1</td>
<td>100.0%</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>International</td>
<td>95</td>
<td>57.9%</td>
<td>75</td>
<td>49.3%</td>
<td>170</td>
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<tr>
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<td></td>
<td>US</td>
<td>58</td>
<td>44.8%</td>
<td>56</td>
<td>48.2%</td>
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<td></td>
<td></td>
<td><strong>TOTAL</strong></td>
<td><strong>254</strong></td>
<td><strong>53.2%</strong></td>
<td><strong>192</strong></td>
<td><strong>49.2%</strong></td>
<td><strong>386</strong></td>
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<tr>
<td></td>
<td></td>
<td>Canadian</td>
<td>3</td>
<td>100.0%</td>
<td>9</td>
<td>88.9%</td>
<td>12</td>
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<tr>
<td></td>
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<td>International</td>
<td>1,210</td>
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<td>72.2%</td>
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<td>US</td>
<td>2,212</td>
<td>97.5%</td>
<td>227</td>
<td>80.6%</td>
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<td><strong>TOTAL</strong></td>
<td><strong>3,425</strong></td>
<td><strong>95.4%</strong></td>
<td><strong>407</strong></td>
<td><strong>77.2%</strong></td>
<td><strong>3,832</strong></td>
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<tr>
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<td>239</td>
<td>46.3%</td>
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<tr>
<td></td>
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<td>US</td>
<td>380</td>
<td>57.1%</td>
<td>450</td>
<td>53.1%</td>
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<td><strong>TOTAL</strong></td>
<td><strong>642</strong></td>
<td><strong>52.7%</strong></td>
<td><strong>739</strong></td>
<td><strong>50.3%</strong></td>
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<tr>
<td></td>
<td></td>
<td>International</td>
<td>1,119</td>
<td>75.5%</td>
<td>871</td>
<td>67.5%</td>
<td>1,990</td>
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<tr>
<td></td>
<td></td>
<td>US</td>
<td>4,990</td>
<td>91.4%</td>
<td>2,266</td>
<td>84.5%</td>
<td>7,256</td>
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<td><strong>TOTAL</strong></td>
<td><strong>6,168</strong></td>
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<td><strong>3,184</strong></td>
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<td>6,764</td>
<td>95.7%</td>
<td>2,407</td>
<td>90.9%</td>
<td>9,171</td>
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<td><strong>TOTAL</strong></td>
<td><strong>8,798</strong></td>
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<td><strong>3,129</strong></td>
<td><strong>84.9%</strong></td>
<td><strong>12,923</strong></td>
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<td></td>
<td>Repeat</td>
<td>Canadian</td>
<td>3</td>
<td>66.7%</td>
<td>5</td>
<td>60.0%</td>
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<tr>
<td></td>
<td></td>
<td>International</td>
<td>354</td>
<td>49.4%</td>
<td>360</td>
<td>46.7%</td>
<td>714</td>
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<tr>
<td></td>
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<td>US</td>
<td>438</td>
<td>55.5%</td>
<td>506</td>
<td>52.6%</td>
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<td></td>
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<td><strong>TOTAL</strong></td>
<td><strong>795</strong></td>
<td><strong>52.8%</strong></td>
<td><strong>871</strong></td>
<td><strong>50.2%</strong></td>
<td><strong>1,666</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Canadian</td>
<td>60</td>
<td>91.7%</td>
<td>56</td>
<td>88.9%</td>
<td>96</td>
</tr>
<tr>
<td></td>
<td></td>
<td>International</td>
<td>2,329</td>
<td>85.4%</td>
<td>1,051</td>
<td>69.3%</td>
<td>3,380</td>
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<td></td>
<td></td>
<td>US</td>
<td>7,202</td>
<td>93.2%</td>
<td>2,913</td>
<td>84.2%</td>
<td>10,115</td>
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<td></td>
<td></td>
<td><strong>TOTAL</strong></td>
<td><strong>9,591</strong></td>
<td><strong>91.9%</strong></td>
<td><strong>4,000</strong></td>
<td><strong>80.1%</strong></td>
<td><strong>13,591</strong></td>
</tr>
</tbody>
</table>

1. Minimum passing standard is 360.
2. First-time takers can be applying for initial certification or maintaining their certification, but they are not testing on this occasion due to an immediate prior failure. Repeat takers are testing due to an immediate prior failure.
The Exam

- Candidates should prepare *in advance* for the **one** module topic that they will select on exam day
  - Changed from two module topics to one in 2017
- Once a module is selected and confirmed, the selection cannot be changed.
- Furthermore, once any section of the exam has ended or timed out, you are not permitted to return to that section.
What are the Module Topics?

- Ambulatory Family Medicine
- Child and Adolescent Care
- Geriatrics
- Maternity Care
- Women’s Health
- Sports Medicine
- Emergent/Urgent Care
- Hospital Medicine
The Exam

The full day computer-based examination consists of four equal (4) sections, all with 80 questions.

Exam Section 1 will consist of 80 Multiple Choice Questions
Exam Section 2 is the Module Exam content (only 40 of 80 Questions)
Exam Section 3, will consist of 80 Multiple Choice Questions
Exam Section 4 will consist of 80 Multiple Choice Questions

The standard schedule for the Family Medicine Certification Examination includes 100 minutes of pooled break time. The 100 pooled break minutes are provided to allow each examinee two 15 minute breaks and one 70-minute meal break during the three scheduled optional breaks in between each exam content section. However, candidates can use as much or as little break time as they feel necessary during any given scheduled optional break.
### ABFM Certification Examination Content

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td>10%</td>
</tr>
<tr>
<td>Endocrine</td>
<td>7%</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>6%</td>
</tr>
<tr>
<td>Hematologic/Immune</td>
<td>3%</td>
</tr>
<tr>
<td>Integumentary</td>
<td>5%</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>10%</td>
</tr>
<tr>
<td>Nephrologic</td>
<td>3%</td>
</tr>
<tr>
<td>Neurologic</td>
<td>3%</td>
</tr>
<tr>
<td>Nonspecific</td>
<td>8%</td>
</tr>
<tr>
<td>Psychogenic</td>
<td>6%</td>
</tr>
<tr>
<td>Reproductive—Female</td>
<td>3%</td>
</tr>
<tr>
<td>Reproductive—Male</td>
<td>1%</td>
</tr>
<tr>
<td>Respiratory</td>
<td>11%</td>
</tr>
<tr>
<td>Special Sensory</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Population-based Care</strong></td>
<td>4%</td>
</tr>
<tr>
<td>This includes topics such as biostatistics and epidemiology, evidence-based medicine, prevention, health policy and legal issues, bioterror, quality improvement, and geographic/urban/rural issues.</td>
<td></td>
</tr>
<tr>
<td><strong>Patient-based Systems</strong></td>
<td>4%</td>
</tr>
<tr>
<td>This includes topics such as clinical decision-making, communication and doctor-patient interaction, family and cultural issues, ethics, palliative care, and end-of-life care.</td>
<td></td>
</tr>
<tr>
<td><strong>Module</strong></td>
<td>13%</td>
</tr>
<tr>
<td>Selected from eight possible choices at the time of the examination. (See descriptions below.)</td>
<td></td>
</tr>
</tbody>
</table>

*Total does not equal 100% because of rounding.*
Test Center and Candidate Information

- www.prometric.com/abfm
- https://www.theabfm.org/moc/candinfobooks.aspx
Study Videos and Tutorial from ABFM

- [https://www.theabfm.org/moc/exampreparation.aspx](https://www.theabfm.org/moc/exampreparation.aspx)
  [https://www.theabfm.org/tutorial/cbt/index.html](https://www.theabfm.org/tutorial/cbt/index.html)

- Use the ABFM app for test questions and help!
List of Potential Study Materials

The following list is NOT comprehensive! It includes all those study materials that successful participants in the pilot project mentioned that they used. There are certainly others out there that may be as good or better, but we do not yet have evidence that they have been effective for multiple candidates. Please let us know if you significantly improved your score and you used a source not listed. This list is in alphabetical order by first author (and category), rather than by order of efficacy. Furthermore, and to reiterate, the list does NOT constitute a “Board Approved” or “Board Recommended” list, or any such thing. It’s simply a list of materials & resources that I have been told about by other successful candidates. There is no “Board Approved” or “Board Recommended” list.

<table>
<thead>
<tr>
<th>JOURNALS</th>
<th></th>
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<tbody>
<tr>
<td>American Family Physician</td>
<td><a href="http://www.aafp.org/afp.xml">http://www.aafp.org/afp.xml</a></td>
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</table>

<table>
<thead>
<tr>
<th>STUDY PROGRAMS/ONLINE MATERIALS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>American Academy of Family Practice Home Study Review</td>
<td><a href="http://www.aafp.org/x13980.xml">http://www.aafp.org/x13980.xml</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TEXTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Saunders Review of Family Practice</td>
<td>Bope &amp; Hagen</td>
</tr>
<tr>
<td>Family Practice Board Review</td>
<td>Bratton, R. L.</td>
</tr>
<tr>
<td>Family Medicine, 2004 Edition</td>
<td>Chan, Winkle, &amp; Winkle</td>
</tr>
<tr>
<td>Washington Manual of Medical Therapeutics, 32nd Edition</td>
<td>Cooper, Krainik, Lubner, Reno</td>
</tr>
<tr>
<td>Family Medicine Certification Review Blueprints in Family Medicine</td>
<td>Lipsky, M.</td>
</tr>
<tr>
<td>Procedures for Primary Care Physicians</td>
<td>Pfenninger, J.L.</td>
</tr>
<tr>
<td>Current Diagnosis &amp; Treatment in Family Medicine</td>
<td>South-Paul, Matheny, &amp; Lewis</td>
</tr>
<tr>
<td>Swanson's Family Practice Review</td>
<td>Tallia, et al</td>
</tr>
<tr>
<td>Family Practice Examination and Board Review</td>
<td>Wilbur &amp; Graber</td>
</tr>
</tbody>
</table>
Other Stuff You Will Need to Know

- Bring E-Ticket – when you register

- Bring Photo ID - The ID must be one of the following: driver’s license, passport, or a state/county identification card. The name on the ID must be the same as the name on your E-Ticket

- Personal items, such as cellular phones, hand-held computers/personal digital assistants (PDA’s), a watch or time piece of any kind, or other electronic devices, pagers, any writing instrument or paper, purses, hats, bags, books, and notes are not allowed in the testing room and we strongly encourage you to leave them at home or in your car. If you take a cellular telephone or any electronic device into the examination room (even by accident), you risk invalidation of your entire examination.
Items You Can Have

- Crutches, Cane, Walker
- Earplugs
- Extra chair or footstool to support injured leg is permitted but requires advance notification
- Eyeglasses
- Hearing aids
- Insulin Pump
- Motorized cart or Wheel Chair
- Neck Braces or collars
- Pillows for back/neck support are permitted but require advance notification and inspection
- Religious Headwear/Scarf/Hat
- Sweaters, sweatshirts, blazers must be worn at all times – if removed must be placed in locker
Boards Pearls

- Study your weaker areas
- Review endocrine, gynecology, hematology
- GET CME CREDIT
- Check out this website:
  - [http://s.aafp.org/?q=board+review+questions&q1=&x1=&category-search=false&search=Entire+Site&first_search=0&searchradio=AAFP.org](http://s.aafp.org/?q=board+review+questions&q1=&x1=&category-search=false&search=Entire+Site&first_search=0&searchradio=AAFP.org)
- Use review books that offer credit
- “SORT box” of AFP
- Plan a weekend around the boards
Final Answer for Boards Prep

“The plans of the diligent lead to profit as surely as haste leads to poverty.”

Plan ahead to take the exam
- Where will I take it?
- How am I paying for it?
- How will I prepare?
- What will I study
- With what material?
- How will I celebrate?
Maintaining your Certification
The Clock Starts...
ABFP Maintenance

https://www.theabfm.org/MOC/about.aspx
Maintenance of Certification Program

- Mechanism for assessment of practicing family physicians (every 10 years)
  - required possession of a full and unrestricted license
  - Average 50 CME credits per year
  - successful completion of a cognitive examination
  - will also require participation on an ongoing basis between examinations
What Else Do I Need to Do?

Four major components

1. Professionalism
2. Self-Assessment and Lifelong Learning
3. Cognitive Expertise
4. Performance Improvement
What Else Do I Need to Do?

Professionalism

- A commitment to serve others;
- Dedication to the use of one’s knowledge to achieve ethical, fair and just results;
- Continued enhancement of one’s own knowledge and skills;
- Fairness, courtesy, honesty and respect for patients, colleagues, and the public;
- Contributing to the public good;
- Education of learners and the public about the profession, the establishment and application of standards to the profession, limitations of the profession;
- Accepting responsibility for one’s own professional conduct as well as that of others in the profession.

This plays out as

- Valid and unrestricted license
- Responsibility to report violations in personal conduct

See Guidelines for Professionalism, Licensure, and Personal Conduct
What Else Do I Need to Do?

Self Assessment and Lifelong Learning

- Continuing Medical Education
  - 150 credits over 3 years

- **Alphabet Soup**
  - Knowledge Self Assessment (KSA)
  - Clinical Self Assessment (CSA)
  - Self Assessment Module (SAM)
  - Continuous Knowledge Self Assessment (CKSA)

- Need a total of 50 ABFM Certification Points per Cycle
- Three cycles between each examination
Knowledge Self Assessment (KSA)

- Associated in a particular domain
- 60 multiple choice questions
- 80% questions correct to pass
- Can enter review mode to deal with incorrect answers
- Counts for 10 ABFM certification points
- Counts for 8 CME credits
Clinical Self-Assessment (CSA)

- Patient care scenarios with simulated patients
- This is similar to the old SAM clinical simulations
- Patients evolve in therapeutic interventions, investigations, and patient management over time
- Counts for 5 ABFM certification points
- Counts for 4 CME credits
Self Assessment Module (SAM)

- Separated and retermed in July 2016 into KSA and CSA
- A SAM started prior to this date can be completed for credit
- After this date, KSA and CSA are moving forward, sort of:
  - NEW 2017 is the CKSA!
  - Continuous Knowledge Self Assessment
Continuous Knowledge Self Assessment

- Read: [https://www.theabfm.org/about/news011717.aspx](https://www.theabfm.org/about/news011717.aspx)
- Optional quarterly activity reportedly emailed to you
- With CKSA you get a "bank" of 25 questions each quarter.
  - You can do as few or many of the questions you like.
  - If you do this for an entire year (100) questions, you will get a report that predicts your ability to pass certification exam.
  - Ability to see the correct answer and critique after each question to enhance learning experience
  - Allows you to obtain your Self-Assessment Activity points depending on how many you answer
    - Will not get enough points to get out of CSAs or PPMs
What Else Do I Need to Do?

- **Cognitive Expertise**
  - Successful completion of the ABFM examination

- **Performance in Practice**
  - Performance in Practice Module (PPM)
  - Focus on quality of care/improvement
  - Patient surveys/data metrics with web portal data entry
  - Counts for 20 ABFM certification points
  - Counts for 20 CME credits

https://www.theabfm.org/moc/pi.aspx
Fitting in with ABMS

- American Board of Medical Specialties agree that physicians should continually master six core competencies
- Maintenance of Certification fits into this

<table>
<thead>
<tr>
<th>Core Competencies</th>
<th>Four Parts of Certification</th>
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<td>1</td>
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<tr>
<td>Patient Care</td>
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<tr>
<td>Medical Knowledge</td>
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<tr>
<td>Practice-based Learning &amp; Improvement</td>
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<tr>
<td>Interpersonal &amp; Communication Skills</td>
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<tr>
<td>Professionalism</td>
<td>○</td>
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<tr>
<td>Systems-based Practice</td>
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</table>
Can I see a game plan?

The calendar shows a list of modules you have in-progress, completed as well as the year in which your examination is due.

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<tr>
<td>Part II</td>
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<td>DM</td>
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<td>HTN</td>
<td>DEPR</td>
<td>MC</td>
<td>DM</td>
<td>CAD</td>
<td>PC</td>
<td>HH</td>
<td>EXAM</td>
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<tr>
<td>12-13-04</td>
<td>10-7-05</td>
<td>3-28-06</td>
<td>11-28-07</td>
<td>8-15-08</td>
<td>9-14-09</td>
<td>11-26-11</td>
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</tbody>
</table>

STAGE 1 COMPLETED

STAGE 2 COMPLETED

STAGE 3

☐ = present year  ☐ = past year(s)  ☐ = future year(s)  ☐ = deadline

Related Pages

- Track Your Progress
- My Requirements

Tools

- MC-FP User’s Guide
- Change Part IV Pathway
- Payment Options
Overview of Work

- A requirement of 50 points for each 3-year stage
- KSA = 10 points
- CSA = 5 points
- PPM = 20 points
- The same process of completing three activities each stage will meet the 50 point requirement.
More specifics on PPM

- Performances in Practice Modules (PPMs), the ABFM’s Part IV modules, are web-based, quality improvement modules in health areas that generally correspond to the KSA and CSA.
More specifics on PPM

- Each physician will assess his or her care of patients using evidence-based quality indicators.
- After a physician enters data from patients into the ABFM Website, feedback is provided for each of the quality indicators.
- The performance data is used by the physician to choose an indicator for which a quality improvement plan will be designed.
- Using a menu of interventions available from various online sources, the physician designs a plan of improvement, submits the plan, and implements the plan in practice.
- After a minimum of 1 week, the physician again assesses the care provided to patients in the chosen health area and enters the data into the ABFM Website.
- Evidence of improvement is not required to satisfy this MC-FP requirement.
PPM Topics

- On ABFM website
Approved Part IV Alternative Activities

- AAFP – METRIC modules
- IPIP modules in states such as PA, NC, CO, WA
- Check with ABFM if your current projects may qualify
## External Approved Alternative Activities for Part IV Modules

Note: ABFM physicians who complete alternate MC-FP Part IV Activities are still required to pay the external module fee to the external provider in order to receive MC-FP credit for these activities, if applicable.

<table>
<thead>
<tr>
<th>External Approved Part IV Modules</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Academy of Pediatrics-OH with Cincinnati Children’s Hospital Medical Center module</td>
<td>20</td>
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<tr>
<td>Concerned about Development Learning Collaborative</td>
<td></td>
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<tr>
<td>Annenberg Center for Health Sciences at Eisenhower module Optimizing Fracture Prevention in Patients with Osteoporosis</td>
<td>20</td>
</tr>
<tr>
<td>Albert Einstein College of Medicine module Bronx Ongoing Pediatric Screening (BOPS) in the Medical Home</td>
<td>20</td>
</tr>
<tr>
<td>Aurora Health Care: Asthma Control Test in Treating Asthma</td>
<td>20</td>
</tr>
<tr>
<td>Aurora Health Care: Asthma Control Test in Treating Asthma</td>
<td>20</td>
</tr>
<tr>
<td>Aurora Health Care: Nutrition Approaches for the Management of Chronic Disease and Diabetesity</td>
<td>20</td>
</tr>
<tr>
<td>Aurora Health Care: Nutrition Approaches for the Management of Chronic Disease and Diabetesity</td>
<td>20</td>
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<tr>
<td>American Medical Association Body Mass Index</td>
<td>20</td>
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<tr>
<td>Center for Health Policy, University of Missouri-Columbia module Improving Provider Communication and Patient Adherence: A Health Literacy Program</td>
<td>20</td>
</tr>
<tr>
<td>Children’s National Health Network (CNHN): Improve Mental Health Screening in Pediatric Practice. QI Learning Collaborative</td>
<td>20</td>
</tr>
<tr>
<td>Colorado Assuring Better Child Health and Development Optimizing Identification of Children with Developmental Disorders and Delays in Primary Care</td>
<td>20</td>
</tr>
<tr>
<td>The Consortium for Southeastern Hypertension Control (COSEHC) module Aggressively Treating Cardiometabolic Risk Factors to Reduce Cardiovascular Events (AT GOAL)</td>
<td>20</td>
</tr>
<tr>
<td>Docs for Tots Developmental Screening</td>
<td>20</td>
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<tr>
<td>GMCF: Cardiac Quality Improvement Initiative</td>
<td>20</td>
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<tr>
<td>Got Transition, the National Health Care Transition Center (NHCTC) of the Center for Medical Home Improvement (CMHI), Crotched Mountain Foundation: Health Care Transition Learning Collaborative</td>
<td>20</td>
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<tr>
<td>HealthPartners Medical Group module Care Model Process</td>
<td>20</td>
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<tr>
<td>I3 Population Health Collaborative: Improving Quality and Patient Experience and Reducing Cost of Care in Teaching Practices</td>
<td>20</td>
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<tr>
<td>Illinois Chapter of the American Academy of Pediatrics: Tobacco Cessation for the Primary Care Provider: A Quality Improvement Initiative</td>
<td>20</td>
</tr>
<tr>
<td>Illinois Chapter, American Academy of Pediatrics: Transitioning Youth to Adult Healthcare</td>
<td>20</td>
</tr>
<tr>
<td>INTEGRIS Medical Group: Breast Cancer and Colorectal Preventive Screening QI Initiative</td>
<td>20</td>
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<tr>
<td>Interactive Medical Training Resources—University of Washington module Spirometry 360</td>
<td>20</td>
</tr>
<tr>
<td>Interstate Postgraduate Medical Association: Practice Improvement in Chronic Disease</td>
<td>20</td>
</tr>
<tr>
<td>Maine Quality Counts: First STEPS 2014—Improving Developmental and Autism Screening in Primary Care Practice</td>
<td>20</td>
</tr>
</tbody>
</table>
Fee Payment

In order to provide the greatest flexibility, the ABFM has provided the option to pay your fees in advance. There are three payments due each stage for the MC-FP process and you have the option to pay up front for the current stage, future stage and the application fee for your next examination. The fee is subject to change; consequently, prepayment is the only way to fix the current cost for the time frame covered by your payments. For instance, paying for your current stage and the next stage would be a total of six payments and you will not be subject to fee increases for the stages in which you have prepaid. You may make a single process payment now, make multiple process payments for the current stage or pay the entire process (including your next examination application fee up front).

Select the payment(s) you would like to make at this time:

<table>
<thead>
<tr>
<th>Current Stage 2014-2016</th>
<th>PAID</th>
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<tbody>
<tr>
<td></td>
<td>$200 Process Payment (2014)</td>
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<tr>
<td></td>
<td>$200 Process Payment (2015)</td>
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<tr>
<td></td>
<td>$200* Process Payment (2016)</td>
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<table>
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<th>Future Stage 2017-2019</th>
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<th>Future Stage 2020-2022</th>
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<table>
<thead>
<tr>
<th>Application Fee</th>
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<tbody>
<tr>
<td>(Exam due no later than 2023)</td>
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</tbody>
</table>

Subtotal: $0

*Note: The fees are anticipated to increase annually. The only way to guarantee the fees listed above is to pay for them prior to any anticipated annual increases.
FAQ

- I am not a practicing physician; do I still need to participate?
- Yes. Physicians who are administrators or who practice in settings which do not allow them to complete a PPM or an approved outside vendor module are still required to participate in MC-FP. These Diplomates will complete a different type of Part IV activity. These activities include a Methods in Medicine Module (MIMM), the Hand Hygiene PPM, or Self-Directed Performance Improvement effort. Currently the available MIMM topic is “Cultural Competency.”
FAQ

- If I am behind in completing my modules, can I catch up?
  You may catch up within each 3-year stage. That is, 50 points are required for every 3-year Stage, but they may be completed at any time during that 3-year Stage. However, not meeting the requirements in any Stage will cause your certification status to change to “not certified.”
FAQ

• What if my certification status has lapsed and then I decide I want to take the exam again? What do I have to do?
If a physician wishes to regain his/her certification status, they will have to complete the following items within 3 years to receive an exam application: (a) complete 50 MC-FP points, of which one activity must be a KSA/CSA and one must be a PPM, and (b) complete 150 CME credits and (c) submit 3 MC-FP entry process payments.
FAQ

- **After passing the MC-FP Exam, how soon can I take it again?**
  A physician has 10 years to pass the MC-FP examination. However, the MC-FP examination can be taken at any time as long as the physician is current with his/her Stage requirements and has a currently valid, full, and unrestricted active license to practice in the United States or Canada.
FAQ

- How many modules can I undertake in a year? Since CME credit is awarded for all ABFM modules, you may complete as many modules as you wish. However, physicians who complete more than the required number of MC-FP points in any Stage will not be permitted to carry forward points earned in a previous Stage to a future Stage. Furthermore, a KSA/CSA cannot be retaken for MC-FP credit until 5 years after the physician last completed the module.
Break for (More) Questions

BRAKE FOR MOOSE

IT COULD SAVE YOUR LIFE

HUNDREDS OF COLLISIONS
Caveat

- You cannot complete your PPM requirement simply by attending this course.
- You can learn how to get started
Part IV is not only about satisfying your MC-FP requirements. Our goal is to introduce the busy family physician to individual QI techniques.

This process of planning a change, measuring a sample of patients to see if an improvement has occurred, and then implementing the proven change for your whole patient population, is called a PDSA cycle.

So Let’s Talk About That....
PDSA Cycle

- What are you trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in improvement?

Source: http://www.apiweb.org/services.htm
(“Associates in Process Improvement”)

Source: http://www.apiweb.org/services.htm
(“Associates in Process Improvement”)

Act  | Plan
---  | ---
Study | Do
PDSA! (a noun and a verb . . )

Changes that result in improvement

Hunches, theories, and ideas
3 Types of Measures

- Outcome measures
- Process measures
- Balancing measures

www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementEstablishingMeasures.aspx
(Institute for Healthcare Improvement)
Outcome Measures

How does the system impact the values of patients, their health and well-being?

What are impacts on other stakeholders such as payers, employees, or the community?

Examples:

- For diabetes: Avg. HgbA1c level for population of DM patients
- For access: % of patients utilizing emergency services
- For critical care: ICU percent unadjusted mortality
- For medication systems: Adverse drug events per 1,000 doses
Process Measures

Are the parts/steps in the system performing as planned?

Are we on track in our efforts to improve the system?

AKA Input Measure to the Outcome Measure

Examples:

- For diabetes: Percentage of patients whose HgbA1c level was measured twice in the past year
- For access: Average daily clinician hours available for appointments
- For pain management: urine tox screens at least annually for those on chronic opiates
Balancing Measures

- Balancing Measures (looking at a system from different directions/dimensions)
- Are changes designed to improve one part of the system causing new problems in other parts of the system?
- Examples:
  - For reducing time patients spend on a ventilator after surgery: make sure reintubation rates are not increasing
  - For reducing patients' length of stay in the hospital: make sure readmission rates are not increasing
  - For pain management: monitor depression screening rates in patients with chronic pain (did they fall because nurses are focusing on urine tests?)
Examples for All Three

<table>
<thead>
<tr>
<th>Output</th>
<th>Process</th>
<th>Balancing</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRC Screening %</td>
<td>Number FIT kits distributed</td>
<td>Did BrCA screening change as we focused on FIT tests?</td>
</tr>
</tbody>
</table>

Process: What can we change or measure TODAY?
Output: What is the resultant impact or value?
Balancing: What else happened in other areas?
So Back to Our Diabetes PPM

- To begin the PPM process, you will download and print out 10 copies of the Indicator Instrument for the health topic you have selected.
- Gather data on 10 patients using the Indicator Instruments.
- Once you have gathered data on 10 patients, return to the PPM area of the ABFM website and enter the data from the Indicators Instruments.
- Once you have all 10 patients' data entered, feedback will be generated regarding your performance on the clinical indicators.
Diabetes PPM Continued

- Choose at least one of the clinical indicators as an area for improvement
- Choose the intervention categories (a minimum of two categories is required) that you would like to use for that indicator; for example, if you choose to work on improving the frequency of your patients' diabetic foot exams, you might choose a poster as an intervention category
- From the menu for the intervention categories that you chose, select as many interventions as you feel are necessary for your plan of improvement, again, based on your unique preferences and your particular practice setting
Diabetes PPM Continued

- Design your Quality Improvement (QI) plan
- Complete and submit your QI plan
- You will receive a reminder email about one week after you submitted your plan. At this time, you should again gather data on 10 patients and enter the data in the PPM area of the ABFM website, as you did prior to your intervention implementation
- Wait for feedback to be generated and view your performance on the indicators
- Having successfully completed all phases of the PPM, you will be given the opportunity to evaluate the experience and receive CME credit
So What I Did Back in the Day

- Data submitted showed a gap in getting updated foot exams in my diabetic patients
- **PDSA**
  - Reviewed monofilament testing
  - Added to my huddle
  - Mandated shoes off
  - Checked how documentation changed my quality reports
Other Caveats from Back in my Day

- Websites says just submit 10 patients initially and 10 patients after intervention
  - I kept the same 10 patients as a group but not required
  - Probably best to focus on change that will stay with you as opposed to an unsustainable change
- For ABFM, you are NOT required to achieve improvement
  - This is about the process, not the result.....for now.
- For PCMH application, quality improvements must be made in certain categories
But What If I No Longer See Continuity Patients?

Do I still need to do this??
Getting Started on a PPM

Hand Hygiene Module
Objectives of Handwashing PPM

- Improve hand hygiene in clinical practice
- Teach quality improvement – PDSA
- Satisfy ABFM requirement
Model for Improvement

Use established quality improvement methods and tools to achieve optimum hand hygiene practice.

Test changes to improve care using PDSA cycles

The Performance in Practice Modules utilize Plan-Do-Study-Act (PDSA) cycles. This represents the scientific method to test changes in care—by
Optimum Care

Optimum Hand Hygiene includes strategies that are effective for both outpatient and inpatient practices.

Optimum Hand Hygiene includes:

- Published guidelines based on expert consensus and scientific evidence that reflect the CDC, and WHO recommendations.
- Practice-proven improvement strategies.
- Creating a culture of safety.

Optimum Hand Hygiene:

- Leads to decreased health care associated infection rates.
- Results in decreased morbidity and mortality in patients.
- Decreases healthcare costs by reducing hospitalizations and hospital stays due to preventable infections.
Getting Started

Overview

This Performance in Practice Module (PPM) was developed for use by physicians involved in both outpatient and inpatient care—essentially any physician who has contact with patients. Below is a graphical representation of the process for successfully completing the PPM. Clicking through the 4 steps will guide you through this process.

1. Collect Data on Paper
2. Enter Form Data Online
3. Review Run Charts and ...

... Improve Your Practice
Get Ready to hit print...

- 30 surveys per cycle
- Need 3 cycles
- I numbered the sheets
Visit Form: Create New Cycle

Before you can enter data, you need to create a cycle. What is a cycle?

Cycle Name: Cycle 4
Start Date: 
End Date: Your end date will be set when you close this cycle.

Create New Cycle

Create Cycle | Manage Cycles
Back to Previous Cycle
Visit Form

Forms:


* 30 Forms are required to finish this cycle.

Based on your observations:

1. Did the nurse or other staff working with Dr. _________ wash his/her hands or use a hand sanitizer immediately before touching you (or your family member if you are not the patient)?

2. Did the nurse or other staff working with Dr. _________ wash his/her hands or use a hand sanitizer immediately after touching you (or your family member if you are not the patient)?

3. Did Dr. _________ wash his/her hands or use a hand sanitizer immediately before examining you (or your family member if you are not the patient)?
Appropriate staff hand hygiene immediately before the patient encounter

% of patient encounters where appropriate hand hygiene was done immediately prior to staff patient contact

View another Run Chart ...

--- Chart Image ---

Annotate this chart:
Add a brief description of an event or activity that influenced the data point or trend line.

--- Select a Measure ---

--- Select a Cycle ---

Add / Change Annotation
After Your Baseline

Improvement Strategies and Tools

Deliver optimum hand hygiene using guideline-driven, physician-tested strategies and tools. Start with one strategy or tool. Use PDCA cycles to structure and learn from change efforts. Implement subsequent strategies one at a time or simultaneously once you are comfortable using PDCA cycles. You may choose to implement one of the successful strategies listed below or you may develop your own strategy.

Strategies Included in This Section

**Assure Availability and Convenience of Hand Sanitizer**
- Provides a key component of optimum hand hygiene.
- Provides an alternative to or augments hand washing.

**Do an environmental assessment and implement team care**
- Achieving optimum hand hygiene rates requires engagement and accountability from physician, office staff, patients and family and making changes to the work environment.

**Use AHRQ patient/practice survey**
- Assess the degree to which a culture of safety exists.

**Post performance data in a highly visible place**
- Provides feedback to monitor progress and to stimulate participation.
- Creates peer pressure to change practice behavior.
- Consider whether data should be posted where patients and families can view it.

**Conduct physician and staff education**
- Assures that staff have the most current knowledge about hand hygiene and preventable infections.
- Consider having staff demonstrate competency in hand hygiene.

**Use posters and other visual cues to remind the team**
- Keeps physicians and staff focused on the pertinent goal and activity.

Tools and Resources

- Improvement Checklist
- The Model for Improvement
Improvement Checklist

Use this high-level checklist to guide your efforts to improve Hand Hygiene rates. Consult the Tools, Resources and Links page for links to detailed improvement help.

✓ Enlist Support of Senior Leadership

- Make a shared commitment to hand hygiene excellence
- Share performance results.
- Educate regarding strategies and tools you will use.
  - Guideline-based, family physician-tested strategies proven to get results.
  - Established quality improvement methods.
- Specify resources required.
- Update regularly.

✓ Communicate Frequently With Staff

- Share practice’s aim to deliver optimum hand hygiene rates
- Report performance results.
- Describe improvement strategy.
  - What is it?
  - How does it improve care?
- Highlight each staff member’s role in providing optimum hand hygiene rates

✓ Assign A Multidisciplinary Improvement Team

- Because improving clinical care requires changes in all parts of the practice, include:
  - Physician, nurse, and office staff member (minimum).
  - Other disciplines and members as needed.
- Meet weekly for 1 hour.
- Plan and document meetings.
Wanna Video Walkthrough?

- Part 4 Hand Hygiene Tutorial
- To view this you need to be logged into ABFM
Pearls from the field

- Resist efforts at first to be “overly focused” during baseline period – act naturally
- Number your surveys and separate into cycles
- Engage your staff in getting survey completion
- Pick one improvement strategy per cycle
- Consider really what would improve practice not just satisfy your PPM
Questions on Handwashing PPM?
But I Do Quality Improvement in My Office Anyway....

Do I still need to do this??
Getting Started on a PPM

Other Self-Directed Activities
Qualify for Credit – Double Dip

- Family Medicine Maintenance of Certification: Performance Improvement Activity Alternatives
  - Items from your PCMH application
  - Items from your use of LEAN, PDSA, Six Sigma
  - Things you did to improve your office over time
How to Report

- Log into the ABFM site and click on the “track your progress” button
- On this page, select the “alternative performance improvement activities” tab.
How to Report

- A list of all of the programs will appear, and select the “ABFM self-directed activities” link.
Then What?

- Select the access information and application form button.
- This will bring you to a new web site “MOCAM” – Maintenance of Certification Activity Manager.
Then What

- Create your profile with your ABFM number
- Select the Independent Pathway that applies
- You will be prompted with an application to fill out. It is self-explanatory.
- You will need data about your project for the clinical projects and you will need to describe your project in detail.
- If you have documentation, work plans, A3 forms, or anything that was used to outline your project, you can upload those as evidence as well
Last Step

- At the end, MOCAM will ask for a senior administrator in your organization or practice to sign off on your project and attest that you did fulfill the requirements.
But What If I No Longer Any Patients?

Do I still need to do this??
Methods in Medicine Module (MIMM)

- Cultural competency as a core component of health care quality among diverse populations
- Operate differently from the Performance in Practice Modules (PPMs) developed by the ABFM.
  - In addition to the standard MC-FP fee, the course requires a one-time registration with the TRAIN system.
- Once registered, you must complete a pre-course assessment with 26 items.
- Then, complete 5 modules
Methods in Medicine Module (MIMM)

- **Module 1: Introduction to Health Communication** focuses on a concept known as the Unified Health Communication approach, which includes awareness of patients' level of health literacy, culture, and language skills.

- **Module 2: Health Literacy** focuses on factors that influence an individual's "capacity to obtain, process, and understand basic health information."

- **Module 3: Cultural Competency** deals with the "set of attitudes, skills, behaviors, and policies that enable organizations and staff to work effectively in cross-cultural situations."

- **Module 4: Limited English Proficiency** explores how limited English proficiency affects patient communication, obligations under Title VI, and provides guidance to Department of Justice and Health and Human Services requirements for interpreter services.

- **Module 5: Capstone Activity** presents scenarios in which you will apply the knowledge you've gained in the first four modules.

- The entire MIMM will take about five hours of contact time to complete per ABFM. Reports for others say that it is much longer to complete.
And What is this Thing Called PRIME?

Do I still need to do this??
PRIME

- Primary Care Registry of ABFM
- 700 practices enrolled
- Enrolling in PRIME will allow you to use your data to meet your Performance Improvement activity requirement using the new integrative Performance Improvement platform
- Extracts patient data from your electronic health record (EHR) and turns it into actionable measures (PDF)
- For more information, see http://primenavigator.org/primeregistry
- Unfortunately for me, PRIME is like Algebra...
But What If I Just Want This Workshop to End?

Do I still need to be here??
Conclusion

- The proactive clinician will be able to easily complete their ABFM requirements
- Are other current practice activities PPM eligible?
- If not, what do I have the time to complete
- For PDSA, focus on baseline measurements and then opportunities to improve that metric
- When in doubt, give ABFM a shout
- ABFM Support Center: 877-223-7437
Thank you all!