A Message from the President

I hope that this newsletter finds you enjoying summer and all of the attendant pleasures that are associated with it—kids frolicking in parks and pools, balmy evenings on the deck or patio enjoying dinner with your family, and of course a well-deserved vacation that will allow you to decompress and relax from the daily pressures of delivering health care in an environment that currently makes it particularly challenging to do so.

We appreciate how difficult it is for you to deliver high quality care to your patients given current regulatory burden and reporting requirements, and when we designed Maintenance of Certification for Family Physicians (MC-FP), we did so with the intent of creating tools to not only help you take better care of your patients, but also to reduce some of the redundancy that detracts from your ability to spend adequate time with them. Some of the most important tools that we have designed in that regard are our Part IV modules, the Performance in Practice Modules (PPMs), which have been developed to allow you to measure the quality of care that you deliver to your patients. As many of you now have entered your second three-year Stage of MC-FP, you soon will need to complete one of these modules, or its equivalent, to meet your Stage Two requirements. We devote this entire newsletter to the Part IV process so as to better acquaint you with these modules and to fully explain your options for meeting this requirement of MC-FP.

Our current Part IV menu includes the PPMs and the soon to be released first module of our Methods in Medicine Modules (MIMMs). In addition, a large number of Part IV alternatives are available that have been produced by external vendors and approved by us for use in meeting your Part IV requirement. Among these are METRIC, created by the American Academy of Family Physicians (AAFP); the Diabetes, Heart/Stroke Prevention, and Low Back Pain modules created by the National Committee for Quality Assurance (NCQA) for its Physician Recognition Program; and the Patient Safety Improvement Program created by the American Board of Medical Specialties (ABMS).

If you are a physician practicing in a setting that allows you to see patients in continuity, you may meet your Part IV requirement for Stage Two by completing a PPM or one of the Part IV equivalents produced by external providers that has been approved by us. We have provided a step-by-step guide to assist you in completing the PPMs inside this issue. You will also find a list of all currently approved Part IV alternative activities in this newsletter.

You may also meet your Part IV requirement by completing the MIMM or the ABMS Patient Safety Improvement Program if you are a practicing clinician, but it is important to note that you may use one of these modules only once to satisfy a Part IV requirement if you are on the ten-year MC-FP pathway. You will find stories inside describing these two modules in greater detail.

If you are NOT currently practicing or if you are in a practice setting in which you DO NOT see patients in continuity, you may complete your Part IV requirement by either completing the MIMM or the ABMS Patient Safety Improvement Program. This option, as well as the options described above for practicing physicians, are illustrated...
in the flow chart that we have included in this issue to illustrate your choices for meeting your MC-FP requirements.

Since we are devoting this issue to discussing your Part IV options, you should be aware of an important announcement recently made by the Center for Medicare and Medicaid Services (CMS). In publicizing refinements to its 2008 Physician Quality Reporting Initiative (PQRI), CMS announced that physicians may now participate in PQRI by submitting data through an approved patient registry. To date, physicians participating in this program could only report data to CMS through the Medicare claims submission process using a special set of billing codes. Last year, almost 16% of all eligible physicians participated in PQRI, and 92,218 of these physicians submitted at least one measure to CMS successfully.

As you know, we along with several other specialty boards have been in continuous discussion with CMS about linking our Part IV activities with PQRI for our Diplomates. This recent refinement in their program will allow us to do so, and we have just informed CMS of our decision to seek approval as a PQRI Registry. We are currently going through the approval process, and we expect to be one of the approved registries announced by CMS next month. Once approved, we will be able to submit data on your behalf to CMS to qualify you for the 1.5% bonus on Medicare billing for 2008. We hope that this effort will streamline this process for those of you that wish to participate. Let me briefly describe how this will work.

One of the options in the new reporting paradigm announced by CMS is reporting by measure groups. Four measures groups have been created for 2008: Diabetes, End Stage Renal Disease, Chronic Kidney Disease and Preventive Care. The Diabetes Measure Group has five measures that are identical to five of the quality indicators that we use in the Diabetes PPM. Therefore, we have redesigned the Diabetes PPM to allow Diplomates to use that toward participation in PQRI in 2008. Assuming that PQRI continues in 2009, we will design our upcoming Comprehensive Care PPM, which will contain all seven of the Preventive Care measures, for reporting using the Preventive Care measure group.

Based on the new reporting guidelines published by CMS, registries may report data from 30 consecutive patients for any one of these measure groups if the physician wishes to receive the 1.5% bonus on all Medicare billing for the reporting period from January 1 to December 31, 2008. Alternatively, the physician can report data for 15 consecutive patients if they wish to only receive the 1.5% bonus for Medicare billing during the reporting period from July 1 to December 31, 2008. It is important to note that with the consecutive patient reporting methodology, not all of the patients must be Medicare beneficiaries. They may come from a variety of payor groups, but some of the patients must be Medicare Part B patients. Additionally, regardless of whether the physician is collecting data for 15 or 30 consecutive patients, the data collection may take place at any time during the calendar year.

To comply with this new reporting methodology, we are creating PQRI reporting templates that you may use to collect data for each of the five measures in the Diabetes Measure Group for either 15 or 30 consecutive patients with diabetes. Data from these templates is then entered into the PPM on our website by either you or your staff. You will keep the template for each patient in case your records are randomly audited; we expect a 3% random audit rate for all Diplomates who submit data to qualify for the PQRI bonus.

In addition to CMS, a growing list of organizations is proposing programs to measure physician performance. State medical licensing boards have also subtly inserted themselves into this process with their plans for maintenance of licensure. We have worked diligently to remain engaged with each of these stakeholders to ensure ongoing discussion for the role that MC-FP plays in assisting physicians with meeting these requirements. Specifically, we believe that Part IV activities help our Diplomates regain professional high ground by demonstrating with their own data that they can assess and improve the quality of the care they deliver. Through this process, physicians can show that their personal performance meets standards that are evidence-based and well documented in the medical literature. Our vision is that the modules which we have created for Part IV of MC-FP, the Performance in Practice Modules, can obviate much of the extra work that is required of practicing family physicians at the present time by third party payors, licensing agencies and the government.

Before closing, let me draw your attention to two other important stories in this issue of The Phoenix.
ABFM Elects New Officers and Board Members

The ABFM is pleased to announce the election of four new officers and three new board members. The new officers elected at the ABFM’s annual Board of Directors meeting in April include: Elizabeth Ann Garrett, M.D., of Columbia, Missouri, elected as Chair; Larry A. Green, M.D., of Aurora, Colorado, as Chair-Elect; Ross R. Black, M.D., of Cuyahoga, Ohio, as Treasurer; and Alain J. Montegut, M.D., of Boston, Massachusetts, as Executive Committee Member-at-Large. In addition, the ABFM welcomes this year’s new members to the Board of Directors: Susan C. Day, M.D., of Philadelphia, Pennsylvania; Samuel M. Jones, M.D., of Fairfax, Virginia; and Michael Workings, M.D., of Detroit, Michigan.

The returning members of the Board include: Arlene M. Brown, M.D., of Ruidoso, New Mexico; John R. Bucholtz, D.O., of Columbus, Georgia; Thomas H. Cogbill, M.D., of La Crosse, Wisconsin; Craig W. Czarsty, M.D., of Oakville, Connecticut; Thomas P. Gessner, M.D., of Latrobe, Pennsylvania; Warren P. Newton, M.D., of Chapel Hill, North Carolina; Russell R. Snyder, M.D., of Galveston, Texas; and Daniel K. Winstead, M.D., of New Orleans, Louisiana.

The ABFM Board of Directors looks forward to working with the new members as it continues to implement and enhance the Maintenance of Certification for Family Physicians (MC-FP) program and the important task of sustaining the mission of the ABFM. For more information on the current Board members, please visit the Board of Directors page on our website.
The 10-Year Recertification Path

CERTIFICATION/RECERTIFICATION EXAMINATION

STAGE ONE
Completion of 2 Part II modules and 1 Part IV module or 3 Part II modules during the first 3-year stage

YES NO

STAGE TWO
Completion of additional 2 Part II modules and 1 Part IV module during the second 3-year stage*

Completion of 6 Part II modules and 1 Part IV module prior to Recertification Exam

NO NO

3-year extension is awarded

Recertification Exam at Year 7

PART II: Includes the Self-Assessment Modules (SAMs) or other approved external provider module. In the 6 years preceding the exam, Diplomates must complete an equivalent of 300 CME credits.

PART IV: Depending on whether you see patients in continuity and your practice setting, the requirements for this component differ:
- Traditional practice setting/Patients seen in continuity—options include the Performance in Practice Modules (PPMs), the Methods in Medicine Module (MIMM), Patient Safety Improvement Program, or other approved external provider module
- Non-traditional practice setting/Patients not seen in continuity or not seen at all—options include the MIMM or the Patient Safety Improvement Program.

Recertification Exam at Year 10

*You will retain your 7-year certificate until you successfully complete the Stage One AND Stage Two requirements, at which time your certificate will be extended to 10 years.

Alert: Diplomates whose licensure is invalid on the last day of the year at the end of their Stage 2 may be defaulted to the 7-year certification path
What are the Four Parts of MC-FP?

The American Board of Medical Specialties has designated the four Parts of Maintenance of Certification as follows:

**Part I: Professional Standing**
Medical specialists must hold a valid, unrestricted medical license in at least one state or jurisdiction in the United States, its territories, or Canada.

**Part II: Lifelong Learning and Self-Assessment**
Physicians must participate in educational and self-assessment programs that meet specialty-specific standards that are set by their member board.

**Part III: Cognitive Expertise**
Physicians must demonstrate, through formalized examination, that they have the fundamental, practice-related and practice environment-related knowledge to provide quality care in their specialty.

**Part IV: Practice Performance Assessment**
Physicians must evaluate their clinical practice according to specialty-specific standards for patient care. They are asked to demonstrate that they can assess the quality of care they provide compared to peers and national benchmarks and then apply the best evidence or consensus recommendations to improve that care using follow-up assessments.

The ABFM requires for each of these parts:

**Part I:** A valid, unrestricted medical license in at least one state or jurisdiction in the United States, its territories, or Canada

**Part II:** At least two Self-Assessment Modules per Stage and 300 credits of Continuing Medical Education (CME) during the six years prior to the examination

**Part III:** The successful completion of a cognitive examination

**Part IV:** One Part IV Performance in Practice Module (PPM) or approved alternative per Stage (replaces old Office Record Review)

Note: One Part II module (SAM) may be completed in place of the Part IV module required for MC-FP credit within Stage 1

**MC-FP Part IV—Performance in Practice**

The ABFM's Performance in Practice Modules (PPMs) are web-based, quality improvement activities that guide a physician's assessment of his or her care of patients using evidence-based quality indicators. After entering patient data into the ABFM website, feedback is provided for each of these 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 3 months, the physician reassesses the care provided to patients in the chosen health area and again enters the data into the ABFM website. The physician is then able to compare pre- and post-intervention performance, and compare his results to those of his peers. Evidence of improvement is not necessary to satisfy this MC-FP requirement.

Once a Part IV module is started, it must be completed within one year. If the module is not completed in that time, the module must be restarted or a new module selected. Since the PPM takes at least three to six months to complete, Diplomates who need to fulfill their Part IV MC-FP requirements should begin a PPM before the second half of the third year of the Stage in which they are working. For example, Dr. Smith is in the third year of her Stage Two and has already completed 2 SAMs (Part II), but she still needs to complete 1 PPM (Part IV) before the year's end. She should start the PPM by July of the third Stage year to avoid running out of time.
Performance in Practice Modules: A How-To Guide

To begin any MC-FP activity you must log into your Physician Portfolio at www.theabfm.org with your ABFM user ID and password. Follow the link on the left to Track Your Progress. There you will see a charted representation of your individual MC-FP path. Select Begin a PART IV Module to see the module options.

Select a PPM health topic—don’t worry, you can withdraw from the current PPM module if you’d prefer to change the topic. On the first page of the PPM application you will be given a unique PPM ID that will enable you or your staff to access the PPM while bypassing access to your Physician Portfolio. Your PPM ID will be operational for the remainder of your MC-FP cycle. However, for privacy reasons, as soon as you successfully complete the PPM, the ABFM will no longer retain any link to the PPM ID. If you wish to use the PPM ID beyond this time, you must retain the number. ABFM will not be able to provide your PPM ID information once you have completed the PPM.

To begin the PPM process, you will need to download and print out 10 copies of the Indicators Instrument for the health topic you have selected. Gather data on 10 patients using the Indicators Instrument. Patients complete the patient portion of the form; you complete the physician portion of the form.

Once you have gathered data on 10 patients, return to your PPM at the ABFM website and enter the data from the Indicators Instruments (as shown above). You may allow your staff to do this by providing them with your PPM ID, which will allow them access to the PPM, but not to any of the information in your Physician Portfolio.
Once you have all 10 patients’ data entered, feedback will be generated regarding your performance on the clinical indicators. This feedback will include comparisons to your peers’ performance. NOTE: If one of your staff is entering the data for you, you might ask that staff member to print out your report for you, or you may view it at a later date online.

Next, you must choose at least 1 clinical indicator as an area for improvement (although you can choose more). Select 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. You must choose at least two, but you may choose several intervention categories, based on your interests, your desire for particular improvements, and your individual practice situation.

From the menu of intervention categories, (part of which is shown below) select as many interventions as you feel are necessary for your plan of improvement, based on your unique preferences and your particular practice setting. You have now designed your Quality Improvement (QI) plan. Once you submit your QI plan, you will spend at least 3 months implementing the plan in your practice.

You will receive a reminder email from the ABFM about 3 months after you submitted your plan. At this time, you should again gather data on 10 patients and enter the data in your PPM at the ABFM website, as you did prior to the intervention implementation.

Feedback will be generated regarding your performance on the clinical indicators. You may compare your performance pre- and post-intervention. You also can view comparative reports of your peers.

After responding to a brief CME survey, Track Your Progress will be updated to reflect your successful completion of a Part IV module.
MC-FP Part IV Alternative Activity Providers

In ongoing efforts to provide the most flexibility and choice within the MC-FP process, the ABFM continues to add to the growing list of approved alternative activities by external providers. Diplomates can elect to complete any of the following for corresponding Part IV credit where applicable.

- AAFP METRIC modules in Diabetes, Asthma, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, and Geriatrics
- Colorado Permanente Medical Group Department of Education Performance Improvement CME
- ABIM PIMs Completed in a Group Setting within a Mixed Practice
- NCQA Physician Recognition Programs in Diabetes, Heart Disease/Stroke, and Back Pain
- Geriatrics Education Network of Indiana (GENI) Geriatrics Quality Improvement Initiative
- Boston University School of Medicine module Stepping Up: Treating the Uncontrolled Diabetic Patient
- Improving Performance in Practice (IPIP)
  (currently available in Colorado, Michigan, North Carolina, and Pennsylvania)
- California Academy of Family Physicians New Directions in Diabetes Care
- Illinois Academy of Family Physicians modules in Managing Childhood Asthma in Primary Care and Managing Adult Depression in Primary Care
- American College of Physicians (ACP) module ACOVEprime: Practice Redesign for Improved Medical Care for Elders
- ABMS Patient Safety Improvement Program

For the alternate Part IV activity to apply toward the required MC-FP Part IV requirement, it must be started and completed during the stage in which the Diplomate wishes to receive credit. Diplomates who complete an approved alternative activity and wish it to serve as Part IV credit should submit confirmation of completion to Debbie Medley by fax at 859-335-7509 or direct any questions regarding alternative activities for MC-FP to the ABFM Support Center at 877-223-7437.
Methods in Medicine Module Launches Summer 2008

The ABFM is pleased to announce that the Methods in Medicine Module (MIMM) will launch this summer as a new selection for an MC-FP Part IV activity. Roughly 20% of ABFM Diplomates practice in environments in which they do not have access to a continuity practice that they can utilize for MC-FP Part IV Performance in Practice Modules (PPMs). Not to worry! This summer, the ABFM will roll out the first of several MIMMs that will provide a Part IV alternative for Diplomates in these professional roles. The first MIMM will focus on posing well-focused clinical questions for use in accessing online information sources (such as PubMed, UpToDate, or Dynamed). The MIMM will pose 10 clinical scenarios in adult medicine, child health, and women’s care, each of which raises several different types of clinical questions (e.g., questions of best test to use, best treatment, etc.). A Diplomate will choose 5 scenarios to read and for which to formulate clinical questions. Using the Medical Question Answering Framework developed by Dr. Jeff Wedgwood at the University of Washington, the system will then reformulate the question in a well-focused format. The Diplomate can then choose a particular question type for which she would like to improve her question-formulating skills and undertake an improvement process using Web-based resources. Upon completing the improvement activity, she then repeats the scenario activity.

The MIMM is designed to mirror the process of pre-intervention audit, the conduct of a quality improvement activity, and the post-intervention audit used in the PPMs. The ABFM plans to create additional MIMMs in areas such as critical appraisal of the literature and cultural competency.

ABMS Patient Safety Improvement Program Accepted as MCFP Part IV Alternative Activity

Beginning July 1, 2008, the ABFM will begin accepting the ABMS Patient Safety Improvement Program as a Part IV alternative activity. With a robust curriculum and performance improvement activities, the web-based ABMS Patient Safety Improvement Program provides a self-paced educational experience which is broadly applicable across medical disciplines and clinical settings. It is presented in these areas:

1. scenarios that illustrate common errors and the complex systems involved
2. patient safety curriculum in four broad categories
3. quality improvement fundamentals to apply methods and techniques to clinical environments
4. patient safety improvement activities that introduce changes that can be incorporated into practice

Diplomates can access the Patient Safety Improvement Program through the ABFM website or at www.healthstream.com/hlc/abfm. Diplomates will be asked to log in and pay a fee of $55 dollars to HealthStream, the organization which delivers the module for ABMS. You will also be required to provide your ABFM ID # to HealthStream in order for the ABFM to confirm your completion of the Patient Safety Improvement Program. Once you've provided HealthStream with your ABFM ID #, the ABFM will access your records with HealthStream and award the MC-FP credit for completing the Patient Safety Improvement Program.
**Revisions to the Well Child SAM ClinSim Scenarios**

The clinical simulation (ClinSim) component of the Well Child Self-Assessment Module (SAM) reflects recommendations included in the American Academy of Pediatrics (AAP) Bright Futures guidelines and the Institute for Clinical Systems Improvement (ICSI) guideline for well child care. The AAP recently revised the Bright Futures recommendations to include an additional preventive care visit at age 30 months and specific screening procedures for autism. The Well Child ClinSim has been updated to include these recommendations. For those who started a Well Child ClinSim prior to this revision but have not yet finished the scenario, the older version will remain available until the simulation is completed. For those who begin the Well Child SAM after the implementation of the update, only the new scenarios will be accessible.

**ATTENTION: Diplomates Who Certified in 2005**

Diplomates who certified or recertified in 2005 are required to complete three MC-FP modules for Stage One by December 31, 2008, in order to remain eligible for the 10-year certification path. For Stage One requirements, Diplomates have the option to complete 3 Part II modules (SAMs) or 2 Part II modules and 1 Part IV module (PPM or approved alternative). To guarantee your eligibility for the 10-year certification, successfully complete three MC-FP modules by the end of this year!

**ATTENTION: Diplomates Who Certified in 2003**

Diplomates who certified or recertified in 2003 are required to complete three MC-FP modules for Stage Two by December 31, 2009, in order to remain eligible for the 10-year certification path. For Stage Two requirements, Diplomates are required to complete 2 Part II modules (SAMs) and 1 Part IV module (PPM or approved alternative). It is important to note that the Part IV PPM modules take at least 3-6 months to complete and should be started before July of the third year of the Stage to avoid running out of time.

---

**A Message From the President**

The first is a brief article introducing you to the Project Team that is responsible for the development of the upcoming Comprehensive Care PPM. Using a standard methodology that we have developed for the uniform design of each of these modules, this group utilizes information provided by physician experts to create each module. This includes investigating many web-based quality resources and checking hundreds of web links. They then create the script that is sent to our Information Technology Department to guide the coding of the PPM and its eventual implementation on our website.

The second story to which I draw your attention is an article describing the recent election of three new members to our Board of Directors to fill the recently expired terms of Drs. David Price, Joseph Hobbs, and Dennis Schaberg. We will greatly miss the valued input of these three Directors, but we look forward to working closely with Drs. Day, Jones, and Workings as they join us for five-year terms on the Board. We are also pleased to announce the election of our new officers who will guide us over the course of the next year, led capably by new Board Chair Dr. Elizabeth Garrett. Read more about each of the new officers and Directors inside.

As always, we look forward to your continued input as we continuously evolve the maintenance of certification process to better serve you. Please let us hear from you if you have suggestions that will help us improve any part of this important process, but most importantly, enjoy the summer!
As the ABFM has developed MC-FP content over the last 5 years, both SAMs and PPMs have been steadily introduced in new health topics each year. This past year, an entirely new type of PPM, the Comprehensive Care PPM, has been developed by a content team and is being readied for launch later in 2008. The Comprehensive Care PPM will differ from the existing PPMs in that the quality improvement indicators will address 26 overall clinical indicators as opposed to six indicators within a single health topic. The ABFM is striving to provide the Diplomates with as much added value as it can within the MC-FP process and to reduce redundancy in reporting. To this end, the Comprehensive Care PPM will be linked to the newly revised Center for Medicare and Medicaid Services (CMS) Physician Quality Reporting Initiative (PQRI).

The team who brought the content together for this project are a very capable group. William J. De Bord is originally from Ashland, Kentucky, and obtained his M.S.L.S. degree from the University of Kentucky in 1989. He moved to Morehead, Kentucky in 1990 to accept the position of Network Director for the Eastern Kentucky Health Sciences Information Network based at Morehead State University. Nichole Lainhart grew up in Kentucky and graduated from the University of Kentucky with a B.A. in English and a minor in history. Nichole worked for the University Press of Kentucky before coming to the ABFM. Michele Mason was raised in New York City and lived in many different regions of the country before settling in Kentucky. Michele has a double B.A. in English and History and an M.A. from the University of Kentucky.
Do we have your correct email? Addresses?

Log in to your Physician Portfolio to update your personal and contact information—now with new features and easier to use than ever!

You can also change your password, and now you can enter your National Provider Identifier (NPI) number.

If you need help logging in, call the ABFM Support Center at 877-223-7437 or email us at help@theabfm.org