

Guidance for Residency Program Use of ABFM Performance Improvement Activities platform, ResPIP, and Other Alternatives

Dr. Michael Hagen
ABFM Senior Vice President
Nichole Lainhart, CQIA
Alternatives Program Manager



DR. MICHAEL HAGEN

Senior Vice President
Diplomate, American Board of Family Medicine
Diplomate, American Board of Preventive Medicine-Clinical Informatics

Professor, Department of Family and Community Medicine
University of Kentucky College of Medicine

hagen@theabfm.org
(888) 995-5700 ext 1291 (until 12/31/17!)

Objectives

- Participants will gain familiarity changes in the ABFM Performance Improvement process
- Participants will gain familiarity with the look and feel of the revised Performance Improvement Platform

ABFM Performance Improvement Platform revision

- Began MC-FP Part IV process in 2005 with Performance in Practice modules
- Disease-specific performance improvement activities
- Linked to completion of PQRS requirements
- Two years ago began development of Prime registry
- API extracts data directly from EHR into data warehouse
- Data warehouse formats data to provide measures to Prime
- Prime registry data can be used to complete PI requirements

PIA Platform (cont'd)

- Will also meet reporting requirements for MIPS (MACRA)
- Performance in Practice Modules (PPMs) to sunset in 2017
- Performance Improvement Activities henceforth through the new platform
- Supports both registry participants and manual entry for those whose EHRs not yet connected to Prime
- Includes didactic components not available in the PPMs
- To launch in late March, 2017

PIA Platform (cont'd)

- Supports 45 measures approved for reporting to CMS for MIPS
- Measures across multiple domains (common diseases, prevention)
- From NCQA, PCPI, NQF, etc
- Also approved as a QCDR (Qualified Clinical Data Registry)
- Gives us ability to explore and create measures more relevant to primary care
- Perhaps eliminate “paradox of primary care?”

hether or not you can measure the effects of the improvement you decide to implement.

ose below the measures you wish to monitor performance. You are required to select a minimum of one (1) measure from the below listed measures. For performance improvement.

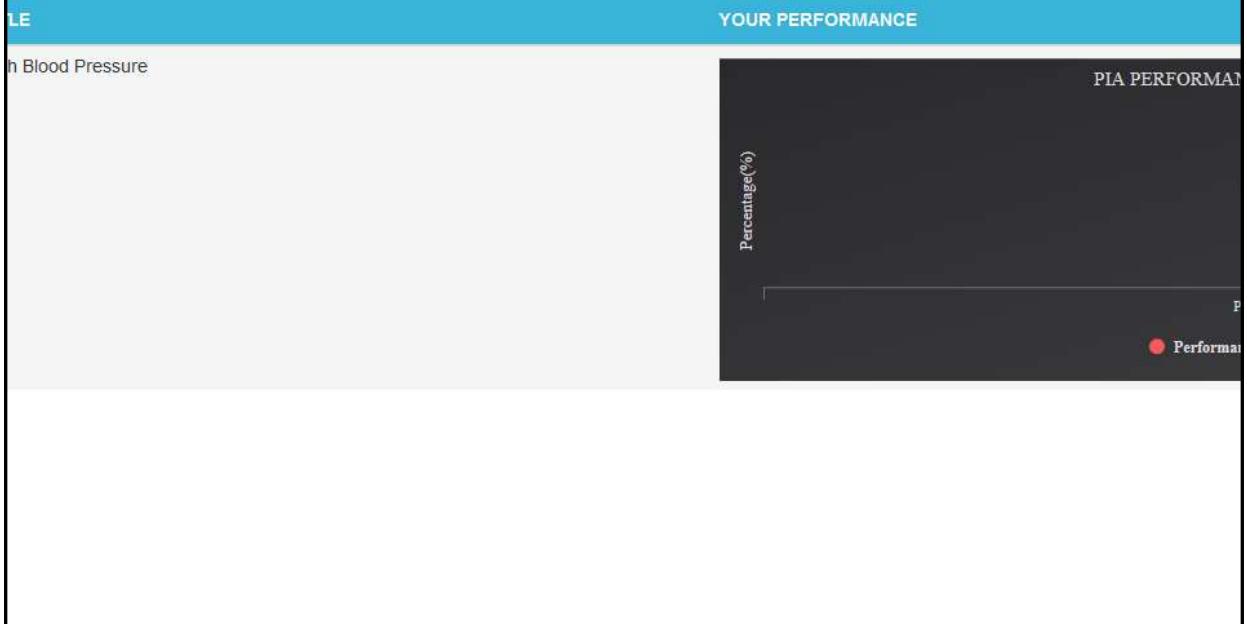
or performance improvement, click the 'Next' button.

MEASURE ID	MEASURE TITLE	MEASUR
<input type="checkbox"/> PRIME 12	Pregnant Women that had HBsAg Testing	2.0
<input type="checkbox"/> PRIME 35	Appropriate Testing for Children with Pharyngitis	1.0
<input type="checkbox"/> PRIME 36	Controlling High Blood Pressure	1.0
<input type="checkbox"/> PRIME 37-A	Use of High-Risk Medications in the Elderly	2.0
<input type="checkbox"/> PRIME 37-B	Use of High-Risk Medications in the Elderly	2.0
<input type="checkbox"/> PRIME 38-BHW-1	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	1.0
<input type="checkbox"/> PRIME 38-CN-1	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	2.0
<input type="checkbox"/> PRIME 38-PA-1	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	1.0

and we hope you find great success in your practice. Listed below you will find the name of this activity and a description which you can include with the URL that can be used by your staff to access the PI activity for data entry, and you will want to retain idea if you would like to access the module more than 30 days after completion.

PI
ontrol

selected measures against the peers score and the registry benchmark. You have to select minimum one measure for improvement on this page.



now have to choose at least one CCM, Intervention, Resource and create an action plan for your activity

DEFINITION

Change concepts and interventions that utilize community resources to meet the needs of patients (NCQA Physician Practice Conn

Change concepts and interventions that create a culture, organization, and mechanisms that promote safe, high-Performance health

Change concepts and interventions that empower and prepare patients to manage their health and health care (NCQA Physician P

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NICHOLE LAINHART, CQIA

Program Manager
Alternative Activities
American Board of Family Medicine

nlainhart@theabfm.org
888-995-5700, extension 1230

Alternative Performance Improvement (PI) Activities

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Quality improvement is a deliberate, systematic change that can lead to measurable improvement in the care or services that patients receive.

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Regardless of the methodology or framework chosen, there are common elements for quality improvement efforts.

Elements of QI

- Identify a quality gap
- Collect data
- Set an improvement goal
- Assemble a team
- Develop a QI plan
- Identify interventions
- Implement plan/changes/interventions
- Remeasure
- Reflect

Meaningful Participation

The board has expectations for the level of involvement in a QI effort that physicians must demonstrate in order to receive PI credit.

Audit

Physicians must complete an assessment using relevant quality indicators. A minimum of 10 records must be assessed pre- and post-intervention.

Develop and Implement

Physicians must be actively involved in the development of a QI plan and the implementation of interventions.

Review

Physicians must review data that reflects the outcomes of the physician's care.

Collaborate

Physicians must actively collaborate in the implementation of the activity (e.g., team meetings, data analysis, implementation training, etc.).

Residents

Residents are required to assess patient-level data as part of the QI effort in order to receive PI credit.

Project Teams

- Teams should have 5 to 8 members (this includes faculty, residents, MAs, PAs, nurses, IT, office staff, patient reps, educators, etc.)
- Teams should be diverse and include
 - People who are knowledgeable about the different aspects of the issue/process
 - People who are subject matter experts (e.g., system and day-to-day leaders, technical experts)
 - People who have the authority to implement changes
 - People who are motivated to succeed

Self-Directed QI Efforts

Access program information at:

<https://theabfm.mymocam.com/selfdirected/>

ResPIP

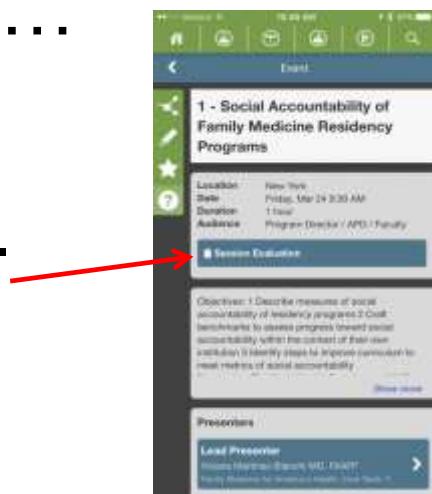
- Updates
- Pilot changes

Access program information at:

<https://theabfm.mymocam.com/respip/>

Examples of Approved QI Efforts for Residents

Please...
Complete the
session evaluation.



Thank you.



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