Maintenance of Certification Part IV credit for PPRNet Based Activities

MARY’S APPLICATION
Attempt #1

- No brainer.
- Organic.
- Nothing artificial here.
PPRNet Model vs Self Directed Part IV

- Prioritize Performance
- Involve All Staff
- Delivery System Redesign
- Patient Activation
- Population-based Medicine
- EMR Tools

- Identify a Problem
- Assess Relevant Data
- Set an Improvement Goal
- Assemble a Team
- Develop and Implement a QI Plan
  - PLAN, DO, STUDY, ACT
- Reflection
## My Application VS. What ABFM Wants

<table>
<thead>
<tr>
<th>MINE</th>
<th>ABFM</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-80 Clinical Markers followed for 5-15 years</td>
<td>Single issue</td>
</tr>
<tr>
<td>‘Culture’ not ‘Project’ or ‘Part IV’</td>
<td>Part IV project</td>
</tr>
<tr>
<td>Central, daily for 15 years</td>
<td>Duration of weeks to months once every?</td>
</tr>
<tr>
<td>The more data the better</td>
<td>Too much data</td>
</tr>
<tr>
<td>Staff entirely immersed</td>
<td>Staff involvement out of context</td>
</tr>
<tr>
<td>The ‘DUH’ factor</td>
<td>Elaborate prose about what benefit ensues</td>
</tr>
</tbody>
</table>
“Not Approved” to “Approved” over 5 months

- Frustrated Email to Steve
- Referral to former resident, now at ABFM
- Referral back to N. Lainhart
- Phone Tag
- Resubmission of only HPV vaccination issue
- Phone Tag
- Approval after phone interview.
MARY’S RECOMMENDATIONS

- Project versus Culture
- Narrow versus Broad Based
- Verbage versus Data
- Accept they mean well, fostering incremental culture change through the leverage of MOC
- Accept they will not be able to ‘see’ that you are light years ahead of them.
Maintainence of Certification Part IV credit for PPRNet Based Activities

GEORGE’S APPLICATION
Compelled to present my PPRNet Story

➢ The ABFM should be aware of PPRNet
➢ Absurd not to use our PPRNet efforts
➢ I explained the context: our PPRNet history
➢ Fourteen years of continuous QI effort
My Focus: Measuring Microalbumin in patients at Risk for CKD

- One clinical element
- Improvement was obvious
- Continued over 18 months
- Clinical improvement is not the object
ABFM RESPONSE TO MY INITIAL APPLICATION

Question 8: “Please describe the process you went through to determine the topic of your QI project, how you developed your QI plan (describe the PDSA cycle or similar process), how you identified interventions (and identify the interventions), tests of change (describe the various iterations of your effort), etc. And finally, provide a much more detailed description of your role in this activity.”

Question 12: “Provide a more reflective response to this question about the impact of this effort on your practice and patients.”
Self-Directed Quality Improvement Effort in a Clinical Context for Maintenance of Certification for Family Physicians (MC-FP) Part IV Credit

- Complete the form electronically = Endless space
- Speak their quality improvement language
- More description is better
- No sharing [we shared only frustration]
IDENTIFY A PROBLEM:

1. Describe the quality gap or issue described by this activity
2. Describe the specific aim(s) of this activity (explanation of the numeric goals and the importance to patients and you organization.)
3. Identify the evidence-based measures evaluated in your practice and provide a summary of the pre- and post-intervention data for each measure
ASSESS RELEVANT DATA:
4. What was the source of your data?  EMR
5. What methods were used for data collection?  EMR
6. What was the comparison group of the activity?
7. Did the measures used address important issues for you patients?  Explain.
ABFM breakdown: Self Directed Part IV  3/4

- Set an Improvement Goal
- Assemble a Team
- Identify Interventions
- Develop and Implement a QI Plan
  - PDSA Cycle or “similar”
  - Two side notes...
PDSA CYCLE

A systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a product or process.

- **PLAN:**
  - Define the problem
  - Establish the objective

- **DO:**
  - Implement the plan
  - Make the changes

- **STUDY:**
  - Measure the results

- **ACT:**
  - Tweak and Repeat: **ITERATIONS**
Iterations

Iteration is the act of repeating a process with the aim of approaching a desired goal, target or result. Each repetition of the process is also called an “iteration”, and the results of one iteration are used as the starting point for the next iteration.
REFLECTION:

9. Was this activity successful in improving care for your patients?
10. Describe in detail your role in this activity
11. Were other members from your care team involved in this activity?
12. How did your practice change as a result of this project?
13. What do you plan to do next to improve your quality of care?
GEORGE’S RECOMMENDATIONS

- Mention PPRNet as the means to measurement
- Convey your personal understanding of the QI process
- Select clinical marker based on ability to describe the process
- Use PDSA verbage
- Include the word “iteration”
- Describe in agonizing detail exactly what you did
- Reflect effusively on project’s ability to affect your practice