

Essentials of MC-FP (MOC): What Family Physicians Need to Know Now

Joseph W. Tollison, M.D. Senior Advisor to the ABFM President



ABFM Maintenance of Certification for Family Physicians (MC-FP)

Part I: Evidence of <u>professional</u> standing

Part II: Evidence of a commitment to <u>lifelong</u>

learning and involvement in a

periodic self-assessment process

Part III: Evidence of cognitive expertise

Part IV: Evidence of evaluation of

performance in practice

Unchanged Since Our Inception in 1969



ABFM Office

May 2016 – April 2017



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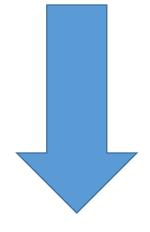


ABFM's OVERARCHING APPROACH



ALIGNMENT

REDUNDANCY





ABFM Maintenance of Certification for Family Physicians (MC-FP)

- PART IV (PERFORMANCE IN PRACTICE)
 - GENERATION 1 \longrightarrow 5
- PART III (COGNITIVE EXAM)







The Phoenix



THE PH@ENIX

A Message from the President

James C. Puffer, M.D.

this form of communication in 2005 to keep you updated on recently in 2013 and 2014. Maintenance of Certification for Family Physicians (MC-FP). As we transitioned together into MC-FP from our old recertification paradigm, I made several promises to you in each of those issues, I assured you that 1) we wanted to develop meaningful, continuous, would listen carefully to the feedback that you provided to us and act on it accordingly to make completion of your requirements as in keeping with the best evidence of assessment, measurement, and quality improvement science.

In keeping with these promises, I have several important several technical improvements to the clinical simulation interface improvements in MC-FP to announce. These include no longer requiring completion of the clinical simulation component of the Self-Assessment Modules (SAMs) for MC-FP Part II credit, transitioning everyone to the MC-FP point system, adding a new Continuous Knowledge Self-Assessment process to the Part II menu, and instituting a major discount in fees for Diplomates over

Unlinking the Clinical Simulation from the Knowledge Assessment in the SAMs

We have just completed an exhaustive review of all of the evaluations that you provided after completion of your Performance in Practice Modules (PPMs) for Part IV and the Self-Assessment Modules for Part II. I shared the preliminary results from the very positive feedback that you provided with respect to the PPMs in the Phoenix last winter. These data have now been fully analyzed and a peer-reviewed manuscript has been accepted for publication this year. Our research staff has just finished a thorough analysis of the SAM data. Unlike the PPM data however, these data were

In preparing my message for this newsletter, I looked back over the improvements had affected your ratings over time, we analyzed first several issues that we published after our decision to resurrect a second data set from almost 100,000 SAMs completed more

The findings were essentially unchanged. You consistently rated the knowledge assessments more favorably than the clinical simulations. The majority of the negative comments about the long-term relationships with each of you as we worked together to clinical simulations revolved around four major issues: difficulty in help you deliver the highest quality of care to your patients; 2) we ordering or scheduling tasks; inadequate recognition of questions or language by the simulator; limited medication, treatment and diagnostic options; and the lack of "realness" in the simulation efficient as possible; and 3) we would endeavor to evolve MC-FP environment. We provided these data to our Board of Directors for review at their April 2015 and October 2015 meetings. Between those two meetings, our Clinical Simulation Team, led by Senior Vice President Michael Hagen, undertook the task of making

> While these changes resulted in improvement in the clinical simulation evaluations during this brief period of time, our Directors endorsed unlinking the clinical simulation and knowledge assessment components of each SAM, thereby making the clinical simulations optional effective this year. Accordingly, the mandatory Part II requirement that at least one SAM be completed during each stage of MC-FP will be modified this year to mandate that at least one knowledge assessment, to be renamed Knowledge Self-Assessment (KSA), be completed in each stage in addition to at least one Part IV activity. In order to avoid the confusion of the multiple permutations of Part II and Part IV activities that could be combined to meet your stage requirements we will also be transitioning all Diplomates to a point system to simplify how you meet your stage requirements

Transitioning all Diplomates to the MC-FP Point System

Those of you that have entered continuous MC-FP (those initially certifying or maintaining their certification in 2011 and thereafter) are by now very familiar with this system. For those that are not it simply requires that you accumulate 50 MC-FP points in each While you provided very positive feedback with respect to the stage with completion of at least one Part IV activity and one Part 60-question knowledge assessment portion of the SAMs, your II activity. That mandatory Part II activity will now be a KSA assessment of the utility of the clinical simulation component instead of a SAM (knowledge assessment plus clinical simulation); was less favorable. Not only were the quantitative evaluations the SAM terminology will no longer be used. Most Part IV significantly lower, the qualitative analysis of over 5 million activities (but not all) are valued at 20 points; the KSAs will now be open-ended feedback comments from 325,000 completed worth 10 points each and the clinical simulations, to be renamed SAMs also revealed several important concerns with respect to Clinical Self-Assessment (CSA), will be valued at 5 points. After technical and navigation issues in the simulations. In an effort to completing at least one Part IV activity and one KSA, you will be determine whether Diplomate familiarity and periodic technical able to mix and match any additional Part IV activities, KSAs or

- **Summer & Winter Edition Each Year**
- Mailed and Emailed to All Diplomates
- PDF Available on **ABFM Website**



MODIFIED/ENHANCED (NEW) REQUIREMENTS (PER 3-YEAR STAGE)

2016 – Unlinking of SAMs

- KSA (Knowledge Self-Assessment)
- CSA (Clinical Simulation/ClinSim)

2016 – 50 points

2016 - Discount (50%) - Age 70 and over

2017 – CKSA (Continuous Knowledge Self-Assessment) (Part II)



SAM Divided into TWO Parts:

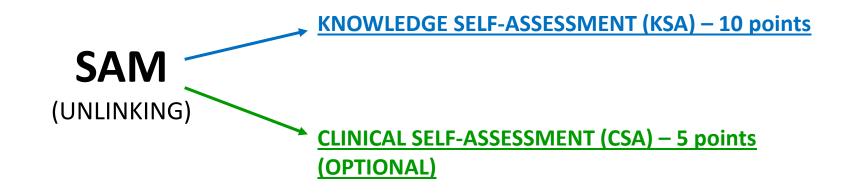
KSA (Knowledge Assessment) – Required – 10 points

- Consists of 60 knowledge assessment questions in a particular domain
- Must achieve at least 80% or above level in each competency in order to complete the Knowledge Assessment component of the SAM.

CSA – (Clinical Simulation) – Optional – 5 points

- Patient Care Scenarios corresponding to the topic chosen in the Knowledge Assessment
- Simulated patients evolve in response to therapeutic interventions, investigations, and the passage of time, providing an opportunity for Diplomates to demonstrate proficiency in patient management skills.







REQUIREMENTS PER 3-YEAR STAGE

1 KSA (Knowledge Self-Assessment) (10 points)
plus
1 PART IV (PPM, PPM Alternative, MIMM)

THEN, YOUR CHOICE

(MIX & MATCH TO REACH A TOTAL OF <u>50</u> POINTS)



Self-Assessment Modules (SAMs) to Become Two Separate Activities (10-year Pathway)

Options	Part II**		Part IV	MC-FP Points
	Knowledge Self-Assessment (10 MC-FP pts)	Clinical Self-Assessment (5 MC-FP pts)	PPM, MIMM, etc. (20 pts)	Additional Part II or Part IV Activities to Total
Option 1*	2 KSA	2 CSA	1 Part IV	50 MC-FP Points
Option 2	3 KSA	0 CSA	1 Part IV	50 MC-FP Points
Option 3	1 KSA	0 CSA	2 Part IV	50 MC-FP Points

^{*}Option 1 reflects completing the 3-year Stage with two (2) SAMs and one (1) PPM.

^{**}Part II requirement also includes completing continuing medical education activities equaling 300 CME hours in the last six years prior to the examination year. Part II SAMs, KSAs and CSAs, as well as Part IV activities that have CME credits, can be applied toward the CME requirement.



Requirements for 7-year Pathway

Options	Part II**		Part IV	MC-FP Points
	Knowledge Self-Assessment (10 MC-FP pts)	Clinical Self-Assessment (5 MC-FP pts)	PPM, MIMM, etc. (20 pts)	Additional Part II or Part IV Activities to Total
Option 1*	6 KSA	6 CSA	1 Part IV	110 MC-FP Points
Option 2	9 KSA	0 CSA	1 Part IV	110 MC-FP Points
Option 3	3 KSA	0 CSA	4 Part IV	110 MC-FP Points

^{*}Option 1 reflects completing the 7-year cycle as most have done to date with six (6) SAMs and one (1) PPM.

^{**}Part II requirement also includes completing continuing medical education activities equaling 300 CME hours in the last six years prior to the examination year. Part II SAMs, KSAs, and CSAs, as well as Part IV activities, include CME credits which can be applied toward the Part II CME requirement.



What Exactly are the MC-FP Requirements?

2003-2010

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

(7 Year Option)

Minimum of 3 Part II Modules (KSAs); CSAs Optional

Minimum of 1 Part IV Module (PPM or Approved Alternative)

Additional Modules (KSAs, CSAs, Part IVs) to reach 110 points

2003-2010

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

(10 Year Option)

Minimum of 1 Part II Module (KSA) Per 3-Year MC-FP Stage

Minimum of 1 Part IV Module (PPM or Approved Alternative) Per 3-year MC-FP Stage

Additional Modules to reach 50 points per 3-Year MC-FP Stage

2011-Beyond

Continuous Process in 3-Year MC-FP Stages

(Continuous)

Minimum of 1 Part II Module (KSA) = 10 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 Modules (KSAs, CSAs, Part IVs) to reach 50 points Per 3-Year MC-FP Stage

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



Continuous MC-FP

Changes Effective with Continuous MC-FP (2011 and Beyond)

- 10-year examination requirement
- 7-year certification plan no longer available
- Point system in place 50 points required per 3-year Stage
 - KSA = 10 points
 - CSA (<u>Optional</u>) = 5 points
 - PPMs, PPM Alternatives, MIMMs = 20 points
- Certification status contingent on meeting MC-FP requirement WITHIN <u>each</u>
 3-year Stage (deadline December 31st of year 3 of each Stage)
- Simplified financial plan
- CME requirement per 3-year Stage 150 credits (Unchanged)



Self Assessment Modules (KSAs): Knowledge Assessment

- A longitudinal educational initiative—<u>NOT</u> a test
- Completion/progression (80%) is the expectation
- Goal of mastery of current information (revised every 5 years)
- "Open Book"- Multiple retakes as needed
- Discussion with colleagues, consultants encouraged
- Multiple resource "tools" are available inside each module



It's Not Too Late!

2013 Diplomates must complete the Continuous MC-FP Stage Requirements.

The deadline for 2013 Diplomates to complete MC-FP Stage components in MC-FP Stage is <u>December 31, 2016!</u>

2010 Diplomates who have completed Stage I, may still qualify for the 3-year extension to their certificate.

The deadline for 2010 Diplomates to complete 3 MC-FP components in Stage II is <u>December 31, 2016!</u>

2007 Diplomates who received extension to 10-year certificate.

Need to complete Stage III this year. Prerequisite to be approved for examination.

MC-FP Examination Application Opens <u>December 2016.</u>



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



Part IV Alternatives Support

- Nichole Lainhart, Program Manager MC-FP Alternatives Activities
 - Email: NLainhart@theabfm.org
 - Phone: 877-223-7437, ext 1230
- Support Center
 - Phone: 877-223-7437
 - Email: help@theabfm.org
 - Live Chat

Support Center Assistance



Extended Hours
Available!

8:00 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
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Live chat available from ABFM Home page





2 Minute Rule

Have a Question after 2 minutes? Contact our Support Center!!



ABFM MC-FP Part III: Cognitive Examination



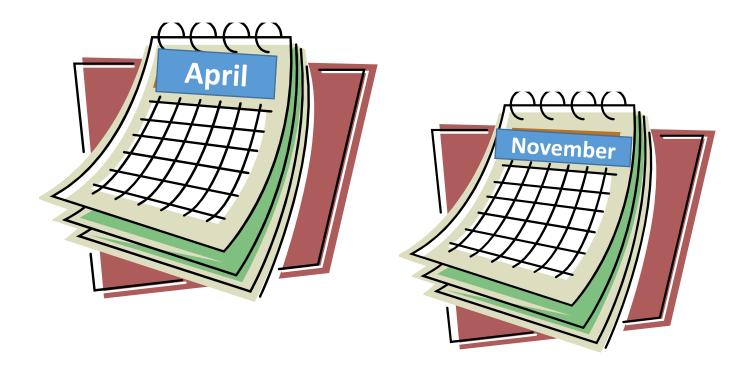
Cognitive Exam

- All candidates (Certification & Recertification) take the <u>same</u> 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	



Exam is offered in **April** and **November** of each year.





Avoid Late Fees

BEGIN the formal application <u>prior to the</u> <u>deadline</u> to avoid late filing fees

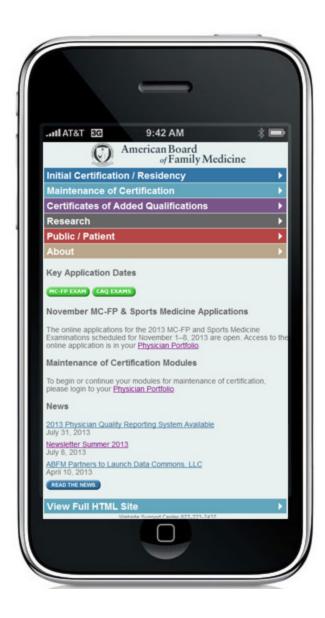
- ---to be able to access the application, all required modules must be paid for/and or started (completion of the modules is not required to start the application but all modules must be complete by the deadline for clearing deficiencies)
- --- <u>IMPORTANT!!!</u> Advance beyond the payment page of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



Exam Deadlines

2016 Fall Exam Deadlines

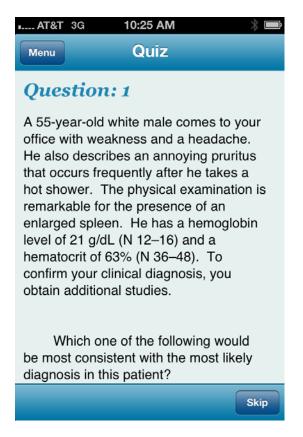
Fall 2016 Exam Deadline	Date
Registration Begins	July 22, 2016
*Deadline to submit application without a late fee	August 22, 2016
Final Deadline to submit application with a \$100 late fee	September 15, 2016
Exam Dates	November 14,15,16,17,18,19
Exam Results	To Be Announced



ABFM Mobile Site

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







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
- New Jersey Academy of Family Physicians (NJAFP) module Performance in Practice Colorectal Cancer Screening
- National Committee for Quality Assurance (NCQA)
 - Physician Recognition Programs (PRPs)
 - Approved PRPs include: Diabetes, Heart Disease/Stroke, and Patient Centered Medical Home (PCMH)
 - Individual-level certificates of recognition in Diabetes, Heart Disease/Stroke, or PCMH
 can be submitted for Part IV credit
 - Organization-level certificates of recognition require additional physician attestation to be considered for Part IV credit



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)



Part IV Alternatives Support

- Nichole Lainhart, Program Manager MC-FP Alternatives Activities
 - Email: NLainhart@theabfm.org
 - Phone: 877-223-7437, ext 1230
- Support Center
 - Phone: 877-223-7437
 - Email: help@theabfm.org
 - Live Chat



Self-Directed PPM

All activities must:

- Be developed using evidence-based criteria and national standards
- Ensure the physician is meaningfully involved
- Incorporate pre- and post-intervention evaluation of the physician's performance using evidence-based quality indicators
- Include the development and implementation of an individualized plan for improvement



Self-Directed PPM

- The required application can be accessed through the physician portfolio
- Submission of an application 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



PRIME SAN

PRIME Support and Alignment Network

- The American Board of Family Medicine (ABFM) has created the PRIME Support and Alignment Network Community to partner with state level organizations through the federal Transforming Clinical Practice Initiative (TCPI) (http://www.healthcarecommunities.org/CommunityNews/TCPI.aspx)
- Practice Transformation Networks (PTN) provide free practice level management and quality improvement assistance to help practices maximize reimbursements, improve quality, and streamline reporting demands under MACRA, MIPS, and Alternative Payment Models.
- Diplomates of the ABFM have a unique opportunity to get free practice transformation assistance through a state level Practice Transformation Network (PTN) and the added benefit of ABFM Maintenance of Certification Part IV credit. The first 6,000 board-certified family physicians who sign up will also get free access to the PRIME Registry for three years (all primary care colleagues, including NPs and PAs, may enroll for a reduced subscription rate of \$33/month/provider, with no additional upfront cost).



PRIME SAN

Step 1:

Email <u>Support@primesan.org</u> with your name, practice location, ABFM ID & NPI, and the same for any practice colleagues you would like to register (please add ABMS specialty for non-family medicine providers).

Step 2:

Join a Practice Transformation Network (PTN) in your state. You will receive an email from us with state-specific PTN enrollment information and confirmation you are in the queue as one of the first 6,000 ABFM board-certified family physicians to get the PRIME Registry for free.

Note: your practice is not eligible to enroll in a PTN if you currently participate in any of the following: Medicare Shared Savings Program (MSSP), Pioneer Accountable Care Organizations (ACOs) including the Next Generation ACO model, the CMS Comprehensive Primary Care Initiative (CPCI), or the CMS Multi-Payer Advanced Primary Care Practice (MAPCP) ACOs. You may, however, join a PTN if you are part of a Medicaid or private payer ACO program.

Step 3:

Join the PRIME Registry



Outreach Resources

RESOURCES INCLUDE:

- SUPPORT CENTER
- LIVE CHAT ("LIVE HELP")
- THE PHOENIX
- WEBSITE
- EMAILS (PERIODIC)
- APP (EXAM PREP)

- KSA STUDY GROUP SUPPORT
- PQRS SUPPORT
- BOOTH @ AAFP FMX
- PUBLICATIONS (eg: Daily Experience@ AAFP FMX)
- YOUTUBE CHANNEL
- PRESENTATIONS
 - Latest MC-FP Info
 - On-site Discussion
 - Invitations Welcome
 - State Chapter & Review Courses



Continuous MC-FP

Timetable (not required but helpful)

Set a Goal of 15-20 Points Per Year!





ABFM Goal:

