PPM Roadmap

As you begin the PPM process, we strongly recommend that you take a moment to read through this roadmap. The PPM roadmap is provided in an effort to enhance your facility and comfort levels in completing the Performance in Practice Module (PPM).



It's highly recommended that you print out a copy of this roadmap for quick reference.



Login to the Physician Portfolio using your ABFM ID and password.



Follow the PPM link in the Physician Portfolio to the Track Your Progress page and from there to the PPM selection page.



Select a PPM health topic—you will be able to change your mind once inside the PPM if you like.



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 Family Medicine Certification cycle. However, as soon as you successfully complete the PPM, the ABFM will no longer retain any link to the PPM ID for reasons related to privacy. 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 after you have completed the 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. You may now log out of the PPM area of the ABFM website.



Gather data on 10 patients using the Indicator Instruments that you have downloaded. 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 the PPM area of the ABFM website and enter the data from the Indicators Instruments. You may allow your staff to do this by providing them with your PPM ID, which allows them access to the PPM but not to any of the information in your Physician Portfolio. You will receive an email one month after you begin the PPM process to remind you that you should submit your patient data.



Once you have all 10 patients' data entered, feedback will be generated regarding your performance on the clinical indicators. Once a statistically significant number of physicians' responses have been collected, this feedback will include comparisons to your peers' performance. **NOTE:** If one of your staff is entering your data for you, you may want them to print out your report for you or you may view it at a later date.



Choose at least one of the clinical indicators as an area for improvement (although you are free to choose more).



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. You must choose at least two, but may choose several intervention categories, based on your interests, your desire for particular improvements, and your individual practice situation.



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. You will then be presented with a number of possible Intervention steps based on your choices.



Design your Quality Improvement (QI) plan. To do this, check off the steps that you wish to take in implementing the plan. You may also customize your plan by typing in specific steps if you wish. This will allow you to design a unique plan. Your plan may be quite simple and streamlined, focusing on a single issue, or may be more "systems-based." For more information on plan design, you may consult the following web resources which explain "systems change":

Improving Chronic Care
The Institute for Healthcare Improvement
http://www.ihi.org/knowledge/Pages/Changes/default.aspx/



Complete and submit your QI plan. You may now log out of the PPM area of the ABFM website. Spend at least one week implementing the plan in your practice.



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. If you have chosen to do so, you may compare your performance pre- and post-intervention. You can also view comparative reports. NOTE: If one of your staff is entering your data for you, you may want them to print out your report for you or you may view it at a later date. Your PPM ID will be operational for the remainder of your Family Medicine Certification cycle. However, as soon as you successfully complete the PPM, the ABFM will no longer retain any link to the PPM ID to protect your privacy. 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 after you have completed the PPM. In addition, please note that after your PPM is completed, only your PPM ID will allow access to PPM for the current certification cycle; your ABFM ID will not allow access to your completed PPM.



Having successfully completed all phases of the PPM, you will be given the opportunity to evaluate the experience and receive CME credit. The ABFM will automatically release your CME information to the AAFP.



This completes your PPM, and satisfies your Performance Improvement requirement.

Please note: There is no limitation as to how often a Performance in Practice Module (PPM) can be repeated; therefore, credit for both CME and Family Medicine Certification can be awarded more than once in any given year.