

NCQA, a not-for-profit organization dedicated to improving health care quality, introduced its Physician Practice Connections—Patient-Centered Medical Home program in January 2008. The NCQA program uses standards that are aligned with the Academy's Joint Principles of the Patient-Centered Medical Home to designate family medicine practices as medical homes.

For a fee, practices can achieve 1 of 3 levels of recognition as they implement and document program requirements.

Bruce Bagley, MD, the AAFP's medical director of quality improvement, said the Academy acted to produce the guide after hearing member feedback that the NCQA medical home documentation process was complex and nearly unmanageable.

"We've provided tools, examples, and templates to make that process as painless and as easy as possible," said Bagley. "We've tried to break it down into manageable steps." The first step in using the multi-faceted guide is to read through the NCQA standards to understand how they are constructed and scored, he said.

Bagley added that NCQA medical home recognition would do more than give FPs in some markets an opportunity to earn bonus payments. "The process also benefits physicians in terms of improved practice efficiency and practice organization."

In addition, the AAFP has collaborated with multi-platform video distributor AnswersMedia Inc, to redesign the Academy's award-winning consumer Web site, FamilyDoctor.org.

The redesigned site integrates FamilyDoctor.org's existing peer-reviewed health information with interactive, high-definition video-on-demand. Coproduced by the Academy and Chicago-based AnswersMedia under the name Primetime HealthNet, FamilyDoctor.org is the only medical association-sponsored Web site offering vetted health care information in text-based, video, and combined formats.

According to AAFP President Ted Epperly, MD, of Boise, Idaho, "FamilyDoctor.org is taking health information to a whole new level."

"Visitors will not only be able to read about their own health issues, they'll be able to see and hear the latest clinical information on the same site," he says in an introductory video posted on the site. "Health videos, news and perspectives, interactive tools, and quizzes will soon all be found on FamilyDoctor.org."

"Video-on-demand is the new frontier in information-sharing, and there is no more important topic than health care," said AAFP Vice President for Publishing and Communications Michael Springer.

"Changes in the health care system will demand that patients are better informed and take more responsibility for their own health and wellness,"

Springer added. "The new FamilyDoctor.org will give them the tools to do this even more effectively. Now patients will not only be able to read about various conditions, they will be able to see and to hear what these conditions mean to them and to their families."

For example, video content on FamilyDoctor.org can provide visuals on health care information that may be difficult to convey in text format, such as how to do a breast self-examination or what to expect during a colonoscopy.

The redesigned site features nearly 100 videos, including many in Spanish, on common medical conditions, treatments and preventive health services. The videos are drawn from health programming created by AnswersTV, a division of AnswersMedia. More videos and a variety of other resources will be added in the coming months, including

- A daily newscast that features health-related news;
- Assigned trigger points in videos that will allow visitors to access bonus content, including promotional materials;
- Expandable and searchable text surrounding video content; and
- Content that can be e-mailed to others.

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## ABFM CONTINUES AS PQRI REGISTRY PARTICIPANT

In August 2008, the Center for Medicare and Medicaid Services (CMS) approved the ABFM Performance in Practice Registry as 1 of 32 qualified registries that may submit Physician Quality Reporting Initiative (PQRI) data to CMS on behalf of its Diplomates. The Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) authorized CMS to make PQRI incentive payments for satisfactory reporting of quality measures data in 2008. It also established alternative reporting periods and criteria for the reporting of measure groups and for the reporting of PQRI quality measures through an approved clinical data registry.

Last year, 128 ABFM Diplomates participated in the initiative, which was made available on September 4,

2008. The Diplomates were permitted to use the Diabetes Module, developed specifically for this purpose by the ABFM, to collect and submit data to the Registry on a set of either 30 or 15 consecutive patients with either type 1 or type 2 diabetes. Not all patients in these samples were required to be Medicare patients, but at least 2 Medicare Part B beneficiaries had to be included in the Diplomat's sample.

Due to the positive response received by its Diplomates last year, the ABFM will continue as a PQRI registry participant in 2009. In addition to the Diabetes Module, a Preventive Care Module will be added in March 2009. The procedures from last year are expected to remain the same for 2009.

Physicians who meet the criteria for satisfactory submission of quality measures data for 30 consecutive patients earn an incentive payment of 1.5% of their total allowed charges for Physician Fee Schedule (PFS) covered professional services furnished during the reporting period, January 1, 2009–December 31, 2009 (the 2009 calendar year). Alternatively, those physicians who meet the criteria for satisfactory submission of quality measures data for 15 consecutive patients earn an incentive payment of 1.5% of their total allowed charges for PFS covered professional services furnished during the reporting period, July 1, 2009–December 31, 2009. CMS approved financial incentives earned during 2009 reporting are scheduled to be paid in mid-2010 from the Federal Supplementary Medical Insurance (Part B) Trust Fund.

The modules may be accessed without fee for use in participating in PQRI. However, Diplomates who are participating in MC-FP and elect to complete this module to receive Part IV credit are required to submit the appropriate MC-FP processing fee.

The ABFM PQRI Diabetes Module is simple and user-friendly. First, Diplomates complete the attestation form giving the ABFM permission to transmit their data to CMS. Both the Diplomat's National Physician Identifier (NPI) number and Taxpayer Identification Number (TIN) are required. It is important that Diplomates provide their individual NPI to the ABFM, as well as the TIN, which is used to receive Medicare reimbursement. Depending on circumstances, this TIN may be either an individual TIN or the TIN that has been assigned to the Diplomat's medical group or corporation. It is important that the correct information is supplied by the Diplomat since CMS will use these 2 numbers to process the incentive payment. Incorrect numbers may result in a delay of the reimbursement.

Diplomates then download the printable data collection templates and insert data from either 30 or 15 consecutive patients aged 18 to 75 years with a diagnosis of type 1 or type 2 diabetes at the time of

their visit. This can be done prospectively, filling in information from patients that are seen for the remainder of calendar year 2009, or alternatively, Diplomates who have an electronic health record system can pull up any 15 or 30 consecutive patients (by date of visit) seen in calendar year 2009 and complete the data templates by retrospective chart audit. It is important to emphasize that whatever methodology is used, the patients must have been seen consecutively by date of service.

Data collection from any diabetic patient who was seen between the date of service of the first patient and the date of service of the last patient cannot be excluded. After collecting the requisite number of patients, a Diplomat will log back on to the ABFM website and enter the data into the module from the templates.

Diplomates should save the templates! Approximately 3% of the Registry's participants will be audited, so it is important that the completed data collection templates are maintained by the Diplomat. Since the ABFM is sent de-identified data, these templates provide the only link between the data sent to the ABFM and the patients that have been seen, which must be verified if a Diplomat is randomly chosen to be audited.

An additional optional benefit exists for Diplomates who are currently participating in Maintenance of Certification for Family Physicians (MC-FP). Such Diplomates may continue with the module to receive Part IV credit for the current MC-FP stage if a Performance in Practice Module (PPM) or an approved Part IV alternative activity has not already been completed for that stage.

Diplomates who choose to continue the Diabetes PQRI module for MC-FP credit, or who choose the Preventive Care Module, when available, will then proceed to the quality improvement "wizard" and select 1 quality indicator around which to develop a quality improvement plan. Using the wizard, Diplomates develop and submit the plan. Approximately 3 months after implementing the plan within the office, the ABFM will send an email reminding the Diplomat that it is time to collect data using the same methodology described above to determine the impact of the quality improvement plan on the care that has been delivered to patients.

For questions regarding PQRI, MC-FP status, or for help with logging in to the Physician Portfolio, call the ABFM Support Center at 877-223-7437 or email at [help@theabfm.org](mailto:help@theabfm.org).

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