



ABIM’s Practice Improvement Modules: A Path to Quality Improvement

The American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program is designed to engage physicians in lifelong learning and to enhance the knowledge and skills essential to high quality care. In addition to requiring that diplomates maintain good professional standing and current knowledge in their field, they must also provide evidence of lifelong learning and evaluation of actual practice performance.

The ABIM's Practice Improvement Modules (PIMs) were developed for physicians to evaluate their performance in practice as part of MOC. The goal is to introduce certified physicians to the competencies of practice-based learning and systems-based practice. Acquiring these competencies begins by understanding and applying quality measurement to practice and using results from that measurement to guide actions to improve care.

What is a PIM?

A PIM is web-based self-evaluation tool that walks a physician through a Quality Improvement Cycle for a specific chronic condition, such as diabetes. Linked to educational materials, the PIM guides practice-based learning and improvement. No prior knowledge about measurement or improvement is needed.

“The PIM puts the focus back on taking meaningful sustainable steps to improve the care of our patients.”

*Michael J. Geist, MD
Madrona Medical Group
Bellingham, WA*

The Quality Improvement Cycle



Completing a PIM requires four steps:

- 1. Collecting Patient Data:** Data are collected through a review of medical charts of patients with the condition being studied (e.g. diabetes) and from surveys of patients about their health and the care they receive. This provides an opportunity to assess key elements of clinical process and outcome in the population of patients the practice serves, and to determine if important areas of care are not being addressed adequately.
- 2. Examining Practice Systems:** A comprehensive questionnaire is completed focusing on the practice system to evaluate both human processes and information technology that affect the reliability of care. Adding simple routines and using resources already available can lead to substantial improvements in both reliability and quality of outcomes.
- 3. Identifying Goals and Redesigning Processes:** A summary of the data collected in steps 1 and 2 is provided to the physician, providing a snapshot of the practice in order to identify goals for improvement. The physician then redesigns one or more relevant practice processes to achieve the desired goals.
- 4. Performing Focused Re-measurement:** The physician performs a "Plan, Do, Study, Act" (PDSA) cycle to test the impact of the change on the practice. The results of the re-measurement and lessons learned are reported to the ABIM as a final step to completing the PIM.

Benefits of Completing a PIM

Most physicians who complete the PIM learn something by seeing their practice as a population of patients with a common condition. They realize that their practice performance depends not only on what they know, but also on the system that supports the delivery of care.

Other benefits of completing a PIM include:

- 20 Category 1 CME credits sponsored by the American College of Physicians.
- The option of using data collected through the Diabetes PIM to apply for NCQA's Diabetes Physician Recognition Program (DPRP), and possible pay for performance rewards.

Looking Ahead

To meet the quality reporting requirements of patients, purchasers and payers, ABIM will continue to develop resources to assist certified internists to demonstrate and enhance the quality of care they deliver. We aspire to nothing less than a transformation in the way physicians learn and continuously provide the highest quality of care over a practice lifetime.

To order a PIM,
contact the ABIM at
800-441-2246
ext. 3567 or order
online at:
www.abim.org/online/

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