

# Self-Management Support Module User Guide

Reducing Barriers to Quality Assurance in Primary Care via Maintenance of Certification Modules



# Self-Management Support Module User Guide

---

## Table of Contents

- Getting Started..... 2**
  - System Requirements.....2
  - Navigating.....2
  - Saving.....3
- Instructions and Requirements ..... 4**
  - Select the Appropriate Board or Organization .....4
  - Board Requirements .....5
  - State Licensure.....5
- Your Information ..... 5**
- About Self-Management Support ..... 6**
- Baseline Data ..... 6**
- Plan QI Activity..... 8**
- Implement QI Activity ..... 8**
- Followup Data ..... 8**
- Reflect on QI Activity..... 9**
- Attestation..... 9**
- Review, Print, Retain ..... 9**
- Acknowledgements ..... 9**
- Supplemental Materials ..... 9**

## Getting Started

This self-management support (SMS) activity is an interactive PDF document designed to be downloaded and completed from your desktop. There is no cost to download, use, or copy this document, although you will be responsible for any fees required by the certifying Board in order to receive credit for completing this Maintenance of Certification (MOC) Part IV improvement activity. Specific Board requirements are detailed in the “Instructions and Requirements” section of this guide. The module is available at [http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/education/continuing-ed/moc\\_sms.pdf](http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/education/continuing-ed/moc_sms.pdf).

It is a good idea to create a directory on your hard drive for the activity and save the file there. You should save the file often during the activity to ensure that no work is lost. In the “Getting Started” section this guide, you will find information on how to save the file once you have started the activity.

## System Requirements

\*This PDF is accessible for users who need to use a screen reader for assistive technology. First, change your Acrobat Preferences for Screen Reader Options to “Only read the currently visible pages” before opening the interactive PDF. Detailed instructions are available from Adobe in their screen reader guide: [Accessing PDF Documents with Assistive Technology](#).

If you experience difficulty after making these setting changes, please call 301-427-1600 to specify the module you are seeking to use and the nature of your concern.

This PDF document is optimized for Acrobat Reader 9.1 and later. If you have an earlier version, you can [download Acrobat Reader](#) at no cost.

You will need Internet access to use the dynamic charting feature in the Baseline and Followup Data sections. Internet access is also required to print information you will enter in the Baseline and Plan QI Action sections. Please see the information regarding those sections later in this guide for details.

This document is approximately 7.4 MB in file size and may take several minutes to download, depending on your connection speed. Please allow enough time for the document to download completely before attempting to open and enter data.

## Navigating

1. Section Navigation. This method will advance you to the beginning of each section. It also allows you to navigate quickly to the section you were in previously if you have saved and exited the file. Some sections are required to be completed before advancing. If you are in a section that must be completed before advancing, the later sections will not be available.
2. Page Navigation. This method will allow you to move one page forward or back. Each section is numbered individually, so you always know how many pages are within that section. If you are on a page that must be completed before advancing, you will receive an error message when you select the forward button, but you will be able to go back to the previous page.

**1** WELCOME

**1** INSTRUCTIONS & REQUIREMENTS

**2** YOUR INFORMATION

**3** ABOUT SELF-MANAGEMENT SUPPORT

**4** BASELINE DATA

**5** PLAN QI ACTIVITY

**6** IMPLEMENT QI ACTIVITY

**7** FOLLOW-UP DATA

**8** REFLECTION

**9** ATTESTATION

**10** REVIEW, PRINT, RETAIN

## Instructions and Requirements

You will need to select a board or organization to display specific activity requirements and estimates of the time needed to complete this activity. We recommend reading the [User Guide](#) designed for this activity. You can access the User Guide at any time by using the “User Guide” link at the top of every page in this PDF.

Links to additional, optional resources are provided for those who want more in-depth information, ideas, or tools for SMS. These optional links are identified with [i](#). For your reference, an [acronym list](#) is also available.

This file and the data in the file are stored on your computer. If you enter any patient data into the forms, ensure that you store the file in accordance with [HIPAA privacy regulations](#). You may find that you need to install a more recent version of Adobe Acrobat Reader. You can [download the latest version of Acrobat Reader](#) at no cost.

This PDF file provides the necessary tools and information to complete the MOC Part IV/CE practice improvement activity. You will use this PDF file to:

- Work sequentially through each section.
- Enter required information (identified with [\\*](#)).
- Enter patient survey data and document your QI activity.
- Generate summary data reports.
- Review and reflect on your baseline and followup survey data.
- Complete the activity and submit for credit.

The following data will be stored in this PDF file on your computer:

- Your Board ID or organization membership number and information.
- Answers to quizzes.
- Baseline survey data on your patients.
- QI activity plans.
- Followup survey data on your patients.
- Your reflections on your QI activity.
- Your attestation to meaningful participation.

Instructions & Requirements Section

**2** ◀ 1 of 4 ▶

1 2 3 4 5 6 7 8 9 10

3. Continue button. Selecting the “Continue” button will advance to the next page.

**3** Select “Continue” to read the Educational Objectives and Requirements for completing this activity.

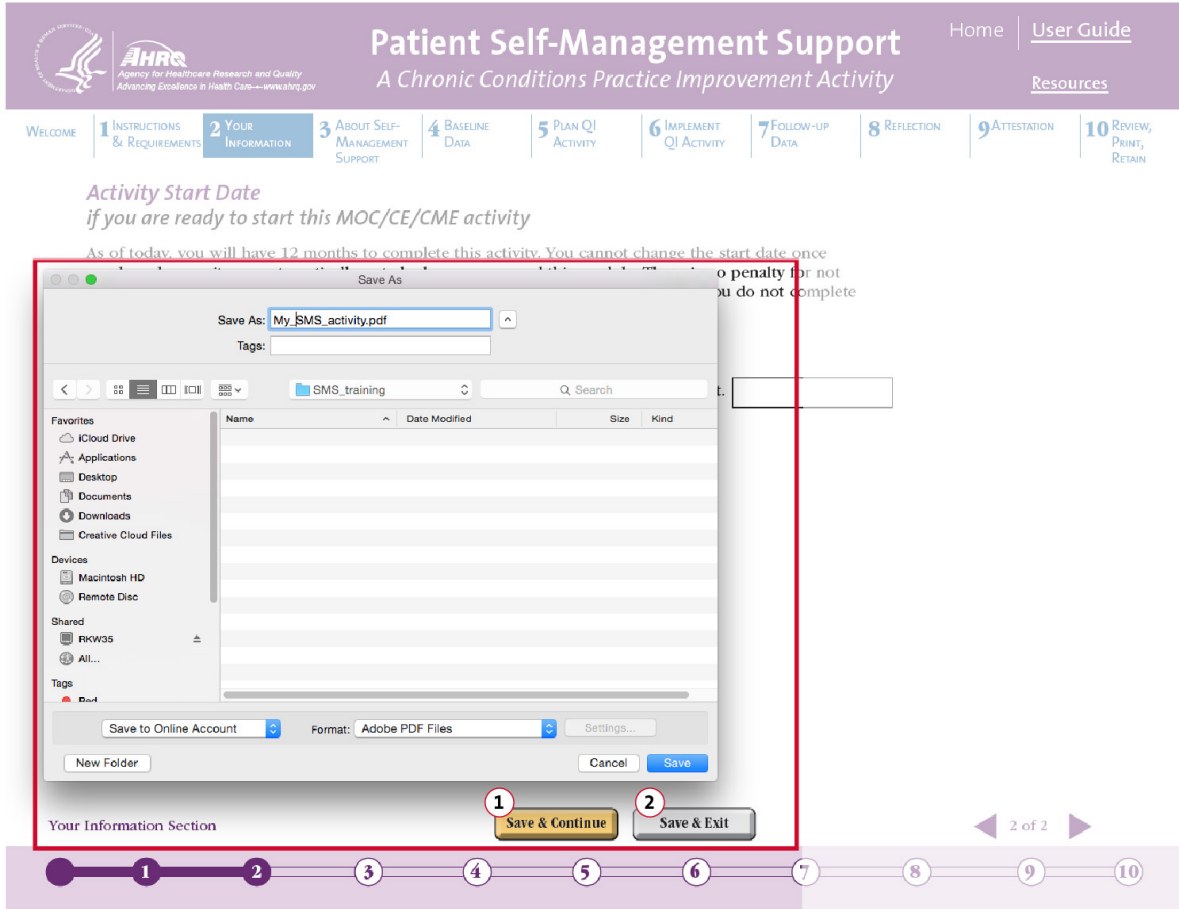
Continue

## Saving

There are “Save and Continue” and “Save and Exit” buttons throughout this activity. If you have not already created a directory in a secure location on your hard drive, you will be able to do that when you select these buttons.

1. Selecting “Save and Continue” will open the save dialog box on your system and allow you to select a location in which to save the file if you haven’t already done so. You can also re-name the file at this time. Once the file is saved in your selected location, the activity will automatically advance one page and you can continue.

2. Selecting “Save and Exit” will also open the save dialog box on your system and allow you to select a location if you haven’t previously done so. If you have already saved the file, you can overwrite it or change the name and save a new file. Once the file is saved, it will automatically exit Adobe Reader.



## Instructions and Requirements

Some of the data entry fields and choices are required. All of the required fields will be designated using a red asterisk (\*) and will be shown with a red border. If you do not complete all the required fields in the document, your attestation and/or your certificate will be unavailable.

### Select the Appropriate Board or Organization

Select your primary Board or organization by choosing one of the radio button options. Choose “Other” and enter the information if your Board or organization is not one of the choices shown. Once you have made your choice, the required number of patients and observations will automatically be filled in for you throughout the rest of the activity.

## *Board Requirements*

The below-mentioned programs are active as of January 14, 2016. Note: in late January 2016, the American Board of Internal Medicine (ABIM) discontinued the Self-Directed Practice Improvement Module (PIM). Before beginning the module, you should check to see if your Board has made any changes to its requirements.

**American Board of Pediatrics (ABP).** After completing the module, you must log-in into the [Maintenance of Certification Activity Manager \(MOCAM\)](#) to apply for credit. Select the “American Board of Pediatrics” in the Board, Organization, or Program dropdown menu, which brings you to the “MY MOCAM” page. Select “Small Group QI Project (1-10) physicians – Completed project” to access the form instructions. It will prompt you to enter data and submit your application to ABP for review.

**American Board of Family Medicine (ABFM).** After completing the module, you must log-in into the [Maintenance of Certification Activity Manager \(MOCAM\)](#) to apply for credit. Select the “American Board of Family Medicine” in the Board, Organization, or Program dropdown menu, which brings you to the “MY MOCAM” page. Select “Self-Directed Completed QI Effort: Clinical” to access the form instructions. It will prompt you to enter data and submit your application to ABFM for review. The [ABFM User Guide](#) helps diplomates navigate the submission process and ABFM also provides a [general overview of the self-directed process](#).

**American Board of Medical Specialties (ABMS).** For physicians outside of primary care, please see the ABMS Web site, which offers an [overview of the “Steps toward Initial Certification and MOC.”](#) Requirements for initial and maintenance of certification vary by medical specialty; ABMS includes a [table outlining each medical specialty Boards’ requirements](#) for MOC Part IV certification. Credit for completing the module will need to be verified by the individual medical specialty Board and cannot be approved by ABMS as a whole.

**American Association of PAs (AAPA).** After completing the module, you must sign into the [National Commission on Certification of Physician Assistants](#) Web Site to log your Category 1 Performance Improvement Continuing Medical Education (PI-CME) activities. After signing in, click on “CME” in the left-hand menu bar, click on the “Log CME” tab, select “Performance Improvement (PI)” and then click on “Continue”. Follow the prompts to enter the rest of your required information. NCCPA also provides [step by step directions to help PAs navigate the submission process](#).

**American Board of Internal Medicine (ABIM).** ABIM discontinued its Self-Directed Practice Improvement Module (PIM) in January 2016.

## *State Licensure*

Physicians may also potentially use these modules to meet continuing medical education (CME) requirements for State medical licensure boards. The Federation of State Medical Boards summarizes [state-by-state initial licensure requirements](#).

## **Your Information**

Enter your personal information in this section. The current date will be automatically entered in once you start the activity, and the date by which you must complete the activity to receive credit will be calculated automatically, as well.

## About Self-Management Support

This section has a pre-test for you to test your knowledge of SMS. It is a self-assessment only and you do not have to pass it. Selecting the “Score Quiz” button will tell you how many questions you answered correctly, but it will not tell you which ones. At the end of this section you will have the opportunity to answer the same questions. You will be allowed to re-take the test until you pass it with at least 4 correct answers.

## Baseline Data

The “Select Your Target Population” section within Baseline Data asks you to choose a general patient age group and a chronic condition on which you want to focus. Select the radio button that best fits your needs. You can select only one.

The screenshot shows the 'Patient Self-Management Support' interface. At the top, there is a navigation bar with 'Home' and 'User Guide' links. Below this is a progress indicator with 10 steps: 1. INSTRUCTIONS & REQUIREMENTS, 2. YOUR INFORMATION, 3. ABOUT SELF-MANAGEMENT SUPPORT, 4. BASELINE DATA (highlighted), 5. PLAN QI ACTIVITY, 6. IMPLEMENT QI ACTIVITY, 7. FOLLOW-UP DATA, 8. REFLECTION, 9. ATTESTATION, and 10. REVIEW, PRINT, RETAIN. The main content area is titled 'Select Your Target Population'. It includes a paragraph explaining the purpose of the selection. Below this, there are two main sections: 'Select one age group' and 'Enter which chronic condition(s)'. The age group options are: [1] Children (ages 0-12), [2] Adolescent patients (ages 13-18) (selected), [3] Adult patients (ages 19-64), and [4] Seniors (ages 65 and above). The chronic condition section has a text input field containing 'Diabetes' and a list of 'Chronic conditions to consider': Diabetes, Heart disease, Asthma, Arthritis, COPD, Obesity, and Depression. At the bottom, there are 'Save & Continue' and 'Save & Exit' buttons, and a progress indicator showing '3 of 12'.

Once you have made your selections, review the data collection sample requirements. Based on your previous choices, such as Board and patient age group, you will see how many charts you will need to complete and what age range you will need to use.

**Patient Self-Management Support** Home | User Guide  
*A Chronic Conditions Practice Improvement Activity* Resources

WELCOME | 1 INSTRUCTIONS & REQUIREMENTS | 2 YOUR INFORMATION | 3 ABOUT SELF-MANAGEMENT SUPPORT | **4 BASELINE DATA** | 5 PLAN QI ACTIVITY | 6 IMPLEMENT QI ACTIVITY | 7 FOLLOW-UP DATA | 8 REFLECTION | 9 ATTESTATION | 10 REVIEW, PRINT, RETAIN

### Review The Data Collection Sample Requirements

You must complete patient surveys that meet the following parameters:

- You will need surveys from at least 25 of your patients (or their parents).
- Patients must be in the age range you selected.
- Patients must have at least one of the selected chronic health condition(s).
- Patients must have been seen at least once in the past 12 months in your practice.

### Help surveying your patients

Surveying your patients can take time because 25 patient surveys are required, at a minimum. You will likely need to identify more than 25 patients who meet the above criteria, since some patients may choose not to respond to the survey or may not be reachable. Here are some ways you can collect patient surveys:

- Clinicians or staff ask patients to complete the survey during their clinic visit.
- The patient (or parent of pediatric patient) can be directed to return the completed survey to the front desk, a medical assistant or nurse, or to put them in a designated box in the exam room before they leave the clinic.
- Staff contact patients and complete the survey by telephone.
- Patients (or parents of pediatric patients) complete the survey electronically:
  - Clinicians or staff hand patients a flyer containing a link to a Web site.
  - Staff send surveys to your patients using secure email.
  - Patients are directed to your electronic health record (EHR) patient portal to complete the questions.

Whatever method you use to survey your patients, the patients must meet the sample requirements.

Baseline Data Section 4 of 12

Next, you will print your baseline surveys and confirm your target population and chronic conditions. If you want to change either of these criteria at this point, select the “No. Re-select” button, and you will be returned to make new selections. If the choices shown are correct, select the “Yes. Print Surveys” button.

WELCOME | 1 INSTRUCTIONS & REQUIREMENTS | 2 YOUR INFORMATION | 3 ABOUT SELF-MANAGEMENT SUPPORT | **4 BASELINE DATA** | 5 PLAN QI ACTIVITY | 6 IMPLEMENT QI ACTIVITY | 7 FOLLOW-UP DATA | 8 REFLECTION | 9 ATTES

### Print Your Baseline Surveys

Based on your target population and selected chronic condition(s), print the surveys to capture your baseline performance data from your patients or their parents.

**\* Please confirm** that this is the correct target population and chronic condition(s) you wish to address for your QI activity.

- Patients between the ages of 13 to 18 with
- Diabetes


You will need to print at least 25 copies of the form.

**NOTE:** A generic survey cover is provided for the patient survey. You may create your own or modify the generic survey cover sheet to suit your specific needs. Do not modify survey questions.

After recording your baseline data in the printed surveys and completing your chart review of the number of patients indicated in the activity file, you will enter your baseline data. You will see data tables that must be completed for the number of patients indicated for your Board. Enter the necessary data in each column. Once you have completed entering baseline data for the number of patients



indicated for your Board, you will review the baseline performance data and plan your quality improvement (QI) activity.



**AHRQ**  
Agency for Healthcare Research and Quality  
Advancing Excellence in Health Care—www.ahrq.gov

## Patient Self-Management Support

A Chronic Conditions Practice Improvement Activity

[Home](#) | [User Guide](#)

[Resources](#)

WELCOME

1 INSTRUCTIONS & REQUIREMENTS

2 YOUR INFORMATION

3 ABOUT SELF-MANAGEMENT SUPPORT

4 BASELINE DATA

5 PLAN QI ACTIVITY

6 IMPLEMENT QI ACTIVITY

7 FOLLOW-UP DATA

8 REFLECTION

9 ATTESTATION

10 REVIEW, PRINT, RETAIN

Data for patients 1 to 5

ID	1. Correct Provider	2. Usual Provider	3. Talked About Starting/ Stopping Meds	4. Talked About Reasons for Taking Meds	5. Talked About Reasons for NOT Taking Meds	6. Asked What Was Best For You	7. Asked About Specific Goals	8. Asked About Barriers to Care	Patient Age	Gender	Hispanic /Latino	Race
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Not at all <input type="checkbox"/> A little <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/>	Not at all <input type="checkbox"/> A little <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0-12 <input type="checkbox"/> 13-18 <input type="checkbox"/> 19-64 <input type="checkbox"/> 65+ <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Not at all <input type="checkbox"/> A little <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/>	Not at all <input type="checkbox"/> A little <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0-12 <input type="checkbox"/> 13-18 <input type="checkbox"/> 19-64 <input type="checkbox"/> 65+ <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Not at all <input type="checkbox"/> A little <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/>	Not at all <input type="checkbox"/> A little <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0-12 <input type="checkbox"/> 13-18 <input type="checkbox"/> 19-64 <input type="checkbox"/> 65+ <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other <input type="checkbox"/>

## Plan QI Activity

This section allows you to review your SMS care planning patient reporting rates in your target population. Select the “Show Chart” button to open a window and show a dynamic chart with the information. You will need to have Internet access to view the charts.

You will choose one measure and write down your goal for improving that measure. There are examples provided to get you started. Once you have entered your goal, you have the option to print it using the “Print Goals” button. Selecting this button will open a separate window and use your system’s default printing options. You will need to have Internet access to view and print this window.

There is also a section to describe how you plan to reach your performance goals with examples provided. You will complete the fields by answering the questions. Select the “Print QI Plan” button to print your plan. Selecting the button will open a separate window that you can print using your system’s default printing options. You will need to have Internet access to view and print the window.

## Implement QI Activity

You must implement your QI activity over a minimum of 14 calendar days, although you may need from 1 to 3 months in order to complete your plan and test any planned improvements. You can return to the document at any time to print data collection forms, print your plan, or visit additional resources, but you will not be able to enter data in your follow-up collection form until at least 14 calendar days have passed after the baseline data was entered.

## Followup Data

You will repeat the data collection process using the same data collection tools you used in the baseline data section. You will also use the same age range and chronic condition. If your Board requires

more than one round of follow-up data collection, you will be automatically directed to those pages in the module.

## Reflect on QI Activity

This section allows you to review your follow-up performance data using the same method as the baseline data. The follow-up performance measure results will be shown in a table. Selecting the “Show Chart” button will open a window and draw a dynamic bar or line chart showing the follow-up data and a comparison between the baseline, follow-up, and benchmark data. You will need to have Internet access in order to view the charts.

Answer the final three required questions and then your activity is complete!

## Attestation

If you have completed all the required data collection you will see a completed attestation page that you can print and submit for credit using your Board’s requirements (see Board Requirements section of this guide for details).

## Review, Print, Retain

Please review the steps to ensure you have completed the activity.

Once all these steps are complete, select the “Print Certificate” button. You will see a certificate of completion that you can print and keep or submit for credit depending on your Board or organization’s requirements.

## Acknowledgements

In the pages following “Section 10: Review, Print, Retain,” you will find a list of acknowledgments.

## Supplemental Materials

The “Supplemental Materials” include additional resources. Also included are the materials mentioned earlier in the module: the self-management goal worksheet for patients, the shared decision-making checklist, and surveys. Please note that the module includes hyperlinks to educational materials on external organizations’ Web sites. AHRQ confirms that these links were operational as of April 12, 2016.



AHRQ Pub. No. 16-0030-EF  
April 2016