

# ***Using Technology and Media to Improve the Reach of Asthma Prevention in At-Risk Populations***

American Board of Preventive Medicine (ABPM) Maintenance of Certification (MOC)

**EPIQ**

## **SELF-ASSESSMENT Instructions and Answer Sheet**

for ABPM Diplomates Board Certified in 1998 or Later

### **Personal Information:**

Full Name: \_\_\_\_\_

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I am a member of ACPM

ACPM Number \_\_\_\_\_ (email [jedwards@acpm.org](mailto:jedwards@acpm.org) for number)

### **Instructions:**

- Answer all five self-assessment questions
- Mail in, fax or email the ENTIRE packet to ACPM:

**American College of Preventive Medicine**

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**Washington, DC 20005**

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**[mnath@acpm.org](mailto:mnath@acpm.org)**

- Once processed, ACPM will report your credits directly to ABPM. Nothing more is required of you.

## Self-assessment Questions

1. The IAAP is a free standing tool with a locked reference database that may occasionally need to be updated with new medications or treatment plans. How do providers or facilities using downloaded versions receive medication and treatment plan updates?
  - a. Assign an administrator to search for medication and guideline updates and enter them into the IAAP database.
  - b. Have each provider enter medications they prefer to use but which aren't currently in the database.
  - c. Contact the NIH, NAEPP administrators to sign up for scheduled release dates for updates.
  - d. MDH will notify through email the users who originally downloaded the program that updates to the database are available for download from the IAAP website.
  
2. The Interactive Asthma Action Plan (IAAP) prints out patient specific asthma action plans in English and Spanish. How did MDH and their workgroups decide what content and layout was appropriate for the asthma action plan document?
  - a. They copied action plans recommended and formatted in the GINA guidelines.
  - b. They interpreted information from page 382 of the 2007 NIH, EPR-3 full report which then went through focus groups to determine language and physical presentation while still following the processes as outlined by the guideline.
  - c. They used the EPR-2 based IAAP program action plan documents and made modifications to reflect the new guidelines.
  - d. They didn't. The IAAP program allows providers to format their own AAP and add whatever components they deem necessary.
  
3. The Interactive Asthma Action Plan (IAAP) program offers providers treatment plan and medication selections based on what information?
  - a. The 2006 GINA (Global Initiative for Asthma) asthma guidelines.
  - b. The 2007 National Institutes of Health, National Asthma Education Prevention Program, Expert Panel Report – 3 (EPR-3), Guidelines for the Diagnosis and Management of Asthma.
  - c. The 2007 Institute for Clinical Systems Improvement (ICSI) asthma guidelines.
  - d. MDH asthma guidelines with input from Minnesota based asthma specialists.
  
4. Which of the following are associated with adherence to the medical regime?
  - a. Clinical Communication and Patient Education
  - b. Patient Education and Patient Demographics
  - c. Patient Demographics and Clinical Communication
  - d. Patient Demographics and Patient Referrals
  
5. Physicians receiving Physician Asthma Care Education (PACE) training were more likely to
  - a. Attend less to patient fears about asthma
  - b. Use less anti-inflammatory therapy
  - c. Give patients written plans
  - d. Take more time in patient visits to provide education
  
6. Patients whose physicians participated in PACE had
  - a. More days limited by asthma symptoms
  - b. Fewer emergency department visits
  - c. Fewer hospitalizations