MOC Part IV: Practice Performance Assessment (cont.)

ment plan was successful and your practice performance improved so that little further improvement was expected, you would choose another project for PPA. On the other hand, if there was no improvement or if you thought that further improvement was possible and desirable, you could elect to complete another three-year cycle with the same project.

Because of the increasing emphasis on physician-level CQI activities, the board expects that other organizations will design standard PPA activities that will be pre-approved by the board. A standard PPA activity has a number of advantages over local activities. If you use a standard activity, you are relieved of the burden of designing your own PPA project, and the results from your practice can be compared to the results obtained in other, similar practices. For example, SNM has developed a common course of PET/CT and CT studies (www.sm.org/lisap; click the Diagnostic CT and PET/CT Cases link on the More Information scroll-down menu). Participants can interpret these studies on their own computers using a workstations simulation program that closely mimics the clinical environment. The participant’s interpretations are compared with those of experts and with those of the participant’s peers. Feedback on accuracy of interpretation is provided in categories of organ system or tumor type so that each participant can assess his or her strengths and weaknesses. Based on this new knowledge, physicians can then devise a study plan to address self-identified areas for improvement. The CQI cycle is completed by re-measuring the physician’s accuracy of interpretation after completion of the self-improvement study plan. Similar accuracy-of-interpretation modules are being considered for cardiovascular nuclear medicine and general nuclear medicine. A module may also be developed for radionuclide therapy.

It is very likely that MOC Part IV will evolve rapidly. The board will keep you informed of any changes through this newsletter, frequent columns in Newsline in the Journal of Nuclear Medicine, and information posted on our Web site. If you have any trouble logging in or any questions, please do that now. If you haven’t already logged onto the ABNM website, you will become a member of the Nuclear Medicine Community. This newsletter, MyMOC, has appeared on the ABNM Web site to help you understand the requirements and keep records; and a series of articles about MOC has been published in the Journal of Nuclear Medicine. The new part of MOC is practice performance assessment (PPA). If you haven’t already learned about practice performance assessment in more detail to document your project. The article by Dr. Henry Royal in this edition of Tracers describes how to document your project. The article by Dr. Henry Royal in this edition of Tracers describes how to document your project. The article by Dr. Henry Royal in this edition of Tracers describes how to document your project.

This excellent performance indicates that our high-quality practice. Maintenance of Certification (MOC) has become real for many of you. You are or should be paying your MOC fee; requirements for lifelong learning and self-assessment have been in effect for a full year; MyMOC has appeared on the ABNM Web site to help you understand the requirements and keep records; and a series of articles about MOC has been published in the Journal of Nuclear Medicine. The new part of MOC is practice performance assessment (PPA). If you haven’t already learned about practice performance assessment and decided upon a project, you are behind schedule and need to get going. MyMOC has expanded and provides both an explanation of practice performance assessment and a simple method to document your project. The article by Dr. Henry Royal in this edition of Tracers describes practice performance assessment in more detail.

Maintenance of Certification represents a whole new relationship between the ABNM and the diplomates. Originally, after certification, there was little if any contact between the two. Since 1992, diplomates have needed to certify every 10 years. Now, Diplomates must document their practice and activities in order to document their project. The article by Dr. Henry Royal in this edition of Tracers describes how to document your project. The article by Dr. Henry Royal in this edition of Tracers describes how to document your project. The article by Dr. Henry Royal in this edition of Tracers describes how to document your project. The article by Dr. Henry Royal in this edition of Tracers describes how to document your project.

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The Board Mourns the Death of Tom Miller

Henry D. Royal, M.D.

Tom R. Miller, M.D., Ph.D., passed away at the age of 63 on Wednesday, October 3, 2007. He served on the ABNM until January 2007, despite a long battle with prostate cancer. It is a tribute to his courage and optimism that some who knew him well were unaware of his serious illness.

I worked with Tom for twenty years, and I am greatly saddened by his death. His office was next to mine, so I saw his smiling face and heard his calming voice daily. Despite our sadness, Tom would want us to celebrate his life. Although Tom’s life was short, he would be the first to tell you how fortunate he was to have lived such a full life with a wonderful loving family, an exciting profession, and many, many professional and personal friends.

During his career, Tom pursued his passions for research, patient care, and teaching. He was an exceptional individual who excelled in all three of these areas. Most of us are probably already participating in quality assurance and quality improvement activities. For example, you may be surveying patients about the quality of your services or technologists about the strengths and weaknesses of the physician staff, you may have follow-up conferences where errors in interpretation are discovered or formal independent second interpretations of a percentage of your cases; you may have your practice independently inspected and accredited by an outside organization; you may have processes in place to improve report signing times and to decrease errors in the reports.

Some of the quality assurance/quality improvement activities listed above are practice level activities. PPA is a physician-level review of your own practice activities. The goal of PPA is to create a continuous quality improvement (CQI) cycle based on identification of your strengths and weaknesses. In the past, boards only assessed a physician’s cognitive knowledge through the use of a secure written certification (and recertification) examination. This corresponds to “Do I know it?” point at 3 o’clock on the CQI cycle as shown in figure 1. The cognitive knowledge assessment was once in a lifetime prior to 1992 and episodic (current or every 10 years) for diplomates certified after 1991. The goal of PPA is to transform practice improvement from an episodic event to a continuous process and to address the 6 o’clock and 9 o’clock points corresponding to “Do I do it?” and “Does it make a difference?” on the CQI cycle.

What do you need to do to meet the board’s requirements for PPA? The 10-year timeline for PPA is shown in table 1. In year 1 (2007 for diplomates certified before 2007), you will (1) learn about PPA, (2) select a project based on your own interests and your own assessment of what improvements in your practice are most valuable to you; and (3) determine what things you will measure in order to determine if your improvement plan has worked. You will document that you have completed these steps by logging onto the MyMOC section of the ABNM Web site (Part IV is under development and will be available in early 2008) and electronically signing an attestation form. You will also be asked to list the name of your PPA project.

The remaining nine years of the 10-year PPA timeline is divided into three 3-year cycles where baseline data are collected in year 1, the data are analyzed and an improvement plan formulated in year 2, and the data are collected again in year 3 to see if there was improvement compared to the baseline data. If your improvement...