



# TRACERS

The American Board of Nuclear Medicine

No. 2  
Summer 2013



A Member Board of the American Board of Medical Specialties

4555 Forest Park Boulevard, Suite 119 • St. Louis, Missouri 63108-2173 • Telephone: (314) 367-2225 • E-mail: [abnm@abnm.org](mailto:abnm@abnm.org) • Website: [www.abnm.org](http://www.abnm.org)



**Chair's Message**  
**Report of 89<sup>th</sup> Annual Board Meeting**  
*Eric M. Rohren, M.D., Ph.D., Chairman*

Many ways of collaborating with ABMS.  
[More Details](#)

**Executive Director's Report**  
*Henry D. Royal, M.D., Executive Director*

Change is coming. [More Details](#)



**Associate Executive Director's Report**  
*J. Anthony Parker, M.D., Ph.D.*  
*Associate Executive Director*

The MOC fee decreases for a second year.  
[More Details](#)

**Physician Quality Reporting System (PQRS)/MOC**  
*George M. Segall, M.D., Member-At-Large*

Learn how to qualify. [More Details](#)



**Personalized Study Guide (ITE Descriptors)**  
*Kirk A. Frey, M.D., Ph.D., Past Chairman*

The 2014 in-training exam will be enhanced to provide a personalized study guide for the certifying or MOC exam. [More Details](#)

**SNMMI Academic Council**  
*Leonie L. Gordon, M.D.*

Current Tidbits from SNMMI Academic Council. [More Details](#)



**Patient Experience of Care**  
*George M. Segall, M.D., Member-At-Large*

Update on MOC Part IV. [More Details](#)

**ACGME-RRC Update**  
*Christopher Palestro, M.D.*  
*Chair ACGME RRC for Nuclear Medicine*

Focusing on NAS and Milestones. [More Details](#)



## 2013 ABNM In-Training Examination (ITE)

<b>Number of Candidates Who Took Exam</b>	<b>170</b>
Residents-United States	135
Residents-Canadian	19
Non-Trainees	16
<b>Number of Nuclear Medicine Training Programs Participating in ITE Examination</b>	
United States Programs	54
Canadian Programs	8
<b>Total Programs</b>	<b>62</b>

## COMMENTS/FEEDBACK

The ABNM welcomes comments from diplomates and residents regarding issues raised in this Tracers or any other issues affecting the practice of nuclear medicine or certification processes.

Please email your comments to: Henry Royal, M.D., Executive Director, American Board of Nuclear Medicine  
([royalh@mir.wustl.edu](mailto:royalh@mir.wustl.edu))



## Issue 2, Summer 2013

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### RELEVANT REFERENCES

**DATES FOR THE NEXT  
ABNM IN-TRAINING  
EXAMINATION (ITE)**  
Friday, January 24, 2014  
OR  
Saturday, January 25, 2014

### QUICK LINKS

[ABNM Website](#)  
[ABNM Board Members](#)  
[ABNM Lifetime Board Members](#)  
[ABNM Maintenance of Certification](#)  
[Who Is Participating in MOC?](#)  
[Contact Us](#)

### BOARD OF DIRECTORS

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## Chairman's Message

### *Report from the 89<sup>th</sup> Annual Board Meeting*



**Eric M. Rohren, M.D., Ph.D.**  
*Chairman, ABNM*

The ABNM recently had its summer meeting, the 89th meeting of the Board since its incorporation in 1971. Dr. Frey has completed his term, and I have assumed the position of Chair for the 2013 term. Although one of the important functions of the Board is the design and administration of the three examinations (In-Training Examination, Certifying Examination, Maintenance of Certification Examination), the Board is increasingly involved in programs designed to assist diplomates in their maintenance of certification efforts.

A guest at this year's meeting was Dr. Lois Nora, the President and CEO of the American Board of Medical Specialties (ABMS). The Board had an opportunity to discuss with Dr. Nora her vision for the ABMS going forward. The MOC program continues to be at the center of the ABMS roadmap, and the ABNM is committed to aiding our diplomates through a new website and web-based portal under development. One exciting trend is toward allowing the individual member boards more autonomy in the development and administration of MOC efforts by diplomates. The Board was able to discuss this with Dr. Nora, and exchange ideas for Nuclear Medicine MOC efforts in the future.

The Board is working on ways to streamline and automate as much as possible the documentation of CME hours, including credits awarded for self assessment modules (SAMs). The Board is also investigating ways to foster practice performance assessment (PPA) projects, which could be developed internally, developed in collaboration with other boards, or developed externally by societies such as the Society of Nuclear Medicine and Molecular Imaging and accepted by the ABNM. Dr. Nora was very receptive to the thoughts and ideas of the Board, and was supportive of its efforts to initiate and carry through these projects.

In answer to some of the challenges and burdens facing the Boards and their diplomates, the ABNM is exploring ways to collaborate and partner with other ABMS member boards to find efficiencies and synergies, and to avoid duplication of efforts. One example is the development of a Patient Safety Module, which has been recommended as a dedicated MOC learning activity by the ABMS. The ABNM, with Dr. Frey in the lead, is tailoring a Patient Safety module originally developed by the American Board of Obstetrics and Gynecology that will satisfy the Patient Safety requirement, and yield SAM credits to the participants. The ABNM is also working with the American Board of Radiology to identify areas of overlap and alignment in our operational and strategic initiatives, so that the two boards can work more closely together on issues pertaining to MOC and beyond.

Our new website is under development, and should be going live soon! An updated portal is needed, with access to MOC information, updates on board activities, and important links to resources around the web.

I hope you enjoy this issue of Tracers. As you will see in the articles that follow, MOC continues to occupy a large part of everyone's efforts and attention. Although the requirements of MOC may at times seem burdensome, at their core is the goal of ensuring and fostering quality care.



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## Executive Director's Report

### *Change is Coming*



**Henry D. Royal, M.D.**  
*Executive Director, ABNM*

My second 5 year term as Executive Director ends July 2014. When I was selected as Executive Director in 2004, the Board wisely set a 2 term limit for the Executive Director. Over the past several months, the Board conducted a search for its next executive director. The Board was fortunate to have several excellent candidates apply for the position. From this outstanding pool of candidates, the Board has selected George Segall as its next executive director. Many of you know George since he recently served as President of the SNMMI. He is also a current ABNM Board member. These experiences will help George to hit the ground running as the ABNM's new Executive Director. George's diplomatic skills and his knowledge of the nuclear medicine community and the wider medical community will serve the Board well.

George and I have developed a transition plan where he will become the ABNM's Executive Director after the February 2014 ABNM Board meeting. After the February meeting I will stay on during the transition period until the end of the July Board meeting. George, the Board and its diplomates are very fortunate to also have Tony Parker who will continue to serve as the Associate Executive Director.

Tony became the Associate Executive Director in December of 2012. He has done such a wonderful job I often wonder how the Board functioned without him.

When I became Executive Director in 2004, the Board was undergoing a major transition from once in a lifetime certification to maintenance of certification. The only records we had of our diplomates at that time was handwritten 3 x 5 index cards that were filled out at the time of a diplomate's initial certification and old applications stored on microfiche. One of my major goals was to modernize office operations. With the help of a very capable office staff lead by a very hard working Administrator, Cindi Ade, the Board was able to update much of the information we had about our diplomates. By 2006, we had enough information about most diplomates that we could begin our MOC program in earnest. Happily, the last few steps in the modernization of the office should be completed as I leave. The microfiche (and other records) have been converted to digital records that are now readily accessible. Our website is undergoing a major, much needed renovation that should make it easier to update in the future and should improve the experience of our diplomates.

Another major goal was to strengthen the financial well-being of the Board. I am pleased to say that the Board is in good financial shape.

None of these achievements would have been possible without the support of our diplomates. I always tell medical colleagues that the nuclear medicine community is one of the nicest, most helpful communities to work with. I think part of the reason is our small size. We know if we do not all pull together, we will get nowhere. Thank you for all of your help and support during my tenure as Executive Director.

Although I am pleased with the progress that the Board has made during my tenure, I wouldn't want to leave you with the idea that there is little more to do. There continues to be many major issues that need to be addressed.

For example, we need to figure out how to make MOC more valuable to our diplomates and more integrated with things that they already do. In the future, I am sure you will be asked how we can make MOC more valuable to you. I have always believed that ABNM diplomates practice higher quality nuclear medicine than do other less well trained physicians. We need to develop meaningful quality measures that show this is true.

Change is coming. Our current healthcare system is unsustainable. Although we all fear the unknown, it is hard to believe that purposeful change of our currently fragmented dysfunctional health care system would result in even a worse system than we currently have (although I have been known to be wrong before). If you need a good laugh, you should go to youtube and look at the video called "If Air Travel Worked Like Health Care". Hilarious - if it were not so true.

Change is also coming for me. Although I plan to continue to work full time clinically, I am hopeful that I can spend more time with my family. My family has always been very supportive of my heavy work schedule. The time has come to spend more time with them. Now that is a change that I am looking forward to.





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## Associate Executive Director's Message



**J. Anthony Parker, M.D., Ph.D.**  
*Associate Executive Director*

### ***Exam Passing Score: Reference Criterion Standard***

The Board employs a psychometric consultant to calculate statistics about candidate performance, test reliability, and the performance of individual items (questions) on the test, using the Rasch method. This process adjusts for the difficulty of a particular exam and the ability of the candidates taking the exam. The passing point for the certifying and MOC exams is set using the Angoff method, a reference criterion standard that is independent of the exam takers.

What all this means is that the passing point is independent of the group taking the test and the difficulty of the test. The proportion of physicians passing the test will change slightly from year to year depending on the characteristics of the group, but not on the difficulty of the exam. In 2012, the percent of diplomates who passed the MOC exam was 99%, and the percent of first time takers who passed the certifying exam was 89%. The Board has been particularly pleased with the performance of our diplomates on the MOC exam, and hopes this trend will continue.

### ***MOC Exam***

In 2010, the MOC yearly fee was \$175 and the exam fee was \$2400. In 2011, the MOC yearly fee increased to \$400 with the intention of decreasing the MOC exam fee to \$0 by 2020. In 2012, the MOC exam fee decreased to \$1845, and this year the MOC exam fee decreased to \$1640. The Board believes that transferring the cost of the exam to the yearly fee will be the more convenient for most diplomates.

The MOC exam application period is April and May each year. Mark your calendars now if you wish to take the exam in 2014. Remember you can take the exam up to 2 years before it is due without affecting the date the following exam must be taken.

### ***New ABNM Website***

The ABNM is in the process of designing a new website which should be available by the end of the year. The new website will have a new look and feel, but more importantly the underlying structure will be transformed to a more modern open source environment. The goal is to facilitate updating of the website and to allow problems to be addressed in a more timely fashion. In particular, diplomates will receive e-mails every two months, letting them know how they are progressing on their MOC requirements.

### ***MOC 2015***

The ABNM is one of the 24 member boards in American Board of Medical Specialties (ABMS). The ABMS is developing new standards for MOC that will be available in 2015. In general, the standards will follow the current format, however, the goal is to be less granular and provide somewhat higher-level goals allowing more flexibility to individual board in terms of how these goals are best achieved for a particular specialty.



## Physician Quality Reporting System (PQRS)/MOC



**George M. Segall, M.D.**  
*Member-At-Large*

Once again, the Centers for Medicare and Medicaid Services (CMS) has qualified/accepted the ABNM Maintenance of Certification Program® (MOC) for the its MOC incentive. The MOC incentive this year is 0.5% of a physician's total Medicare charges. In order to take advantage of this program, a physician must also be participating in CMS' 2013 Physician Quality Reporting System (PQRS). Physicians participating in the PQRS program receive an additional 0.5% incentive payment for Medicare services. Physician participation in CMS' incentives programs is poor due to the fact that program is complicated and hard to understand and the incentives are small (a few hundred dollars); however, these small incentives will become penalties (for those not participating in the future). When the incentives for participating become penalties for not participating, it is likely that these penalties will increase significantly. To avoid significant penalties in the future, we recommend that ABNM diplomates begin to participate in CMS' PQRS and MOC programs

In order to qualify for the additional 0.5% PQRS incentive payment, a physician needs to submit data on quality measures under PQRS for the 12-month reporting period (January 1 through December 31, 2013), either as an individual or as a member of a group practice. Nuclear medicine physicians who are doing radiology must report on 3 PQRS measures (see table); nuclear medicine physicians who

are only doing nuclear medicine, only need to report one PQRS measure (see table) because there is only one nuclear medicine specific PQRS measure. PQRS reporting is usually done by the billing office.

In order to qualify for the additional 0.5% MOC incentive payment, a physician needs to apply through the ABR (if practicing radiology – see <http://www.theabr.org/sites/all/themes/abr-media/pdf/MOC-PQRS%202013%20announcement.pdf>) or through the ABNM (if only practicing nuclear medicine see <https://mocmatters.abms.org/default.aspx>). There is a \$30 application fee. Once a nuclear medicine physician applies, the ABNM will submit to CMS on behalf of the eligible physician the following information: 1) The physician is participating more frequently than required in MOC and 2) Confirm that the diplomate has attested that he/she has completed a patient experience of care (PEC) survey.

The definition of “participating more frequently than required in MOC” differs for physicians with life-time certificates compared to physicians with a time-limited certificate. Because physicians with a lifetime certificate are not required to participate in MOC, participation alone meets CMS' more frequently requirement.

Physicians with a time limited certificate must do the following in order to meet CMS' definition of “participating more frequently than required”:

- Part II (lifelong learning and self assessment): Complete more than 25 CME credits per year.

**OR**

- Part III (cognitive skills assessment): Take the secure examination in year 8 or 9 rather than year 10.

Normally the ABNM will consider a diplomate to be participating in MOC even if they fall up to 3 years behind in their CME requirements. To participate in the CMS program, ABNM requires that diplomates with time limited certificates must attest to the fact that they have completed 25 CME credits each year.

Additional requirements for ALL diplomates are that they must attest to the fact that they

1. Completed a patient experience of care survey
2. Completed a Part IV activity

Although it may appear that participating in this CMS program is quite daunting, participation is quite simple for diplomates who are only practicing nuclear medicine. Once your billing office, is set up to participate in PQRS, participation in the MOC incentive is quite simple. CMS will accept department level patient experience of care surveys. Most nuclear medicine divisions routinely participate in these surveys. Note that to meet the Part IV requirement, you only need to complete a part IV ACTIVITY each year, not a part IV project. Completing the MOC incentive application will take less than 10 minutes.

More information about CMS' 2013 Physician Quality Reporting System (PQRS) Maintenance of Certification Program Incentive can be found at: [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Maintenance\\_of\\_Certification\\_Program\\_Incentive.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Maintenance_of_Certification_Program_Incentive.html).

If you have additional questions, email us at [abnm@abnm.org](mailto:abnm@abnm.org).

	ABNM Requirements	CMS PQRS MOC Requirements
<b>Part 2—Life Long Learning and Self-Assessment</b>	25 hours AMA Category 1 CME per year 8 hours SAM per year	30 hours AMA Category 1 CME per year 9.6 hours SAM per year
<b>Part 3—Cognitive Expertise</b>	Recertification (MOC) exam every 10 years	Recertification (MOC) exam every 9 years
<b>Part 4—Performance Practice Assessment</b>	3 PPA activities every 3 years	4 PPA activities every 3 years



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## Personalized Study Guide (ITE Descriptors)



**Kirk A. Frey, M.D., Ph.D.**  
*Past-Chariman. ABNM*

One of the best ways to prepare for the ABNM Certifying exam (CE) or Maintenance of Certification exam (MOC) is to take the In-Training exam (ITE). The major difference between the ITE and the CE and MOC exams is that the ITE exam is paper-based whereas the CE and MOC exams are computer-based. The content is similar.

In order to enhance the utility of the ITE exam in 2014, the Board will provide an individualized list of descriptors for items (questions) answered incorrectly. The descriptors are short (1-3 word) descriptions of the concept that the item is testing. The items themselves are confidential; the items or recalls of the items must not be shared. The content manual provides an overall description of the content of the exam; the descriptors will provide a personalized study guide of topics that need further review.

The ACGME requires all residents to take the ITE exam. Diplomates studying for the MOC exam may also take the ITE exam. Diplomates wishing to take the ITE exam need to pay a \$215 fee and identify a training program willing to proctor the exam.





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## SNMMI Academic Council



**Leonie L. Gordon, M.D.**

The SNMMI Academic Council sponsored the first Education Summit at the June 2013 Annual Meeting in Vancouver. The four hour session was attended by those who are interested in education and involved in resident training. Laura Edgar who has spearheaded the ACGME implementation of milestones discussed how the nuclear medicine milestones were developed and felt that the benefits to implementing and using them far outweighed the burden to program directors. The Tom Miller Lecture on Hybrid Imaging - USA and European viewpoints was very informative and showed the difference in resident training in cross sectional imaging between the USA and different countries in Europe. Item Writing and Developing SAMs helped members realize that SAM's sessions require some preparation and that there is a skill to writing good questions. Many of these presentations are available on SNMMI Academic Council website for members.

There are many changes going on in education which affects all of us. The Academic Council is committed to the development of content for our educational activities especially with resident training and has been working on improving our Teaching Files cases. These can now be submitted to Journal of Nuclear Medicine Technology (JNMT) for consideration for publication.

The Academic Council will have an interesting, innovative educational session at the midwinter meeting 2014.



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## Patient Experience Of Care Survey For MOC Part IV



**George M. Segall, M.D.**  
*Member-At-Large*

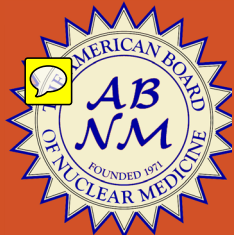
Physicians participating in Maintenance of Certification should have started work on Part IV: Practice Performance Assessment (PPA). ABNM started documenting participation in Part IV in 2011. The ABNM website provides information on timeline and process ([www.abnm.org/docs/PPA\\_Project\\_timeline.PDF](http://www.abnm.org/docs/PPA_Project_timeline.PDF)).

During the first year after certification, physicians need to attest that they have learned about PPA. For subsequent years, physicians may do their own PPA project, do a project developed by SNMMI that has been approved by ABNM, or do any project approved by another ABMS member board. One PPA activity (select and measure, analyze and improve, re-measure and analyze) should be completed each year. An entire PPA project should be completed in three years.

The ABNM website provides instructions on how to design your own PPA, and has links to three projects developed by SNMMI on myocardial perfusion imaging, PET/CT, and pediatric administered dose guidelines (<http://interactive.snm.org/index.cfm?PageID=7742>).

The newest PPA is a Patient Experience of Care (PEC) survey. The project is designed to improve patients' satisfaction with their Nuclear Medicine appointment. Physicians may choose one of two suggested surveys, or develop their own survey.

An annual PEC survey may also be used to qualify for a 0.5% incentive payment from the Centers for Medicare and Medicaid Services (CMS) for participation in the Physician Quality Reporting System (PQRS). A link to the PEC survey will be available on the ABNM website by November 1.



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## RRC Update

*Christopher Palestro, M.D.*

*Chair ACGME RRC for Nuclear Medicine*

The Nuclear Medicine RRC welcomes Drs. Jon Baldwin, Helena Balon, and David Lewis to the committee. At the present time the committee's focus is on the Next Accreditation System (NAS) and the Nuclear Medicine Milestones. In preparation for the NAS, the program requirements have been revised and submitted for public comment. It is anticipated that the requirements will be finalized and available sometime this fall, and will be effective July 1, 2014.

The Milestone Project was designed to provide a structured approach to facilitate development of specialty-specific measurable, developmental benchmarks for competency-based outcomes and a set of common evaluation tools that all programs in a given specialty will use. The Nuclear Medicine Milestones, which have been completed recently, will have to be implemented by all programs as of July 1, 2014. More detailed information on the NAS and the Milestones can be found on the ACGME website: <http://www.acgme.org/acgmeweb/>