

RACERS

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The American Board of Nuclear Medicine

Message from the Chair—Harvey A. Ziessman, M.D.



Past-Chairman

At our recent ABNM meeting, the Directors discussed issues regarding the future of Nuclear Medicine. Yogi Berra is quoted as having said, as only he could, that "it's tough to make predictions, especially about the future". We would agree with that sentiment. However, we feel that it is our responsibility to plan

as best we can for that future. We discussed how to train residents

to become the nuclear medicine physician of the future. Our nuclear medicine residency allows sufficient time to acquire the necessary knowledge, if we are wise enough to decide what that knowledge should be and how best to teach it. We discussed many issues in this regard, e.g., how much training should be required in the evolving

field of molecular imaging, and the time required and best approach for teaching of anatomical imaging. Most of our residents are presently being trained in CT for the purpose of reading PET/CT and SPECT/CT. The issue is regarding how much training is needed and training by whom. The Board has recently had discussions with the American Board of Radiology regarding common interests, e.g., how to improve the overall quality of training for the practice of nuclear medicine. Our interests are intertwined, but distinct. Similar issues are being discussed by the Society of Nuclear Medicine with the American College of Radiology, and the ACGME Nuclear Medicine Residency Review Committee is presently revising Residency training Program Requirements. Where all of this will lead is uncertain. However, we believe that Nuclear Medicine Residencies and ABNM certification will continue to be the premier route to the practice of high quality Nuclear Medicine.

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Executive Directors Report—Henry D. Royal, M.D.



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

Major Revision of MyMOC

Isn't it interesting how we are all asked to do jobs for which we have no training? Web site development – I must have missed that class in medical school.

What I am trying to royalh@mir.wustl.edu say is that updating the MyMOC portion

of the website has been a daunting, timeconsuming and expensive task. Neither I nor anyone else on the ABNM has the required programming skills so we have had to outsource this task to a website

development company. They know how to program but know nothing about MOC. This compartmentalization of knowledge has lead to hours and hours of discussion regarding how MyMOC should work. Let me give you a brief overview.

You will be able to update your email address and other contact information as needed. A new feature will be the ability to change your own password. You will be asked to confirm that your contact information is accurate annually.—continued on page 2

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Executive Directors Report —Henry D. Royal, M.D.

Major Revision of MyMOC—continued

When you log onto your MyMOC profile, you will see a dashboard that will indicate if there are any MOC activities that require your attention. You will also receive automated email messages reminding you to log onto MyMOC when items need your attention. Whether you are meeting the milestones to be classified as participating in MOC will be displayed.

For part 1 (Professional standing), you will now be ask to confirm your licensure status, your major specialty and your practice profile annually.

Part 2 (Lifelong Learning and Self-Assessment) will be linked to the CMEGateway (www.cmegateway.org) so that CME credits earned from SNM and the many radiological societies (ACR, RSNA, etc.) will automatically be entered into part 2 of your MyMOC. These independently reported CME credits will not be subject to audit. If you are not familiar with the CMEgateway you should log on and register since this feature will save you time and aggravation. If you are not meeting the part 2 milestones, you will be sent reminders by email.

Your MyMOC home page (the dashboard) will list the date of your next required exam for you to meet the requirements of Part 3 (Cognitive Knowledge) of MOC. You will be sent automated email reminders during the exam application period (early April to May 31st) when you are scheduled to take the exam. The exam application is now online and can be completed in under 10 minutes. Since MOC is an ongoing process, very little documentation now needs to be sent to the ABNM.

The section on Part 4 of MOC (Practice Performance Assessment) is new and is discussed in another article in this newsletter.

Despite the fact that this major revision to MyMOC has been painful, time consuming and expensive, we are optimistic that the effort will be worthwhile. A major guiding principle has been that to make updating your MyMOC profile as efficient as possible. Our expectation is that keeping your MyMOC profile up-to-date will not take more than an hour of your time each year. Let us know how we can improve MyMOC in the future.

Frequently Asked Questions (FAQ's) Regarding Certification and Maintenance of Certification Examinations—Leonie L. Gordon, M.D.

When can I apply for the Certification and Maintenance of Certification examinations? The applications are available on-line at the ABNM website (www.abnm.org) starting April 1, 2010 and will be closed at midnight (EDT) May 31, 2010 (See 2010 Examination Schedule and Fees on website for more detail).

How often are the Certification and Maintenance of Certification examinations given? Once a year, usually during the first full week in October. The 2010 examinations will be given the week of October 4-8, 2010.

How much does the Certification examination cost? The total cost is \$2400, which includes a \$500 non-refundable application fee. More information can be found in the document titled "2010 Examination Schedule and Fees" that

can be found on the ABNM website (www.abnm.org).

How much does the Maintenance of Certification examination cost? \$1900, including a \$500 non-refundable application fee. More information is in the document titled 2010 Maintenance of Certification Examination Schedule and Fees that can be found on the ABNM website (www.abnm.org).

How do I know if I have met the requirements to take the Certification or Maintenance of Certification examinations? The 2010 ABNM Information Brochure lists the requirements for taking both examinations. The brochure can be found on the ABNM website (www.abnm.org). All applicants should review the requirements before applying for the examination.

2010 Certification and Maintenance of Certification Examination Schedule

Application Period: *April 1, 2010 through May 31, 2010*

on-line application available at www.abnm.org

Examination Dates: October 4 through October 8, 2010

Part IV of MOC - Practice Performance Assessment—Henry D. Royal, M.D.

In the future, practice performance assessment (PPA) is going to be where the MOC rubber meets the road. The most important part of MOC will be to look at our own practices to determine how we are doing and how we can improve our practices. Stakeholders are less interested in how smart we are than they are in how well we run our practices. The current reimbursement systems rewards quantity; future systems will hopefully reward quality and Part IV of MOC provides the opportunity to assess the quality of one's own practice.

All diplomates want to know what part IV of MOC is going to look like, how much time it will take and what the incentives will be. To be honest, we don't know because what part IV will look like will be very dependent on health care reform and no one seems to know where that is taking us. Despite this, as professionals, we know that certain qualities are too important to be ignored. For example, are the studies that you read done well technically? Are they indicated? Do you interpret them accurately? Do you communicate the results well?

Many of you are familiar with PQRI - the Practice Quality Reporting Initiative. Medicare is paying extra to physicians who participate in PQRI. All ABMS boards would like this premium to also be paid to physicians who participate in MOC.

Our current Part IV MOC program should be regarded as a placeholder for whatever evolves in the future. Our current Part IV program is designed to be efficient and basically requires that you attest to the fact that you are involved in some practice performance assessment. Most of us are already involved in one or more quality improvement projects so little extra work should be required.

Part IV of MOC currently consists of an introductory year followed by three 3-year cycles of quality improvement activities (a total of 10 years of activity). During the introductory year, you will log onto your MyMOC profile and answer 2 questions. The first is to confirm that you have learned about quality improvement (QI) and the second is to describe how you learned about QI. In the first two years of each 3-year cycle, you will be asked if you have started a PPA project, the name of the project and what progress you have made. In the final year of the 3-year cycle, you will be asked 5 questions that will provide more details of your project. A draft of what this will look like on MyMOC is shown below.

Year 1 of the 10 year cycle.

My MOC Part IV—Year 1 I have learned about quality improvement, error reduction, and/or patient safety. Click here to learn more Yes No		
Му МО	C Part IV—Year 2, 3, 5, 6, 8, 9	
I have ch ☐ Ye		
regard to	nich of the following describes your progress this year with by your current PPA project? (Please check all that you have ished during this year)	
Name of	your project I have made baseline measurements to document the scope of the problem I have analyzed the root cause of the problem I have developed an action plan for improvement I have instituted the action plan I have made measurements to determine if improvement has occurred I have completed a PPA project, and am in the process of choosing another	

Login to the ABNM Website www.abnm.org



П

П

Professionalism

Systems-based practice

Final year of each 3 year cycle.

My MOC Part IV—Year 4; 7 and 10

1.	rega	ch of the following describes your progress this year with rd to your current PPA project? (Please check all that you have mplished during this year) I have made baseline measurements to document the scope of the problem I have analyzed the root cause of the problem I have developed an action plan for improvement I have instituted the action plan I have made measurements to determine if improvement has occurred I have completed a PPA project, and am in the process of choosing another
2.	Wha	t is the major area of your PPA project? Patient safety Referring physician survey Accuracy of interpretation Practice guidelines and standards Report timeliness Therapy Outcomes Other
3.	Whice	ch of the following best describes the origin of your project: Individual project Department/Institutional project Practice group project Health care system or regional project Society template or tool Society-sponsored ABNM-qualified project
1.		ch of the following goals are incorporated into your project ck all that apply): Improved patient safety Improved patient outcome Reduction in medical errors Change in procedural morbidity/complications Improved patient satisfaction Improved compliance with standards Improved practice efficiency/communication
5.	Which ACGME/ABMS/ABNM core competencies [insert lind definitions] are incorporated in your project (check all that ap	
		Medical knowledge

Interpersonal and communication skills

Practice-based learning and improvement

Dispelling The Myths About MOC Part IV: Practice Performance Assessment—George M. Segall, M.D.

Myth #1. No one can explain Part IV.

Maintenance of Certification was established by the American Board of Medical Specialties (ABMS) in 2000 to promote continuous learning and professional development. Each of the four components is explained on the ABMS website (abms.org). Part IV is also known as Practice Performance Assessment (PPA), but it goes by many different names, for example: Performance in Practice (PIP), American Board of Family Medicine (ABFM) and American Board of Pediatrics (ABP); Practice Quality Improvement (PQI), American Board of Radiology (ABR); Performance Improvement Module (PIM), American Board of Internal Medicine (ABIM).

Myth #2. Part IV is too complicated.

Different boards have established different procedures for Part IV, but all programs are designed to allow physicians to improve in a relevant practice area.

You can work as an individual, within a department or a group, or associated with a national society. You can develop your own PPA, or use one of the suggested projects developed by a national society. You document your participation in Part IV on the ABNM website using MyMOC.

Myth #3. I don't need to worry about Part IV.

All diplomates with time-limited certificates issued since 1992 must satisfy all four components of MOC to take the recertification examination. ABNM will not revoke the certificates of lifetime diplomates who do not participate in MOC, but will report lack of participation to interested stakeholders.

Myth #4. I can always do Part IV later.

All diplomates are required to begin Part IV starting in 2010. By the end of the first year of a 10-year cycle, each diplomate must complete an attestation statement indicating that he/she has learned about the concepts and tools of quality improvement. It is expected that diplomates will do one PPA on average every three years.

Myth #5. Part IV is going to take too much time.

All physicians already participate in quality improvement activities such as peer review of examination interpretation. Such activities can also qualify for PPA with some additional documentation of self-assessment and follow-up.

Myth #6. I will have to show practice improvement in order to satisfy Part IV.

Practice improvement is the desirable outcome, but is not a requirement. You should be able to explain why PPA did not result in improvement, and pick a project for the next 3-year cycle in an area where improvement is more likely.

Myth #7. I will have wasted my time if I do a PPA now and the requirements change.

Professional activities that result in practice improvement are never a waste of time. Requirements may change in the future in response to public and private pressures, but no changes to the current requirements are anticipated in the near future.

Myth #8. Part IV is going to cost more.

Unlike Parts II-III that have associated fees, there is no additional cost for Part IV.

Myth #9. I will have to do an extra PPA if I am also certified by ABR.

Any PPA relevant to your practice area will satisfy ABNM requirements. You do not need to do an extra PPA if your PPA meets the requirements of both boards.

Myth #10. No one else is doing Part IV

All 24 member boards of ABMS have requirements for Part IV, and many physicians have already started PPA. A mechanism for documenting participation will be available on the ABNM website this year. Templates for suggested projects dealing with SPECT myocardial perfusion imaging, PET/CT in oncology, and patient radiation exposure reduction, will be also be available this year, along with a step-by-step guide on how to design your own PPA.

Introducing 2010 ABNM New Board Members



Eric M. Rohren, M.D., Ph.D.
Section Chief, Positron Emission
Tomography (PET)
Department of Nuclear Medicine
Division of Diagnostic Imaging
The University of Texas
M. D. Anderson Cancer Center
Houston, Texas



Jerold W. Wallis, M.D.
Associate Professor of Radiology
Division of Nuclear Medicine
Mallinckrodt Institute of Radiology
Washington University School of Medicine
St. Louis, Missouri

2009 ABNM Examination Results

Certification Examination

MOC Examination 68

Number of Candidates/Diplomates who took exam Number who passed

59 **87**% 47 46 98%

New Diplomates Who Passed the 2009 Certification Examination

Pass rate

Akram, Kamran Bandaru, Varalakshmi Bitto, Donald Borri Sola, Cesar Cayci, Zuzan Chen, Wengen Costouros, Nick Djekidel, Mehdi Doubrovin, Mikhail Erichsen, Christian Fair, Joanna Feng, Janine Fischer, Christopher Gandhari, Sujit Gebrael, Jacob George, Noble Goodwich, Ronald Grimm, Jan

Hattori, Naoya

Hernandez Pampaloni, Jose

Miguel Hernandez, Jeranfel Hsiao, Edward Johnson, Germaine Khan, Mazhar Langah, Rumman Leung, David Li, Geming Lichtman, Aaron Lin, Frank Mathews, Katherine

McNeely, Parren Mehan, Aman Messina, Steven Mezheritskiy, Irina Mikhaeil, Mounir Mohr, Brandt Moore, Michael Mousavi, Ali Nasir, Asad

Nazareno, Janice Peters, James Poludasu, Rajaram Probst, Stephan Oazi, Fozia Santana, Cesar Schipper, Meike Schlegel, Kevin Sciuk, Adam Seltzer, Alexandra Shim, John Tali, Ardita Uzuner, Ovsev Warrington, James Wasserman, Martha Weiss, Jonathan Yang, Hua Yeatman II, Carter

Congratulations and Welcome

Zak Lubera, Eva

Zia, Nadeem

Congratulations to Our Diplomates Who Passed the 2009 MOC Examination

Appelbaum, Daniel Arnold, John Bauer, Paul Blum, Martin Bova, Davide Britz-Cunningham, Scott Chengazi, Vaseem Cook, Barbara Durski, Jolanta Eary, Janet Elsamaloty, Haitham Fey, Christopher

Franco, Arie Fung, Amy Garcia, Carlos Heard, Maurice Hillier, David Inampudi, Chakri Jana, Suman Kaila, Pramod Karak, Prasanta Kluessendorf, Kari Lien, Donald Liu, Frank

Liu, Sam Lu, Ping McGinley, Michael Montella, Marc Motroni, Betty Nitke, Steven Oakley, Lisa Patel, Surekha Peng, Fangyu Reddy, Vijitha Reimer, Sarah Rohren, Eric

Saadeh, Kris Searles, Robert Shi, Cindy Stack, Aaron Vadde, Kavitha Valdivia, Ana Vazquez, Antonio Wallis, Jerold West, Jeffrey Wilson, David

Tracers Goes All Digital—Leonie L. Gordon, M.D.

As you probably have noticed, you received this newsletter electronically only. The American Board of Nuclear Medicine decided to move into the 21st century, go green and send the newsletter electronically. We have ascertained that most of our diplomates have e-mail addresses and a quick survey revealed most diplomates prefer to get mail electronically since it is much faster and more easily

accessible. However, if you want a paper copy, I am sure you can easily print it yourself. In the past, we have sent out the newsletter sporadically and it got a bit overwhelming at times. The all-digital newsletter is a works in progress so look for improvements as we implement the electronic version. If you have any ideas for improvement or things you would like to see in this newsletter, please let me know.

Meet the ABNM Staff —Leonie L. Gordon, M.D.

The ABNM has now been in St. Louis for almost 5 years and we would like to introduce the office staff to our diplomates.

The ABNM staff consists of 4 members: Cindi Ade, Administrator, who oversees the ABNM office operations, comes to the board with 29 years of administrative, human resources and clinical experience with a degree in Industrial-Organizational Psychology. Emily Fields, the Database Analyst/Exam Coordinator, coordinates the examination process/operations and has experience in the medical publishing field with an advanced degree in Education Technology.

ABNM Secretary Julie Spiker brings her clerical experience with

educational institutions to assist diplomates with the MOC process including applications, correspondence and inquiries. Secretary Monica Waller provides administrative secretarial support to the board having 16 years medical secretarial experience along with a graphic arts background, which is showcased in the Tracers Newsletter and many ABNM brochures.



From Left to Right: Emily Fields (Database Analyst/Exam Coordinator),
Julie Spiker (Secretary), Monica Waller (Secretary), Cindi Ade, (Administrator)

A small but busy office, the staff is always available to help diplomates, applicants or Nuclear Medicine Training programs with any questions about the ABNM Certification examination, In-Training Examination, MOC process or board policies.





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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. (royalh@mir.wustl.edu), Executive Director, American Board of Nuclear Medicine.

