

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 central database of PET/CT and CT studies (www.snm.org/llsap; 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 workstation emulation 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, electronic communications, and information posted on our Web site.



IN THIS ISSUE:

- The Board Mourns the Death of Tom Miller
- 2008 ABNM New Board Members
- MOC Part IV: Practice Performance Assessment
- 2007 ABNM Examination Results

TRACERS

No. 2, Winter 2008

THE AMERICAN BOARD OF NUCLEAR MEDICINE

Message from the Chair

Maintenance of Certification (MOC®) Hits the Street

J. Anthony Parker, MD, PhD., Past Chairman, ABNM



J. Anthony Parker

Tom R. Miller, MD, PhD, who was ABNM chair in 2005—a close friend of many of us and well known in the nuclear medicine community—died recently. Dr. Henry Royal, who worked with Tom at the Mallinckrodt Institute of Radiology, has provided a remembrance

on page 2.

This year, 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 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 recertify once a decade, but still there was very little contact. MOC requires a much more continuous process with much closer contact. If you haven't already logged onto the ABNM Web site (<http://ABNM.org>) and checked your contact information, please do that now. If you have any trouble logging in or any questions,

call the ABNM office at (314) 367-2225, and the ABNM staff will be happy to help.

A common complaint about Maintenance of Certification is that physicians not only have to pay MOC fees and examination fees to the ABNM but also have to pay CME and self-assessment module fees to other organizations to meet MOC requirements. In fact, physicians are doubly burdened by MOC: not only do they have to pay all these costs, but also these activities take time away from activities that generate revenue. Unfortunately, the cost of MOC (and all postgraduate medical education) is borne by physicians. The ABNM MOC fee is necessary to pay for creating the infrastructure needed to have a credible MOC program and for costs related to continuously documenting diplomates' participation in MOC. The extra work of MOC has required expanding the ABNM staff from 2 to 3 paid full-time members, and an additional person will likely be needed in the future.

Bright young physicians continue to be attracted to the practice of nuclear medicine. We are pleased to welcome 84 new diplomates to our specialty (see the table showing the results of the 2007 exam on page 2). We should also be proud of the high success rate of recertifying diplomates on the MOC examination. This excellent performance indicates that our specialty has a commitment to maintenance of high-quality practice.

I will be stepping down as chair of the ABNM, and Marcelo Di Carli, MD, FACC, will become chair. Dr. Di Carli is chief of nuclear medicine/PET and director of noninvasive cardiovascular imaging at Brigham and Women's Hospital in Boston.

We are very fortunate to have three well-known physicians who are dedicated to the practice of nuclear medicine join the board in January: Kirk A. Frey, M.D., Ph.D.; David A. Mankoff, M.D., Ph.D.; and Lalitha Ramanna, M.D. Their pictures are shown on page 3. ■



The American Board of Nuclear Medicine
Suite 119, 4555 Forest Park Blvd.
St. Louis, MO 63108

Executive Committee

Marcelo F. DiCarli, M.D.
Chairman

Harvey A. Ziessman, M.D.
Vice-Chairman

Barry L. Shulkin, M.D., M. B. A.
Secretary Treasurer

David A. Mankoff, M.D., Ph.D.
Member at Large

J. Anthony Parker, M.D., Ph.D.
Past-Chairman

Henry D. Royal, M.D.
Executive Director

Directors

Dominique Delbeke, M.D., Ph.D.

Sally J. DeNardo, M.D.

Gary L. Dillehay, M.D.

Kirk A. Frey, M.D., Ph.D.

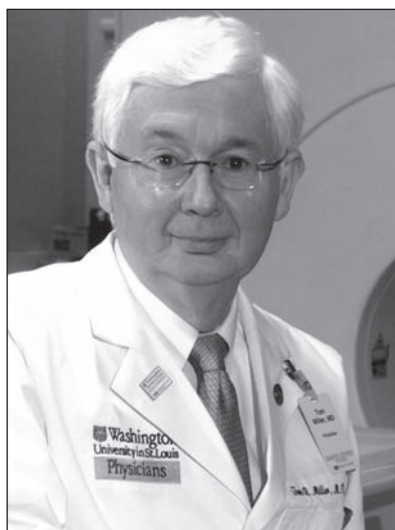
Leonie L. Gordon, M.D.

Steven M. Larson, M.D.

Lalitha Ramanna, M.D.

The Board Mourns the Death of Tom Miller

Henry D. Royal, M.D.



Tom R. Miller

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 recently his research involved the use of PET imaging in patients with cervical or prostate cancer. His expertise in patient care was recognized by his peers. He has been listed in the book Best Doctors in America since 1994.

Over the years, Tom received many honors and awards, including the Vikram Sarabhai Memorial Oration Award, presented by the Indian Society of Nuclear Medicine, and both the Presidential Distinguished Educator and the Distinguished Service Awards from SNM.

Tom's greatest love was teaching. He was the program director of our nuclear medicine residency for many years. One of his favorite responsibilities was to prepare a few comments about each of our residents at the division's annual "graduation" dinner. We were always struck by his kindness and the deep personal connection he made with all of our residents.

You might think that excelling in research, patient care, and teaching was more than enough for one individual, but somehow Tom found time to do many other important jobs, such as being a member and then chair of the Nuclear Medicine Residency Review Committee, a member and chair of the American Board of Nuclear Medicine, and the Scientific Program Chair for SNM. If there is one complaint that we had about Tom, it is that he made all of the work that he did look so easy. Tom was always calm, collected, efficient and organized. He had, by far, the cleanest desk in the division.

All who knew him will miss his smile and voice. You can read more about Tom's life and family in the November issue of the Journal of Nuclear Medicine (J Nucl Med 2007 48:20N-22N).

Log In to the New
ABNM Web Site

www.abnm.org

2007 ABNM EXAMINATION RESULTS

2007 Certification Examination:

Number of candidates who took exam	98
Number who passed	84
Pass rate	86%

2007 Maintenance of Certification Examination:

Number of candidates who took exam	67
Number who passed	65
Pass rate	97%

2008 ABNM Examinations

Application period begins 1, 2008	April
Application period ends 30, 2008	June

Certification Examination Dates	October 6 to 10, 2008
Maintenance of Certification Examination Dates	October 6 to 10, 2008

MOC Part IV: Practice Performance Assessment

Henry D. Royal, M.D.

Potentially the most useful activity required by Maintenance of Certification (MOC) is practice performance assessment (PPA). To most of us, this activity sounds new—but 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 (currently every 10 years) for diplomates certified after 1991. The goal of PPA is to transform practice improvement from an episodic event to

Table 1. Timeline for Completion of PPA Projects for ABNM Diplomates

Year	Task*
1	Learn about PPA process, select project and metric(s)
2	Collect baseline data
3	Analyze the data, work on improvement plan
4	Collect data, compare with initial data, summarize results
5	Modify improvement plan
6	Analyze data; if goals were achieved, select additional PPA project
7	Summarize data, refine improvement plan
8	Continue collecting data
9	Complete collection of improvement plan data, analyze data, summarize data
10	Prepare final report of results and conclusions, maintain gain of first cycle, select topic for next cycle

*To be completed by diplomate in specified year of 10-year MOC cycle.

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 improve-

(Continued on page 4)

Quick Takes

- Trainees will have three chances to pass the certification examination within seven years of completing training. If they do not pass the examination within seven years on their first three attempts, then they must satisfactorily complete another year of training in an accredited nuclear medicine training program.
- The ABNM has begun adding questions on CT interpretation, patient safety and molecular imaging to the certification and MOC examinations.
- Questions about MOC? Check out the ABNM Web site. See MOC Updates From Newline on the left side of the Maintenance of Certification tab.
- The ABNM is developing a plan for diplomates and trainees to prepare for advances in molecular imaging.

Figure 1



2008 ABNM NEW BOARD MEMBERS:



Kirk A. Frey, M.D., Ph.D., Professor of Radiology and Neurology, University of Michigan Hospitals, Ann Arbor, Michigan



David A. Mankoff, M.D., Ph.D., Professor of Radiology, University of Washington, Seattle, Washington



Lalitha Ramanna, M.D., Director Nuclear Medicine and PET Services, Little Company of Mary Hospital, Torrance, California; Associate Clinical Professor in Nuclear Medicine, Keck School of Medicine—University of Southern California, Los Angeles, California