SOCIETY OF NUCLEAR MEDICINE AND MOLECULAR IMAGING

ADVANCED ASSOCIATE COUNCIL

NEWSLETTER

Summer 2016

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President's Address – State of the AAC

Richard D. Siska NMAA, MIS, RSO, NCT, CNMT (NMTCB), BSNM, R.T.(R)(N)(ARRT)

STATE OF THE ADVANCED ASSOCIATE COUNCIL

Now that we have recovered from a successful annual 2016 SNMMI meeting in San Diego, and survived the minor earthquake, I will share with you some important updates in the world of the Nuclear Medicine Advanced Associate.

We had a fantastic turnout with our sponsored programs at the annual meeting. On Monday June 13th, CT Interpretation for the Technologist and Mid-Level Provider was available on the SNMMI-TS CE track for participants and on Tuesday, June 14th Teamwork Approach in Molecular Imaging: A New Paradigm to Increased Productivity, Quality, Revenue, and Safety was available on the SNMMI physician/scientist track. I want to thank Vicki Larue, Dr. John Richards and all of the program committee for such a wonderful job putting that together. We have also been approved for a talk at the Mid-Winter SNMMI meeting in Phoenix, Arizona. The talk was to be a joint effort between the Young Professionals Committee and the Advanced Associate Council, however; they have abdicated the full session to us.

Our membership as of May 1st, 2016 is 50, holding since 2015 and we are below our projected budget with an ending balance of $3,219 at this time. As a reminder in the fall of 2015, the AAC board of directors had voted and approved the increase in AAC membership dues from $10.00 to $15.00. This change will take effect in 2016 for the 2017 membership renewals cycle. The AAC board had also voted and approved free AAC memberships to NMAA students, NMT free trial technologist students, free trial residents, and current preceptors.

We received word back on the most recent draft of the NMAA White Paper. The ACR, the ABNM, the ACNM, and the JRCNMT cannot currently endorse the paper, but there are varying reasons. The JRCNMT does not endorse designations since they are an accreditation body. The ABNM decided not to endorse the white paper because it is beyond the professional scope of the ABNM to determine standards for non-physician professionals (that means they don't endorse any non-physician designations). The ACNM can neither endorse nor oppose the paper because their board was spilt. There is a concern by some in the ACNM that nuclear medicine physician jobs will be replaced by designations such as the NMAA. Regarding the ACR, they did not approve of some of the wording

revolving around terms such as “ordering”, which could be an easy fix and we plan to address each issue. As far as endorsement of the white paper from our own organization I decided not to ask for formal approval at this time, however; the SNMMI-TS Executive Board members believe that “there are many questions surrounding the current NMAA structure and are concerned that with the declining student pool, the lack of new schools opening, and the lack of physician support with the NMAA Stakeholders White Paper, that a change in the current model may be necessary. As such, and coupled with the other significant developments (entry level master’s programs, incorporation of certification boards within the scope of practice, etc.) within the field over the past year, the SNMMI-TS Executive Board agreed to hold a strategic planning session, in the fall, to discuss, completely, these various areas. Executive Board members agreed that there is simply not enough time during the Mid-Winter or Annual Meeting to fully discuss all of these issues completely.” The board also went on to say “Following this strategic retreat, the Executive Board will communicate their findings and strategy moving forward to all entities within the SNMMI-TS and that the lack of formal approval of the NMAA White Paper does not translate to non-support. Rather, it is an opportunity for the Executive Board to truly review the current NMAA model and better understand the issues and challenges that currently exist. The SNMMI-TS is taking the NMAA concerns very seriously and looks forward to discussing this, more completely, very soon.” We do not have any statements from the SNMMI at this time regarding the NMAA, but the SNMMI, in its response to the recent VA proposal to allow Nurse Practitioners to order, perform, interpret, and provide final report on imaging did add this to their statement, “Alternatively, Nuclear Medicine Advanced Associate’s (NMAA) are also qualified to “perform” nuclear medicine exams. These individuals are required to undergo vigorous training beyond their Master’s level education, and are they are certified NMTs. Due to the fact that NMAAs have already undergone nuclear medicine training, they are also recognized by the NRC to safely “perform” nuclear medicine procedures under 10 CFR Part 35. By employing NMAA’s, rather than CNPs, the VA could accomplish its goals of providing a high quality care as efficiently as possible. That being said, like a CNP, an NMAA’s education does not qualify these individuals to “interpret laboratory and imaging studies”.

Prior to the annual meeting, the NMTCB in conjunction with the AAC and JCRNMT started developing a task force to create recognition criteria for new NMAA programs. There are currently two schools who have expressed interest in the NMAA program, however; there are not enough programs for the JCRNMT to accredit them. In the meantime, based on a precedent set by the ASRT and RA programs, we can develop “recognition criteria” to keep the highest standard in new NMAA programs until such time that programmatic accreditation becomes available. Just a reminder that this task force nor the SNMMI or NMTCB is providing “accreditation”. The first goal is to have a working template developed by October 1st, 2016. We will send the template at that time to the SNMMI for review and approval.

On the legislative front the Missouri bill that included NMAA licensure was not voted on and will likely be reintroduced, I have received emails from different individuals asking for wording to introduce NMAA legislation in their state, currently Kentucky seems to have the only “formal” language that names the NMAA as a licensed individual. As far as the Medicare Access to Radiology Care Act (MARCA) (or RA bill as we call it) there were motions made on the last AAC BOD call in early 2016. Of the motions made a motion to create a letter in support of the RAs was passed. Vickie LaRue volunteered to draft a letter; however, the SNMMI-TS asked for us to put the draft on hold at that time and rather help develop a letter to ask for inclusion. However, at the time of this newsletter this has not been moved forward. Sue Bunning, SNMMI Director of Health Policy & Regulatory Affairs noted that the MARCA legislation will most likely not pass on its own, but will need to be a companion bill. Vicki Larue will be advocating for MARCA on her own and not as a representative of the SNMMI. On a personal level and not as an SNMMI representative all are welcome to help her.

Lastly, on a positive note, in the last 30 days I have had several people contact me about being an NMAA. I have sent out numerous emails and I have even started dialogue with a technologist in Australia interested in the designation and wanting information to take back to their own society. We are getting the word out there!

I encourage all members of the AAC to become involved in the affairs of the NMAA. If this is a pathway you believe in, please let our stakeholder organizations know as well as the SNMMI-TS and SNMMI.

Spread the word about the current UAMS program and how we are working on expediting new programs and opportunities. As with any new designation it takes time for it to get off the ground. For each setback we have a positive push forward. Only in numbers though will our voices be heard.

The AAC meeting at the 2016 SNMMI Annual meeting in San Diego, CA.

Vice President's Message

Vicki LaRue, MIS, NMAA

At the SNMMI annual meeting in San Diego, the presentations sponsored by the AAC were well attended and deemed very successful! The presentation, "Teamwork Approach in Molecular Imaging, a new paradigm to increased productivity, quality, revenue, and safety", generated tremendous conversation regarding the potential marketing of the NMAA, as many attendees were unfamiliar with the UAMS program, and practices of nuclear medicine physician extenders. There were comments regarding previous "negative" feedback of the NMAA, as some had heard it was not a field to pursue due to lack of job opportunities. These fears were put to rest by multiple NMAA's and physicians who work with NMAA's, who attended the presentation. But what was most noticeable was the positive energy and intrigue.

There were great ideas submitted to help the AAC get the word out about the NMAA, such as contacting nuclear medicine technology schools with information, hiring lobbyists, and promoting state recognition. All of these ideas will definitely be utilized within the abilities of the AAC. Our number one goal is to ensure all members of the SNMMI, as well as all members of the Molecular Imaging community in general, have been made aware of the NMAA position, and the benefit it brings to nuclear medicine.

With the recent VA proposal attempting to allow nurse practitioners to acquire and interpret nuclear medicine studies, there is no better time to recognize the value that the NMAA brings to our own back yard. The NMAA is educated specifically to assist Radiologists, Cardiologists and Nuclear Medicine Physicians in our world of Molecular Imaging. With our background in nuclear medicine technology, coupled with the advanced didactic and clinical training of the NMAA, no other physician extender is more prepared to assist our own physicians. This is why the NMAA was developed.

WoRds MaTTeR

By Michael Kroeger, MIS, NMAA, PET, NCT, ARRT (RT)(NCT)

Welcome to the WoRds MaTTeR section of the AAC newsletter. As a Nuclear Medicine Advanced Associate physician extender progressing in the role of supporting my physicians by pre-dictating, one finds out very quick that words matter. The role of pre-dictating exams includes preparing the indication, comparisons, technique, quantification, and limited preliminary description of findings for some PET/CT and nuclear medicine reports. Word choice, and, context surrounding their use, relays a specific message to those reading the final report. A statement in the history, finding described within the report body, final impression summation, may be dictated but the manner in which it is stated may carry greater weight, cause the finding to stand out amongst other findings or comments, and/or add significance to capture the referring practitioner's attention. The words chosen and transcribed may convey confidence to catch a referrer's attention or fall flat and fail to provide the emphasis needed to cause action.

For those nuclear medicine professionals around in 1991, one may remember a PET image on the cover of a SNM Journal with the descriptor, the time for PET has come. As it took time for PET to enter the clinical world, a primary reason for the acceptance of PET and initial clinical viability was the recognition of clinical importance through institution of reimbursement for the evaluation of solitary pulmonary nodules.

When a PET/CT report includes the finding of pulmonary nodule, what message is being communicated to the referring practitioner? A common definition of pulmonary nodule would include a single, discrete opacity surrounded by aerated lung that is less than 30 millimeters in size.

What if...the interpreter described the lung nodule as a mass? This would be considered to refer to a pulmonary opacity larger than 30 millimeters and by the nature of the inferred size would be more concerning for a malignancy without additional descriptors. In the initial days of Centers for Medicare reimbursement, lung mass was not a reimbursable diagnosis.

What if...the interpreter stated lung lesion? Lesion would convey a general message of tissue disruption within the lung not providing an indication of size or significance.

What if...the interpreter made the comment lung tumor? Lung tumor, while more specific than lesion, describes the opacity without inference of size and may be benign or malignant.

As with any word or any phrase, it does not stand alone. The phrase pulmonary nodule would typically take on additional descriptors as necessary to define its significance. The nodule's borders may be described as smooth or spiculated. The nodule centrally may take on a cavitated appearance. Calcification may be noted within the nodule. Additional context may be added if described with multiple nodules, in a patient with a history of cancer, decreasing, stable, or increasing in size over a period of time, and/or in conjunction with other lung changes. Of course, there is consideration given to the metabolic aspect of the PET/CT; is there none to great FDG uptake? The ultimate significance is to provide direction to the referring practitioner in deciding benign or malignant and next steps to pursue or not to pursue.

As you go through your day, include attention to the clinical notes and final reports you're reading and preparing, as Words Matter!

AAC Sponsored Education Sessions

The AAC is pleased to sponsor the following CE sessions at the SNMMI Mid-Winter Meeting, January 19-22, 2017 in Phoenix, Arizona:

- Integrating Your Imaging Service and Physician Extenders in Imaging - Exploring the NMAA (joint session with the Young Professional Committee) - Saturday, January 21, 6:15-8:15 pm

It was great to see so many members at the 2016 SNMMI Annual Meeting in San Diego, California where the AAC sponsored the following educational sessions:

- Teamwork approach in Molecular Imaging: A New Paradigm to Increased Productivity, Quality, Revenue, and Safety

Save-the-Date!

SNMMI Mid-Winter Meeting
January 19-22, 2017
Arizona Grand Resort
Phoenix, Arizona

SNMMI Annual Meeting
June 10-14, 2017
Denver, Colorado

Please visit the Advances Associate Council website for more information and to join!