

# Earning CME Credit Electronically

The Society of Nuclear Medicine has developed two new programs for Continuing Medical Education (CME) and physician self-assessment during the past year. The first is a web-supported CME site based on the Society's main web site. The second is a set of CD-ROM teaching modules produced by the SNM Physician Evaluation Program (PEP). Both are available for AMA category 1 PRA CME credit (required by many state licensing boards and professional medical societies). As computer-based educational tools, the two programs provide valuable opportunities for physicians who practice nuclear medicine to supplement credits earned through traditional CME meetings and seminars. Moreover, these new offerings provide a small glimpse into how CME options are likely to expand in the future.

SNM-sponsored national and chapter meetings continue to be the largest provider of CME credits for nuclear physicians, and these meetings also have greatly expanded credit options for technologists and pharmacists. In fact, for the first time, the entire SNM Annual Meeting to be held this June is fully approved for both category 1 CME credit and technologist and pharmacist CE credit, according to Marcia Ferg, SNM continuing education manager. Physicians will be able to earn a maximum of 33.75 credit hours, while technologists and pharmacists will also be able to earn credit hours by attending many of the same courses.

Given the time crunches of everyday practice and the financial burdens of self-paid continuing education, however, physicians are looking for other ways to earn credit that do not require taking time off from work to travel to a distant location. With the help of electronic "distance learning" formats supported by a web site or CD-ROM, physicians can turn on their computers and earn credits at their own convenience and at low cost.

## Earning Credit Through the JNM Web Site

When Martin Sandler, MD, took over as JNM editor last month, he implemented a web-supported CME program for the Journal. "We had talked for years about doing CME articles in the Journal, but finally we were able to implement the idea, thanks to the editorial expertise of Dr. Sandler," said Gary L. Dillehay, MD, chairman of the SNM Education and Training Committee

and assistant professor of radiology and director of nuclear medicine at the Loyola University Stritch School of Medicine, Chicago. Dillehay developed the web-supported CME program for the Journal. The January issue of JNM launched the first of a series of three CME articles (a second appears this month and a third appears in March) which offer AMA category 1 CME credit. This marks the first time CME credit is being offered in a nuclear medicine journal, according to Dillehay.

Each month's CME feature in the Journal designates the SNM Web site address where participants can find the learning objectives and quiz for that article as well as a copy of the entire article, if they so desire.

After reading the Journal article, physicians log onto the site and fill out the quiz. Quizzes are scored and the participant is sent proof of an earned credit hour if he or she scores above a certain percentage. Another benefit for members is that they can email completed quizzes directly from the web site. (Nonmembers need to download the CME forms and return them to the Society, along with a small processing fee.) Participants have up to three months to send an article in for CME credit and can submit up to three articles at a time. In future months, the JNM plans to run additional CME articles and the Commission on Education will evaluate how the program is working.

## CME Course as CD-ROM Program

The SNM PEP CD-ROM teaching module, first made available at last June's SNM Annual Meeting, tests a physician's knowledge of bone imaging and is the first of a planned series of PEP modules. It presents 15 cases and allows the physician to view bone scans, evaluate the patient histories, research and consult with colleagues, and finally generate a clinical report. Credit is awarded based on submission of the clinical reports and not on the content of the reports. After submitting the reports, participants receive an educational packet containing peer-reviewed model clinical reports written by the SNM Practice Management Committee, against which they can compare their own practice performance. In the future, the committee hopes to provide physicians with direct feedback on their clinical reports. "An SNM expert panel could critique participants' clinical reports for content and organization and then provide comments to physicians on their per-

**Two programs provide valuable opportunities to supplement traditional credits**

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formance in comparison to other participants,” said Conrad E. Nagle, MD, chair of the SNM Practice Management Committee and chief of nuclear medicine, William Beaumont Hospital, Troy, Michigan.

The second PEP offering will be a myocardial perfusion imaging module which should be ready for sale at the SNM Annual Meeting this June. (Potential third and fourth modules to be offered over the next two years feature thyroid and lung imaging.) For the upcoming myocardial perfusion module, the Practice Management Committee is receiving input from various subspecialists whose expertise lies in cardiovascular medicine. For instance, members of the SNM Cardiovascular Council are currently submitting case studies, according to Nagle. In addition, the new module will have more cases than the prior one and will provide more immediate feedback. “The myocardial perfusion module will have 30 cases, and the model report will go directly on the CD-ROM—possibly it will need to be accessed by a password provided by SNM upon completion of the clinical reports,” said Wendy Smith, Director of Health Care Policy at the Society.

The SNM’s self-assessment PEP teaching module was conceived in response to the demands on physicians to demonstrate practice proficiency to managed care systems and accrediting and regulatory agencies. “As a result, nuclear medicine physicians have become very concerned about finding cost-effective ways to compare how they measure up to peer practices and how they can empower themselves to satisfy quality standards,” explained Nagle. A clinically based self-assessment program can fulfill this need. “PEP is a front-runner in continuing education for nuclear medicine because it allows subscribers to self-test their real-life practice skills, the benefits of which go far beyond simply testing their book knowledge.”

**How Do You Measure a Credit-Hour of Computer Time?**

The awarding of AMA category 1 CME credit is a complicated process. Before a new CME program can be developed, the program provider (usually an organization, institution, or association) must undergo review by the Accreditation Council for Continuing Medical Education (ACCME), which has a list of standards that every CME provider must meet to pass muster for accreditation. Once the provider receives ACCME accreditation, the council continues to evaluate all of the provider’s CME programs to assure that they meet accepted CME standards and satisfy the educational objectives. As an ACCME-accred-

ited provider of CME, the SNM can offer the PEP CD-ROM modules and the JNM articles for AMA category 1 CME credits.

Obtaining and retaining CME credit availability presents special problems for computer-based educational formats. Currently, there are several internet sites, including Loyola University’s NUCMEDNET and LUNISweb, where nuclear physicians can review case studies and chat with other physicians through interactive bulletin boards and online forums. Providers of web programs have attempted to offer CME credit to participants, but they have faced a major challenge, namely, standardizing the time a physician spends online in order to measure it in CME credit hours, according to Robert E. Henkin, MD, a professor of radiology at the Loyola University Stritch School of Medicine in Chicago, who is a coordinator of the Loyola nuclear medicine web sites.

Traditionally, CME credits are earned by sitting in an educational lecture for a set amount of time; one credit hour is defined as 50 to 60 minutes in length. And the PEP CD-ROM program takes 50 minutes to run in order to meet the time qualifications for CME credit, according to Henkin. The trouble is, how do you measure the time spent on an online forum or perusing images on a web site? Henkin said this issue has definitely raised policy questions about the old credit-hour structure for AMA category 1 credit, especially since interactive computer formats usually take less time to complete. “For example, physicians on the NUCMEDNET web site can read an interactive case, view the image, complete the quiz, and review the answers in only 15 minutes, yet they won’t be able to qualify for a credit hour,” he said. “We need to find a way to accommodate the shorter time parameters of the CME credit earned through electronic media.”

One possible solution is to keep track of small increments of time that are spent on the web site and tally them together to form a credit hour. “If you spend 20 minutes on a web site, get interrupted, and come back and finish later, you should be able to add up the total time you spent on the site,” Henkin said. LUNIS has actually implemented this system by measuring time spent online in 10-minute increments. “Physicians can apply for CME credit through Loyola University by filling out an application that’s on LUNIS,” said Henkin.

**Fitting CME into AMAP Accreditation**

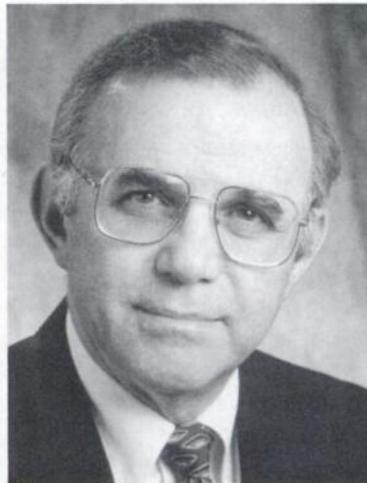
In addition to providing CME credit hours, the PEP program has been approved by the AMA to list alongside a physician’s credentials in its

national database, the American Medical Accreditation Program (AMAP). This database, which is voluntary for physicians to enter, lists all AMAP-approved credentials such as a physician's education, residency training, fellowships and board certification. It can be used by physicians to prove to managed care companies and health care facilities that their skills are proficient and current.

Participating managed care companies and health care facilities can use the database to credential and accredit physicians. The advantage for physicians is that they do not have to fill out multiple applications to obtain privileges at various hospitals or to obtain credentials for multiple managed care organizations. The database also lists continuing education courses that have been completed, but only those that are AMAP-approved. "We recognized a need to offer AMAP-approved self-assessment programs for nuclear physicians who elect to be included in AMAP," explained Nagle. The SNM PEP program, including all future modules, has been approved by AMAP. AMAP is currently available in eight states plus the District of Columbia with 10 additional states slated to enter the program in 1999, according to Robert Mills, pub-

lic information officer for AMAP.

Another AMAP-approved CME offering comes from the American College of Nuclear Physicians (ACNP) Proficiency Testing Program, which offers self-assessment image-simulation exercises each fall and spring. These exercises require subscribers to demonstrate the real-life clinical procedures involved in nuclear imaging technique and diagnosis, using imaging studies of breast or bone, or SPECT scans of different organs. Subscribers send their completed exercises to the Nuclear Imaging Committee, which then sends back a rating of their results compared to those of all other participants as well as recommendations on ways to improve practice performance. "Initially, we had only a handful of physicians participating in our program, but the number has quickly grown to where we now have 90 physicians enrolled for the current fall and spring offerings," said Haley Johnson, assistant executive director of quality assurance at the ACNP.



**Howard J. Dworkin, MD, immediate past chair, ACCME**

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### The SNM Web Site: A Guide for CME Options

The SNM Web site (<http://www.snm.org>) was updated at the end of 1998 and now features a comprehensive Education/Professional Development Section listing the major continuing education options available to nuclear physicians and technologists. Listings include:

- General Calendar Section with SNM-sponsored meetings and an events calendar for nuclear medicine-related organizations. SNM chapter meeting dates and locations are listed through 2006, although individual credit-hour listings are not provided
- Full descriptions of the June 1999 Annual Meeting and Mid-Winter Meeting
- A description of PEP, with ordering information
- Links to information on SNM audiotapes and publications
- Credentialing and licensing information and links to resources

**Links to Other Resources:**

- AMA Web site CME Select Section: <http://www.ama-assn.org/cmeselec/cmeselec.htm>
- AMAP Section: <http://www.ama-assn.org/med-sci/amapsite/index.htm>

- ACCME Web site: <http://www.accme.org>
- SNM Computer and Instrumentation Council Home Page: <http://gamma.wustl.edu/caic.html>
- ACNP web site Quality Assurance Programs Section: provides a full description of the Proficiency Testing Program, with information on subscribing: <http://www.neology.com/Portfolio/acnp.cfm>
- LUNISweb (Loyola University Nuclear Information System): <http://www.lunis.luc.edu>
- LUNIS Interactive Case of The Day Web Forums: [http://www.lunis.luc.edu/rsna\\_cme/](http://www.lunis.luc.edu/rsna_cme/)
- NUCMEDNET: <http://www.nucmednet.com>
- Technical Challenges in Nuclear Medicine: CD-ROM cosponsored by SNM and Loyola University for 1 hour of AMA category 1CME credit or CEH for VOICE participants: <http://www.unm.inter.net/technica.htm>
- Journal Watch Online Web site: <http://www.jwatch.org/card/>
- JAMA Web site: <http://www.ama-assn.org/public/journals/jama/jamahome.htm>
- RADBOOKS Online Radiology Bookstore: lists nuclear medicine texts and other educational series in nuclear medicine: <http://www.radbooks.com/rdbknu.htm>

ples of when these codes should not be used are 78000 (thyroid uptake; single determination) and 78466 (myocardial imaging, infarct avid, planar; qualitative or quantitative). In addition, these codes should not be used for SPECT or vitamin B12 absorption studies. There is a V/Q scan CPT code with quantitation (CPT 78596), so additional coding for quantitation is unwarranted with this CPT code.

#### Coding Change for C-14 Urea

As of January 1, 1999, CPT code 83019 (*Helicobacter pylori*, breath test [including drug and breath sample collection kit]) was deleted and replaced by two codes: 83013 (*Helicobacter pylori*, breath test analysis) and 83014 (*Helicobacter pylori*, breath test analysis; drug administration and sample collection). These codes have no professional component. The physician should not bill 83013 or 83014 for collecting the sample. These codes should only be billed by the laboratory that performs the test.

Services related to the explanation of

the test and interpretation of the *Helicobacter C-14* could be billed as evaluation and management (E/M) services by the physician administering the test. The level of E/M billed should be *reflected in the documentation* within the patient's medical record. If the test is administered during the overall evaluation of the patient for the clinical problem requiring the test, the time and effort of the physician administering the test should be taken into consideration in determining the level of E/M service to be billed.

In regard to the professional component, the physician's office could bill CPT code 99201 or 99211 (Evaluation and Management code for a brief visit) for the administration of the C-14 labeled urea and collection of the breath sample. You should use the "-25" modifier with these codes. The "-25" modifier is a *Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service*. We recommend that you discuss this coding issue with your local Medicare carrier

medical director.

As noted above, there is no separate nuclear medicine code for the interpretation of a C-14 urea breath test. The Society of Nuclear Medicine is working with the CPT Editorial Panel on this issue.

#### HCFA Extends Comment Period for Proposed HOPPS

HCFA has extended the comment period another 60 days on its proposed hospital outpatient prospective payment system. The new deadline for submission of comments is March 9, 1999. Please send comments to: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA-1005-P, P.O. Box 26688, Baltimore, MD 21207-0488. In addition, please send a copy of your comments to Wendy Smith, Director of Health Care Policy, Society of Nuclear Medicine, 1850 Samuel Morse Drive, Reston, VA 20190-5316.

—Wendy J.M. Smith, MPH, is the SNM director of health care policy

#### CME CREDIT

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#### Will CME Programs Achieve Their Objectives?

The Society's new CME programs could quickly become popular with members, but the actual educational benefits of new SNM programs will take time and effort to determine, according to Nagle. "PEP was developed in close collaboration with practicing nuclear physicians in order to create a CME program that would meet the need for practice-based learning," he said. "We also recognize, though, that obtaining and maintaining accreditation is equally crucial to the program's viability." In conducting a critical survey of its CME programs, the Society leadership is taking its cues from the ACCME, which is becoming increasingly concerned that CME programs meet all of their educational objectives.

Howard J. Dworkin, MD, immediate past chair of the ACCME and chief of nuclear medicine at William Beaumont Hospital, Royal Oak, Michigan, said that the focus of the ACCME has expanded from one of educating physicians to one of improving patient outcomes. "The Council wants to see if CME programs are valuable—meaning that physicians will change their practices, leading to an improvement in patient outcomes," said Dworkin. "Over the next few years, we will begin to ask for data that can directly show that a CME program changed physicians' practice patterns and that those changes led to better patient recoveries, reduced hospital stays, and fewer long-term complications."

Getting that sort of information will require CME providers to conduct surveys to see how many physicians have changed their practices as a result of par-

ticipating in a CME program. Dworkin acknowledges, however, that linking physician learning with improved patient outcomes is a particular challenge in nuclear medicine. "We nuclear physicians typically are just one part of a long chain of events in a patient's care," he said. "So it's hard to determine if our performance alone affected a referring physician's response to, say, the interpretation of a bone scan. Also, in diagnostic specialties, it's hard to show that a practice change resulted from a specific CME program rather than from, say, a discussion with a colleague." Even if this issue is sorted out, funding must be obtained for these outcome studies. Determining who will provide this funding is a question that the medical societies and the ACCME have left unanswered.

— Jill Steuer