

Inside MI: Spreading the Word

This fall, the Molecular Imaging Center of Excellence (MICoE) will initiate its new speakers' bureau, "Inside MI." This exciting new resource will be a tool for SNM chapters and other medical organizations that are seeking speakers for meetings and other educational activities. The purpose is to advance understanding of molecular imaging and therapy by bringing affordable, convenient, and expert-led discussion directly to the medical community and the public through conferences or other gatherings where scientific advances are shared. Funding will be provided via the Bench to Bedside Campaign.

Call for Speakers

Although Inside MI builds on an existing SNM speaker database, we are soliciting new names and volunteers to add to the database for an ever-expanding list of topic areas, particularly in preclinical and clinical applications of MR imaging, spectroscopy, ultrasound, multislice CT, and optical imaging. Expertise is sought in contrast agents, nano-

particles, fluorescent dyes and proteins, microbubbles, and other new nonradioisotope-based molecular imaging or therapy agents. MICoE is also seeking individuals with expertise in PET, conventional instrumentation, and radiopharmaceuticals used in a multimodality approach with other novel molecular imaging techniques. Like the new track being debuted at the 2008 SNM Annual Meeting in New Orleans, LA, the purpose of Inside MI is to bring focus to emerging and novel approaches in molecular imaging.

Once listed in the database, individuals may be contacted by SNM staff if they are matched with an appropriate speaker request. Individual contact information for the Inside MI speakers' bureau will be available only to SNM staff. Staff will identify candidate speakers for a specific

(Continued on page 22N)



Marybeth Howlett, MEM

MAINTENANCE OF CERTIFICATION UPDATE

MOC Part IV: Practical Issues

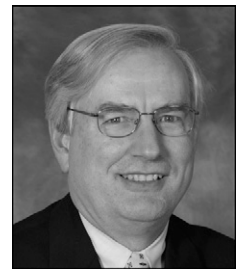
Articles in the last 2 issues of Newsline discussed the goals and evolution of Maintenance of Certification (MOC) Part IV, which covers practice performance assessment (PPA). This article will examine how Part IV will be initially implemented. The American Board of Nuclear Medicine (ABNM) expects that most diplomates are already involved in quality improvement activities, including (1) patient safety; (2) accuracy of interpretation/double reading; (3) report timeliness; (4) adherence to practice guidelines and technical standards; and (5) satisfaction surveys of referring physician, patients, technologists, and colleagues.

ABNM diplomates will be asked to log in to the ABNM Web site (where Part IV is currently in development) and list the quality improvement activities in which they are participating. For at least one of these activities, the diplomate must complete 3 quality improvement cycles every 10 years. This means the diplomate must periodically decide where the greatest improvement in quality could be made in his or her practice, measure the current status, devise an improvement plan, and then remeasure to assess improvement. A PPA Project Timeline that

details the tasks that are required annually during a 10-year period can be found in the MOC section of the ABNM Web site (www.abnm.org > MAINTENANCE OF CERTIFICATION).

To ensure compliance with Part IV, the ABNM will audit a small percentage of diplomates. During an audit, diplomates would be asked to provide documentation for the activities listed above. In addition, diplomates will have to document completion of 3 quality improvement cycles for one of the activities. In a complete quality improvement cycle, the ABNM will expect to see evidence that the project: (1) is relevant to patient care; (2) is relevant to the diplomate's practice; (3) has identifiable metrics and/or measurable endpoints; (4) includes an action plan to address areas for improvement; and (5) includes remeasurement to assess progress and/or improvement.

(Continued on page 28N)



Henry D. Royal, MD

information and IT. "Health care professionals have always aimed at making medical care as individualized as possible. But in truth, our ability to deliver the right care for each person has been limited," HHS Secretary Mike Leavitt wrote in a foreword to the report.

The report describes how rapidly expanding knowledge of the human genome will increase the capacity to predict, detect, preempt, and treat disease by enabling physicians to "look beneath" visible symptoms and see signs and causes of disease at the molecular level. The report also outlines areas in which significant work and investment of resources are needed and provides the first inventory of 50 relevant programs underway throughout HHS. Among these are: genome-wide association studies, sponsored mainly by the National Institutes of Health, to identify genetic elements in disease; efforts by the Centers for Disease Control and Prevention to describe population-wide genomic characteristics and to lay the groundwork for the application of genomic elements in health care; programs under the National Cancer Institute to enhance understanding of the causes of cancer and improve treatment through scientific advances as well as new programs for sharing "best treatment" information; HHS-supported efforts in health IT to develop technical standards and provide for secure exchange of medical data; and new guidance and planning by the Food and Drug Administration to prepare for rapid development of useful new products and for integrating genomic information into drug prescribing and disease diagnosis.

The report is available on the HHS Web site at www.hhs.gov/myhealthcare/.

U.S. Department of Health and Human Services

Resource Guide on Corporate Responsibility for Quality

The Office of Inspector General (OIG) for the Department of Health and Human Services (HHS), in partnership with the American Health Lawyers Association (AHLA), released on September 10 a resource guide on quality of care titled, *Corporate Responsibility and Health Care Quality: A Resource for Health Care Boards of Directors*. As part of Inspector General Daniel R. Levinson's quality-of-care initiative, this resource guide seeks to assist directors of health care organizations in carrying out their important oversight responsibilities in the current challenging health care environment. It is the third in a series of documents on corporate responsibility cosponsored by OIG and the AHLA. The resource guide is designed to help health care organization boards ask appropriate questions related to health care quality requirements, measurement tools, and reporting requirements. Compliance with standards and regulations applicable to the quality of services delivered by health care organizations is essential for the lawful behavior and corporate success of these organizations. OIG and AHLA noted that this guide would be useful to health care organization directors in exercising their oversight responsibilities and in supporting their ongoing efforts to promote effective corporate compliance in health care quality.

As part of its efforts to promote the involvement of boards in the care delivered in their institutions, OIG will be hosting a series of roundtable discussions with industry leaders. The first of these meetings will focus on the boards' role in overseeing the quality of care provided in long-term care institutions. The roundtable, scheduled for December, will be cosponsored by the Health Care Compliance Association. The complete document is available at www.oig.hhs.gov.

U.S. Department of Health and Human Services

Iran to Develop Nuclear Medicine

The Atomic Energy Organization of Iran (AEOI) announced on September 11 that a special committee had been established to promote the development of nuclear medicine in that country. AEOI Director Gholamreza Aqazadeh told reporters that a 40-megawatt heavy water research reactor is being built in Iran for this purpose and that more than 15 tons of heavy water have been set aside. Aqazadeh's remarks came at a workshop during which the AEOI announced that mass production of $^{99}\text{Mo}/^{99\text{m}}\text{Tc}$ had already begun to supply Iranian hospitals and medical centers. Dr. Mohammad Ghannadi, chair of the AEOI's research center for nuclear science and technology, told reporters that 10,000 patients per week in Iran undergo procedures using $^{99}\text{Mo}/^{99\text{m}}\text{Tc}$ in 120 medical centers. Ghannadi noted that "Production of this compound at home was important not only in terms of technical progress but also in terms of economic saving."

Atomic Energy Organization of Iran

(Continued from page 21N)

The ABNM expects that societies and accreditation groups will develop PPA modules on professional topics that are preapproved by the ABNM. Generic PPA modules related to patient safety and satisfaction surveys are also

being developed. The advantage of these preapproved programs is that diplomates will be assured that these activities meet the requirements of the ABNM.

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