

Updates from the ABNM

The American Board of Nuclear Medicine (ABNM) met in July and made a number of important decisions regarding its organizational structure, its business plan, and its maintenance of certification (MOC) program.

The ABNM has decided to recruit an associate executive director to assist the office staff and the executive director. Having 2 physician members of the office staff will strengthen the ABNM by providing a more robust succession plan. Although this will be a paid position, hiring an associate executive director will not impact the ABNM's budget, because the executive director's salary will be divided to cover the salary of the executive director and the associate executive director. Both the executive director and the associate executive director will be one-quarter-time employees of the ABNM. Those interested in applying for the position of associate executive director should e-mail the ABNM administrator, Cindi Ade (adec@abnm.org), and ask for a job description and an application.

Beginning in January 2012, the annual MOC fee will be combined with the MOC exam fee. This combined fee (\$400) will be budget neutral and will even out the payments for maintenance of certification. For most physicians, uniform annual fees should be more attractive than paying a \$2,000-plus exam fee every 10 y. This combined fee also will allow diplomates to take the MOC exam more frequently without added expense. To phase in the new annual MOC fees, the fee for taking the MOC exam (currently \$2,050) will be decreased by 10% (\$205) each year for the next 10 y.

The ABNM is one of 7 American Boards of Medical Specialties (ABMS) with MOC programs conditionally accepted by the Centers for Medicare & Medicaid Services (CMS) for a 0.5% incentive payment for diplomates who participate in their MOC programs. To qualify for the CMS incentive, physicians must also be participating in CMS's Physician Quality Reporting System program (1% incentive payment for 2011) as well as in the ABNM's MOC program "more frequently" than is required. For lifetime certificate diplomates, the "more frequently" requirement is met simply if they are participating in MOC, since they are not required to do so. For diplomates with time-limited certificates, "more frequently" has been defined as earning 30 category one CME credits each year instead of the required 25, taking the MOC exam every 9 y instead of every 10 y, and completing 4 practice performance assessment projects every 10 y instead of 3 every 10 y. The ABMS is working with a vendor on software that will facilitate diplomate data submission to CMS. The charge

from the software vendor is expected to be about \$100 per diplomate per year. For many physicians, the CMS bonus is expected to be \$500 or more per year. The size of the bonus will vary considerably from physician to physician, because it depends on the volume of patients and the patient mix. The ABNM expects to have more information soon about how its diplomates can participate in this program.

The fact that the ABNM is now having direct conversations with CMS has important implications for the role of boards in health care reform. CMS is asking the ABNM and the nuclear medicine community to come up with valid measures of quality in nuclear medicine. Our health care delivery systems cannot be improved without having valid measurements to see whether or not an intervention has resulted in improved health care. Obvious areas for improvement include minimizing radiation doses, improving the quality of our reports, and improving the accuracy of our interpretations. The long-term goal is to provide physicians with feedback so they can see how their performance compares to that of their peers. The ABNM believes that any changes to our health system that reward quality will greatly benefit our diplomates, because we are confident that ABNM-certified physicians provide the highest quality nuclear medicine services. Although progress in this area is likely to be quite slow, physicians should see several new nuclear medicine quality measures over the next few years.

It is increasingly recognized that an ineffective and inefficient system will be created when physicians are burdened with work that, in the end, does not benefit patients. The ABMS has undertaken a new project to try to determine how hospital-based physicians can get credit for the many quality improvement activities in which most already participate. The ABNM is very interested in this program because most of our diplomates are hospital based, and, therefore, we would like to harmonize our MOC requirements with those of major medical centers.

Despite its limited resources, the ABNM has many more issues to address than it has had in the past, when the board's primary role was simply to create and administer an exam. Board members are very aware of the important role they have in trying to improve health care for our patients. They are also aware that we cannot afford to introduce more inefficiencies and redundancies into our health care system.

*Henry D. Royal, MD
Executive Director
American Board of Nuclear Medicine*