

Summer 2017

Inside This Issue

President's Address

Vice President's Message

Words Matter

2017 MWM AAC Sessions

2017 BOD Election Results

Save-the-Date

President's Address – State of the AAC

Vicki LaRue, MIS, NMAA



Greetings Advanced Associate Council Members!

Prepare for a whirlwind this year as we initiate substantial changes in the world of nuclear medicine advanced practice. Though new to the medical specialties of imaging, advanced practice in nuclear medicine is not a theory. Through many years, this practical concept, developed by numerous nuclear medicine professionals, transitioned into proof of concept with the opening of the first NMAA program and subsequent numerous graduates who went on to successfully pass the NMAA board certification. This designation has endured its' share of hard times. Most recently, the only NMAA program at UAMS has announced the program will be placed on hiatus when students graduate next spring. This is a huge set-back, but not the end of advanced practice in nuclear medicine.

The AAC is using this experience to devise multiple new educational models for the NMAA. We have listened and learned from prospective students, potential employers, and our vast array of physicians, that these models must conform to seasoned technologists as well as new students. We know that multiple programs are necessary to house the variety of education that is needed by a large spectrum of potential students. We know that our physicians must be our number one educator and delegate authority at our places of employment. We must be recognized alongside other physician extenders to bring the benefit of reimbursement, progression, and utilization to the nuclear medicine department. We are well into the journey. We are just taking a few detours.

A true testament of faith is believing in something that you cannot see. It's all about faith. Faith in our profession. Faith in our experience. Faith in our resolve. The physician extender model is proven and here to stay. Make no mistake, this council will continue to advocate for advanced practice in nuclear medicine to the benefit of our physicians, our technologists, our patients ... our team.

I look forward to an exciting year working with the team members of this council and the SNMMI.

"There is no failure except in no longer trying."

Vice President's Message

Darko Pukar, MD, PhD



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 Krystle Glasgow, MIS, CNMT, NMTCB(CT), NMAA

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

It was great to see so many members at the 2017 SNMMI Mid-Winter Meeting in Phoenix, Arizona where the AAC sponsored the following educational session:

- Physician Extenders in Imaging

2017 AAC Board of Directors Elections

Congratulations to our newly-elected Advanced Associate Council Board Members and Officers!

- Darko Pukar, MD, PhD - Vice President
- Krystle Glasgow, NMAA - Secretary/Treasurer
- Jon Baldwin, MD – Board Member
- Linda Fielding, MD– Board Member

- Earl Love, CNMT, ARRT(N) – Board Member
- Katie Neal, BS, MS – Board Member
- Tricia L. Peters, BS, CNMT, PET – Board Member

The Advanced Associate Council also wishes to express our gratitude for our outgoing AAC Officers and Board Members:

- Michael A. Kroeger, MIS, NMAA, PET, NCT - Secretary/Treasurer
- Robert E. Henkin, MD, FACNM, FACR - Immediate Past President,
- Julie Eberting, MIS, NMAA - Board Member
- Kasey Powell Nelson, MIS, NMAA, CNMT - Board Member
- Mark Wallenmeyer, MBA, CNMT, RT(N), FSNMT - Board Member

Save-the-Date!

[SNMMI Mid-Winter Meeting](#)

January 25-28, 2018
Hilton Orlando Lake Buena Vista
Orlando, Florida

[SNMMI Annual Meeting](#)

June 23-27, 2018
Philadelphia, Pennsylvania

Please visit the [Advances Associate Council](#) website for more information and to join!