



AMERICAN ASSOCIATION *of* PHYSICISTS IN MEDICINE
Improving Health Through Medical Physics



AAPM: BUILDING PARTNERSHIPS WITH THE NATIONAL MATERIALS PROGRAM

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Chief Medical Physicist and Radiation Safety Officer





DISCLOSURES

AAPM – Vice Chair of the AAPM Government & Regulatory Advisory Committee

ACR – Chair of the Medical Physics Commission

University of Miami Health System and Jackson Health System

– Executive Director, Radiation Safety Officer, Chief Medical Imaging
Physicist

Certified

- Diagnostic Medical Physicist (DABR)
- Nuclear Medical Physicist (DABR)
- Medical Laser Safety Officer (CMLSO)
- Health and Safety Professional (CHSP)
- Magnetic Resonance Safety Officer (MRSO)
- Magnetic Resonance Safety Expert (MRSE)

Consulting Medical Physicist



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OUTLINE

- AAPM's government relations
- How we operate
- Key issues
- Medical physics practice guidelines
- State champions advocacy program



AAPM Headquarters in Alexandria, VA



AAPM'S GOVERNMENT RELATIONS

- Government and Regulatory Affairs Committee (GRAC)
 - Supports government, regulatory, and advocacy initiatives for AAPM
 - Subcommittees for longer and more focused efforts
 - Non-voting liaison members from FDA, NRC, CRCPD, and OAS
- Professional Economics Committee (ECON)
 - Focuses on the economics of our practice, payer, and reimbursement issues
 - Addresses matters related to Centers for Medicaid and Medicare Services (CMS)
- AAPM Staff
 - Maintains connections with other organizations, regulatory partners, and policymakers



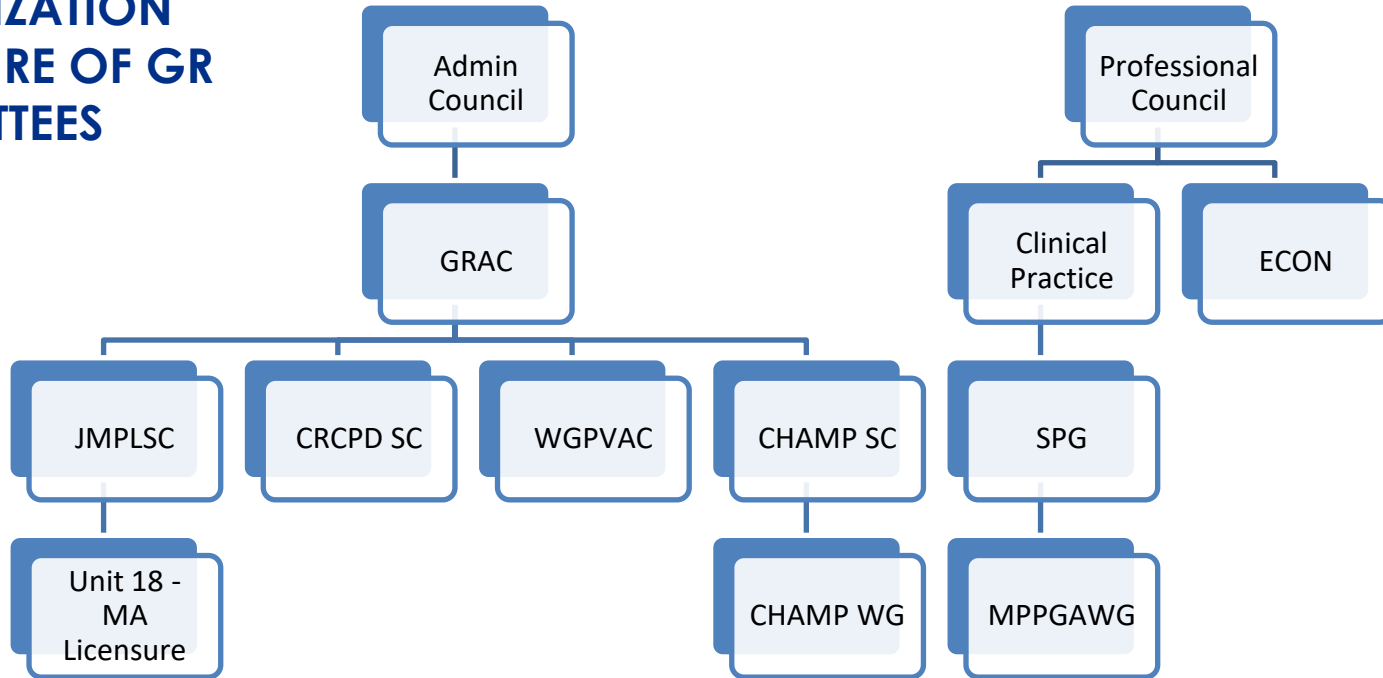
AAPM'S GOVERNMENT RELATIONS (GR)

- AAPM is member driven—9000+ members with over 400 volunteer groups
- A handful of those groups share a focus for government, regulatory, legislative, or accreditation
- The **Government and Regulatory Affairs Committee (GRAC)** leads AAPM's efforts in government relations
- AAPM employs one full-time staff (David Crowley), contracts experts for CMS/payment issues and federal lobbying
- GRAC subcommittees (SC) include:
 - Conference of Radiation Control Program Directors SC
 - Medical Physics Licensure and Regulatory Recognition SC
 - Practice in Veterans Affairs Centers SC
- AAPM partners with outside agencies and organizations:
 - NRC, FDA, CRCPD, OAS
 - RSNA, ACR, ASTRO, SNMMI, etc.



Board of Directors | Executive Committee

ORGANIZATION STRUCTURE OF GR COMMITTEES





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Sebastien Gros, GRAC Chair
Max Amurao, GRAC Vice Chair



Michele Ferenci
ECON Chair



Matt Wait
MPPGAWG Chair



Kathleen Hintenlang
CRCPCD SC Chair



Luke Schwartz, David Crowley, and Matt Reiter



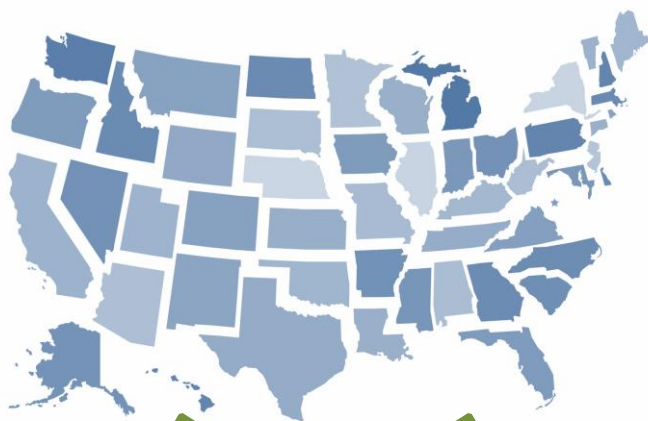
Russ Tarver
JMPLSC Chair



Jatinder Palta & Bruce Curran
WGPVAC



STATE CHAMPIONS: ADVOCACY AT THE STATE LEVEL



Activities This subcommittee will manage the network of AAPM State Champions for state and federal (when applicable) grass-roots advocacy efforts. CHAMPSC will be responsible for reviewing and approving volunteers according to the State Champion eligibility criteria, and maintaining the working group with the current list of who is serving as a State Champion.

The subcommittee will work with GRAC and the AAPM Government Relations Manager to develop and maintain resources needed by the State Champions to successfully perform their activities. CHAMPSC will establish advocacy objectives for the State Champions that support AAPM's strategic goals. The State Champion activities may include:

1. Inform GRAC and AAPM about any regulatory or legislative development that might have a potential impact on the practice of medical physics.
2. Engage and network with all relevant stakeholders (AAPM members, Chapters, GRAC, and other societies when applicable) to mobilize members to support or not support state legislation and regulations that might impact healthcare.
3. Engage with elected officials and their staff in support of medical physicists' activities and provide testimony at Committee, House, or Senate hearings.
4. Call, message, or tweet their elected officials using the VoterVOICE advocacy program.
5. Help introduce new state legislation or petition for rulemaking changes that would benefit the practice of medical physics for the state.
6. Support or interface with state advisory boards (when applicable).

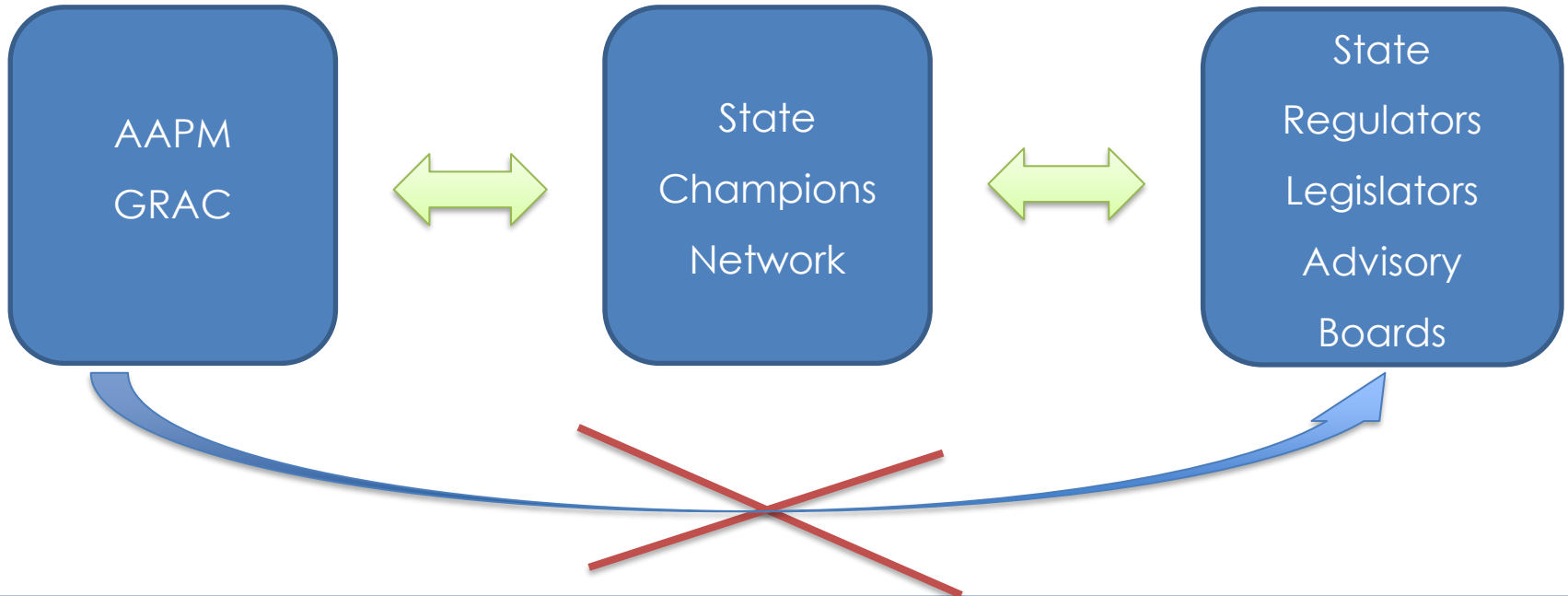


STATE CHAMPIONS: THE WHAT AND WHY

- What is a state champion?
 - AAPM volunteers, at the state level, interested in learning and advocating for government or regulatory issues
 - Will serve as a multiplier for our GR efforts
 - Provide subject matter expertise to local organizations and agencies
- Why is it needed?
 - Each state has unique regulatory and legislative processes
 - Empower, educate, and provide resources to medical physicists to be effective in government relations
 - Difficult for national AAPM to engage on every states' activities
 - To better communicate the need for Qualified Medical Physicists (QMP) in all states
 - To drive for more consistent regulations and policies



STATE CHAMPIONS MODEL





FUTURE VISION AND OPPORTUNITIES

- Align to and support AAPM's strategic plan
- Shift from reactive to be more proactive
- Build our advocacy capacity
 - State champions
 - Educate policy makers
 - Hill days - launching at AAPM's 2025 annual meeting
- Continue to review and improve our GR efforts



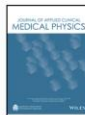
Image from ASAE: Corey Vaughn (2022) - Three Best Practices for Sustaining Interest in Advocacy Efforts



MEDICAL PHYSICS PRACTICE GUIDELINES AND REPORTS



MPPG
Report
13.a



2023
AAPM medical physics practice guideline 13.a: HDR brachytherapy, part A

SPG

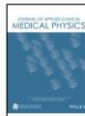
MPPG
Report
4.b



2023
Medical physics practice guideline 4.b: Development, implementation, use and maintenance of safety checklists

SPG

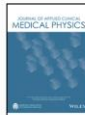
MPPG
Report
12.a



2022
AAPM Medical Physics Practice Guideline 12.a: Fluoroscopy dose management

SPG

MPPG
Report
5.b



2022
AAPM MEDICAL PHYSICS PRACTICE GUIDELINE 5.b: Commissioning and QA of treatment planning dose calculations—Megavoltage photon and electron beams

SPG



WHAT IS AN MPPG? HOW DOES IT DIFFER FROM A TG?

Medical physics practice guidelines (MPPG)

- Establishes safety standards for safe and effective radiation uses
 - I.e., the minimum level of medical physics support that AAPM would consider to be prudent in all clinical practice settings
- MPPGs are meant to be accessible for Medical Physics practices of all sizes and resource levels
 - TG reports are more rigorous, reflecting best practices
 - TG may not be achievable or practical for all clinics, enforcing could constrain or limit access



OPPORTUNITIES FOR PARTNERSHIP AND ALIGNMENT

- MPPGs are designed to establish a baseline safety standard
 - Meant to be accessible for clinics of all types to implement
 - Suitable as a reference point for regulatory standards
- Published open-source in the *Journal of Applied Clinical Medical Physics*
- AAPM is working to get regulatory and accrediting bodies to adopt MPPGs, where applicable
 - Newly created **MPPG Adoption Working Group (MPPGAWG)** will work together with GRAC and State Champions
 - Open to input on topics needing MPPG development
 - This can assist in identifying future MPPG topics and priorities



EXAMPLE OF MPPGS

- MPPG 10.a: Scope of practice for clinical MP
- MPPG 13.a: HDR Brachytherapy
- MPPG 4.b: Development, implementation, use and maintenance of safety checks
- MPPG 11.a: Plan and chart review
- MPPG 3.b: Supervision of MPs in training
- MPPG 12.a: Fluoroscopy dose management

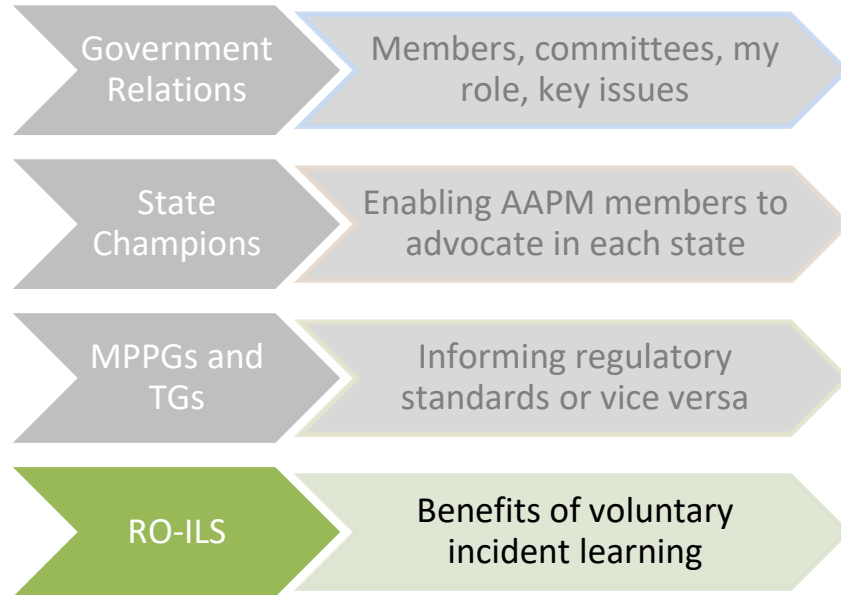
JOURNAL OF APPLIED CLINICAL
MEDICAL PHYSICS

Browse our MPPGs:





RADIATION ONCOLOGY-INCIDENT LEARNING SYSTEM



RO-ILS

RADIATION ONCOLOGY
INCIDENT LEARNING SYSTEM

Sponsored by ASTRO and AAPM

ASTRO
AMERICAN SOCIETY FOR RADIATION ONCOLOGY





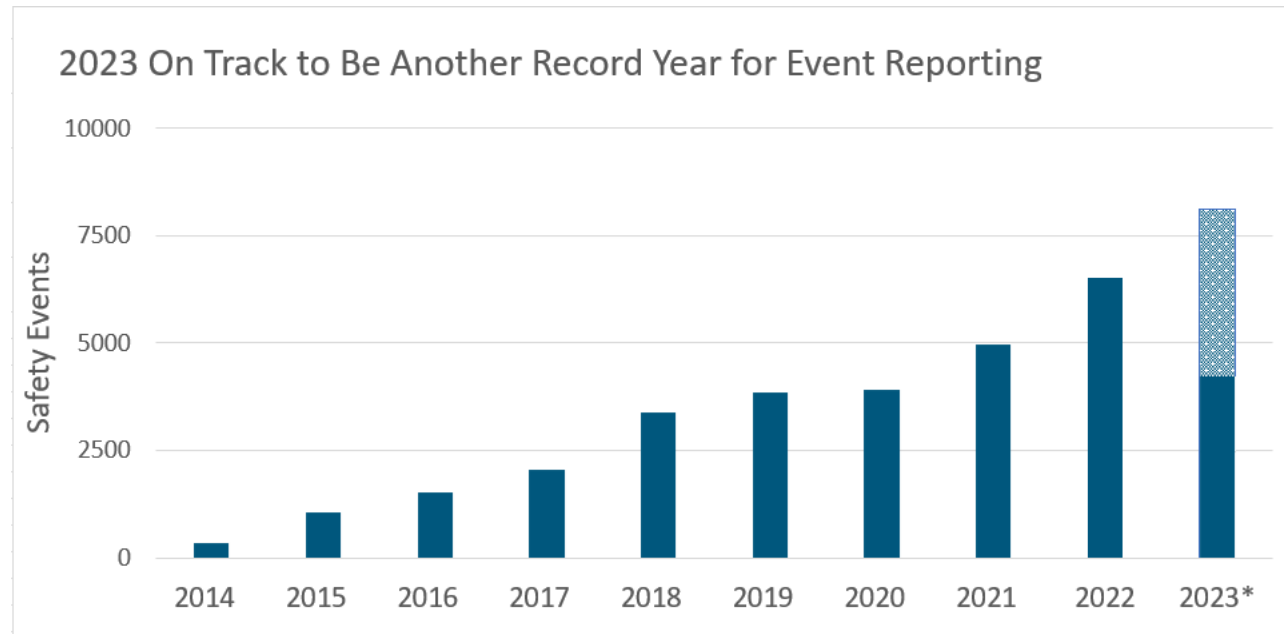
WHAT IS RO-ILS?

- Radiation Oncology-**Incident Learning System** (RO-ILS)
 - Captures events and near-misses
 - Helps strengthen safety culture
 - Voluntary and free for licensees to use
 - More valuable as more people participate
- Data stored by a patient safety organization (PSO), Clarity
- Safety event data reviewed by expert group, Radiation Oncology Healthcare Advisory Council (RO-HAC)
 - Publish safety alerts and case studies



IMPLEMENTATION AND ACTIVITIES

- Presently, 825+ facilities across the country using RO-ILS
- On track for over 7500 events to be submitted this year.





HOW RO-ILS IS BENEFICIAL

- Provides safety cases
- Educational materials
- Trends in radiation oncology safety
- Aggregate national information will improve field of radiation oncology

Review educational material here:
(or Google "**RO-ILS Education**")





CURRENT KEY ISSUES

- Department of Labor – Occupational Classification of a Medical Physicist
- Department of Veterans Affairs Therapeutic Medical Physicist Pay Cap Relief Act (HR.6800)
- Emerging Medical-use Radionuclides (e.g. Ac 225, Pb 203/212)
- Comments to the NRC
 - Rb-82 generators, EMTs, other uses
 - Extravasation – Nuclear Medicine Clarification Act (HR.6815)
 - RG 8.39 for patient release
- Supporting broad issues relating to workforce or research funding
- MP licensure in Massachusetts (H.2175)
- Monitoring state regulatory changes



□ **See our government affairs page for comment letters and recent issues.**



RECENT FEDERAL ISSUES

NRC:	FDA:	CMS:
Medical Use of Isotopes	IEC Standards Transition	Reimbursement and Payments
Boards, Training, Experience	Rulemaking	
Extravasations	Classification of Devices	Developing Electronic Clinical Quality Measures (eCQM)
Patient Release (RG 8.39)	Network of Experts	
Source Security	Guide Documents: MR Safety and Performance	NIH/DOE/Other:
Emerging Technology		Data Sharing
Office of Science and Technology Policy (OSTP):		Research Funding Programs
Data Access	Cancer Moonshot Initiative	Source Security
Research Environment and Security		Veterans Affairs Salary Caps



RB-82 GENERATORS AND EMTS

- January 2024--AAPM submitted comments to the NRC
 - We largely support the existing guidance standards for EMTs, associated T&E, etc.
 - Addressed many of the questions presented by the NRC

- As with extravasation comments, it is worth pointing out dosage (administered activity) is preferred to dose when dealing with radiopharmaceuticals



EXTRAVASATIONS

- AAPM opposes the Nuclear Medicine Clarification Act (HR.6815)
 - Working to educate members of Congress about the negative impacts this bill would create
 - If passed, it would force the reporting of all extravasations exceeding current medical event dose thresholds
 - It does not differentiate between diagnostic and therapeutic applications
 - Bill attempts to circumvent the NRC's rulemaking authority over this domain
- September 2023--AAPM commented to the NRC's extravasation rulemaking
 - Therapy vs. diagnostics must be addressed separately
 - Medical event reporting needs an educational and cultural overhaul
 - Dose vs. activity, the latter is more feasible to determine at present for assessing accurate delivery of radiopharmaceuticals
 - Concern for implementation and a reduction on the facilities offering diagnostic services (if not constrained to therapy)



RG 8.39 AND PATIENT RELEASE

- August 2023--AAPM commented on DG-8061, draft to NRC's RG 8.39 for patient release
 - Concerned that changing the table values to be derived from an occupancy factor of 0.25 to 1 is overly conservative
 - Facilities may not have the expertise or desire to take on liability for their own calculations or patient surveys
 - Based on the table values, some may decide to limit or cease offering services creating an access dilemma
 - Brought forward a new methodology, largely untested, when RG 8.39 Rev. 1 or NCRP 155 are sufficiently conservative and widely accepted
 - Not seen to simplify or clarify the patient release calculations as intended by revision
 - The ACMUI pointed out several opportunities to improve the patient release instructions
 - NRC dismissed these suggestions due to it being out of scope from this revision
 - Stacks layers of conservatism unnecessarily



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THANK YOU!

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