



the association for medical imaging management

July 21, 2016

David J. Shulkin, MD
Under Secretary for Health
Department of Veterans Affairs
810 Vermont Ave. NW, Room 1068
Washington, DC 20420

Re: RIN 29006AP44-Advanced Practice Registered Nurses; Proposed Rule (May 25, 2016)

Dear Under Secretary Shulkin:

AHRA: The Association for Medical Imaging Management is writing to provide comments on the Veterans Health Administration's (VHA) Advanced Practice Registered Nurses (APRNs) Proposed Rule which, if finalized, would permit all VHA-employed APRNs to practice without the clinical supervision of physicians and without regard to state law.

With more than 5,000 members, AHRA is the professional organization representing medical imaging management at all levels - hospital imaging departments, freestanding imaging centers, and group practices.

The Department of Veterans Affairs (VA) is proposing to amend its medical regulations to permit full practice authority of all VA APRNs when they are acting within the scope of their VA employment. The VA maintains that if these new rules are adopted, it would increase veterans' access to VA health care by expanding the pool of qualified health care professionals who are authorized to provide primary health care and other related health care services.

Specifically, APRNs working within the VA system would not be subject to physician supervision (as is the case in most states) nor would APRNs be required to adhere to state practice act requirements for the state in which the VA facility is located. Instead, the VA APRNs would practice independently and the APRNs scope of practice would be determined by a site specific credentialing process.

As we examined the proposed change, we concluded that as long as the VA facility's credentialing process determined that the APRN was qualified, the APRN would be allowed to order, perform and interpret medical images, regardless of modality. We have grave concerns about the implications of this proposed rule as it applies to the performance and interpretation of medical images.

Advanced Practice Registered Nurses (NPs, CNSs, etc.) have become an important part of our nation's healthcare delivery system. Medical imaging management professionals interact with APRNs on a daily basis and millions of medical imaging orders are generated by APRNs annually.



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We greatly respect the role APRNs play and the contributions they are making to improving care for our nation's veterans. We support allowing APRNs to continue to order medical imaging studies.

We are, however, concerned about adoption of a policy that would uniformly allow APRNs to perform or interpret medical images.

APRNs Performing Medical Images

The ability to produce a quality medical image, whether via traditional X-ray or advanced medical imaging such as CT or MR, requires specific training in each of the modalities. As we reviewed random samples of APRN education curricula, there does not appear to be anything in the curricula on how to properly perform any medical imaging procedure.

The skills necessary to properly position the patient, properly calibrate the equipment to reflect various factors such as patient age, gender, ethnicity, body density and skin pigmentation ó all of which can affect the quality of the image ó requires a lengthy educational process. None of this appears to be incorporated into APRN education.

The equipment used to produce medical images often relies upon ionizing radiation emitting technology. Therefore, the individual performing the procedure must have education in radiation safety and control in order to prevent unnecessary exposure to ionizing radiation.

Without proper training, the results of imaging studies performed by individuals not properly trained are suspect. The potential for either false positive or false negative readings from poorly produced images is real and profound.

We believe that the performance of medical imaging procedures should be exclusively within the scope of practice of Radiologic Technologists (RT), individuals specifically educated to perform medical imaging. RT education and training is modality specific and it takes months of training to become proficient. The implication in the VA policy is that these skills can be learned via some type of On-The-Job training that is an adjunct to the individual's foundational training as an APRN. We reject this suggestion.

Again, we greatly value the role APRNs can play in our healthcare delivery system. However, it would be inappropriate for the VA to create an environment that would greatly expand an APRN's scope of practice to include services or tasks for which the APRN has not been specifically trained.

APRNs are NOT provided formal education on performance of medical imaging procedures and for this reason, the VA policy for APRN scope of practice should not include this as a task for which the APRN can be deemed proficient by a VA credentialing committee.



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Interpretation of Medical Images

As skilled as APRNs may be at performing the tasks for which they are educated, they are not trained on proper interpretation of medical images, regardless of modality. Indeed, Radiologists, clinical experts on interpreting medical images, take years to perfect this skill in order to be board certified as a Radiologist. There is nothing in the APRNs education or credentialing process that suggests even limited proficiency in medical image interpretation.

Again, as medical imaging administrators, we have tremendous respect for APRNs and the role they play not only in the VA, but in our healthcare delivery system in general. But that respect and support does not extend to support for allowing APRNs to perform services we believe fall outside their scope of practice and formal training.

To be clear, our concerns about APRNs interpreting medical images would extend to other health professionals as well ó including physicians. Graduation from medical school does not qualify a physician to interpret CT or MR any more than graduation from an Advanced Practice Registered Nurse program qualifies the APRN to interpret medical images.

Conclusion

The accurate diagnosis of a disease or injury relies upon the proper interpretation of a diagnostic imaging exam performed for that purpose.

The education and training necessary to appropriately and accurately perform and interpret imaging exams is not apparent in APRN education.

AHRA supports the ability of VA employed APRNs to continue to order medical images of all types.

AHRA opposes any change in VA policy that would permit an APRN to either perform or interpret medical images based solely on the individual's education as an Advanced Practice Registered Nurse.

Your consideration of these comments is appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "Edward J. Cronin, Jr.", written in a cursive style.

Edward J. Cronin, Jr., CAE
Chief Executive Officer