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President's Corner

It is an exciting time for interventional pulmonology (IP) and advanced bronchoscopy procedures. The value of IP skills is now crystal clear to our patients and institutions and there is no longer a need for us to explain what interventional pulmonology is and what we bring to the table. As stated in the newly redefined mission of AABIP, we are here to advance the care of patients with thoracic diseases through synergy of innovative technologies, minimally invasive procedures, and transformative education and research. Beyond the recognition, there is now a true sense of momentum and excitement that we, as AABIP members, can harness our collective energy to advance the field by conducting high-quality research, delivering evidence-based care, and providing

first-class education. In order to turn these aspirational goals into actions, the AABIP leadership has set the following goals over the next two years:

Research: The AABIP will offer funding of research grants related to the study of interventional pulmonology in the form of one award of \$20,000 per year via a competitive application process. We will also continue to organize bi-annual scientific symposia held during the CHEST and ATS annual meetings which served as a forum to vet innovative ideas and exchange developing knowledge in IP.

Education: The AABIP is committed to diversify and expand educational offerings to its members. In late 2015, we started a series of free webinars hosting experts in the field. Those have been immensely popular and are available to our members for free download on our website. I am most excited to announce that AABIP will hold its inaugural independent national meeting in July of 2017. This will be an "all things IP and advanced pulmonary procedures" meeting. Of course, we will continue our popular educational events such as the IP boot camp for IP fellows, EBUS course, and AABIP board review course.

Training: The work on standardizing IP fellowship training is ongoing and we are very close to publishing accreditation standards which are jointly sponsored by leading pulmonary organizations. This will lay out the frame work for IP training programs to provide the necessary core knowledge and procedural skills deemed essential for the practice of IP.

Practice management: AABIP held the first symposium on billing and coding for pulmonary procedures in October of 2015 and will continue to offer those on a regular basis. Additionally, AABIP will soon conduct a survey of its members to establish benchmarks for salaries and RVU for interventional pulmonologists and advanced bronchoscopists.

Our aspiration is to make the AABIP your oasis for exchanging ideas with your peers, acquire new knowledge via our educational offering and the Journal of Bronchology and Interventional Pulmonology and stay up-to-date on trends and issues shaping up our field. I invite you to be involved and answer the call when we solicit your participation in various AABIP committees and activities.

And don't forget to follow us on twitter @AAB_IP

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AABIP Communications

AABIP Communication regarding EBUS CPT code changes and work RVUs

The AABIP intends to keep its members informed about the changes in CPT codes that are directly relevant to the practice of bronchoscopy and interventional Pulmonology. In these regards, the 1st communication was sent out to our members on January 9th 2016 to keep the members informed about the EBUS code changes effective January 1st 2016. Dr. Thomas Gildea, Mrs. Kim D French, Drs. Kevin Kovitz and Momen Wahidi very eloquently summarized the changes and provide case-based scenarios to assist us better understand how we apply the new codes in our practice.

The goal of these new codes was to capture the changes in clinical practice and better describe the work of EBUS as it is used clinically. The original 31620 code was an add-on code, but the new linear EBUS codes (31652 and 31653) incorporate the TBNA code (31629) so it will no longer be appropriate to code the TBNA unless it is being used in a different type of procedure with an appropriate modifier. The use of 31652 AND 31653 is mutually exclusive noting that each code is differentiated by the work associated with doing 2 or less or greater than 2 lymph node stations or mediastinal structures. Also, the language is now more appropriate in that, in prior years, the TBNA locations were based on lobes and not lymph node stations. In the prior coding years, an EBUS TBNA of 2R, 4R and 11R would all be considered RUL but now would be coded for 3 different stations. The new peripheral EBUS code 31654 is an add-on code. It should be used for peripheral EBUS and must be used with other bronchoscopy biopsy codes; it may be used with the code for navigational bronchoscopy, 31627, when appropriate. The new codes are summarized below:

2015 Codes	Description	Work RVU
31620 Deleted	Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])	1.40
31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	4.09
31633	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	1.32
2016 Codes		
	Description	Work RVU
31652 NEW	Bronchoscopy with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	4.71
31653 NEW	Bronchoscopy with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	5.21
31654 NEW	Bronchoscopy with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])	1.40



AABIP Education Committee Updates

“If you want to go fast, go alone.

If you want to go far, go together”

African Proverb

Dr. Georgie Eapen, of MD Anderson Cancer Center in Houston is the current chair of the Education Committee (formerly known as the Program and Education Committee). The other members of the education committee are Drs. Roberto Casal, David Hsia, Samir Makani and Russell Miller. Dr. Eapen has summarized the vision, mission, composition, goals and activities of this committee for the years to come. Given AABIP’s dedication to authentic and learner-centered education, we thought it would be relevant for our members to know the details of this committee’s ongoing activities.

Vision: The AABIP will be the preeminent authority on Interventional Pulmonology and pulmonary procedural education.

Mission: To provide a forum for the development and implementation of innovative strategies to create, maintain, disseminate and propagate state of the art, clinically relevant and technically demanding educational content that will provide meaningful value to our members, trainees, allied health professionals and the general public at large.

Composition: The Education committee (is a standing committee of the AABIP. As per AABIP bylaws, the chair and committee members of the AABIP Education Committee are appointed by the President following inauguration.

Term of office for all is for 1 year, renewable by the President at the recommendation of the current Committee Chair on an annual basis, not to exceed a maximum of 3 consecutive full terms of service. The committee shall consist of five Voting Active Members including three members from the Board of Directors, one from the General Membership, and one current Interventional Pulmonology Fellow. Based on performance as assessed by the Committee Chair, the IP Fellow member will be expected to assume the position of the General Member on the Committee the following year.

Responsibilities: The Education Committee is charged with oversight and responsibility for the following areas:

1. The annual AABIP PG Course at CHEST.
2. Exploring the possibility of instituting a similar AABIP sponsored PG course at ATS.
3. Content and format of the annual AABIP Board Review and Update Course.
4. Content and format of the annual IP fellows boot camp course
5. Content and format of the planned AABIP meeting in 2017
6. Creation of AABIP sponsored symposia and webinars
7. Creation of a SEEK style board review question bank
8. Creation of an allied health professional training curriculum

9. Creation of fundamentals of clinical research training curriculum.
10. Creation of a graduating IP fellow toolkit.
11. All additional educational needs yet to be identified.

Basic Principles:

1. Educational program topics will be related directly to the practice of Interventional Pulmonology.
2. The proposed content will be evidence based and scientifically sound.
3. There will be no evidence of systematic intellectual or commercial bias.

Process:

Committee members will be individually charged with specific projects. Each committee member is given the autonomy to form ad hoc task forces to carry out the assigned missions. Clear expectations will be provided and include the measurable desired outcomes and timeline. Failure to meet the expectations will be grounds for termination from committee membership. An annual report will be provided to the AABIP BOD that outlines the goals for the year and the results achieved. All members of any ad hoc task force will be identified on the committee report and a letter issued that confirms such participation.

Update in Interventional Pulmonology and Board Review Course

The “Update in Interventional Pulmonology and Board Review Course,” was held on Friday, October 23rd, 2015 at the Centre de Recherché du Centre Hospitalier de l'Université de Montréal (Montréal, Canada). This course was very well attended (66 participants; the room was packed!!) and extremely well received by the participants. It provided a comprehensive review of topics within the field of IP, in a Q and A

format, and was designed for those intending to take the Board Examination or to improve their cognitive knowledge on interventional pulmonology.

The next course will take place at the CHEST 2016 annual meeting in Los Angeles. Further details on the exact date and venue will be soon available on our website.

For those interested in purchasing the lectures (in a pdf format), please click on the link:

<http://aabronchology.org/>

AABIP Webinars

The AABIP webinars are recorded and are available to members free of charge on our website at: <http://aabronchology.org/education/webinars/>. Dr. Momen Wahidi, who initiated this project, and serves as the moderator, plans on organizing the webinars bimonthly and maybe monthly in the future. The first two AABIP webinars were very successful! Dr. Kazu Yasufuku of University of Toronto was the speaker on the 1st webinar (August 2015). The topic discussed was “Tips to improve e your yield with EBUS-TBNA”. The 2nd webinar juts took place on January 28th 2016. The topic presented by Dr. Alex Chen of Washington University in St Louis was “Practical tips to optimize your Radial EBUS Sampling of The Peripheral Lung Nodule”. After a 30 minutes- lecture summarizing the evidence and technical aspects of radial EBUS-guided bronchoscopy, participants engaged in a meaningful dialogue pertinent to technical tips on how to improve the diagnostic yield of this procedure for peripheral pulmonary nodules. We thank Dr. Chen for volunteering his time and sharing his expertise and Mrs. Clare Bradford for helping arrange these successful webinars! Future webinar topics include: Navigation Bronchoscopy; Bronchial Thermoplasty; Airway stenting; Ablative modalities in the airways; Tunneled pleural catheters

We invite our members to suggest other topics that may be relevant for the IP practice in US and abroad.

For other upcoming courses and meetings, please visit us at:

aabronchology.org/education/

Interventional Pulmonology Board Certification Examination

The last year’s exam took place on December 4th 2015. Sixty-five people took the examination and 54 passed it.

We remind our members that after 2017, only graduates of AABIP accredited Interventional Pulmonology Programs will be eligible to take the Board Certification Examination. Details regarding the IP fellowship accreditation process will be released in a future document.

Details regarding the 2016 examination will be posted soon on the AABIP website. Meanwhile, for those interested, full eligibility requirements and instructions are available at: <http://aabronchology.org/education/>





We're on the Web!

www.aabronchology.org

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