

# 2009 Budget Recommendations/ Physician Quality Consortium

The U.S. Department of Energy (DOE) released its budget recommendations for Fiscal Year (FY) 2009 in early February. The recommendations include \$13.1 million for the Radiochemistry and Instrumentation program within the Biological and Environmental Research (BER) program in the Office of Science. This amount is less than that allocated in the Omnibus Spending Bill signed by President Bush in December, which funded the program at \$17.5 million for FY 2008.

The Radiochemistry and Instrumentation research program has been moved from the Medical Applications program (the old MAMS program) to the Life Sciences Division within BER. The program is intended to support basic research that builds on unique DOE capabilities in physics, chemistry, engineering, and computational science. It will also support fundamental imaging research, maintain core infrastructure for imaging research and development, and sustain the development of peer-reviewed, multidisciplinary programs in radiochemistry at national laboratories and universities.

SNM continues to remain focused on ensuring that (1) the \$17.5 million restored by Congress in late 2007 for FY 2008 are awarded by DOE and (2) FY 2009 funding appropriated by Congress for this vital research is increased or at least maintained at the FY 2008 level approved by Congress. The latter objective is particularly important given the reorganization of this function and the lower funding level proposed by the administration for FY 2009.

Also included in the budget for FY 2009 were significant cuts made to the Medicare program. With a proposed Medicare budget of \$413 billion, the FY 2009 budget sets forth legislative and administrative proposals to reduce spending by \$12.8 billion in FY 2009 and totaling \$182.7 billion in savings from 2009 through 2013. According to the White House, these cuts will reduce the 75-y unfunded

obligation in Medicare by nearly a third and put America on track to balance the federal budget by 2012. These proposals will hit the medical community hard, specifically payments to physicians, in the next few years if the status quo continues.



Hugh Cannon

## The Physician Quality Consortium

Nine months after SNM President Alexander McEwan, MD, created a working group to develop measures for the American Medical Association (AMA) Physician Consortium for Performance Improvement, the members voted in late February to determine the future of the 2 bone scan measures. As of Newsline publication, the voting results are unknown. The first measure requires the interpreting physician for bone scans to indicate whether or not comparison was made with other imaging procedures at the time of interpretation. The second requires physicians interpreting bone scans to directly notify the referring physician if it is the opinion of the interpreting physician that the bone scan contains a finding that might result in a pathologic or imminent fracture. If the consortium votes to accept these measures, quality organizations must perform their own reviews and accept them, and CMS must give final approval. The earliest these measures would be used by CMS for reimbursement would be calendar year 2009. Although the process of developing quality measures continues to be a challenge, SNM is committed to working with the AMA and other stakeholders to develop the best measures possible to improve the quality of the field of nuclear medicine.

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