

DRGs . . .

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tains exploding hospital costs.”

Blue Cross/Blue Shield in at least four states is negotiating a DRG system. In a particularly interesting development, several major third-party insurance companies have formed joint ventures with, or bought out, consulting firms whose principals participated in the Yale group that developed the DRG system.

We know that the issue of DRGs for physician fees may be addressed directly by Congress next year. In anticipation of that event, HCFA has requested proposals for the development of a relative value scale (RVS). The American Medical Association (AMA) has responded with an offer that would impact all medical procedures in Current Procedural Terminology (CPT-4).

The American College of Surgeons (ACS) and the American College of Physicians (ACP) are jointly responding to the request for proposal as well. Their proposal, they tell me, does not include the development of RVS units relating to nuclear medicine, radiology, and the ancillary services.

If HCFA accepts the ACS and ACP proposal instead of the AMA's, it is uncertain how that agency will deal with nuclear medicine. There are also serious legal and anti-trust issues relating to RVS.

Loss of local control

One of the significant consequences of chain hospitals is a shift from a local board of trustees to a remote board less amenable to pressure and input from the local community.

There is also a basic power shift involving new decision makers, such as chief financial officers, data processing managers, and purchasing agents. With a large chain, it does not appear that an individual institution, much less an individual department, will be

free to make its own purchasing decisions.

As anticipated, there are short-term pressures on the referring physician to be careful in ordering tests. The AMA has adopted a checklist, with such questions as: Are charges printed on order forms for lab tests and x-rays? Do you schedule diagnostic tests or procedures on an outpatient basis whenever feasible? Do you know the costs of the services that you order?

The supplier community is beginning to respond by advertising the cost/benefit of their products.

Nuclear medicine must make the case for cost-effectiveness. I have

been unable to find significant work that deals with the cost-effectiveness of nuclear medicine beyond the scope of its replacement for another imaging technique. To survive in this austerity era, we need to look hard at the consequences of a nuclear medicine study in terms of speed to diagnosis, differentiating this specialty from other hospital resources.

[To thoroughly examine the cost-effectiveness of nuclear medicine, the Society's Executive Committee has decided to support the development of a study by a professional health care consulting firm, and to investigate funding by foundations and government sources.] ■

32ND SNM ANNUAL MEETING

Thousands of nuclear medicine professionals will attend the Society's 32nd Annual Meeting, June 2-5, at the Albert Thomas Convention and Exhibit Center in Houston, TX.

Under the direction of Philip O. Alderson, MD, the 1985 Scientific Program Committee has organized nearly 600 peer-reviewed papers, posters, and exhibits into a compendium with subjects ranging from single-photon emission computed tomography (SPECT) to monoclonal antibodies. Based on 1,081 abstracts submitted, up 5.5 percent over last year, the meeting promises a comprehensive view of developments in nuclear medicine not only within the United States but in Europe and Japan as well.

At the heart of the clinical program, a series of continuing education sessions, coordinated by C.

Leon Partain, MD, PhD, will include: measuring epithelial and endothelial cell function in the lung with radio-aerosols, labeled amines, and other tracers; brain perfusion tomography using two amines, N-isopropyl p-iod-amphetamine and HIPDM labeled with iodine-123; immunotherapy with labeled monoclonal antibodies; and orthopedic application of tomographic bone imaging.

In the chemistry section, radiopharmaceuticals for the heart and brain, receptor binding, and a comparison of fluorine-18 and carbon-11 form the core of the program. Courses on SPECT, NMR, scintillation camera technology, and picture archiving and communication systems (PACS) comprise the physics track. The PACS course will discuss the long-term goal of many investigators, namely, a filmless nuclear medicine and radiology service. ■