Marketing Techniques Expand Referral Base

Nuclear Medicine Reaches Out to Referring Physicians and Medical Students

In addition to exchanging the latest basic and clinical research findings at The Society of Nuclear Medicine's 32nd Annual Meeting last month in Houston, TX, members held a one-day seminar for referring physicians on the efficacy of nuclear studies.

"Informing our medical colleagues, in other specialties or in general practice, and informing the public of the value of nuclear medicine procedures is the final stage in the evolution from basic research to clinical investigations and established practice within our specialty," said Philip O. Alderson, MD, director of nuclear medicine at the Columbia-Presbyterian Medical Center in New York, and chairman of the Society's Scientific Program Committee.

During the seminar, nine nuclear medicine physicians presented lectures to more than 70 referring physicians on radionuclide studies for ischemic and valvular heart disease, ventilation perfusion imaging and pulmonary embolism, gastrointestinal bleeding and gastric motility, abscess evaluation, skeletal infection and metastasis, orthopedic applications, and right upper quadrant pain using hepatobiliary agents.

"After this program, attendees should be able to list the major indications for radionuclide studies of these organ systems, compare the efficacy of these examinations to other diagnostic radiologic tests, and outline the key scan results anticipated from each study," said William D. Kaplan, MD, chief of oncologic nuclear medicine at the Dana-Farber Cancer Institute in Boston, and chairman of the seminar.

**Marketing as education**

"Marketing medical services is really a necessary means of educating referring physicians and providing quality health care," said Dorothy Duffy Price, CNMT, administrative technical director of nuclear medicine at the University of California in San Francisco (UCSF).

For the past ten months, UCSF has been actively pursuing marketing programs for all medical services, and administrators have elicited marketing ideas from each department.

Last fall, Ms. Price, working with Michael Okerland, MD, director of the nuclear medicine thyroid clinic at UCSF, set up a meeting with a private practitioner, who refers some of his endocrine patients to the UCSF nuclear medicine department, to discuss current services in an effort to increase his referrals.

The practitioner said that it was the first time anyone had asked him whether he was satisfied with a service his patients received. He also said that he needed a fast turn-around time, and that he did not refer some of his patients to UCSF because they would require assistance to get from the hospital entrance to the nuclear medicine department.

"The days when you could say, 'the results aren't in yet—please call back tomorrow,' are gone," said Ms. Price. She and Dr. Okerland also arranged for a staff member to meet patients who would have difficulty getting around the complex medical center, and to escort them to the nuclear medicine department.

As a result, additional referrals from this practitioner increased the thyroid study volume at UCSF by ten to 15 patients per week. The income from these studies was approximately $3,000 per week.

In April of this year, Ms. Price and Dr. Okerland met with the director of a clinic with a 90 percent collection rate, in San Francisco's Chinatown.

By estimating the potential income from the clinic's referrals, the UCSF nuclear medicine administrators can determine a reasonable discount to the clinic's patients. They also found that their department has a sufficient number of Asian-American staff members who speak Mandarin and Cantonese Chinese to save UCSF the cost of interpreters.

To set reasonable charges for group referrals, it is necessary to implement a detailed cost analysis of nuclear procedures, explained Ms. Price. "It's very important to understand and calculate fixed versus variable costs," she said.

Hospitals are aggressively courting new patients, noted Ms. Price, and a new concept in a hospital's organizational chart is emerging with the patient at the top, followed by hospital staff members in order of their direct contact with patients.

"Technologists fit into the second level of this chart, and they have an extremely important role to play in the marketing of nuclear medicine," she added.

When Medicare began reimbursing

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charges according to a diagnosis-related group (DRG) system, many nuclear medicine professionals in the United States worried that their departments would emerge as major cost centers in hospitals.

Selling diagnostics

“The first word in DRG, however, is diagnosis, and hospitals can save a significant amount of money by paying up front for procedures leading to an accurate diagnosis,” said Ralph G. Robinson, MD, chairman of the Professional and Public Information Program (PPIP) of the American College of Nuclear Physicians (ACNP), based in Washington, DC.

To spread the word about the value of nuclear medicine, the ACNP in 1983 redirected its public education program to target referring physicians in addition to the general public.

Members of the PPIP Speakers Bureau, a group of more than 100 nuclear medicine physicians and scientists professionally trained to give lectures and interviews, spoke before 42 medical organizations in 1984, with more appearances scheduled for 1985 and 1986.

The Speakers Bureau has also made 102 media appearances since 1984, according to the ACNP.

To help support these efforts, the ACNP formed the Corporate Committee for the Advancement of Nuclear Medicine in 1983, a group of about 20 organizations including The Society of Nuclear Medicine.

The Corporate Committee funds over half of the PPIP budget. The U.S. Committee for Energy Awareness, a group representing utility companies, provides financial support for the remainder of that budget.

Since the ACNP public relations programs have begun, “I have seen a more cooperative environment between industry and nuclear medicine physicians and researchers in trying to solve common problems,” said Dr. Robinson, who is also director of nuclear medicine at the University of Kansas Medical Center.

Back to fundamentals

To reach future referring physicians, as well as future nuclear medicine physicians, the Society has published Fundamentals of Nuclear Medicine for third- and fourth-year medical students.

Edited by Naomi P. Alazraki, MD, chief of the nuclear medicine service at the Veterans Administration Medical Center in Salt Lake City, and Frederick S. Mishkin, MD, director of nuclear medicine at the King/Drew Medical Center in Los Angeles, the book covers the basic science of nuclear medicine, organ and disease imaging, and nonimaging diagnostic techniques.

The book, regularly priced at $12.00, is available for $2.00 in bulk quantities of ten or more copies. The distribution has also been supported in part by the ACNP’s Corporate Committee.

Since the Society began distribu-

tion on June 1, about 2,500 orders have been received from department heads who will provide the book to students in nuclear medicine and radiology rotations.

In addition, the Society has sent a courtesy copy of the book to all medical school deans in the United States with a letter expressing the need for nuclear medicine courses in medical school curricula.

[For more information, contact the Publications Dept., Society of Nuclear Medicine, 475 Park Ave. South, New York, NY 10016 (212)889-0717.]

Better diagnostic reports

“Referring physicians need accurate diagnostic reports from their consultation with us,” said Philip Matin, MD, director of nuclear medicine at the Roseville Community Hospital in Roseville, CA.

“Instead, many referring physicians are getting nondescriptive reports that don’t help them in their clinical diagnoses,” said Dr. Matin.

According to Dr. Matin, his department performs approximately 25 imaging procedures a day in a hospital with 160 occupied beds. “We do more studies than most hospitals with 300 occupied beds,” he said, “and

Fundamentals of Nuclear Medicine, the SNM's latest effort to convey the value of nuclear medicine to medical students.
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there must be a reason for it.”

Dr. Matin believes that his department promotes the value of nuclear medicine studies by providing clear and descriptive reports.

To emphasize the importance of quality diagnostic reports, Dr. Matin is now considering creating a monograph of model reports to serve as examples for other nuclear medicine departments.

These model reports would cover different problems arising with various scans and standard ways to answer those problems.

Normal scan reports would also be included in the monograph. For example, “it’s not enough to write ‘normal bone scan’ for a patient with a suspected wrist fracture,” said Dr. Matin. “The report should also state ‘no evidence of wrist fracture,’” he added.

Clinical updates

Another effort to reach out to referring physicians began in June 1983 when Walter DiGuilio, MD, former director of the nuclear medicine department at St. John Hospital in Detroit, had the idea for “Clinical Nuclear Medicine Updates for Referring Physicians.”

“I recognized the need for physicians who use our studies, and who are too busy to keep up with the current nuclear medicine literature, to get information on new procedures,” said Dr. DiGuilio, who was also president of the Society’s Central Chapter which publishes the updates.

Consisting of 16 brief summaries of radionuclide studies for various organ systems and disease states, the Clinical Updates also include general introductions to radiation and nuclear medicine.

New topics, contributed by Central Chapter members, are published every few months and sent to about 1,800 subscribers.

“Several institutions have ordered 300 to 500 complete sets of Clinical Updates to distribute to physicians, medical technologists, nurses, and patients,” said Deborah A. Churan, executive director of the Central Chapter.

[For more information, contact the Central Chapter, Society of Nuclear Medicine, 134 Lincoln Parkway, Crystal Lake, IL 60014 (815) 459-6884.]

VA Medical Director Responds to SNM

J ohn W. Ditzler, MD, chief medical director at the Veterans Administration (VA) Central Office in Washington, DC, responded in a letter dated May 17 to the Society’s request for a reconsideration of his decision to eliminate the position of Director of the VA Central Office Nuclear Medicine Service, currently held by James J. Smith, MD (see Newsline, June 1985, pp. 553–554).

“The technologic advances in both nuclear medicine and radiology achieved imaging technology widely used in both diagnosis and treatment. Opportunities for integration of this new technology, which cuts across both of these clinical disciplines, abound and will doubtless expand as the technology advances.

“Several medical schools and/or major medical centers have already established Departments of Imaging. We need to keep both scientific advancements and quality-driven but cost-effective care in harmony.

“It was my desire and intent to keep VA medicine abreast of this technologic advance. However, I have been persuaded to move in a more deliberate fashion to ensure objective assessment and an orderly transition.

Interim basis

“I will therefore continue separate Nuclear Medicine and Radiology Services on an interim basis. I should note here that the integration of the management of these companion clinical services was only intended at the Central Office level. Decisions regarding integration at the individual medical center level would be at the discretion of each medical center . . . .” said Dr. Ditzler.

The Society’s Board of Trustees passed a resolution during its meeting in Houston, TX, on June 1, calling for the Society to communicate to the VA that nuclear medicine and radiology should be maintained as separate services within the VA hospital system and Central Office.