on an annual basis.) On the other hand, if the primary care physicians generate hospital expenses in excess of the budgeted amounts, they will reimburse the HMO for a percentage of the losses out of their retained capitation payments—hence the "risk sharing."

If the provider group is multidisciplinary and large enough to support a sufficient number of enrollees, it will provide specialty services such as nuclear medicine. The compensation of the nuclear physician becomes then a matter of a provider group agreement similar to that of all other physician members. In reality, however, few provider groups are large enough to be able to provide specialty services from within their own ranks.

Primary care physicians in these organizations then must enter into agreements with various specialists to provide services to their enrollees—in essence, creating their own small preferred provider network. In general, these specialists will adjust their charges because of the reduced administrative work involved in billing and collection, and because of preferential or exclusive referral.

HMOs and their providers, though, are shifting to capitation arrangements with their referral specialists. The nuclear medicine community must examine the frequency of use of nuclear medicine services in an ambulatory population. It must develop the database necessary to allow its practitioners to project utilization of nuclear medicine resources and establish methods of calculating capitation payments which will allow for the fiscal solvency of their practices and the adequate compensation of nuclear medicine physicians.

The nuclear medicine community must also face the challenge of devising innovative ways to share its resources with managed care systems. Alan B. Ashare, MD, of St. Elizabeth's Hospital in Boston, is a pioneer in this respect. Building on a project initiated by Gerald M. Kolodny, MD, of Beth Israel Hospital in Boston, Dr. Ashare provides a digital nuclear medicine data teletransmission service. It allows his group to provide realtime supervision of services and technologists at remote sites in hospitals and managed care systems which cannot support their own nuclear medicine services.

The future is here today. As a profession, we have the obligation to meet the challenges posed by these revolutionary health care delivery systems in a manner that preserves our professional integrity and our commitment to quality care for patients.

Jose Martinez, MD
President, American College of Nuclear Physicians
Medical Director, CareFirst HMO, Baltimore

Private Sector Plans to Set Standards for Radiopharmaceutical Calibration

A program to have Corporate Standards Laboratories (CSLs) produce and distribute radiopharmaceutical standards in the United States for the calibration and evaluation of dose calibrators in the field is being established by the Imaging Resource Committee of the College of American Pathologists (CAP).

The CSLs are operated by the private sector (radiopharmaceutical manufacturers or large nuclear pharmacies). The surveys of dose calibrator performance are being performed by the CSLs under the auspices of the CAP Imaging Resource Committee. The committee has recently been reorganized to include the participation of The Society of Nuclear Medicine (SNM) and the American College of Nuclear Physicians (ACNP) on an equal basis with the CAP.

These secondary standards are traceable to the National Bureau of Standards (NBS). Primary calibrations of CSL equipment are performed by NBS. The Food and Drug Administration (FDA), through an interagency agreement with NBS, is cosponsoring the primary calibration of equipment for the first three CSLs to assist in establishing the program.

The first CSL has been established by the Syncor International Corp. in Sylmar, CA, for technetium-99m pertechnetate measurements. Syncor completed a pilot survey in the summer of 1985. The data from 172 dose calibrators indicate that the measurement of technetium-99m is in general satisfactory for the majority of dose calibrators in this survey. The percent deviation of the measured activity from the certified value was within ±5% for 141 dose calibrators (or 82%), ±10% for 164 (or 95%), and ±20% for 169 (or 98%).

The Nuclear Regulatory Commission (NRC) accepts a maximum percent deviation of ±10%. The data base is not adequate to differentiate between models older or newer than 1980, or between those performing regularly the quality control tests and those neglecting or not reporting them.

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News Briefs

NEMA Standards for Scintillation Cameras

The National Electrical Manufacturers Association (NEMA) has published new standards, "Performance Measurements of Scintillation Cameras," (No. NU 1) and a brochure, "A Guide to Revised Standards for Performance Measurements of Scintillation Cameras," that answers questions about the standards and how they may be used.

The NEMA report is technically a revision of the previous gamma camera standards. Sections have been expanded and clarified, however, and new sections address single-photon emission computed tomography (SPECT) performance measurement standards and traceability data.

[For more information, contact: National Electrical Manufacturers Association, 2101 L Street, NW, Washington DC 20037 (202) 457-8400.] ■

Conference on Radiation Emergencies

The American Medical Association (AMA) is sponsoring a conference, to be held in Washington, DC, on November 19–21, 1986, on Non-Military Radiation Emergencies.

The conference, which is cosponsored by The Society of Nuclear Medicine (SNM), is to inform the physicians and health professionals about the scientific, medical, and societal aspects of radiation emergencies such as the ones that occurred at Three Mile Island and Chernobyl. The intent of this meeting is to improve and prepare professionals in the treatment of injured persons and to assume effective roles in matters involving radiation emergencies, ionizing radiation and public policy.

Topics that will be considered at the meeting include: experiences at Chernobyl and Three Mile Island; environmental hazards; risk estimates; emergency planning for the hospitals; emergency planning for public; public health measures; medical care and treatment; protecting workers; dealing with public anxiety and fear; networks for emergency information; and education of the public.

[For more information, contact: American Medical Association, 535 N. Dearborn St., Chicago, IL 60610 (800) 621-8335; in Illinois (312) 645-4987.] ■

Winter and Annual Meeting Abstract Forms

The abstract forms for both the Winter and Annual Meetings of The Society of Nuclear Medicine (SNM) are published in this issue of *The Journal of Nuclear Medicine.* Abstracts for the Winter Meeting must be received by November 26, 1986; the deadline for the 1987 SNM Annual Meeting is January 8, 1987. ■

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Syncor is now planning a full survey during the first part of October 1986. Frank M. Comer, a corporate health physicist at Syncor's San Diego facilities, (619)299-8655, is the coordinator. A second CSL was developed for thallium-201 by DuPont and the survey took place in late July 1986. Phyllis McIntosh at DuPont's Billerica, MA, facilities, (617)671-8472, is the coordinator.

It is intended that these secondary standards be made available annually. The frequency, however, will be decided by each CSL separately. The standards are prepared as one or more patient doses (which can be used after the measurement) and will not cost more than the regular price. The additional survey costs are absorbed by the CSLs, and the standards are offered as a free service to the users.

The Imaging Resource Committee and, by extension, the SNM, ACNP, and CAP urge every nuclear medicine laboratory or clinic to take advantage of this opportunity to use the standards as they become available. The results are made available as a statistical analysis report and confidentiality is assured by the CSL by means of a code system. Each participant will receive a copy of this report and a copy of the questionnaire that he or she completed.

[To participate in this calibration program, contact the survey coordinator of the CSLs. To express your interest in continuing this program or establishing more CSLs for specific radionuclides, or for additional information, contact Peter Paras, PhD, Office of Health Affairs (HFZ-70), Center for Devices and Radiological Health, 8757 Georgia Ave., Silver Spring, MD 20910, (301)427-7576.]

Peter Paras, PhD
Program Coordinator for
Radiopharmaceutical Standards