

Nuclear Medicine in the Prospective Payment Environment: The Need for Individual and Group Initiatives

This Editorial addresses some of the professional strategies available in order to effectively and successfully practice nuclear medicine in the United States under current economic conditions. Prospective Payment Systems (PPS) and diagnosis related groups (DRGs), should now be familiar to all imaging specialists in the United States. The first word in DRG is *diagnosis*. Under prospective payment (or pricing as some prefer), a hospital is paid for Medicare inpatients based on the diagnosis that brought the patient to the hospital for that particular admission. Thus, a proper payment for hospital services is dependent on having a correct diagnosis. Each day that a patient occupies a hospital bed without a correct diagnosis can cost the hospital considerable dollars in personnel and ancillary support services that could be saved by utilizing appropriate diagnostic services. Those of us engaged in the provision of diagnostic service have considerable influence in this diagnosis-based system. Our aim should be to develop a positive attitude toward the practice of nuclear medicine under DRGs, and to put in place a professional marketing plan to improve the quality of our services.

The American College of Nuclear Physicians (ACNP), the American College of Radiology (ACR), and The Society of Nuclear Medicine (SNM) are working cooperatively in the promotion and development of marketing techniques to ensure that all members of the medical community—professional and industrial—are aware of the value and benefits that nuclear medicine uniquely provides in the hospital setting. Shortened time-to-diagnosis, increased cost benefit analyses, and diagnostic accuracy are paramount. The ACNP has taken the lead in disseminating information to practicing nuclear medicine physicians and their referring physicians on practice issues relating to the DRG environment. The ACNP, through its Professional and Public Information Program, and in cooperation with the Corporate Committee for the Advancement of Nuclear Medicine and the U.S. Committee on Energy Awareness, has developed nine principles for nuclear medicine practitioners to follow in developing successful practices (Table 1). Adherence to these rather simple guidelines can result in better marketing of nuclear medicine services. Until recently, the marketing of medical services has been looked upon with scorn by physicians, although they have always “marketed” their services in the past. However, the only marketing that was generally necessary was word of mouth. Rapidly increasing competition, though, and inroads by third-party payers and government on the ability of the physician to make independent decisions concerning a patient’s best interest not only dictate, but mandate that nuclear physicians begin to tell their “story” to referring physicians and patients.

In my own Division of Nuclear Medicine at the University of Kansas Hospital, we are not satisfied with our ability to regularly conform to all of the ACNP guidelines. We are making an effort, however, and have increased our diagnostic imaging load almost 27% in 2 years’ time by espousing the ACNP attitudinal and procedural principles. This increase in procedure volume has been accomplished in a setting that had a significantly higher than average patient load/hospital bed ratio, and in a hospital environment where admissions are static and patient-days continue to decline. We have made a successful transition from a largely inpatient service to one where the majority of our procedures are done on an outpatient basis. In addition, we believe we have contributed to the continuing decrease in average patient length of stay at our institution. Close cooperation among all who are concerned with the future of nuclear medicine is vital for the survival of our specialty. Unless these attitudinal and philosophical directions, which represent the distillation of thought of many members of the ACNP, ACR, and SNM, become a commitment on the part of all practitioners of nuclear medicine, the quality of nuclear medicine services and, indeed, the specialty itself may not survive this era of prospective pricing and intense competition. On the other hand, if we are willing to make the effort to provide quality diagnostic nuclear medicine, we will preserve an extremely important service for our patients.

The Professional and Public Information Program Committee of the ACNP and the SNM will be working even more closely with our colleagues in nuclear medicine in the future. A

TABLE 1
Individual Initiatives for a Successful Nuclear Medicine Practice*

- **Provide imaging excellence.** Know and use the right quality control procedures. Update your imaging techniques and keep up with current clinical applications. Replace outdated imaging equipment. Know competing modalities.

- **Be available.** Your presence when studies are done makes a difference—you can obtain the images you need and correlate them with physical findings. Provide night and weekend on-call service.

- **Be courteous.** Every member of your staff represents you. Be sure that patients are treated with dignity and respect and that referring physicians get prompt, courteous attention.

- **Be visible.** Attend and participate in medical conferences and staff meetings in your hospital. Arrange to present conferences that demonstrate the value of nuclear medicine.

- **Give prompt service.** Provide same-day imaging service whenever possible; neglected studies and reports do not get done.

- **Be relevant.** Write a short and concise diagnosis on every report, answering the question that was asked. Know the patient's medical history and correlate with history, physical findings, or other imaging results if needed. Tailor reports to the clinician's language. Maintain a reference file.

- **Provide personal contact.** Call referring physicians yourself with reports. Speak with your patients. Deal personally with your hospital administrator and extend invitations to visit your department and your staff meetings.

- **Practice cost and price containment.** Overpriced studies will not be ordered. Containing costs helps keep prices down. Be certain new equipment is justified before ordering.

- **Provide diagnostic accuracy.** The previous hints will help to provide referrals, but diagnostic accuracy is the bottom line. Remember, practice under a DRG system rewards accurate diagnosis.

* From the American College of Nuclear Physicians Professional and Public Information Program, 1985

monthly column on "Marketing" will shortly appear in the ACNP newsletter, *Scanner*. Some of the articles that are planned will concern the development of marketing strategies, improved efficiency in the nuclear medicine department, price containment, new markets, and common sense tactics for improving patient and referring physician relations. Drawing on the more than 5 years' experience of the ACNP Speaker's Bureau, the Committee on Cost Analysis, the Corporate Committee for the Advancement of Nuclear Medicine, and the Public Relations Committee of the SNM and in conjunction with the leadership of both organizations, we will be able to develop an even more concrete action plan for the future of nuclear medicine. PPS and DRGs are both a challenge and an opportunity for improvement of all of medical imaging. I am convinced that by working with our referring physicians and colleagues in other specialties and in industry to improve our services, we can demonstrate the cost-effectiveness and diagnostic utility of nuclear imaging in the hospital and in the outpatient environment, and thereby ensure a healthy growth for the specialty of nuclear medicine in these changing and challenging economic times.

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