

SNM Technologist Section Offers Liability Insurance Program

NATIONAL COUNCIL DISCUSSES LICENSURE AND FUTURE OF ALLIED HEALTH CARE

As the health care system in the United States continues to make its transition into the cost-containment era, the allied health community is preparing for future changes by collecting data on employment patterns, education, and training. As various organizations request information and assistance from The Society of Nuclear Medicine's (SNM) Technologist Section, the role of the nuclear medicine technologist is also gaining more recognition.

During the Technologist Section's National Council meeting on June 19, 1986, in Washington, DC, the delegates reviewed several informational items on various surveys in the planning stages. (The National Council is composed of officers of the Technologist Section, committee chairpersons, and representatives from each SNM chapter.)

Virginia M. Pappas, deputy executive director of the SNM, reported on the recent meeting of the Forum on Allied Health Data, which she attended to give a speech about the Technologist Section's human resource survey (*J*). After Ms. Pappas's presentation, representatives of the US Bureau of Labor Statistics, the American Hospital Association's (AHA) Hospital Data Center, the Institute of Medicine, and the Bureau of Health Professions requested copies of the SNM survey. [An expanded version of the technologist manpower survey results is now available from the SNM Central Office in New York.]

Members of the Bureau of Labor Statistics (BLS) also told Ms. Pappas that they would list nuclear medicine technologists separately (instead of

including them in the "radiologic technologist" category) in their next survey. Many encyclopedias and publishers of career booklets follow the BLS breakdowns, noted Ms. Pappas. The editor of the *Encyclopedia of Careers and Vocational Guidance*, for example, told Ms. Pappas that if the BLS changes its classification for nuclear medicine technologists, his book would follow suit.

The Institute of Medicine (IOM), which is part of the National Academy of Sciences, plans to conduct a National Study of Allied Health Professions. This study is expected to become the "allied health version" of the GMENAC [Graduate Medical Education National Advisory Committee] study done in the late 1970s to predict physician manpower requirements for the year 1990.

The US Department of Health and Human Services (HHS) requested both the GMENAC and the current allied health survey, which will: assess the role of allied health personnel in health care delivery; identify projected needs, availability, and requirements of various types of health care delivery systems for each type of allied health personnel; investigate current practices of licensure, credentialing, and accreditation; assess changes in educational programs necessary to meet projected needs; and assess the role of federal, state, and local governments, educational institutions, and health care facilities in meeting projected health care needs.

The Technologist Section will nominate individuals to the task force that will oversee the project. The HHS is scheduled to deliver the IOM survey

report to Congress by October 1, 1987. The report is required to include "recommendations for legislation and administrative action," according to the *Congressional Record* (June 12, 1985, p. S8035).

Funding for Education

The American Society of Allied Health Professions (ASAHP) is collecting "data which will be forwarded to the appropriate congressional committees assessing the impact of funding cuts which would eliminate medical education payments through Medicare to hospital-based training programs in allied health (and nursing)."

The estimated annual cost of this funding is \$200-340 million. ASAHP has requested information from the Technologist Section to help justify these expenditures.

Congress recently passed the 1987 Reconciliation Bill, which included the Medicare "pass-through" monies for allied health training in the federal budget for fiscal year 1987. "The monies were left in mainly because there wasn't any information on how it was being used. A study is being conducted, possibly by the US Public Health Service, to find out how these funds are being spent and who benefits," explained Ms. Pappas.

Radiology Workload Measurement

The American Hospital Radiology Administrators (AHRA) is coordinating the Radiology Workload Measurement Project through the AHRA's Center for Cost-Effective Care. (The Center is a nonprofit research and development organization, affiliated

(continued on page 1386)

(continued from page 1385)

with Harvard Medical School and Brigham and Women's Hospital in Boston, which has designed productivity management and cost accounting systems.)

The study will be similar to one conducted for Brigham and Women's Hospital that determined average radiologic technologist time per exam and clinical variables that affect average exam time (2). The group is presently collecting data from 45 hospitals on time studies of direct technologist labor for 40 procedures.

Jacqueline A. Bridges, CNMT, of Baptist Memorial Hospital East in Memphis, is the Technologist Section's representative on the oversight committee. Barbara J. McNeil, MD, PhD, professor of radiology at Harvard, is also director of the Center for Cost-Effective Care, and will lend her expertise to the study. In addition, the project has six advisory board members, including Ronald G. Evens,

MD, MBA, chairman of the Mallinckrodt Institute of Radiology in St. Louis.

According to the AHRA, "the project goal is not to set hard and fast time standards for radiologic procedures, but to equip administrators with a management tool for monitoring their own department's productivity."

DRG Survey Published

The Technologist Section has completed its first survey on the impact of diagnosis-related groups (DRGs) on nuclear medicine. A report is published in the September 1986 issue of the *Journal of Nuclear Medicine Technology* (3).

Position on Licensure

As a means of assuring competence, the National Council formally adopted a "pro-licensure position," based on the "Standards for the Accreditation of Educational Programs for the Credentialing of Radiologic Personnel" (42 CFR Part 35), issued by the HHS last December (*Federal Register*, Dec. 11, 1985, pp. 50710-50724).

The Government Relations Committee added a preamble to the Technologist Section's 1980 position paper on licensure stating that the SNM "should take a 'proactive' profile and be actively involved in any legislative activity in the States." The preamble was approved by the SNM Board of Trustees.

NMTCB Response

The Nuclear Medicine Technology Certification Board (NMTCB) responded to a letter from James J. Wirrell, CNMT, immediate past president of the Technologist Section, that objected to the continuation of on-the-job training eligibility requirements for the NMTCB certification exam (see *Newsline*: March 1985, pp. 221-222; May 1986, p. 588).

"It has never been the intent of the NMTCB to circumvent established

educational requirements nor to allow marginally skilled practitioners to qualify for the examination. However, in a voluntary system, some mechanism must be provided for those persons entering the profession who cannot obtain additional formal education to demonstrate their preparedness to practice," said George W. Alexander, Jr., CNMT, chairman of the NMTCB.

Continuing Education

A resolution introduced by the Pacific Northwest Chapter, calling for the Technologist Section to "explore the feasibility of a mandatory requirement for continuing education for nuclear medicine technologists," was defeated because of the difficulties in enforcing such a rule.

The Continuing Education Committee did, however, propose changes in the VOICE [Verification of Involvement in Continuing Education] program to make it more efficient. The National Council approved a new category in the fee structure that would allow a single sponsor to present multiple programs over a six-month period with only one application and a set fee of \$75 for up to six programs.

The Council also approved a \$50 penalty fine assessed to program sponsors of any VOICE application submitted after the deadline. "Hours are needed to code and enter computer data on each program. Late and incomplete applications add to staff support time and communication costs. . . Presently, we have rules, but no mechanism to enforce them," explained the committee.

Liability Insurance

The National Council approved the professional liability insurance program prepared by Albert H. Wolhers & Co., an insurance firm in Park Ridge, IL. Mr. Wirrell said that he strongly recommends that nuclear medicine technologists protect them-

(continued on page 1387)

TECHNOLOGIST SECTION 1986 ELECTION RESULTS	
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COMMENTARY

LINES FROM THE PRESIDENT: NUCLEAR MEDICINE ON THE RISE AGAIN

For those who have been associated with nuclear medicine for over 20 years, the cyclic nature of the field is evident. New procedures appear with regularity, some older procedures change, and clinicians fall in and out of love with procedures. The pessimists often see the end in sight. Those with time and wisdom on their side know the cyclic rhythms well. Over the past two years, we have come through one of those nadirs (along with the rest of medicine).



Howard J. Dworkin, MD

Yet, without the introduction of a new "superstar" procedure, the volume of procedures and interest in nuclear medicine are again on the rise. I detected this trend about six months ago locally and attributed it to the recovery from "DRG Shock." On a national scale, the following statistics supplied by Market Measures, Inc., a market research company in West Orange, NJ, also suggest an upswing. Nuclear medicine imaging procedures increased approximately 12% from the first quarter of 1985 to the first quarter of 1986. Lung ventilation/perfusion scans (+18%), hepatobiliary imaging (+16%), and myocardial perfusion studies (+31%) were among the leaders.

In addition to these observations, some new procedures will soon move from investigative applications into the realm of "routine use." Increased research activity has been evident as well, and was clearly indicated at the 33rd Annual Meeting of The Society of Nuclear Medicine (SNM) last June where abstract submissions rose by more than 20%. Although a full analysis for these changes requires

some conjecture, the need for the type of information provided by nuclear medicine functional studies remains undiminished.

At the time of this writing, I have been president of the SNM for only one month. Continuing matters currently being addressed include: (a) adequacy of federal funding for nuclear medicine research, and (b) cooperation among organizations with nuclear medicine interests, such as the American College of Nuclear Physicians (ACNP) and the American College of Radiology (ACR). Several new initiatives of importance are also underway: (a) a manpower survey (which is sorely needed) must be obtained if we are to establish our place in organized medicine and plan our future manpower requirements in a responsible manner; (b) a cost-effectiveness/efficacy study for radioimmunoassay (RIA) is needed to clarify conflicting opinions. Although a small fraction of nuclear medicine practitioners carry out RIAs, it remains an important part of the field, both scientifically and economically. This study, I believe, will show the health, growth, and efficacy of RIAs.

The legacy of Dr. Stanley Goldsmith's [immediate past president of the SNM] admirable administration is that of sound management and sensitivity to issues. His help and cooperation for the initiation of the current administration are gratefully acknowledged. I hope you will take the time to communicate to me your opinions and concerns about the nuclear medicine field and the SNM. The Society will make every effort to respond to your needs.

Howard J. Dworkin, MD
President

The Society of Nuclear Medicine

(continued from page 1386)

selves with liability insurance.

Up to \$3 million in annual coverage is available, with up to \$1 million per claim. No deductibles are required. All employed members of the Technologist Section are eligible except for medical doctors and self-employed technologists.

[For more information, contact: Albert H. Wohlers & Co., SNM Group Insurance Plans, 1500 Higgins Road, Park Ridge, IL 60068-5750 (800)323-2106, in Illinois call (312) 698-2221.]

Linda E. Ketchum

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